

# Conclusion

The 2024/25 reporting year has been both challenging and rewarding for the Corporate Putting Things Right (PTR) Team. The Health Board has continued to evolve its approach to complaint management, building on earlier improvements and introducing new initiatives to enhance patient experience and service quality.

Significant progress has been made in centralising processes, embedding a culture of early engagement, and strengthening the infrastructure for timely, person-centred resolution. Despite operational pressures, the team has focused on improving communication, compliance, and learning from experience to drive system-wide improvement. The Health Board's commitment to quality, safety, and listening to patient voices remains at the heart of everything we do.

## Key Achievements



Centralisation of the Quality Patient Safety (QPS) teams has promoted a more standardised approach to complaint and incident management.



Launch of dedicated acknowledgement processes in mid-2024 has significantly improved early engagement, helping us to better understand what matters most to those raising concerns and enabling swifter, more tailored resolutions.



Redesign and delivery of effective concern and Investigating Officer training.



The introduction of new Communication Standards, rolled out in 2024, has standardised our approach to patient and family communications, with a renewed focus on timeliness, clarity, and empathy.



Significant strides have been made in reducing the number of complaints exceeding the 30-day response target, driven by focused action plans, monitoring, and a culture of continuous improvement



Establishment of the Patient Quality and Safety Learning and Improvement Forum

**Continued Commitment:** Throughout 2024/25, the Health Board has remained committed to timely and effective management of concerns, with a sustained focus on quality, safety, and putting people at the centre. This ongoing commitment was reinforced through collaborative efforts with staff, communities, and partners.

**Next Steps:** As the year concludes, the emphasis shifts to reviewing the effectiveness of recent organisational changes, assessing outcomes, and identifying further opportunities for refinement and improvement for 2025/26.

# Priorities for 2025/26

The Health Board will build on its achievements in 2024/2025, maintaining a commitment to continuous learning and improvement. This process will incorporate feedback from service users as well as insights gained through internal evaluations to identify opportunities for quality improvement.

## Priority 1

### PTR Regulations and Health Board Concerns Management

1. The Health Board is committed to ensuring comprehensive preparedness and robust support for staff in the implementation and effective delivery of the revised PTR Regulations. This includes streamlining quality assurance processes, improving documentation standards, and enhancing the person-centred approach to early resolution and meaningful engagement with service users.
2. We will continue to drive compliance with PTR timeframes and statutory requirements, through monitoring and governance oversight to identify and address areas of non-compliance.
3. We will focus on addressing historic cases eradicating any concerns over 6 months, with clear trajectories for resolution and reporting, ensuring equitable and timely outcomes for patients and families.

## Priority 2

### Partnership Engagement & Collaborative Working

- 4) We will continue to enhance collaborations with external partners to further reinforce oversight and promote ongoing improvement in quality and safety initiatives. Continued engagement with organisations including the Public Services Ombudsman for Wales, Llais, Audit Wales, and Health Inspectorate Wales will be prioritised, enabling greater transparency and fostering the adoption of best practices through these strategic partnerships.
- 5) We will build on recent progress; efforts will focus on fully embedding the Death Certification Reform in partnership with the Medical Examiner's Office and ensuring the GRACE bereavement model is consistently applied to support bereaved families.
- 6) Further engagement with patients and carers will be prioritised to gather valuable insights, which will inform ongoing improvements in patient care and organisational learning. These steps aim to reinforce a responsive, learning-focused environment and ensure the Health Board remains committed to delivering safe, compassionate, and high-quality care.
- 7) We are committed to foster a culture of openness, compassion and learning, with a strong emphasis on listening to patient and staff voice and embedding that insight into the way we deliver care.

# Priorities for 2025/26

## Priority 3

### Improving Quality Patient Safety Experience, Learning and Improving

- 8) As part of the ongoing commitment to quality and safety, we will formally review the effectiveness of this organisational change to ensure that the intended outcomes are being achieved, and to identify any areas requiring further refinement or improvement.
- 9) We will continue to focus on learning and improvement from patient safety incidents, fostering a culture of continuous learning and improvement, implementing changes based on lessons learned, and encouraging the use of dashboards.
- 10) We will focus on improving Nationally Reportable Incident (NRI) compliance through strengthened processes for recognition, reporting, investigation, and closure, supported by enhanced oversight and accountability mechanisms.
- 11) We plan to relaunch Duty of Candour (DoC) training on ESR for staff who have not undertaken this training. DoC training will become mandatory for all patient-facing staff within the Health Board.
- 12) The Medical Director's Quality and Patient Safety team is currently developing a comprehensive two-year sepsis strategy aimed at enhancing patient safety and improving clinical outcomes. This work builds on the ongoing Deteriorating Patient programme and aligns with national efforts to standardise early warning systems across healthcare settings. The strategy will focus on several key areas: improving the early recognition and management of sepsis, strengthening the delivery of initial treatment, and implementing updated Early Warning Scores. It also includes standardising staff education and training to ensure consistency in practice, and establishing a robust audit framework to monitor progress and drive continuous improvement.
- 13) We will work with divisions to embed Quality Improvement (QI) Coaches to support their QI priorities. Additionally, developing an organisational QI Faculty will focus on building conditions for quality improvement.
- 14) We plan to enhance Human Factors training across the organisation to strengthen safe systems and reduce variation in practice.
- 15) Strengthen Data Quality and Reporting: Enhance documentation, tracking, and reporting of legal management activities.
- 16) Maintain and Develop Governance Structures: Continue to refine SOPs, portfolio reporting, and Board engagement to ensure robust oversight and accountability.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 September 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Integrated Performance Report: September Board
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships Sarah Simmonds, Director for Workforce and OD Jennifer Winslade, Director of Nursing Robert Holcombe, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Trish Chalk, Assistant for Director Planning and Performance Marie-Claire Griffiths, Head of Strategic Planning Paul Steynor, Head of System Planning and Performance

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

Er Sicrwydd/For Assurance

## ADRODDIAD SCAA SBAR REPORT

### Sefyllfa / Situation

The purpose of this report is to provide the Board with an integrated overview of performance against the key Health Board and Ministerial Priorities through the first part of 25/26, with performance figures including the most up-to-date, validated positions.

The Board is asked to:

- Note the progress against key performance metrics as of the latest, available positions
- Note the planned Actions and progress against milestones as of Q1



## Cefndir / Background

This report focusses on specific performance against the organisation's key priorities in line with the Health Board's IMTP, the National Performance Framework, and Cabinet Secretary priorities.

## Asesiad / Assessment

This report is structured across sections as follows:

### Performance Summary

- Section 1: Cabinet Secretary Priorities
- Section 2: Our Performance & System Change Delivery, which include the System Change Priorities
  - Embedding Prevention and Population Health in all that we do
  - Progressing place-based models of care and sustainability in Primary and Community Services
  - Improving our Urgent & Emergency Care system focusing on experience, access and discharge pathways
  - Continuing to prioritise Cancer, Urgent and the longest waiting patients for Planned Care
  - Improving our Mental Health Services
- Quality & Patient Safety
- Workforce
- Finance
- Appendix 1: Enabling Actions

This report is in the quarterly format and will cover the commitments in the Annual Plan, bringing together the wider reporting on system change priorities, value and sustainability and our enablers on a quarterly basis.

This Performance Report reflects the totality of performance committed to as part of the 2025/26 IMTP and includes updated metrics and trajectories.

### Ministerial Delivery Expectations

In Quarter 1 of 2025/26, Aneurin Bevan University Health Board made strong progress against the Ministerial Delivery Expectations, particularly in areas of mental health access, community capacity, and population health. All nine mental health measures met or exceeded their targets, with Adult and Child and Adolescent Mental Health Services (CAMHS) services consistently achieving over 80% compliance for assessments and interventions. Diabetes care also improved, with 44.2% of patients receiving all eight NICE-recommended processes, meeting the Q1 trajectory. Community pharmacy services saw significant uptake, with over 11,000 consultations via Pharmacy Independent Prescribers (PIPs), well ahead of trajectory. Enhanced Community Care capacity also exceeded expectations, and delayed discharges were reduced to target levels.

However, challenges remain in timely access to care, where several key measures fell short. Ambulance handovers over one hour, 12-hour emergency waits, diagnostic breaches, and cancer pathway compliance all missed their respective



targets. COVID-19 booster uptake reached 56.45%, outperforming the Welsh average but still below the 75% goal. Weekend nursing capacity also lagged behind expectations. Despite these pressures, the Health Board continues to embed system-wide improvements, including the rollout of the Optimal Hospital Flow Framework and targeted interventions in diabetes, stroke, and outpatient transformation.

### Embedding Prevention and Population Health

Validated data for 2025/26 is pending so analysis is based on end of 2024/25. Vaccination uptake showed mixed results. The COVID-19 spring booster reached 56.45%, outperforming the Welsh average but falling short of the 75% target. Childhood vaccinations were at 86.5%, below the 95% goal but with 25/26 data still pending. Human Papillomavirus (HPV) vaccination for 15-year-olds stood at 66.1%, below the 90% target but also with 25/26 data still pending. Newborn hearing screening exceeded trajectory at 91.6%, and physical examinations at six weeks maintained a strong 90.2% compliance rate. Weight and measurement at eight weeks has improved further to 84.8% as of the latest available data, surpassing the Q1 trajectory with 25/26 data pending. Diabetes care showed improvement, with 44.2% of patients receiving all eight NICE-recommended processes, meeting the Q1 trajectory. A targeted programme is underway to improve urinary Albumin-to-Creatinine Ratio (ACR) screening and foot checks, supported by engagement with 10 volunteer practices.

Strategic initiatives also showed progress. The Hypertension Case Finding Service identified over 80 hypersensitive patients from 1,100 checks. Plans for seasonal respiratory vaccination campaigns are in place, including improved access for housebound patients. The Health Board is developing neighbourhood wellbeing hubs, aligning Integrated Wellbeing Networks with Neighbourhood Care Networks. Workstreams for early years, women's health, and preventable premature mortality are also on track, with governance structures and delivery plans being established. Executive approval has been secured for the smoke-free hospital strategy, including the re-establishment of a clinically-led implementation group and a bold communications campaign. The Gwent Nicotine Control Alliance has been formed to address underage and illicit tobacco use, with plans for targeted local messaging.

### Primary and Community Services

The Health Board is performing well against several key measures. Pharmacy Independent Prescribers (PIPs) delivered over 11,000 consultations by July, more than double the Q1 trajectory. The Common Ailment Scheme (CAS) also exceeded expectations, with nearly 31,000 consultations year-to-date. Optometry services saw high uptake, while Enhanced Community Care (ECC) referrals surpassed targets, indicating strong delivery in community-based services. However, weekend nursing capacity remains below trajectory.

The Enhanced Framework for commissioned care is being implemented effectively, with increased scrutiny on enhanced care placements and £61K in savings achieved. Access and sustainability initiatives are advancing, including the launch of a new General Dental Service in Newport East and improved mapping of supplementary



services. Clinical Interface Groups have been established in key areas to support pathway redesign and shift care from acute to community settings. The Health Board has also defined “place” across Gwent and begun mapping pathways to support integrated neighbourhood teams, with implementation underway in Blaenau Gwent and Torfaen. All priorities are reported as complete or on schedule, reflecting alignment with the IMTP.

### Urgent and Emergency Care

The Health Board saw marginal improvement in Urgent Primary Care (UPC) contacts, exceeding the Q1 trajectory with 32,312 contacts. Ambulance handovers over one hour and 12-hour emergency department breaches remain above target, despite some better-performing months. A continuous flow model is being implemented to address these issues, with a mandate for zero handovers over 45 minutes from mid-September. Performance in crew hours lost, 4-hour Emergency Department (ED) compliance, and triage wait times showed mixed results. While July saw the lowest 12-hour breaches since 2021, sustaining improvements remains a challenge.

The Health Board made continued progress in reducing delayed discharges and long-stay admissions. Patients staying over 21 days and total days delayed both fell below trajectory, supported by weekly scrutiny panels and the rollout of the Optimal Hospital Flow Framework. Same Day Emergency Care (SDEC) models are expanding, and discharge lounges are being embedded to improve flow. Medical service redesign is underway at Nevill Hall Hospital, with frailty and elderly care pathways being scoped.

### Cancer and Planned Care

Performance on the Single Cancer Pathway (SCP) was stable but below trajectory, with 63.5% of patients starting treatment within 62 days (target: 80%). Despite increased referrals and a growing SCP census, the backlog remained under 10% of total cases, indicating resilience. The 28-day diagnosis rate was strong at 92.6%, well above the 75% target. The number of patients waiting over 104 weeks for referral to treatment and 52 weeks for new outpatient appointments remains under their IMTP forecasts. Outpatient transformation is progressing, with See On Symptom (SOS) and Patient Initiated Follow-Up (PIFU) rates rising to 14.6%, exceeding the Q1 target. Validation efforts have reduced the number of patients waiting 100% past their follow-up date. Did not attend and could not attend (DNA/CNA) rates remain slightly above target, but predictive modelling and pilot schemes are underway to improve attendance.

Diagnostic performance is an area of performance that has deteriorated, with 1,541 patients waiting over 8 weeks, exceeding the Q1 trajectory. Staffing issues, particularly in ultrasound, are contributing to breaches. Therapeutic assessments and audiology pathways also show mixed results, with adult and paediatric breaches growing slowly but remaining below forecasted levels. Theatres performance is improving. Session utilisation reached 84.5%, just below the 85% target, and day surgery rates exceeded expectations at 82.9%. However, late starts and early finishes remain above target, though improvement initiatives like the “Golden Patient” model are showing positive results. The Satellite Radiotherapy Centre at



Nevill Hall Hospital opened in June, marking a key milestone in cancer service expansion.

## Mental Health

Across Adult Mental Health, performance exceeded national standards. Part 1a (assessment within 28 days) reached 92.4%, and Part 1b (intervention within 28 days) hit 88.2%, both above the 80% target. Part 2 compliance (valid care and treatment plans) rose to 85.2%, supported by targeted work with Older Adults and Learning Disabilities teams. Psychological therapy access improved significantly, reaching 55.3% in July, surpassing the Q1 trajectory of 48%, following backlog validation and pathway redesign. In CAMHS, all measures met or exceeded targets. Part 1a assessments achieved 100% compliance, and Part 1b interventions reached 81%. Part 2 compliance rose to 97.1%, and SCAMHS Choice Assessments maintained a strong 98.4%. Neurodevelopmental waiting times improved to 74.5%, meeting the Q1 trajectory of 70%, despite the transition to the new Neurodiversity Early Support Hub (NESH). The team was shortlisted for NHS Wales Team of the Year.

Strategic priorities are progressing well. The Health Board is fully engaged in the National Patient Safety Programme, contributing to four national workstreams. Sustained performance in adult and children's mental health metrics reflects effective triaging, signposting, and increased capacity through group interventions. Crisis services have been scoped to support a Single Point of Access and the 111 press 2 Mental Health Service. However, the development of an adult neurodevelopmental pathway is off track within tolerance, due to funding shifts and service integration challenges.

## Workforce

As of July, the Health Board had 13,502 whole time equivalent (WTE) staff, with increases in Nursing & Midwifery, and Administration due to Transfer of Undertakings (Protection of Employment) (TUPE) transfers and digital investment. Sickness absence increased to 6.38%, with long-term sickness rising and anxiety/stress/depression continuing as the top cause. Bank staff usage dropped significantly, with agency usage also greatly reduced when compared with the 24/25 year end position. Medical locum and agency usage rose slightly, driven by vacancies, with strategic planning underway to address this. Staff turnover decreased to 8.36%, and Performance Appraisal and Development Review (PADR) compliance reached 74.86%, with efforts ongoing to meet the 85% target. Consultant job planning reached 53.5%, showing a steady improvement trajectory towards achieving the target of 85%. Mandatory training compliance rose to 80.6%, and recruitment time-to-hire averaged 58.3 days, an improved position compared to the national target. Overall, the Health Board is making steady progress in workforce sustainability, with targeted actions to address remaining gaps.

## Quality, Safety & Experience

The Patient Experience data from CIVICA shows a rising trend in survey responses, with July 2025 seeing the highest volume. Feedback highlights strengths in compassion and professionalism, while waiting times remain a key area for



improvement. Incident reporting shows a reduction in overdue National Reportable Incidents (NRIs), and workshops are underway to streamline investigation processes. Duty of Candour events were triggered across multiple divisions, with seven incidents reported in July. The Risk Adjusted Mortality Index (RAMI) for Q1 2025/26 was 93.8, indicating better-than-expected outcomes, although July's figure is pending coding completion.

Complaints management under the Putting Things Right framework shows consistent performance, with efforts to improve early resolution and visibility through divisional dashboards. Health and Safety compliance saw mixed results, with RIDDOR reporting timeliness declining due to late notifications, while training compliance improved in most areas. Infection control data from April to July 2025 shows community-acquired infections as the majority across key pathogens. Finally, Safeguarding reporting has improved with RLDatix implementation, and training compliance is progressing toward the 85% target by March 2028.

Finance

The Health Board reported a £9.499m adverse variance at Month 4, with the 2025/26 forecast position being held at break-even at Month 4, however, the likely achievement of this will be reviewed with the Board for Month 5 reporting. Risks include drug costs, winter pressures, variable pay growth, and unfunded service expansions. Additional pressures not yet included in forecasts may further impact financial sustainability, requiring ongoing monitoring and strategic adjustments.

Enabling Actions

Progress has been made across operational productivity, planned care, workforce, digital transformation, and value for money. Key actions include embedding the Optimal Hospital Flow Framework, improving theatre utilisation through the "Golden Patient" model, and increasing day surgery rates to 82.9%. Workforce initiatives have reduced agency spend by 41.4% year-to-date, although job planning compliance remains at 47%. Digital rollouts include EPS in GP practices and pharmacies, and the maternity system (Badgernet) is fully implemented.

Argymhelliad / Recommendation

The Board is asked to:

- Note the performance report including progress achieved against IMTP milestones at the end of Quarter 1 25/26.

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

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

The report highlights key risks for delivery against the IMTP



Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 1.1 Health Promotion, Protection and Improvement 2. Safe Care 2.1 Managing Risk and Promoting Health and Safety
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item.  This is a report against the Integrated Medium-Term Plan and the key organisational priorities, informed by our detailed understanding of how our system operates.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
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:	

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
	Is EIA Required and included with this paper No does not meet requirements
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.



	<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>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a></p>	<p>Choose an item. Choose an item.</p>





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# BOARD

## Integrated Performance Report

September 2025/2026

### Appendix 1: Enabling Actions





Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Operational Productivity & Efficiency UEC	Community Based Falls Response	F	Plans in place to fully adopt with benefits tracking (6 Goals).	Level 1 and Level 2 community falls provision in place. Service continuity and funding provision agreed for 25/26. GAP analysis concludes with recommended additionality to strengthen current service. Programme and governance established with workstreams spanning the full falls pathway.
	Remote clinical assessment services framework	P	Awaiting WG Issue, strong flow centre model expanding to MDT hub.	A single point of access phone number for professional referrals in place 24/7/365, handling 250 calls per day. Mix of primary care, WAST and inter-site transfers. Self-assessment baseline document submitted to national team. Programme and governance established with a four phased approach to enhancing current service. APPNav model live covering 12/7.
	Acute frailty model at the Front Door	F	Plans in place to fully adopt with benefits tracking (6 Goals).	Balancing rights and responsibilities training rolled-out including Exec level. 7 day coverage of Community admission avoidance therapies team (CAATT) at the ED, with 5 day coverage at the eLGH's sites. 7 day coverage of Acute Frailty Response and Home First at the ED. Strong Acute Frailty/ COTE model at SDEC YYF in particular. Develop Direct Access Pathway for frail patients.
	Welsh Health Circular - Ambulance Handover Guidance	P	Improvement in performance expectations.	Increased Senior Clinical Capacity. ED Footprint expansion continues with phase 1 expected in Q3. Transfer lounge implemented to increase flow and improve handover. Improved daily standard work approach with safe to start process embedded.
	Optimal Hospital Flow Framework	F	Plans in place to fully adopt with benefits tracking (6 Goals).	Continue to embed the principles of the OHFF across all sites, roll out to commence 4th August focus on RGH and Community Hospitals, training toolkit, developed, x2 OHFF Champions appointed.
	Maintaining the actions within the 50 Day challenge	F	Plans in place to fully adopt with benefits tracking (6 Goals).	Scrutiny panel in place to tackle top 20 longest staying patients. Appointment of x2 B7 OHFF Champions. Workstream established for criteria led discharge to support weekend discharges. Business case submitted to PIP to seek core funding for the hospital to home service, supporting CHC/DST in the community. Home First review undertaken, new model to be implemented in Sept, TA model underpinned by Balancing, Rights and Responsibilities training.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Operational Productivity Planned Care	Implement national guidelines with thresholds by Clinical Implementation Network (CIN). Including SOS and PIFU by default.	-	Awaiting CIN frameworks confirmation of speciality based PIFU SOS targets. Current baseline is 13.4% in organisation. Baselines for each specialty known. Will continue to work with National team.	Meetings taking place with specialties to create outpatient plans. Scoping out current PIFU and SOS usage and areas of opportunity including CIN protocols. Urology and Dermatology fully implemented. ENT Audiology pathways in development (use Audit base, not WPAs). General Surgery use straight to discharge for majority of pathways. Gynae, Orthopaedics and Eyes individual meetings planned to identify further opportunities.
	All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage (end of Q2).	P	Baseline partial direct listing in place, plans to direct list all patients by end of Q4.	Plans in development in line with national approach.
	Monitoring DNA/CNA for every Outpatient clinic. When DNA/CNA as a combined rate >5%, overbooking to be implemented & monitored.	P	DNA baseline 6%, CNA short notice baseline 4.5%. Overbooking would not be advisable, DNA deep dives with services look at short notice CNA's that affect utilisation.	DNA deep dives being undertaken with areas with high numbers of DNA's/Short notice CNA's. These consider processes e.g. reminder messages, locations and times of clinics, patient demographics to support improvement. DNA pilot in NHH (prompting to outcome DNA to prevent automatic rebooking) has shown impact, with DNA rate at the site reducing from 6.3% in Dec '24 to 5.1% in Jun '25. AB Mathematical Modelling team are piloting a tool that can predict the likelihood of a patient DNA'ing, and pending validation of results will look to spread and scale the approach across additional specialties and services which could further improve performance.
	Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists	-	Awaiting CINs optimisation framework to assess compliance. Baselines known and understood. Workshop with national team 21 March.	Q1 focus on outliers/long waiters on FUWL (significantly >100% past target). ~400 reduced from this cohort in 2-month period. Ongoing work with Teams to monitor/develop plans for long waiting patients, with reductions in longest waiters delivered in certain specialties e.g. Gastro, Orthopaedics, Ophthalmology, Gynae. T&O reviewing 1 year post op patients on follow up list and moving to PIFU where appropriate.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Operational Productivity Planned Care	On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from pressures and outliers (end of Q1).	F	Baseline 97.6%	ABUHB are compliant with this measure as of Q1. Median performance from Apr 24 to Jun 25 is 97.1%. Monthly performance through Q1 25/26 has been 96.6%, 96.5% and 97.5%, Apr to June respectively.
	Reducing late starts to less than 20%; - Reducing early finishes to less than 10%; and - Increasing session utilisation to the GiRFT standard of 85% by March 2026.	F	Baselines are late starts 44%, early finishes 47%, theatre utilisation 83%. Plans to improve late starts & early finishes to 25%.	Cross-divisional monthly Theatres Utilisation Group (TUG) is ongoing, chaired by the Deputy COO. The aim of the meeting is to monitor and maintain sustainable improvements in theatres scheduling and the utilisation of theatre capacity in order to maximise throughput whilst ensuring the delivery of safe and effective care to patients. The TUG meeting also ensures that we meet the MAG recommendation to establish a Theatre Optimisation Board. Autosend and golden patient – specialty level data review for RGH complete. Demonstrates overall improvement since both processes have begun and a nearly 10-minute improvement when golden patient is in place.
	Deliver improvements in day surgery rates, achieving a BADS daycase rate of 70% (April 2025), then 80% (June 2025)	P	Baseline 50%. Plans to improve to 55%. Following a review of procedures to identify opportunities to increase day case rate, implementation will commence and further opportunities to be scoped ahead planning for NHH Day Case Centre of Excellence.	Specialities to review opportunities for increased day case activity (benchmarking against BADS guidance) to inform short-term opportunities and longer-term Theatre Service Model as part of NHH developments.
	Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact.	F	In place reported through outpatient transformation.	52-week letter validation process in place. Clerical pathway validation undertaken centrally and locally in certain specialties, focused on RTT and long waiting follow up patients.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Workforce Productivity	Variable Pay & Agency Control Framework Welsh Health Circular	F	2024/25 total agency spend has reduced to £43.2m compared to £805m in substantive workforce which has inc. from last year.	M03 YTD Agency spend is £6.3m and therefore extrapolated on a straight-line basis would come to circa £25.3m. M03 YTD Substantive pay is £202.5m and extrapolated would look to be £810m for 25-26.
	Sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.	P	2024/25 agency reduction savings £11m. Total agency saving to achieve 30% reduction would need to be £7m.	Based on the numbers stated above then on a straight-line basis Agency costs have reduced by 41.4%.
	Ensure a reduction in agency spend on HCSW, A&C, and E&A to zero by 30th Sept 2025	P	2024/25 spend is £1.05m; Plans to achieve total off-contract and HCSW agency removal by September 25. A&C and E&A, reduction in spend will be achieved but zero spend difficult within current recruitment market.	Reduction not realised through Q1. It looks difficult to be able to reduce to zero by end of September, especially in light of the additional work on Planned Care overall.
	Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.	P	Baseline 38%. Monthly trajectory plan by division to achieve 90% compliance by September 25 and a positive number in progress. However progress will be in balance with benefits of new job planning system.	Current job planning compliance is 47% an increase of 8% since the beginning of April 2025. Electronic system has been introduced in 2024. Following audit recommendations, an agreed action plan is in place to improve compliance including regular deep dives, with accountability arrangements strengthened.
	Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25	F	Baseline cumulative 12 month absence 6.53% in Jan 25 plans to reduce 25/26 in comparison to 24/25.	Sickness rate at the end of June was 5.99% which is the same rate as this period in 2024.



# Appendix 1: Enabling Actions

Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Maximising Value for Money	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.	F	In place reported through Value & Sustainability	Working through rationalisation opportunities via the theatre innovation group which reports into our Non-Pay Group, these include nationally identified opportunities such as sutures, advanced energy devices and surgical stapling. An updated review is underway for orthopaedics hips & knees and toga suits. As national opportunities become defined information is captured locally and shared within the health board to ensure that each opportunity is considered and progressed as appropriate. A consolidated overview of Non-Pay opportunities and updates on progress are also reported through the organisation's Value & Sustainability Board on a monthly basis.
	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)	F	In place reported through Value & Sustainability	ABUHB is currently achieving 97.73% as a composite of biosimilars purchased (Infliximab, Ranibizumab, Etancept and Adalimumab). Significant work has been undertaken to switch ustekinumab with 99% of biosimilar purchased. Biosimilar tocilizumab (Tyenne®) sub-cut formulation has not been available until April 25. 32 patients have now been registered with homecare provider and awaiting switch. Remaining 11 patients will be reviewed and registered. Secondary Care generics currently at 99.98% as a composite of generic product purchased. For primary care generics there has been a 53.81% reduction in items issued compared to the reference period. Currently ABUHB has the lowest spend per 1000 patients of the branded basket. Preferential use of apixaban and rivaroxaban currently at 86%. AB has a lower baseline, due to the previous position of edoxaban as the DOAC of choice in order to optimise the rebate opportunity. Prescribing of preferred DOACs continues to rise with practice engagement via a local enhanced service, which has been extended until September. For Low value prescriptions, ABUHB has the lowest spend per 1000 patients of bath and shower emollients and has seen a 44.26% reduction in items issued compared to the reference period.



# Appendix 1: Enabling Actions

Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Maximising Value for Money	CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis.	F	In place reported through Value & Sustainability	Divisional Top 50 placement workstream review commenced & ongoing; follow up of identified cases in progress. Enhanced Care - continue to build on positive work to manage / reduce enhanced care in care home setting including introducing additional scrutiny on enhanced care and one to one placements. Increased demand being seen for enhanced care for hospital discharges. Digital Solution WG to confirm next steps for new national CH database; specification complete; pre procurement session held in April. FNC - assessment process for FNC admissions on track.
	Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.	F	In place reported through Value & Sustainability	Ongoing work re rationalisation on St Woolos site to realise opportunities. Work underway in relation to the redevelopment of Nevill Hall which will look at opportunities to rationalise the estate SOC drafted and currently under review. Optimising utilisation through the exploration of developing of a Health and Wellbeing Centre within Monmouth and the existing estate. Currently reviewing the Health Boards Estates Strategy which will include detail on rationalisation and utilisation and short, medium and long term plans.



# Appendix 1: Enabling Actions

Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Improving Value, Optimising Outcomes, & Minimising Variation	Ensuring full implementation of the nationally optimised pathways in the cancer recovery programme	P	Steps within pathways in place but timeframes now always with exception of Head and Neck where we have not fully implemented.	Pathways remain in place (with the exception of H&N), however timescales remain challenging. Compliance against 62-day timescale has reduced slightly from 67% (end Q4 24/25) to 63.5% at the end of Q1.
	Ensuring full compliance with straight to test guidance	P	Head and Neck and Sarcoma only pathways outstanding, work ongoing to establish measures.	Head & Neck Pathway - ABUHB do not follow STT guidance in favour of 'grouping' all diagnostic tests at first OPA which sees patients being investigated within 7 days of OPA which translates to high SCP compliance each month. Sarcoma - no progress has been made on STT for this pathway. These are very small numbers of patients who are treated in tertiary centres. Plans to review the pathway are being considered for Q3/Q4 2025/26.
	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes	F	Plans in place to fully adopt with benefits tracking through Value & Sustainability	There has been a targeted focus to address the biggest problems reported within the 8 Care processes (Urine and Foot Checks). Engagement with NCN leads complete with 10 volunteer practices to work with us to implement 3 new workstreams over the next 12 months including: Education and Awareness' & Compliance, Root causes for non-compliance in primary care (Care homes and community) and Process and Pathway variation. Workstream one has progressed as a priority for Qtr1-3. The workstream are producing various materials & media based on direct input from the people with 'lived' experience of these issues in Gwent and healthcare staff across the system via a dedicated T&F/Advisory group aimed at improving compliance, they have established clear baseline positions with 49 of the 68 practices in Gwent, prioritised approaches based on this, the products will be released for use during QTR2 where we will more impact alongside the implementation of workstreams 2 & 3. Whilst the focus is workstream 1 during this period we have also process mapped the pathways across 8 of the 10 volunteer practices to support scoping and optimise our resources to attach workstream 3.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Improving Value, Optimising Outcomes, & Minimising Variation	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health	F	Plans in place to fully adopt with benefits tracking through Value & Sustainability	ABUHB continue to lead the way in implementation and adoption of the FLS and Bone health service aligned to the HVHI areas of work local project aims are to: identifying 80% of fragility fractures and delivering bone treatment to 50% of those identified. The aim is to prevent 33% of future fractures in this cohort. Implementation of a pathway of collection for PROMS over a 54 week timeline. The patients who started on the pathway in Sep 24 will be due their 'discharge' prom early in Q3 25, volumes were limited to one clinic for the pilot phase and we expect to see the volume of patients increase in Q4, 25-26. Analysis of the cohort data combined with their A&E presentations, admissions or re-fractures will be undertaken in Q1 26-27.
	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)	F	Plans in place to fully adopt with benefits tracking through Value & Sustainability	Discussions initiated with Values Based Healthcare re timeline for streamlining T&O onto Promptly Medical.
	Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.	F	Implementation of Maternity solution (Badgernet) completed and benefits presented to Ministerial Digital Summit. Procurement for Mental Health solution underway and continue to engage with Connected Care programme. E-Prescribing rollout continuing for the Health Board.	Health Board actively involvement in the wider Digital Maternity Cymru deployment across Wales sharing information and resources with other organisations and supporting governance structure in place. Procurement for Mental Health complete and ready to award to supplier via contractual arrangements subject to Health Board governance arrangements. Costs provided to DHCW for business case and continue to work collaboratively as we move into the implementation phase of Mental Health to enable migration from WCCIS. EPS now live in 11 GP practices and 78 pharmacies across Gwent and deployments planned until March 2026.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Improving Value, Optimising Outcomes, & Minimising Variation	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.	F	Plans in place to fully adopt with benefits tracking through collaboration with DHCW and membership at the relevant governance groups.	Discussions ongoing with our Primary Care & Community Division of adoption and usage on the NHS Wales App and how this can be promoted across the health board area. Potential for bid to DHCW for project resources to support adoption of NHS Wales App.
	Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation.	F	Cyber security improvement plan in place linked to recommendations from the Cyber Resilience Unit to achieve compliance against the Cyber Assurance Framework.	Continue to work towards improved cyber resilience and compliance with regular reporting to Finance & Performance Committee to provide assurance to the Board. Engagement with DHCW over national cyber response exercise in September. Deployment of Security Incident Event Monitoring solution.
	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - Deliver the 8 priority procedures determined for implementation as part of Phase 1.	F	Work with AWCEG to implement the clinical criteria and monitor the activity data for each intervention.	The Health Board remains committed to collaborative engagement with the All-Wales Clinical Effectiveness Group (AWCEG) to ensure a consistent, all-Wales approach to implementing the newly defined criteria for Evidence-Based Interventions (EBIs). In Phase 1, the AWCEG—working in partnership with the Clinical Implementation Networks—has completed comprehensive evidence reviews and established criteria for nine initial interventions. Concurrently, efforts are underway with Digital Health and Care Wales (DHCW) to facilitate the coding of these criteria and evaluate associated opportunity costs. Patient information materials are also in development to support clear communication and shared understanding. Until the finalised criteria from AWCEG is forthcoming, ABUHB has proactively undertaken a data review to identify and discontinue any interventions deemed clinically inappropriate.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
<p><b>Improving Value, Optimising Outcomes, &amp; Minimising Variation</b></p>	<p>Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26</p>	<p><b>F</b></p>	<p>Implement the criteria once reviewed from the AWCEG and monitor the activity data, reporting as requested.</p>	<p>The Health Board will maintain ongoing collaboration with the All-Wales Clinical Effectiveness Group (AWCEG) to ensure alignment with the rolling programme of reviewed interventions and implementation of the updated criteria. To further support Health Boards in the operationalisation of these criteria, AWCEG is currently developing a decision-support algorithm alongside a standardised letter template. These tools are intended to aid in the appropriate removal of patients from waiting lists where clinical eligibility is not met. ABUHB will continue to engage proactively with clinical teams to ensure that patients are supported in accordance with any recommendations issued by the AWCEG.</p>
	<p>Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme.</p>	<p><b>P</b></p>	<p>Plan to increase will not meet 282 localised pathways. This would take financial investment without clear benefits realisation.</p>	<p>123 pathways live at 09/07/25. Ahead of schedule to meet national target of 156 pathways at 28/02/26.</p>





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University Health Board

# BOARD

## Integrated Performance Report September 2025/2026





## Performance Summary

### Section 1: Ministerial Delivery Expectations

The Cabinet Secretary for Health and Social Services has set out eighteen delivery expectations under five themes;

- Timely Access to Care
- Population Health & Prevention
- Building Community Capacity
- Mental Health Access (Adult and CAMHS)
- Women's Health

In the Integrated Medium-Term Plan 2025-28 the Health Board set performance expectations against all eighteen measures, agreeing to meet the national standard in all areas except Timely Access to Care.

### Section 2: Our Performance & System Change Delivery

The Performance Report section provides detail of Health Board performance across the quadruple aims and the system change themes identified in the Integrated Medium-Term Plan 2025-28. Detail on what is included under each quadruple aim is provided below.

A summary of performance is provided under each aim against the Health Board's priorities and corresponding performance ambitions, including detail of Integrated Medium Term Plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim.

### Appendix 1: Enabling Actions

As part of the 2025/26 NHS Wales Planning Framework, the Welsh Government set out a number of Enabling Actions (focusing on productivity and efficiency) which NHS Wales Organisations need to adopt or justify. Delivery against these are tracked as part of our performance report, with the Q1 update provided as an appendix at to this report.

Quadruple Aim		Health Board's System Change Theme and Integrated Report
Aim 1	People in Wales have improved health and well-being with better prevention and self-management.	• Embedding <b>Prevention</b> and Population Health in all that we do
Aim 2	People in Wales have better quality and more accessible Health and Social Care Services, enabled by digital and supported by engagement.	<ul style="list-style-type: none"> <li>• Progressing place based models of care and sustainability in <b>Primary and Community Services</b></li> <li>• Improving our <b>Urgent and Emergency Care System</b> focusing on experience, access and discharge pathways</li> <li>• Continuing to prioritise <b>Cancer, Urgent and the longest waiting patients for Planned Care</b></li> <li>• Improving our <b>Mental Health</b> services</li> </ul>
Aim 3	The Health and Social Care workforce in Wales is motivated and sustainable.	Workforce and Culture
Aim 4	Wales has a higher value Health and Social Care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes.	Quality, Safety and Experience  Financial Performance



## What went well?

- All 9 of the performance measures within the Mental Health system change theme are meeting their IMTP trajectories, with noteworthy improvement in performance in Psychological Therapies.
- The volume of Pathway of Care Delays and the days attributable to the delays continue to trend downwards through the first part of the year.
- The ministerial delivery expectation for increasing the percentage of patients with diabetes who received all eight NICE recommended care processes increased in July to meet the Q1 IMTP trajectory.
- In July bank usage was 711.4 WTE, which was significantly lower than the 1029 WTE reported end of the March 25 and exceeds the expected target by 138.6 WTE.
- Risk Adjusted Mortality Index (RAMI) for Q1 is 93.8 (AVG) and trended downwards through the first part of year, with the June position reaching the lowest since the beginning of 24/25. July's Index has increased, however is still within the 8 week coding lag window.

## What were the challenges?

- Whilst there have been some better performing months in the first part of the year with regard to key Urgent and Emergency Care measures, sustaining improvement remains a challenge.
- Single Cancer Pathway compliance is below Q1 trajectory, however there has been a notable increase in referrals and performance has been broadly sustained through the first part of 25/26.
- Diagnostic 8 week waits have been above the expected position through the year to date, driven in part by staffing issues within specific modalities.
- Q1 performance for the percentage of health and safety incidents reported within legal timeframes decreased significantly from the previous quarter.

## What actions are we taking to improve?

- Adoption of the 45 mins ambulance handover taskforce from September will speed up patients getting to the right place within the UEC system and be the key driver in generating a continuous flow model for the benefit of our patients and staff.
- Continue to embed the Optimal Hospital Flow Framework across all sites, with current focus at Royal Gwent Hospital and Community sites.
- Hypertension case finding service is up and running across Gwent; over 1,100 blood pressure checks have been completed and over 80 patients identified as hypersensitive.
- A new process has been agreed with Borough teams to ensure timely flu vaccination of housebound patients.
- All Crisis services have been scoped to develop a Single Point of Access and our 111 press 2 Mental Health Service.

## What are our risks to delivery?

- The 2025/26 financial year to date budget performance as at month 04 is an adverse variance of £9.499m. This position is £2.4m worse compared to the IMTP MDS.
- The 26 week outpatient programme could place further strain on the 8 week diagnostic position if there is no additionality to support the onward pathway for those patients who require it.
- As Winter approaches there will be the exacerbated pressures placed on all parts of the health and social care system across Gwent.
- Following the substantial improvement delivered in CYP Neurodevelopment RTT performance, there is a risk that the service will not be able to achieve the national standard of 80% whilst also trying to keep all waits under 52 weeks.



# Ministerial Delivery Expectations

Theme	Delivery Expectation	ABUHB commitment	Meet National Standard	In month performance against trajectory
Population Health & Prevention	Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	<b>47%</b> Mar-26	<b>Yes</b>	<b>44.2%</b> Jul-25 (Q1 Trajectory: 44%)
	Achievement of vaccinations targets in the performance framework	<b>Yes</b> Mar-26	<b>Yes</b>	<b>First reported Q2</b>
Building Community Capacity	Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard	<b>160</b> Mar-26	<b>Yes</b>	<b>160</b> Aug-25 (Q1 Trajectory: 190)
	100% of GP practices achieving all National Access Standards for In hours GMS	<b>100%</b> Mar-26	<b>Yes</b>	<b>Reported Q4</b>
	Increase in number of people accessing PIPs for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP	<b>24,065</b> Mar-26	<b>Yes</b>	<b>11,134</b> Jul-25 (Q1 Trajectory: 4,820)
	Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible	<b>128,347</b> Mar-26	<b>Yes</b>	<b>27,937</b> Jul-25 (Q1 Trajectory: 31,217)
	Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible	<b>5,277</b> Mar-26	<b>Yes</b>	<b>2,106</b> Jul-25 (Q1 Trajectory: 1,245)
Women's Health	Establishment of one Women's Health Hub in each health board area by March 2026	<b>Yes</b> Mar-26	<b>Yes</b>	<b>Reported Q4</b>



# Ministerial Delivery Expectations

Theme	Delivery Expectation	ABUHB commitment	Meet National Standard	In month performance against trajectory
Timely Access to Care	Reduce the number of ambulance patient handovers over 1 hour –national target - zero	500 Mar-26	No	816 Aug-25 (Aug Trajectory: 625)
	Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, <u>building towards the national target of zero</u>	750 Mar-26	No	1,214 Aug-25 (Aug Trajectory: 881)
	No patients waiting more than 104 weeks for referral to treatment.	3,291 Mar-26	No	547 Jul-25 (Jul Trajectory: 1,320)
	12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion building toward a national target of 80% by 31 March 2026.	70% Mar-26	No	63.5% Jul-25 (Q1 Trajectory: 67%)
	No patients waiting more than 8 weeks for a specified diagnostic	1,077 Mar-26	No	1,541 Jul-25 (Q1 Trajectory: 1,077)
Mental Health Access (Adult and CAMHS)	80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral – Over 18s	80% Mar-26	Yes	92.4% Jul-25 (Q1 Trajectory: 80%)
	80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS – Over 18s	80% Mar-26	Yes	88.2% Jul-25 (Q1 Trajectory: 80%)
	80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral – Under 18s	80% Mar-26	Yes	100% Jul-25 (Q1 Trajectory: 80%)
	80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS – Under 18s	80% Mar-26	Yes	81.0% Jul-25 (Q1 Trajectory: 80%)

# Progress Against our Integrated Medium-Term Plan



Quality, Patient Safety & Experience

Workforce & Culture

Finance



## Embedding Prevention and Population Health in all that we do

**Measure:** % uptake of the COVID-19 vaccination for those eligible Spring Booster

**Ministerial Delivery**

**Performance:** 56.45% (10/07/25, end of campaign)

**Trajectory:** 75%

**National target:** 75%

Region	Eligible population (n)	Vaccinated (n)	Coverage (%)	Of those vaccinated, number with no previous doses (n)
Aneurin Bevan University Health Board	78,706	44,432	56.45	17
Blaenau Gwent	8,923	4,550	50.99	1
Caerphilly	22,595	12,326	54.55	2
Monmouthshire	16,160	10,820	66.96	7
Newport	18,261	9,796	53.64	4
Torfaen	12,767	6,940	54.36	3

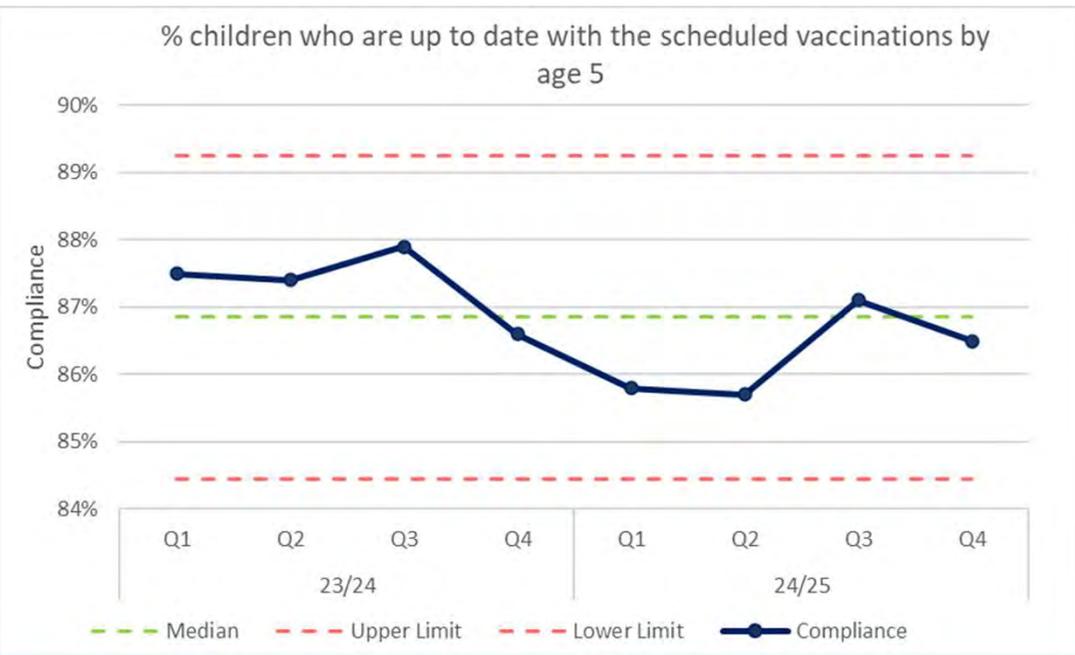
**Measure:** % children up to date with vaccinations by age 5

**Ministerial Delivery**

**Performance:** 86.5% (Q4 24/25)

**Trajectory:** 86% (Q1 25/26)

**National target:** 95%



### Insight & Actions:

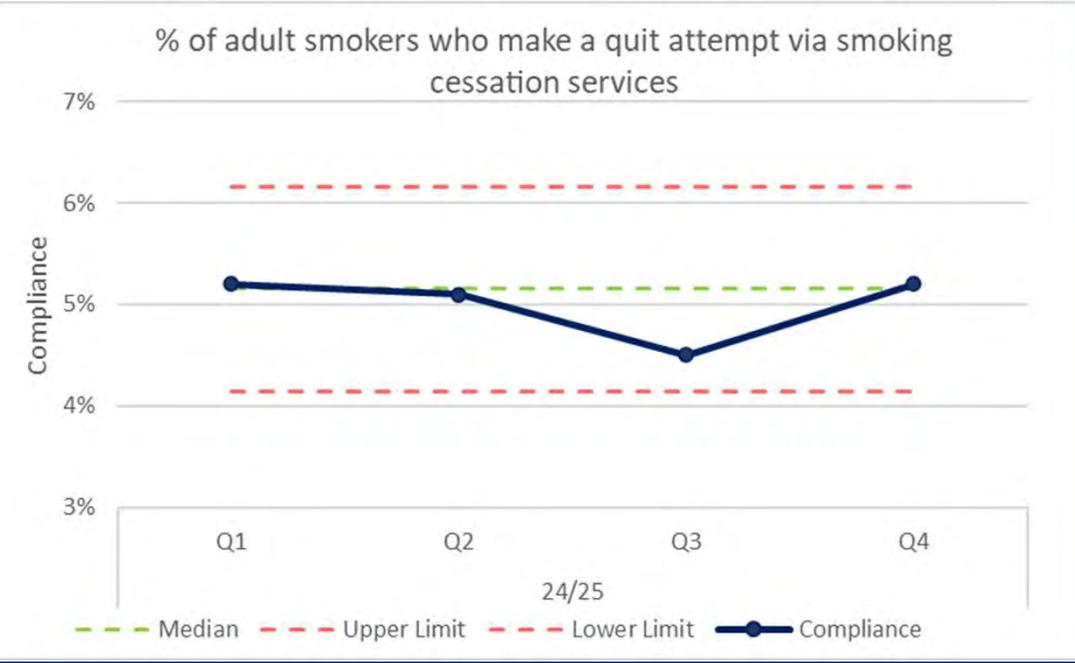
- COVID-19 spring booster: ABUHB performance was higher than the all Wales figure 53.18%, however this is short of the 75% target as per the ministerial delivery expectation. More broadly on seasonal, respiratory vaccination campaigns, a review of booking processes has been completed and as part of a PhD project to enhance uptake with several options being explored ahead of winter campaigns (e.g. use of text messaging services, improvement in letter wording to enhance engagement).
- Childhood vaccinations: Still awaiting validated 25/26 data, Q1 performance expected in September. National target as per ministerial delivery expectation is 95%. Through the implementation of the Vaccine Equity Strategy, a Gwent Data Dashboard for childhood immunisations is currently in development. This dashboard will enable the identification of populations and programmes of interest through detailed data analysis, supporting the co-design of targeted interventions with communities and clinical teams. Data will be shown in as much granularity as possible to enable swift and reactive approaches to work to increase uptake.



## Embedding Prevention and Population Health in all that we do

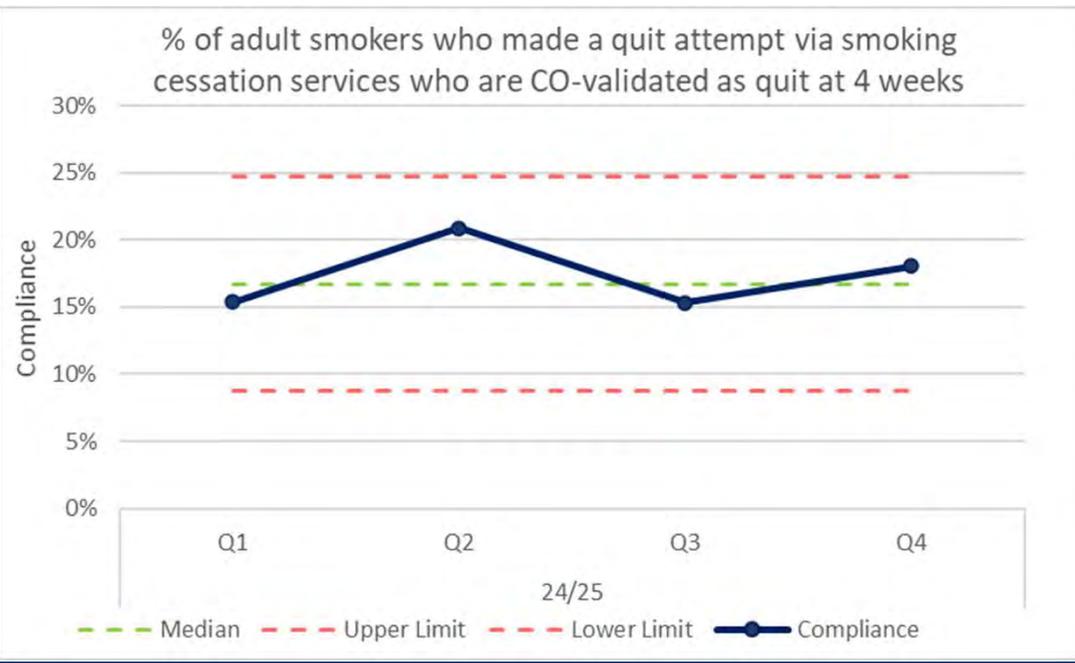
**Measure:** % of adult smokers who make a quit attempt via smoking cessation services

**Performance:** 5.2% (Q4 24/25)  
**Trajectory:** 5% (Q1 25/26)  
**National target:** 5%



**Measure:** % of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks

**Performance:** 18.1% (Q4 25/26)  
**Trajectory:** 20% (Q1 25/26)  
**National target:** 40%



### Insight & Actions

- No 25/26 data yet available, Q1 performance due at the end of Q2. 24/25 annual performance for quit attempts as a whole was 5%, which meets the national standard. For CO-validated as quit, 24/25 annual performance as a whole was 17.2%. IMTP trajectory for 25/26 is to improve to 32% by year end.
- As part of the public health offer to deliver place based care, behaviour change practitioners who deliver the Health Board's smoking cessation offer have been aligned to localities and will be a core part of integrated neighbourhood teams. A comprehensive improvement programme is underway for the service; with a stronger focus on supporting people to achieve CO-validated quit at 4 weeks as opposed to self-reported quits. Executive approval has been secured for the smoke-free hospital strategy, including the re-establishment of a clinically-led implementation group and a bold communications campaign. The Gwent Nicotine Control Alliance has been formed to address underage and illicit tobacco use, with plans for targeted local messaging.



## Embedding Prevention and Population Health in all that we do

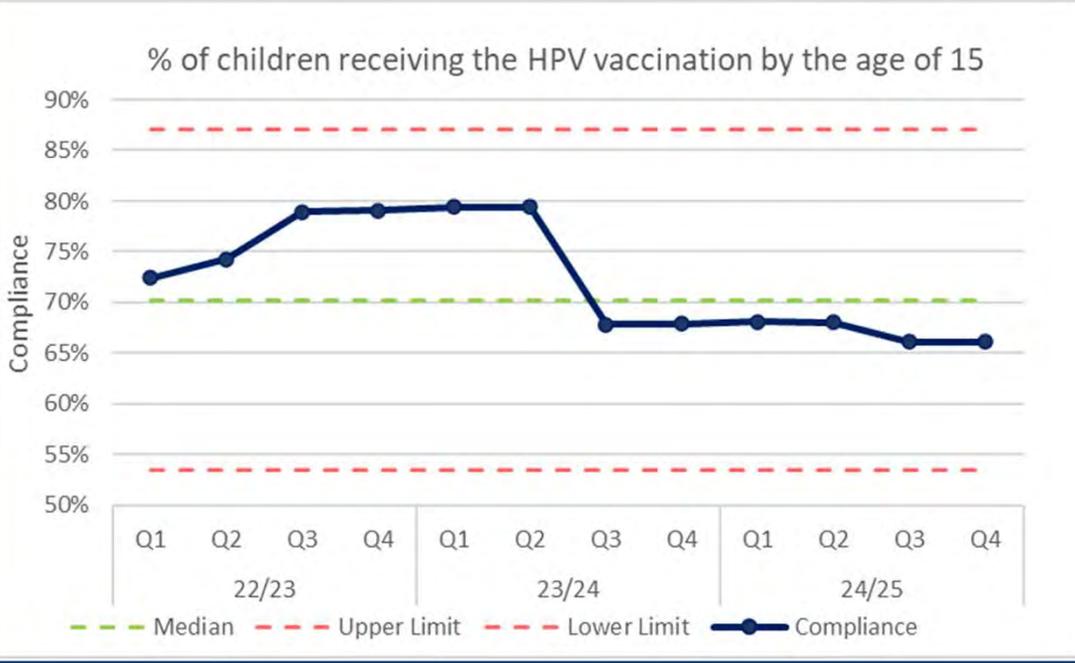
**Measure:** % of children receiving HPV vaccination 1 dose by the age of 15

**Ministerial Delivery**

**Performance:** 66.1% (Q4 24/25)

**Trajectory:** 75% (Q1 25/26)

**National target:** 90%



### Insight & Actions

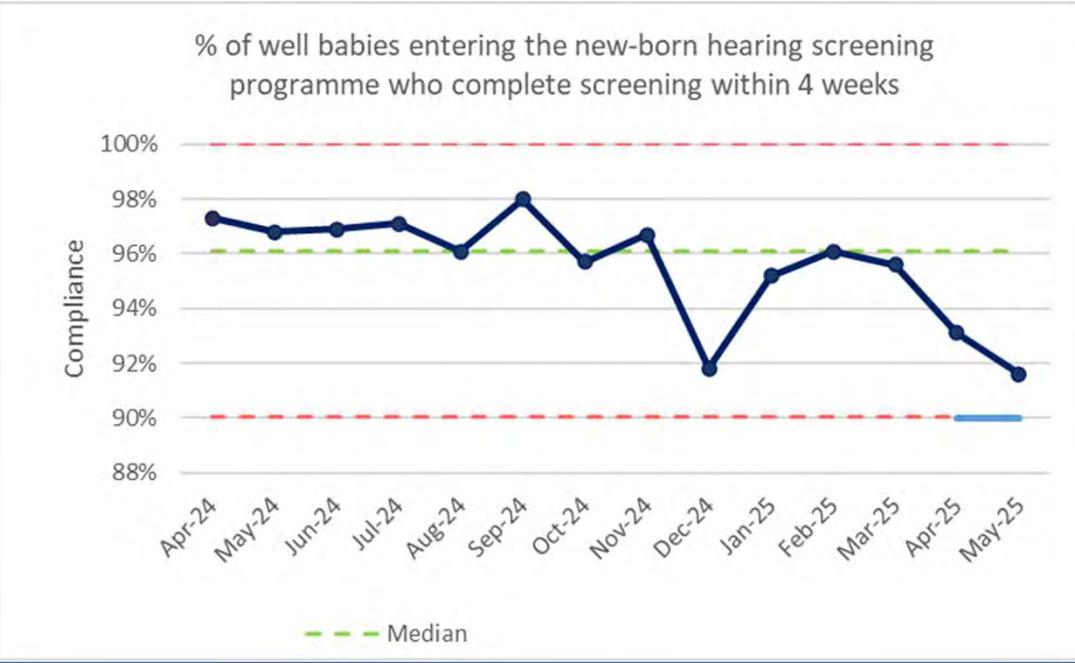
- No 25/26 data yet, Q1 performance expected in September. National target as per ministerial delivery expectation is 90%.
- 25/26 priorities are to improve uptake and reduce inequalities. Co-working with other areas to increase uptake with the Public Health team investigating reasons for refusal of vaccinations. WG directive highlighted 11 schools of concern regarding HPV uptake, with action plans subsequently devised for each school to increase uptake.

**Measure:** % of well babies entering the new-born hearing screening programme who complete screening within 4 weeks

**Performance:** 91.6% (May)

**Trajectory:** 90% (Q1)

**National target:** 90%



### Insight & Actions

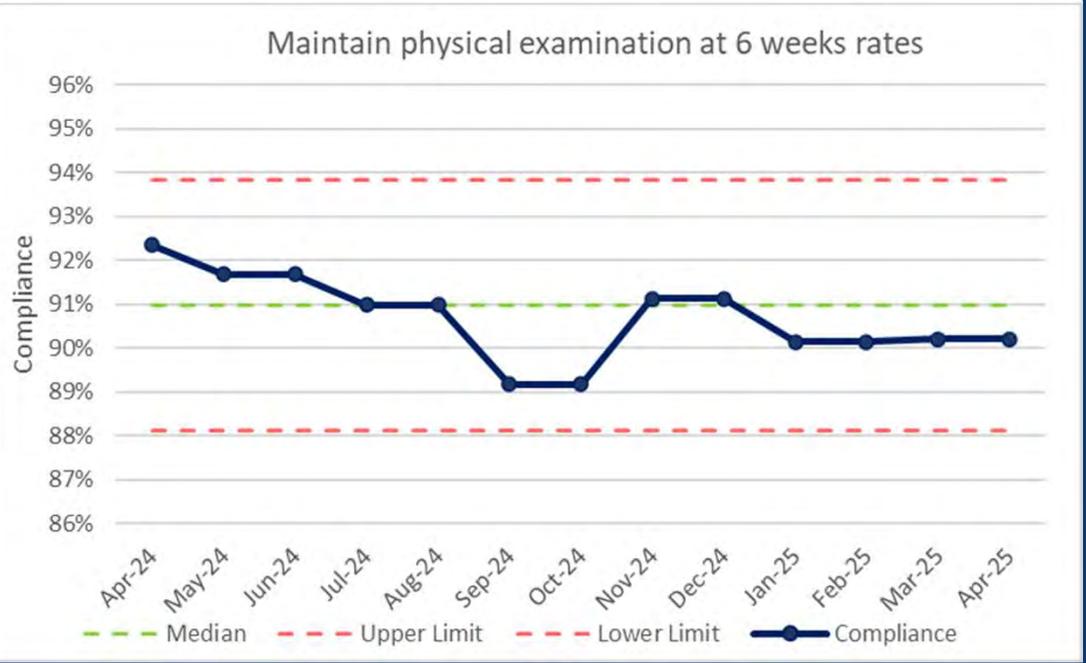
- Whilst performance has decreased in first two reportable months of the year, it remains above the national standard of 90%.



## Embedding Prevention and Population Health in all that we do

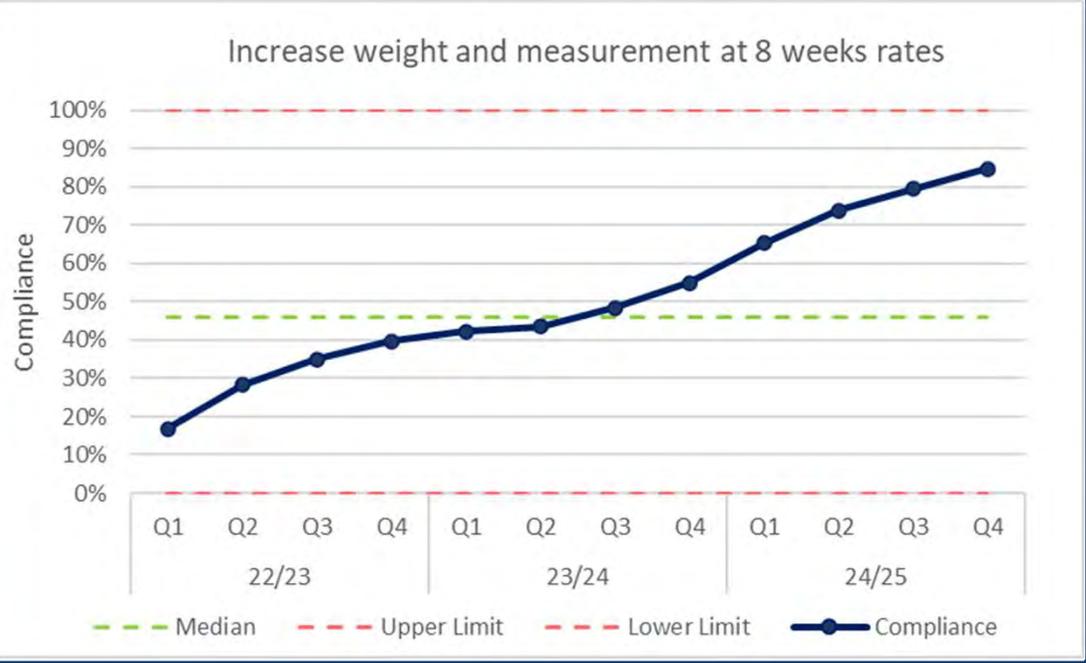
**Measure:** Maintain physical examination at 6 weeks rates (Healthy Child Wales)

**Performance:** 90.2% (Apr)  
**Trajectory:** 90% (Q1)  
**National target:** Maintain



**Measure:** Increase weight & measurement at 8 weeks rates (Healthy Child Wales)

**Performance:** 84.8% (Q4 24/25)  
**Trajectory:** 68% (Q1 25/26)  
**National target:** Increase



### Insight & Actions

- Physical exam at 6 weeks: Only April data available so far. 25/26 IMTP trajectory is to maintain 90% through the course of the year, with performance over the past four months being exactly this.
- Weight and measurement at 8 weeks: Q4 24/25 data published in August, showing further improvement in performance to 84.8% and huge increase over the past three years, indicating capability to deliver against 25/26 IMTP trajectory of 80% by Q4. Q1 data expected in November.



## Embedding Prevention and Population Health in all that we do

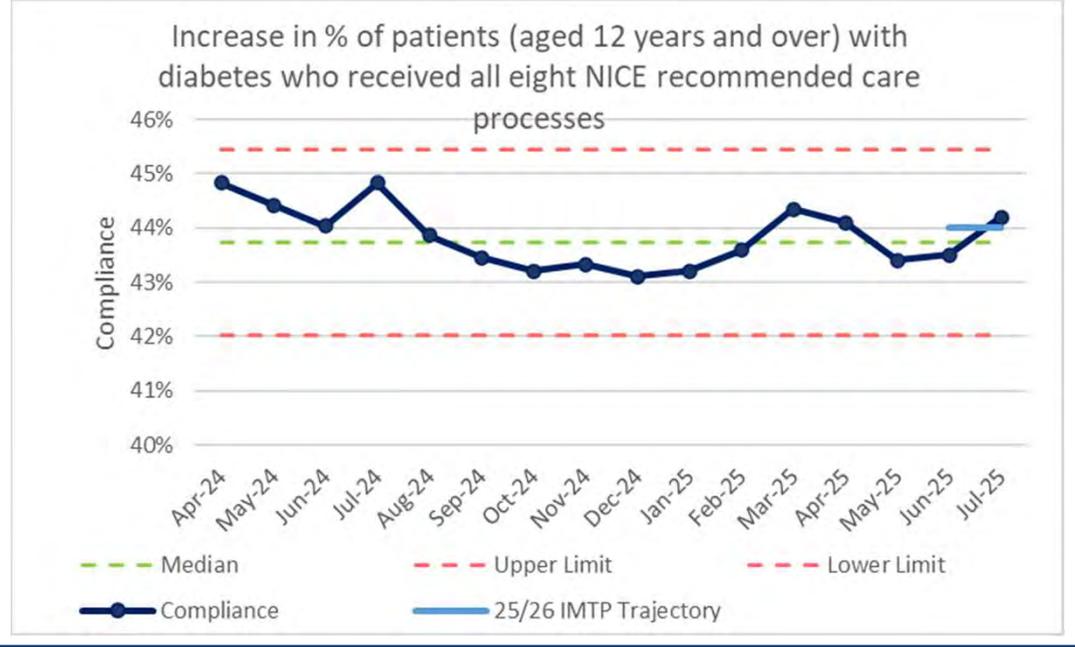
**Measure:** Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes

**Ministerial Delivery**

**Performance:** 44.2% (Jul)

**Trajectory:** 44% (Q1)

**National target:** Increase



### Insight & Actions

- July performance improved to meet the Q1 trajectory, which increases through the course of the year to achieve 47% compliance by Q4.
- Value Based Healthcare are leading work on diabetes prevention urinary ACR screening & annual foot checks. Activity in 3 surgeries in Newport West began during Q1 for those identified in a pre-diabetic range, with 3 more surgeries within Newport East coming on stream in Q2.



Priority	Q1 Planned	Q1 Progress	Q1 Comments
<b>Resilient Communities &amp; Health Protection</b>	Plan for the seasonal respiratory vaccinations campaign including roll out for 2 & 3 year olds, care homes, pregnant women and older adults	Complete/On schedule	Plans are underway to increase flu vaccination uptake in 2 & 3 years olds based on the experience in Blaenau Gwent and Caerphilly. Arrangements are in place for the Vaccination Service to offer flu and COVID-19 vaccinations to care home residents. A new process has been agreed with Borough teams to ensure timely flu vaccination of housebound patients. The 11,866 adults aged 75-85 that have not taken up their initial RSV vaccination appointment have received an invite for a catch-up vaccination offer through the Vaccination Service.
	Develop of a network of local neighbourhood hubs that connect residents with wellbeing assets, support, services, groups and activities	Complete/On schedule	Integrated Wellbeing Network (IWN) Leads are now active members of the Neighbourhood Care Networks (NCN) and are closely aligned to the Borough Management teams. Several NCNs have introduced social prescribing roles to utilise community assets, a scoping exercise has been undertaken with a view to a 'social prescribing model' being developed further through ISPB plans for Place Based Care. Work is continuing to align NCNs and IWNs through effective partnerships and relations across the wider system to create the environment to deliver the place-based care model. IWN leads have convened Well-being Collaboratives in specific communities which brings together HB, local authority, third sector organisations, community groups, volunteers and community leaders
<b>Best Start in Life</b>	Define the scope of the early years delivery plan; embedding the recommendations from the 0-4 years Joint Strategic Needs Assessment	Complete/On schedule	Work is ongoing to establish robust governance structures for Best Start in Life (BSIL) as an Area of Focus (AoF) for the Public Service Board (PSB). A high-level strategic Leadership Group (senior leaders from across Gwent's PSB organisations) is being formed to shape and steer an evidence-based regional delivery plan for BSIL. Recommendations will be embedded through the regional delivery plan for BSIL, which will also be grounded in the findings of the Building a Fairer Gwent (Marmot) Report. The delivery plan will be actioned by the BSIL Regional Management Group.
<b>Women's Health</b>	Establish baseline and understand the models and pathways being designed by Women's Health Network and Welsh Government	Complete/On schedule	Priorities and pathways have been agreed as part of the Women's Health Hub Project Group. Workstream leads have been identified for the 3 pathways - Menopause, Menstrual Disorders and Contraception. Funding bid has been submitted to support the programme of work and mapping work has commenced to complete the baseline within specification.
<b>Preventable Premature Mortality</b>	Work in partnership with NCNs to identify eligible cohorts for Diabetes Prevention and establish Hypertension case finding service	Complete/On schedule	Hypertension case finding service is up and running across Gwent. During Q1, over 1,100 blood pressure checks have been completed and over 80 patients identified as hypersensitive.



# Our Performance & System Change Delivery

Progressing place based models of care and sustainability in primary and community services

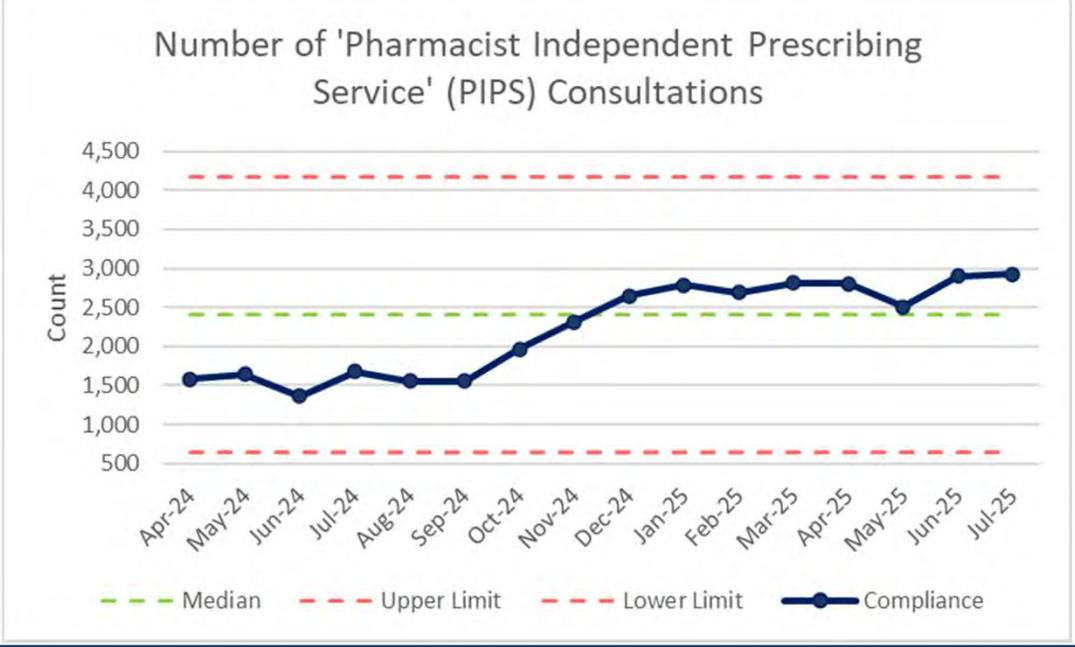
**Measure:** Increase in people accessing PIPs where they would have visited their GP

**Ministerial Delivery**

**Performance:** 11,134 (Jul – cumulative YTD)

**Trajectory:** 4,820 (Q1)

**National target:** Increase

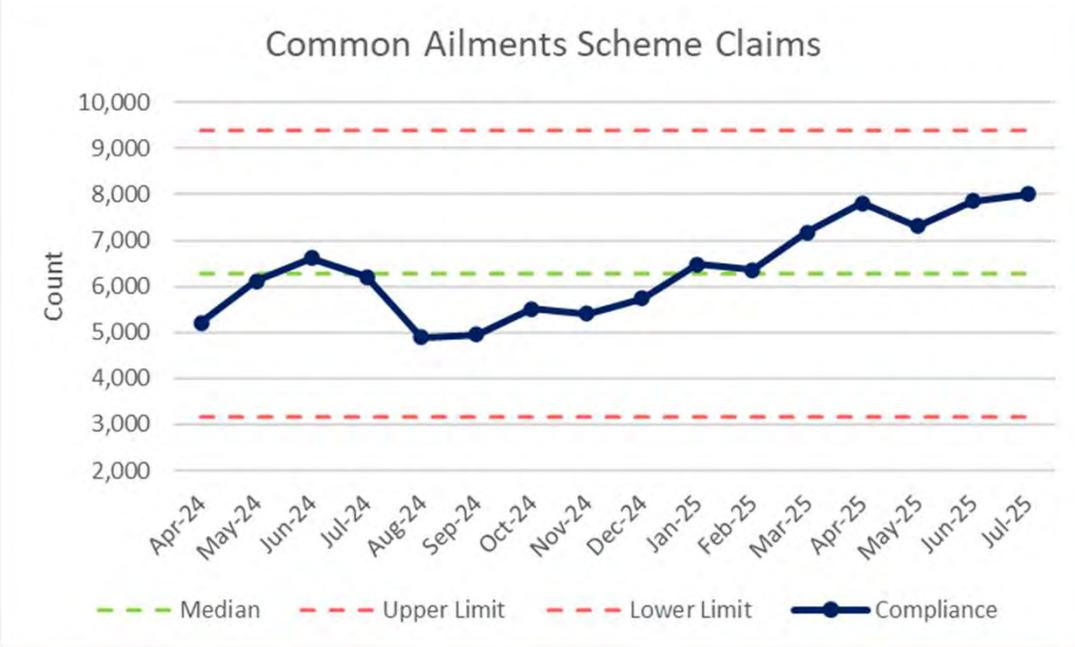


**Measure:** Maintain the number of consultations undertaken by community pharmacy under CAS

**Performance:** 30,978 (Jul – cumulative YTD)

**Trajectory:** 22,594 (Q1)

**National target:** Maintain



**Insight & Actions**

- PIPs: Performance is well ahead of trajectory, having achieved 11,134 consultations in the first four months of the year against a whole 25/26 trajectory of 24,065. 55 Community Pharmacies (44% of total) are now commissioned to provide PIPs as of Q1.

- CAS: Common Ailment Scheme claims are on track against trajectory, having delivered 22,975 at the end of Q1 against an IMTP trajectory of 22,594. Q2 performance began with a record high number of claims in July. As of Q1, 100% of practices are delivering CAS, within which: 99% offering CAS Sore Throat Test and Treat; 86% offering CAS UTI service; 100% offering emergency contraception, and; 100% offering EC-Bridging and quick start.



## Progressing place based models of care and sustainability in primary and community services

**Measure:** Maintain the number of patients accessing NHS Optometry Services

**Performance:** 86,811 (Jul – cumulative YTD)

**Trajectory:** 58,741 (Q1)

**National target:** Maintain

Number of patients accessing NHS Optometry services



### Insight & Actions

- The number of patients accessing Optometry services exceeded Q1 trajectory (66,959 actual vs 58,741 planned).
- The Eye Health Needs Assessment published, and an Integrated Eye Care Plan has been developed, with Task & Finish groups being set up to deliver the plan in Q2.
- Digital solutions are being explored for an electronic patient record, with the July Eye Care Board meeting having a Digital Focus.

**Measure:** Number of patients accessing urgent emergency services - Dental

**Performance:** 7,874 (Q1)

**Trajectory:** 9,093 (Q1)

**National target:** Maintain

Number of patients accessing urgent dental services (GDS)



### Insight & Actions

- Performance at Q1 is tracking behind trajectory due to a significantly low month in April, which is an observable trend in previous years.
- Additionally, there is a change in contracts from March to April, with practices opting to deliver dental services in different ways, either UDAs or Contract Reform.



# Our Performance & System Change Delivery

## Progressing place based models of care and sustainability in primary and community services

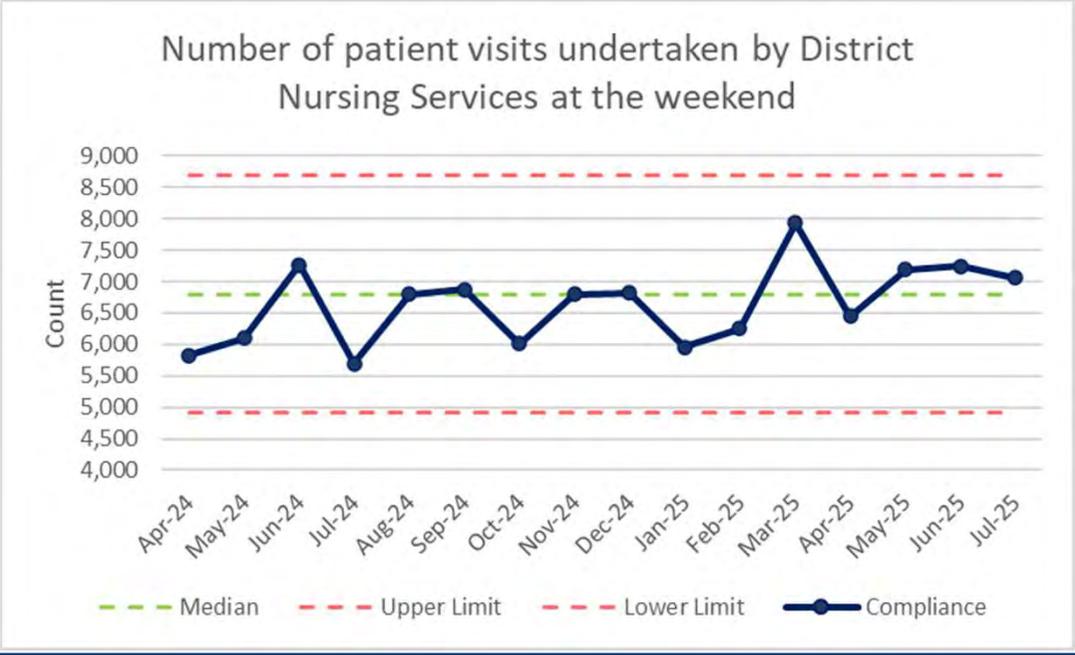
**Measure:** Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25

**Ministerial Delivery**

**Performance:** 27,937 (Jul)

**Trajectory:** 31,217 (Q1)

**National target:** Maintain



### Insight & Actions

- Performance is behind trajectory. The ministerial expectation is to deliver 80% of an average weekday activity on a weekend day. Weekend activity as a proportion of total activity is increasing, however to meet the ministerial measure from a volume perspective would require a huge shift in delivery to the weekend.
- More broadly on DNs, consultation is in progress to obtain funding to develop the Primary Care and Community Nursing Workforce. Funding has been received to support the next cohort for the development programme.

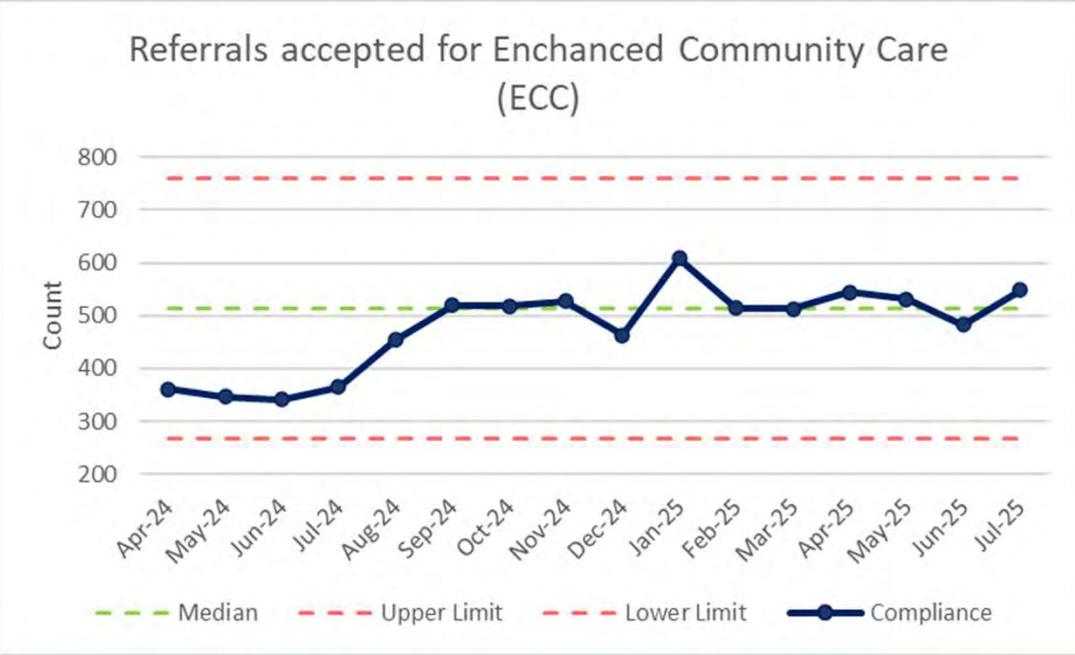
**Measure:** Increase in capacity of Enhanced Community Care (ECC) to at least the required levels previously set for 2024/25

**Ministerial Delivery**

**Performance:** 2,106 (Jul)

**Trajectory:** 1,245 (Q1)

**National target:** Maintain



### Insight & Actions

- Accepted ECC referrals have been relatively consistent over the past 12 months, with Q1 delivery exceeding IMTP trajectory (1,558 actual vs 1,245 planned).
- The AB services included within the national definition are Rapid Response across the five Boroughs, Ready to Go Ward at RGH and Emergency Care at Home in Caerphilly.

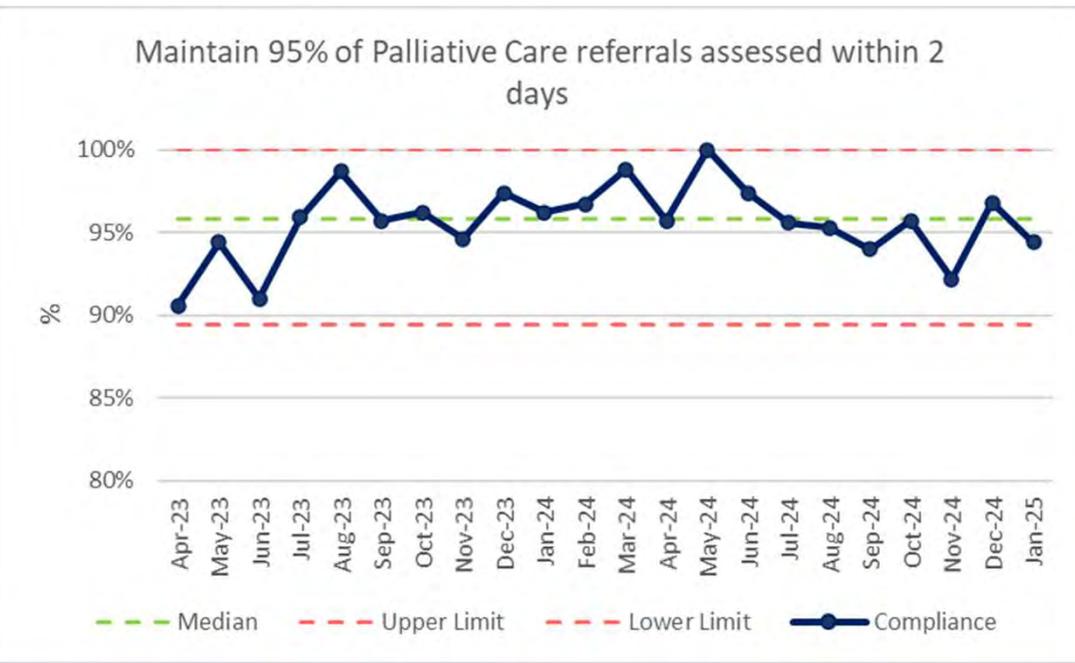


# Our Performance & System Change Delivery

Progressing place based models of care and sustainability in primary and community services

**Measure:** Maintain 95% of Palliative Care referrals assessed within 2 days

**Performance:** 94% (Jan 25)  
**Trajectory:** 95% (Q1 25/26)  
**National target:** 95%

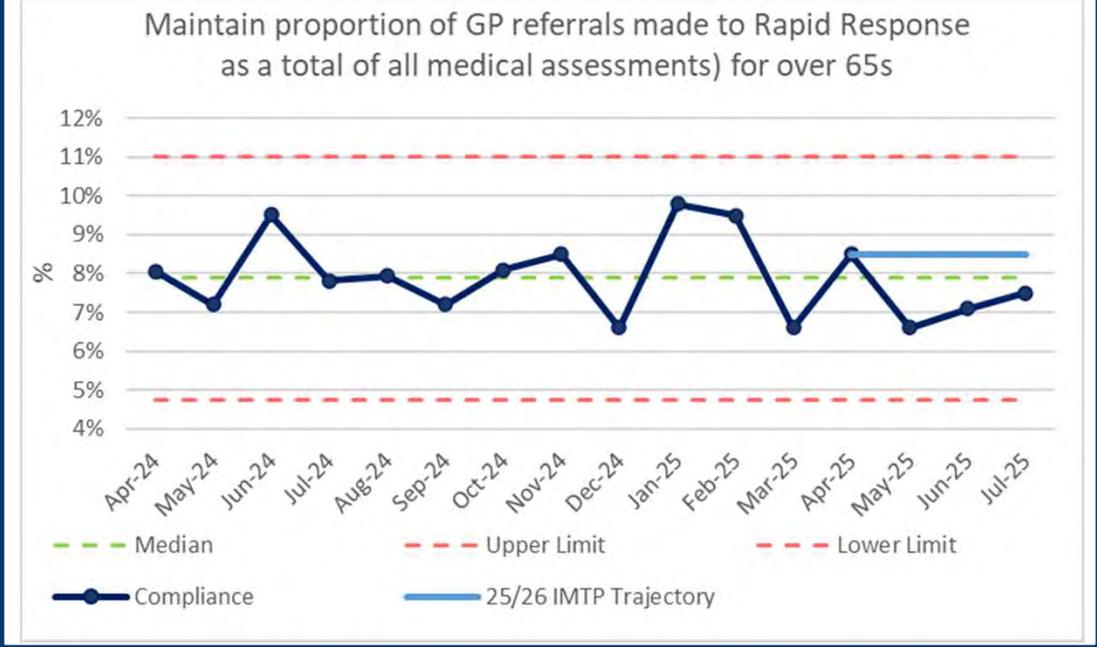


### Insight & Actions

- Following the implementation of the national system to complete Specialist Palliative Care forms in Welsh Clinical Portal (WCP) for palliative care interventions from Feb '25 and the decommissioning of the previous system, the National team are currently working on reporting requirements to develop a dashboard for performance indicators for palliative care. In the interim, local options have been explored and a dataset recently identified, however there is a requirement to validate the WCP data therefore quality assurance is underway to ensure accuracy of the data before this can be shared; completion of this is due by the end of September 2025.

**Measure:** Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments) for over 65s

**Performance:** 7.5% (Jul)  
**Trajectory:** 8.5% (Q1)  
**National target:** Maintain



### Insight & Actions

- Performance over the past 16 months has seen some fluctuation, but the proportion remains relatively stable with a median value of 8%.
- There has been an observable increase to Rapid Response services from Front and Back Door hospital services, but GP referrals remain static. The ongoing development of the Navigation Hub will seek to increase ease of access for GPs through to Rapid.



Priority	Q1 Planned	Q1 Progress	Q1 Comments
<b>Rightsizing of Commissioned Care</b>	Review impact of the launched Enhanced Framework	Complete/On schedule	<p>Continue to build on positive work to manage and reduce enhanced care in care home setting including introducing additional scrutiny on enhanced care and one to one placements. Increased demand being seen for enhanced care for hospital discharges.</p> <p>Digital Solution</p> <p>WG to confirm next steps for new national Community Health database; specification complete; pre procurement session held in April.</p> <p>Assessment process for Funded Nursing Care admissions on track £61K savings made in Q1</p>
<b>Access &amp; Sustainability</b>	Agree supplementary/enhanced service delivery for GP services and invest into General Dental Services through Newport East Development	Complete/On schedule	<p>Supplementary and enhanced service mapping has been shared with NCN Leads. General Dental Service is now operational within 19 Hills Newport East Development.</p> <p>NCN Leads are engaging practices to improve equitable provision of supplementary and enhanced services.</p>
<b>Focus on Community Pathways</b>	Establish Clinical Interface Groups across our Acute services to explore pathway development that shifts care from an acute setting	Complete/On schedule	<p>Clinical Interface Groups underway in Mental Health, Urgent Care and Surgery</p> <p>Alignment of Clinical Directors, NCN Leads and Clinical Editors of Health Pathways agreed</p> <p>Further engagement required to establish Family &amp; Therapies and Medicine Clinical Interface Groups.</p>
<b>Place Based Care</b>	Develop and agree outcomes framework and model specification for place based care and integrated neighbourhood teams coupled with implementation in Blaenau Gwent as pathfinder working in partnership to create a whole system community model based on need	Complete/On schedule	<p>Definition of "place" agreed and "places" identified across the footprint of Gwent.</p> <p>Initial mapping of key pathways has commenced and will progress into Q2 and the outcome framework is being developed for implementation in Blaenau Gwent and Torfaen as a federated local authority and Integrated Service Partnership Boards.</p>



# Our Performance & System Change Delivery

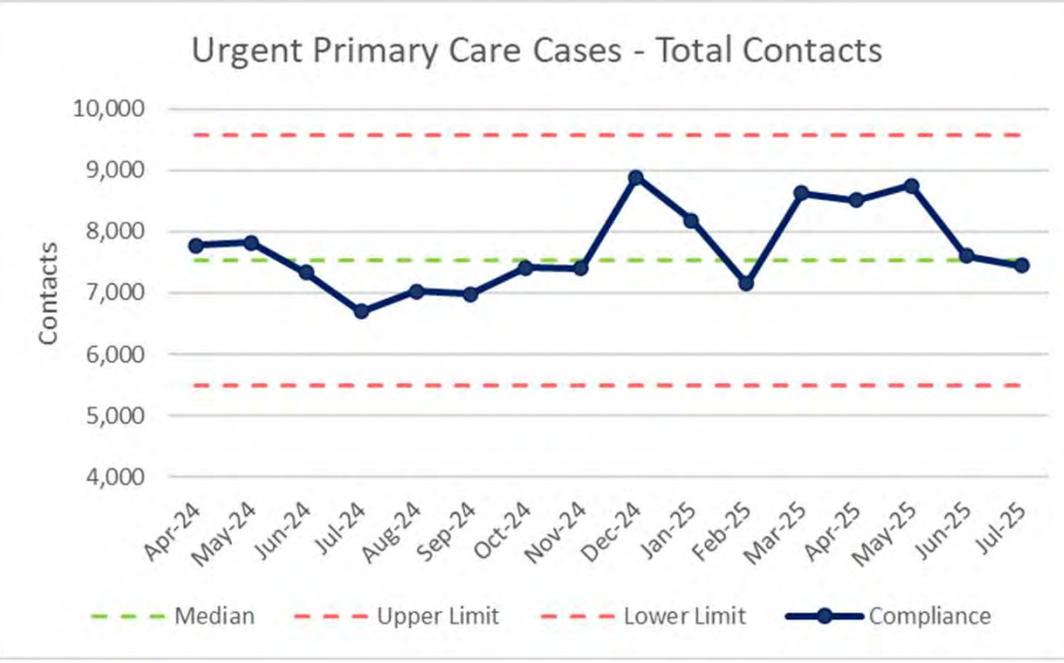
Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

**Measure:** Maintain the number of Urgent Primary Care contacts (inc. virtual)

**Performance:** 32,312 (Jul – cumulative YTD)

**Trajectory:** 22,923 (Q1)

**National target:** N/A



### Insight & Actions

- UPC contacts are delivering marginally ahead of forecast trajectory, with 24,862 cases in Q1 against a forecast of 22,293.
- The offer provided by UPCC is being looked at as part of actions required to support Winter and Handover 45.

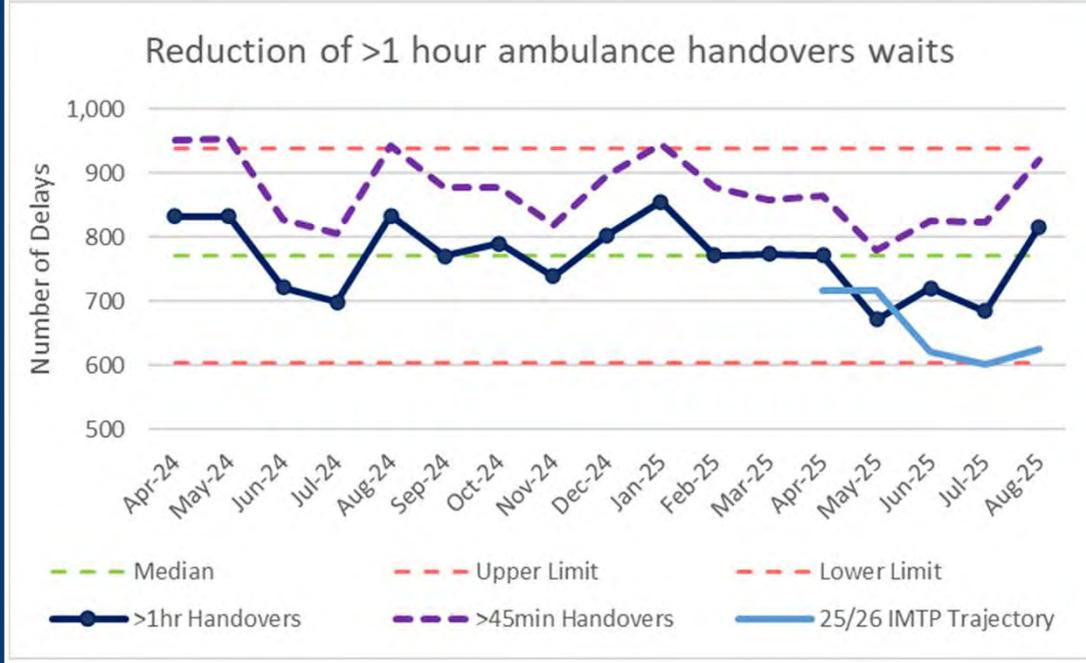
**Measure:** Reduction of Ambulance patient handovers over 1 hour

**Ministerial Delivery**

**Performance:** 816 (Aug)

**Trajectory:** 625 (Aug)

**National target:** 0



### Insight & Actions

- Whilst there have been some better performing months in the first part of the year (May & Jul, lowest in four years), the expected improvement has not been realised.
- In line with the national Taskforce, zero handovers >45 mins across all hospitals and location types (e.g. not just GUH ED as per this measure) is being mandated from the middle of Sept, enabled by a continuous flow model to push patients through the system so that they get to where they need to be more quickly.

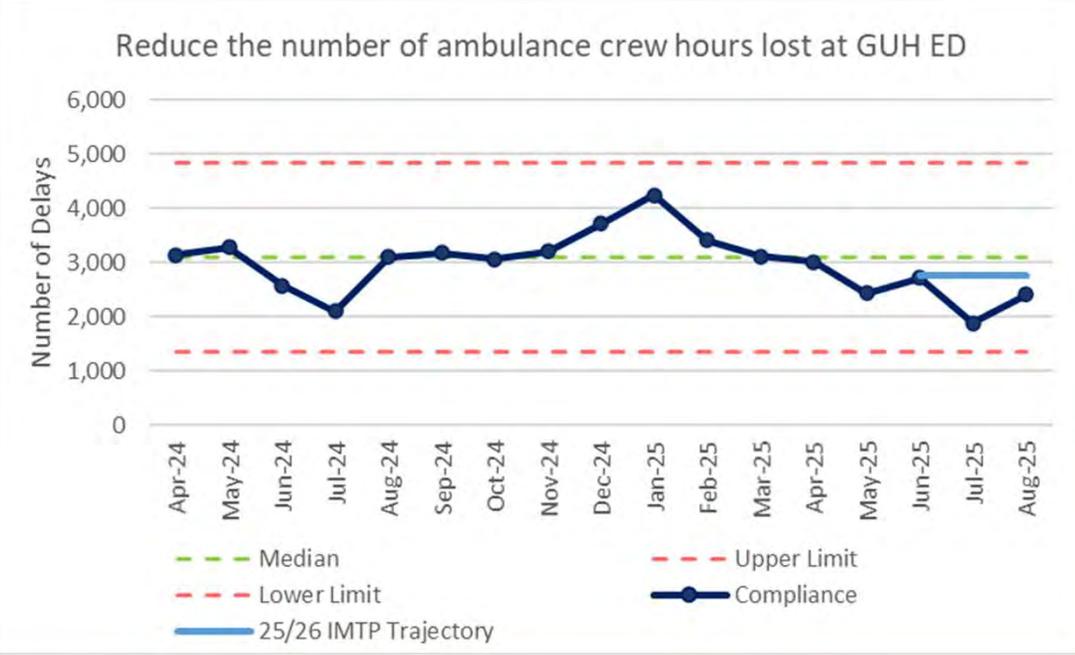


# Our Performance & System Change Delivery

Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

**Measure:** Reduce the number of ambulance crew hours lost at GUH ED (per month)

**Performance:** 2,408 (Aug)  
**Trajectory:** 2,750 (Q1)  
**National target:** N/A

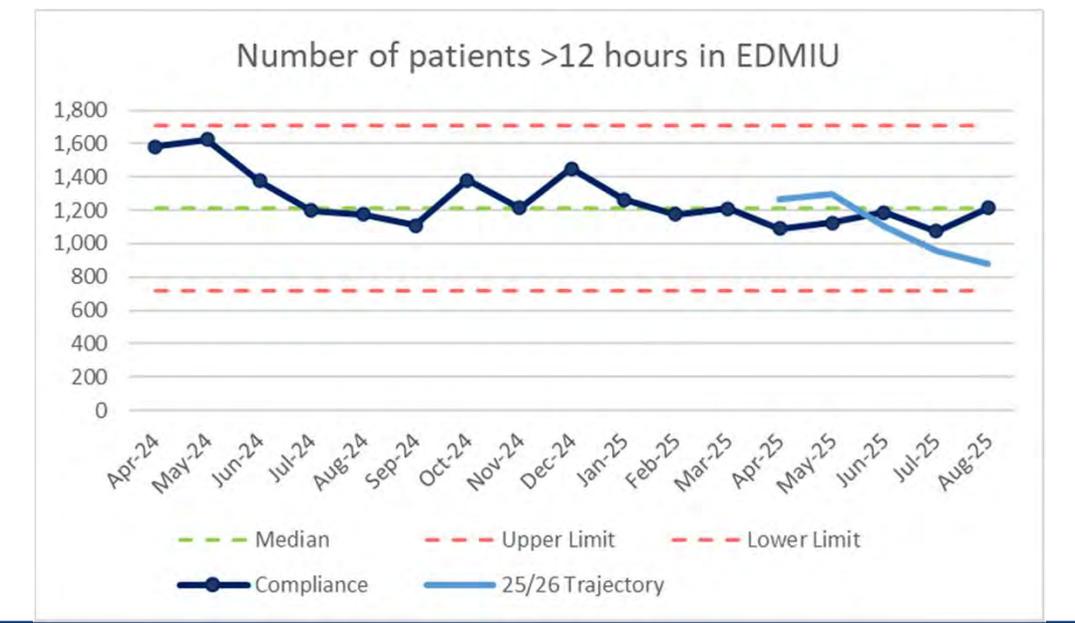


### Insight & Actions

- Crew hours lost decreased to its lowest level in four years in July, and despite the rise in August the average handover time was still broadly improved at under two hours when put in the context of the past two years, and the sharp rise observed in handovers over one hour.
- The continuous flow model previously described will aim for 15 minute handovers and seek to deliver zero over 45 mins, which will clearly have an enormous impact on lost hours.

**Measure:** Reduce the number of patients who spend > 12 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, building towards the national target of zero

**Ministerial Delivery**  
**Performance:** 1,215 (Aug)  
**Trajectory:** 881 (Aug)  
**National target:** 0



### Insight & Actions

- The start to the year has been mixed. July performance was the lowest number of 12hr breaches since May '21 and 12hr compliance rose to 93.8%, the highest since the opening of GUH.
- Sustaining improvements in UEC metrics remains challenging, but the continuous flow model will decongest the ED of specialty referred patients who make up the vast majority of breach numbers, and thus the successful delivery will positively impact performance for this metric.

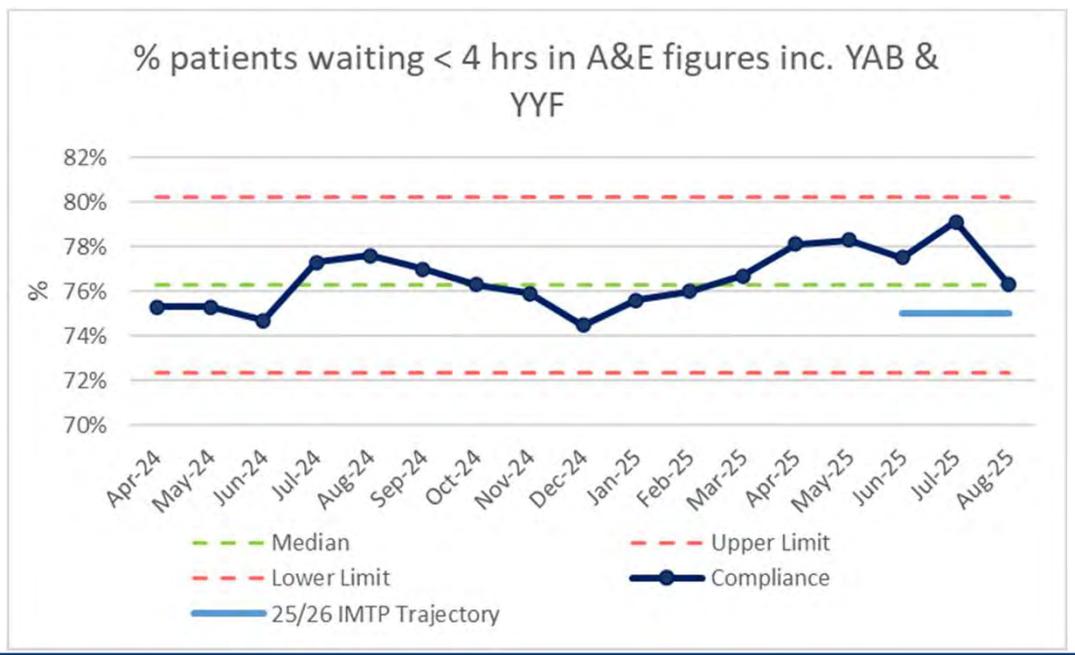


# Our Performance & System Change Delivery

Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

**Measure:** Increase and maintain national target of the percentage of patients waiting <4 hours in ED/MIU

**Performance:** 76.3% (Aug)  
**Trajectory:** 75% (Q1)  
**National target:** 95%

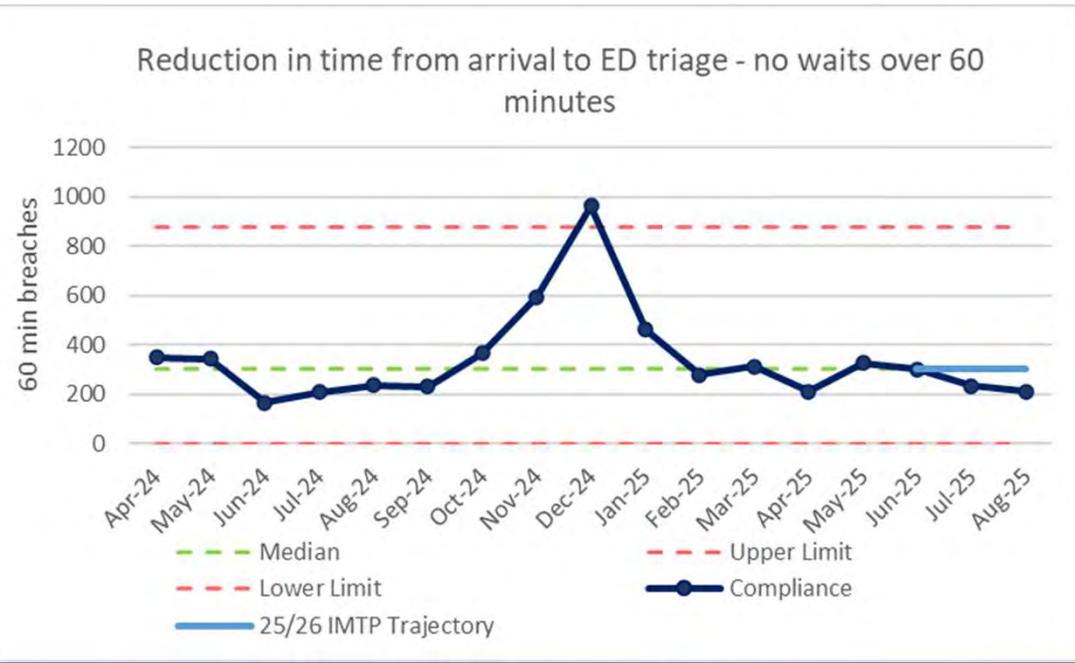


### Insight & Actions

- 4hr compliance peaked in July to the highest value since Feb '21.
- Despite the decrease in August, performance remains above the Q1 trajectory.

**Measure:** Reduction in time from arrival to ED triage - no waits over 60 minutes

**Performance:** 212 (Aug)  
**Trajectory:** 300 (Q1)  
**National target:** N/A



### Insight & Actions

- Despite the deterioration of other Urgent Care measures in August, triage waits over 60 minutes have continued to trend downwards.

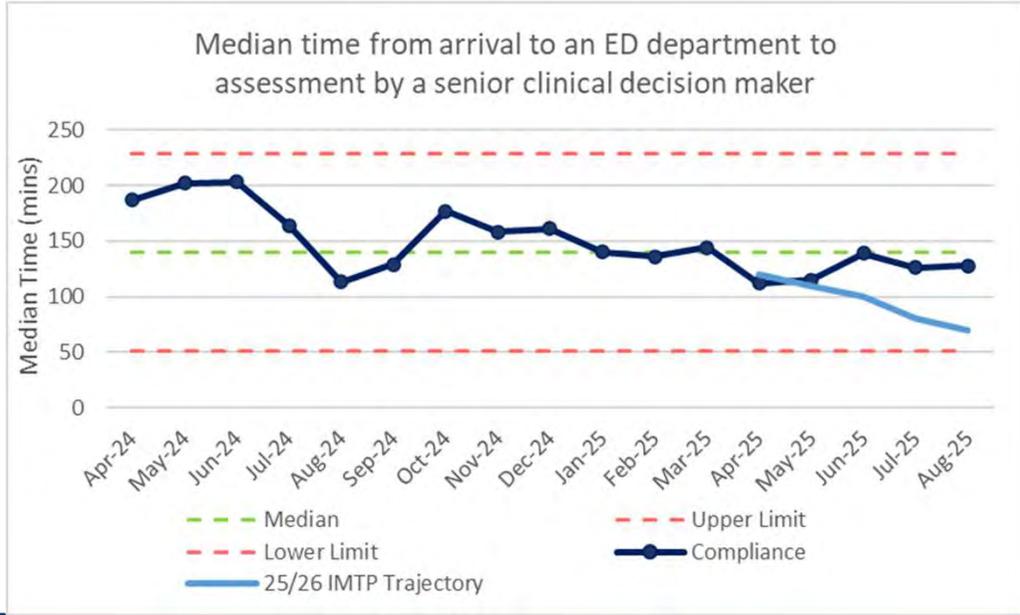


# Our Performance & System Change Delivery

Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

**Measure:** Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes and maintained for three months.

**Organisational Escalation**  
**Performance:** 128 mins (Aug)  
**Trajectory:** 70 mins (Aug)  
**National target:** <60 mins

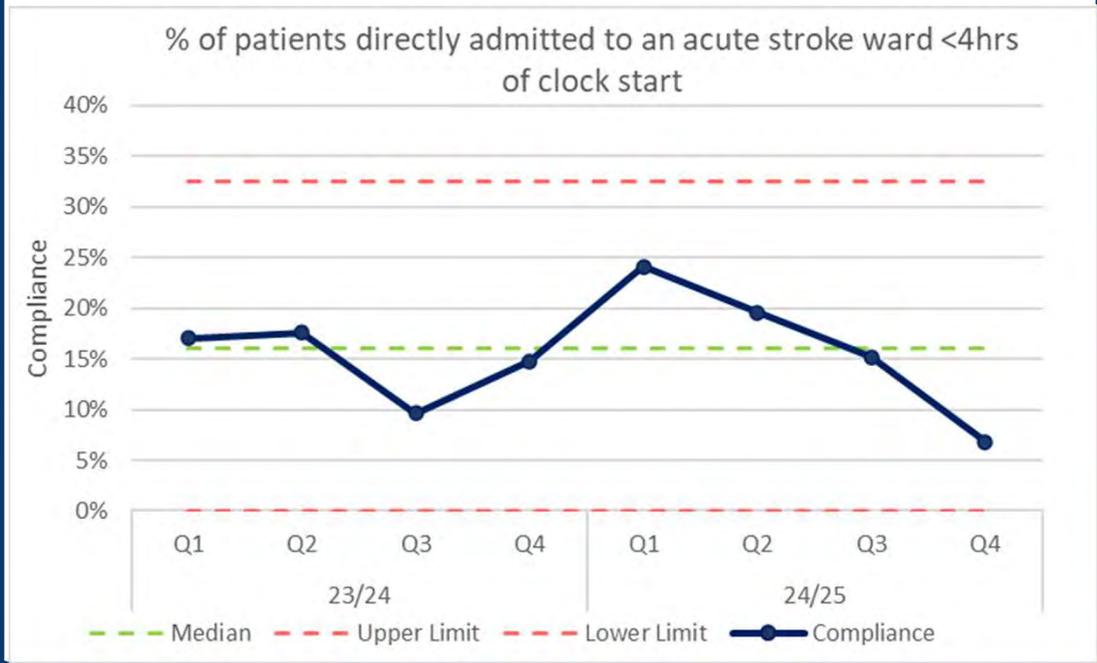


## Insight & Actions

- After delivering the best performance for 4 years in April, waits to be seen at GUH ED have not tracked against the trajectory, with the past three months relatively static at just over 2 hours.
- An improvement plan is being developed with a particular focus on performance through the night. Again, successful delivery of the continuous flow model should positively impact on performance for this measure.

**Measure:** % of patients directly admitted to an acute stroke ward <4hrs of clock start

**Performance:** 6.8% (Q4 24/25)  
**Trajectory:** 20% (Q1)  
**National target:** 50%



## Insight & Actions

- Please see next page for Stroke performance data update.



# Our Performance & System Change Delivery

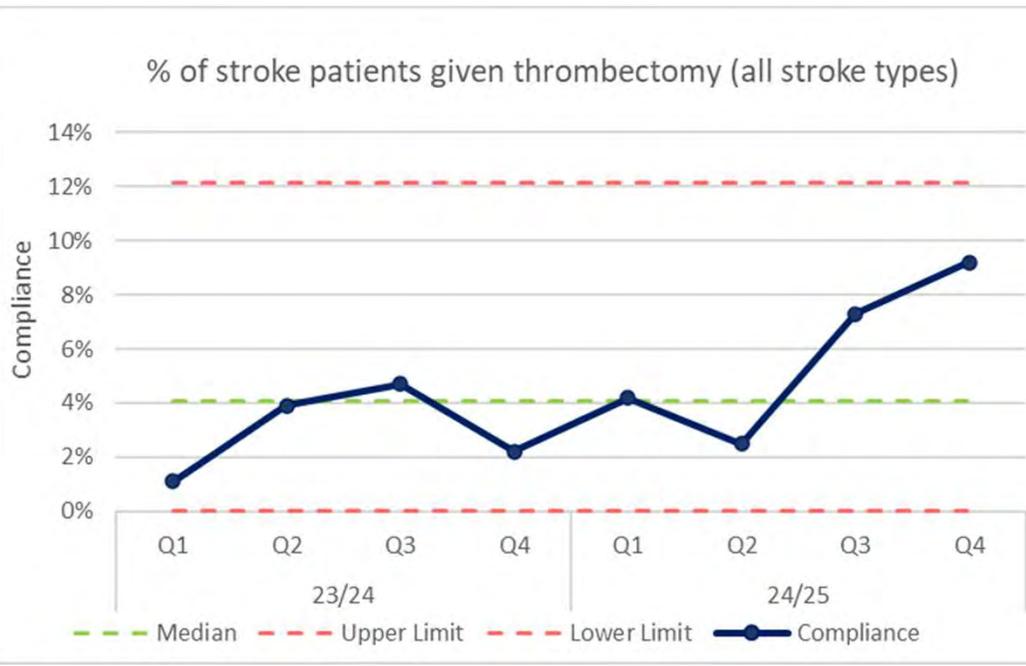
Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

**Measure:** % of unique stroke patients given thrombectomy (all stroke types)

**Performance:** 9.2% (Q4 24/25)

**Trajectory:** 6% (Q1)

**National target:** 10%

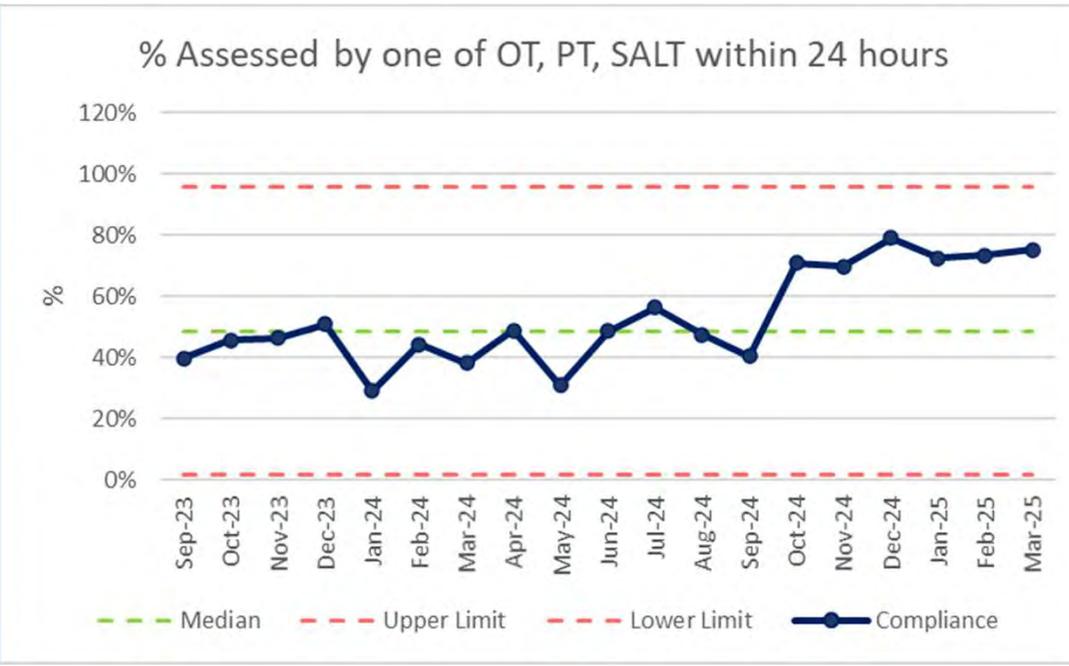


**Measure:** % Assessed by one of OT, PT, SALT within 24 hours

**Performance:** 75.3% (Q4 24/25)

**Trajectory:** 70% (Q1)

**National target:** N/A



## Insight & Actions

- SSNAP data (Sentinel Stroke National Audit Programme) is currently the mechanism for reporting validated performance for the three stroke measures within the IMTP. Performance is available quarterly in arrears, with Q1 data expected to be published by the end of September.
- NHS P&I are developing a national Stroke dashboard which will align to a standardised set of measures. This remains in development and is undergoing data quality assurance checks to ensure that the reported performance is valid and accurate. Once this is satisfied, it will provide Health Boards with more timely performance data and a standardised, national approach to assessing performance.
- Stroke deep dive took place in June to look at optimising stroke management across the pathway, looking at impact of centralisation and any further opportunities for service redesign, workforce (all disciplines), and tools to inform flow and decision-making.



# Our Performance & System Change Delivery

Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

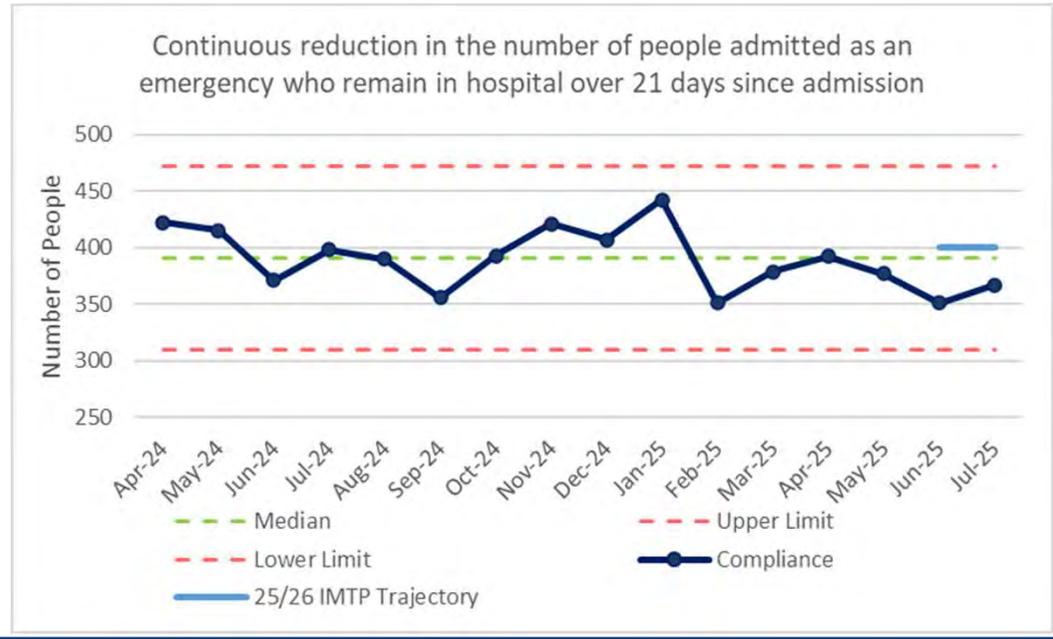
**Measure:** Continuous reduction in the number of people admitted as an emergency who remain in hospital over 21 days since admission

### Organisational Escalation

**Performance:** 367 (Jul)

**Trajectory:** 400 (Q1)

**National target:** Reduction



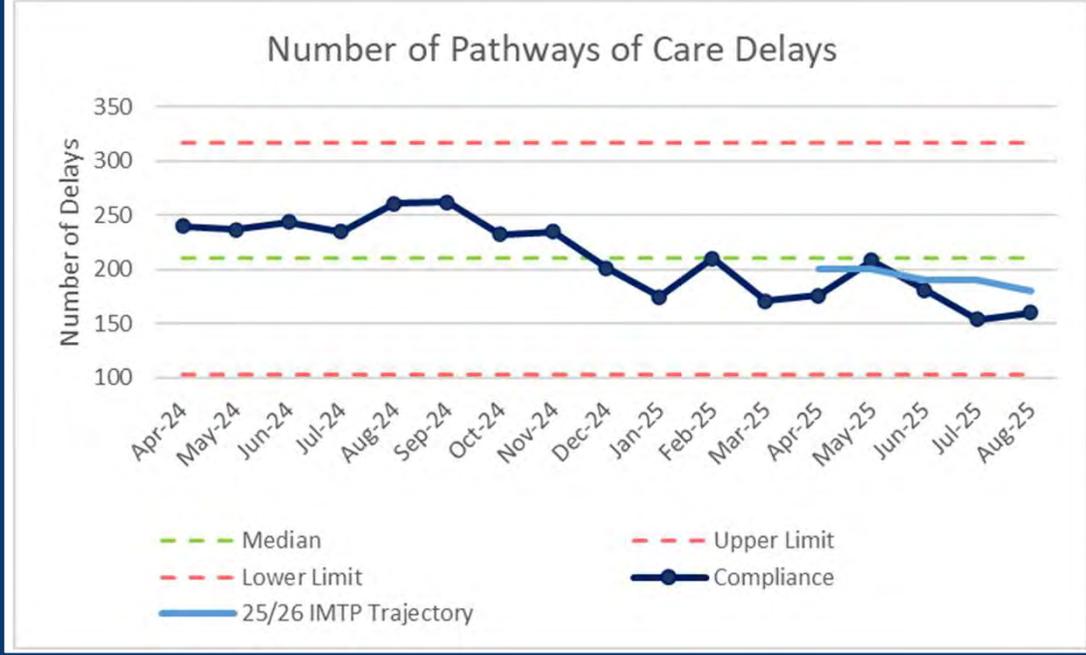
**Measure:** Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard

### Ministerial Delivery

**Performance:** 160 (Aug)

**Trajectory:** 180 (Aug)

**National target:** Reduction



### Insight & Actions

- Admissions >21 days: The Health Board has seen a reduction in the number of beds occupied at any one time with a LoS of > than 21 days, which is reflected in the improved performance for this measure through Q1 and remains below the IMTP trajectory.
- POCDs: The number of reported POCDs has further reduced through Q1, continuing to build on the improvement delivered through the second part of 24/25, and below the IMTP trajectory. This success has been recognised nationally. As winter approaches there will be continued, national attention on this area with performance trajectories by Borough, and a renewed focus on assessment delays.

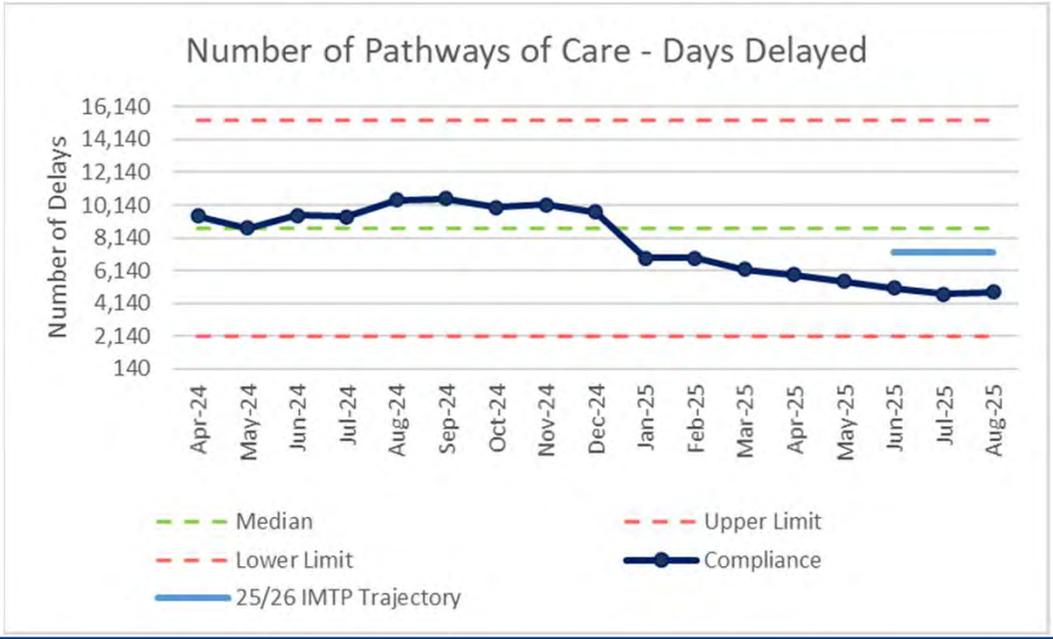


# Our Performance & System Change Delivery

Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

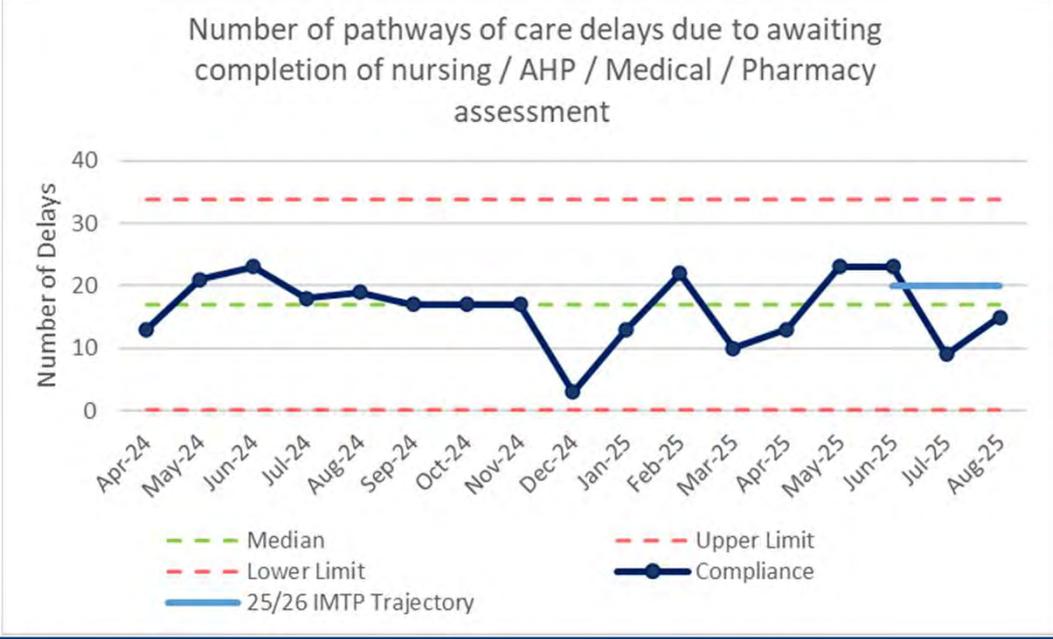
**Measure:** Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard

**Performance:** 4,850 (Aug)  
**Trajectory:** 7,290 (Q1)  
**National target:** Reduction



**Measure:** Number of pathways of care delays due to awaiting completion of nursing / AHP / Medical / Pharmacy assessment

**Organisational Escalation**  
**Performance:** 15 (Aug)  
**Trajectory:** 20 (Q1)  
**National target:** Reduction



## Insight & Actions

- The days delayed associated with POCDs has decreased with greater proportionality when compared simply to volume, reaching a record low position of 5,091 at the end of Q1 and well below the forecast position of 7,290. This has decreased further in the past two months.
- The improvement in performance for reducing the days delayed can be attributed in part to the ongoing, weekly scrutiny panels of the longest staying patients and the actions taken to progress their care and/or discharge arrangements as appropriate. The rollout of the Optimal Hospital Flow Framework continues, within initial focus on RGH and Community sites. GUH will now also be prioritised to support the continuous flow model and the 45 minute ambulance handover taskforce.
- The POCD subset measure, which is a condition of UEC enhanced monitoring status, has reduced from the Q1 position to under the IMTP trajectory.



Priority	Q1 Planned	Q1 Progress	Q1 Comments
<b>Admission Avoidance (Goal 1)</b>	Community Resource Team Service expansion embedded and number of people referred and accepted will increase by a further 15%		<p>Extended weekday expansion started in September 2024. Since going live the average weekly referrals are up 26% and accepted up 25% versus 2023/24. The expanded 8am to 8pm service is now business as usual.</p> <p>The Extended Weekend Frailty Service pilot ran for 10 weekends (25 January–30 March 2025) to reduce admissions and support winter pressures. During this period, 40 patients were identified, with 24 suitable for Frailty and 8 referred for interventions, alongside 37 Rapid Medical referrals accepted by Community Resource Teams. The pilot ended on 30 March 2025 and reverted to remote advice-only from 5 April, due to funding constraints.</p>
<b>Integrated Front Door (Goals 2,3 &amp; 4)</b>	Further develop Same Day Emergency Care (SDEC) first model for Medicine at The Grange	Complete/On schedule	<p>Combined SDEC patient throughput has increased substantially in 2025 with ‘SDEC first’ principles embedded at The Grange University Hospital.</p> <p>Respiratory Ambulatory Care Unit (RACU) continues to provide a specialist SDEC service for respiratory conditions, working to explore additionality this winter.</p>
<b>Integrated Back Door (Goals 5 &amp;6)</b>	Continue to embed the Optimal Hospital Flow Framework (OHFF) across all sites and embed Discharge Transfer Lounge	Complete/On schedule	<p>Continue to embed the OHFF across all sites, current focus at Royal Gwent Hospital and Community Sites, with GUH next prioritised to support continuous flow model.</p> <p>Continue to monitor benefits and opportunities of the Transfer Lounge via Safety Flow</p>
<b>Medical Service Redesign</b>	Finalise preparation of clinical service models for Nevill Hall Hospital (NHH) to inform the Strategic Outline Case to be submitted in May; Scoping current model, challenges and opportunities for Frailty & Care of the Elderly reconfiguration	Complete/On schedule	<p>Workshop held on 9th May to scope the optimal model, Task and Finish Group to follow to map clinical criteria.</p>



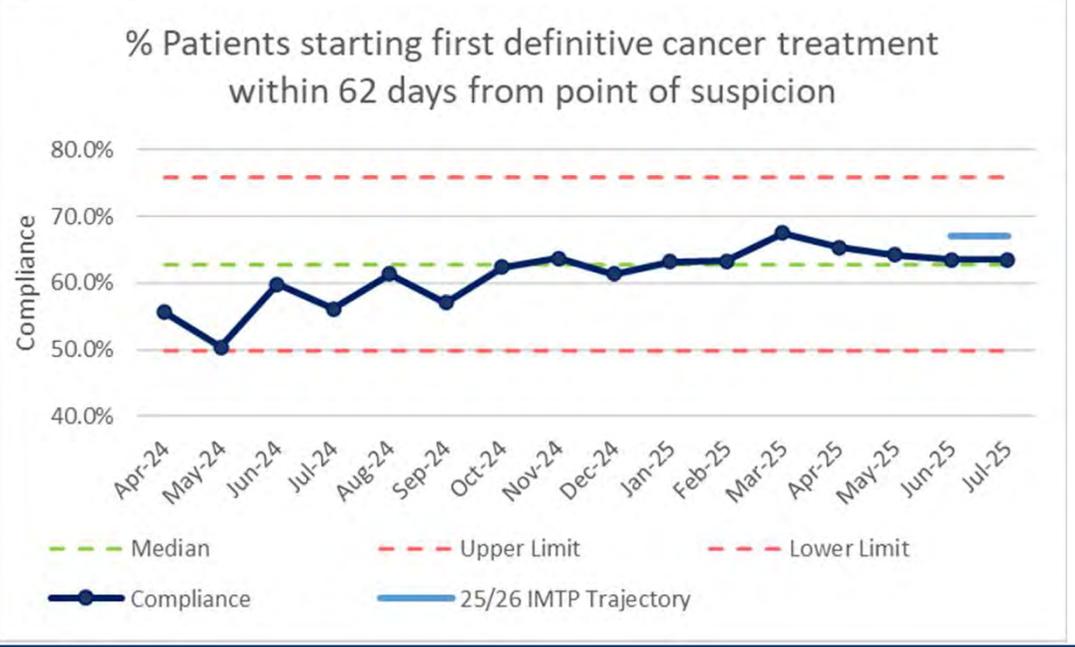
# Our Performance & System Change Delivery

Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

**Measure:** 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion

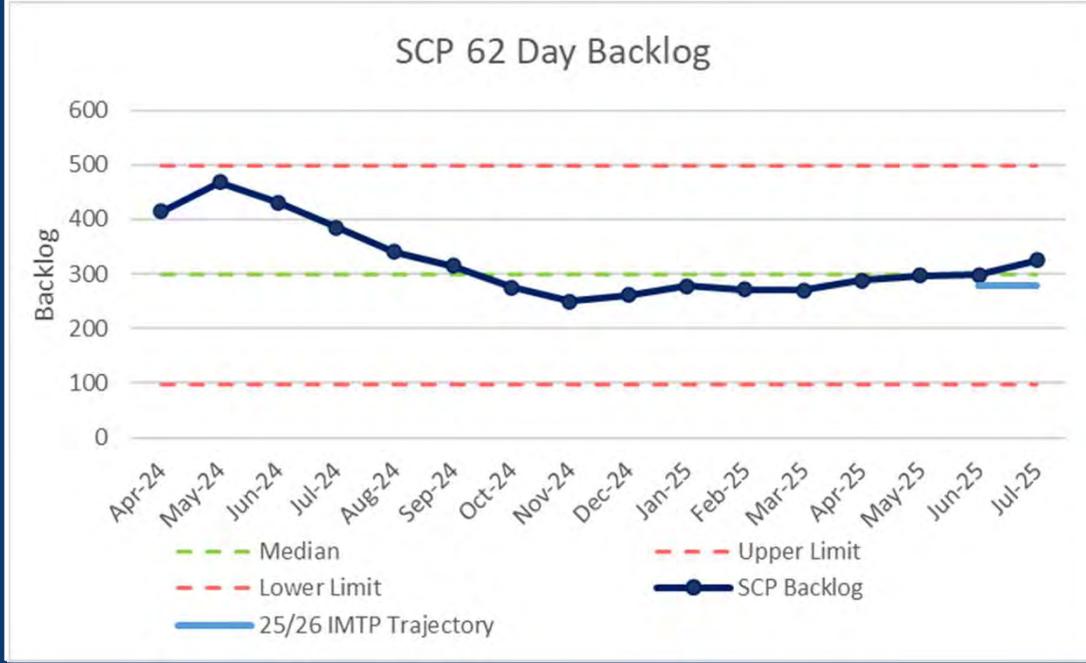
**Ministerial Delivery**

**Performance:** 63.5% (Jul)  
**Trajectory:** 67% (Q1)  
**National target:** 80%



**Measure:** Reduction in backlog of patients waiting over 62 days (SCP)

**Performance:** 326 (Jul)  
**Trajectory:** 280 (Q1)  
**National target:** N/A



**Insight & Actions**

- Single Cancer Pathway (SCP) 62 day compliance has been relatively stable through the first part of the year. Whilst below the Q1 trajectory, this consistent performance differs to the early part of the previous year where there was greater fluctuation month to month.
- The SCP Census, the patient tracking list for cancer, has seen a significant increase through 25/26, rising from 3,229 in April to 3,859 in July (19.5% increase); GP SCP referrals have increased by 24.5% over the same period. Broadly maintaining SCP performance in the face of increased demand demonstrates resilience and sustainability across all tumour site pathways.
- As a result of this increase in demand, the 62 day backlog has increased, however it remains less than 10% of the total SCP census which was the planning assumption for the year. Funding has been secured to substantiate the 'Cancer Pathways Improvement and Implementation Manager' post within Cancer Services.

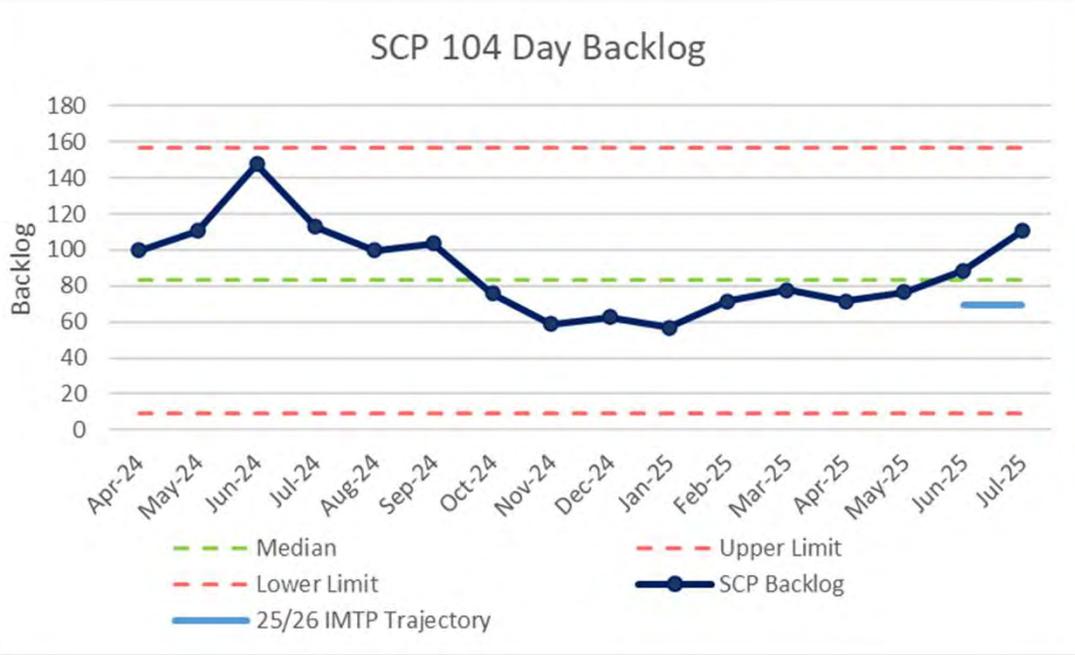


# Our Performance & System Change Delivery

Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

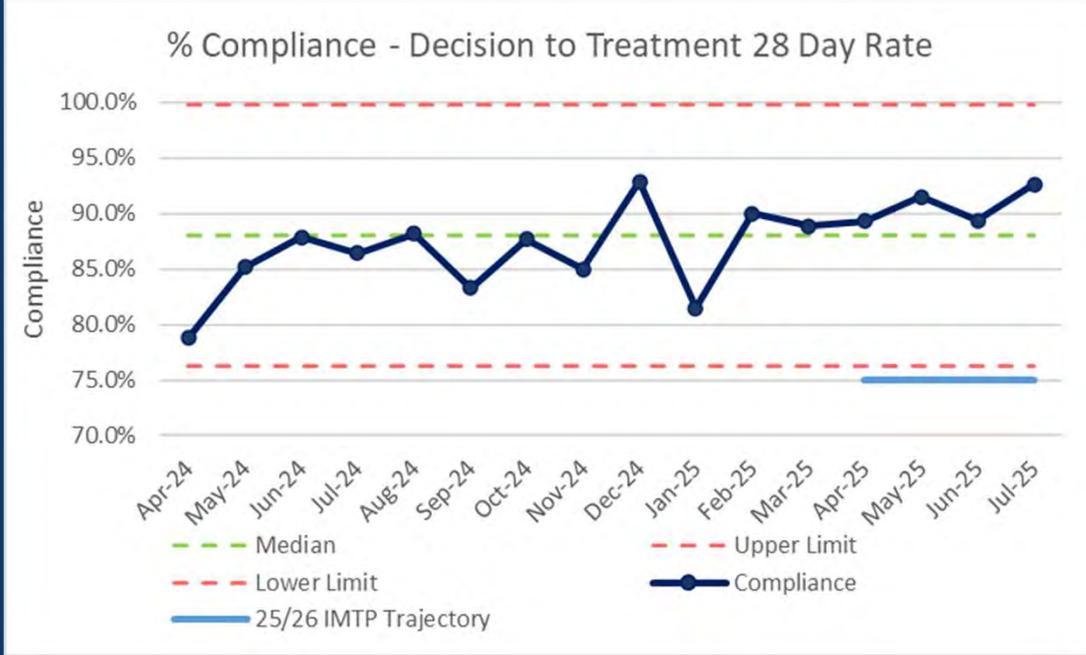
**Measure:** Reduction in backlog of patients waiting over 104 days (SCP)

**Performance:** 111 (Jul)  
**Trajectory:** 70 (Q1)  
**National target:** N/A



**Measure:** Increase in rate of cancer diagnosis or discharges within 28 days

**Performance:** 92.6% (Jul)  
**Trajectory:** 75% (Q1)  
**National target:** N/A



## Insight & Actions

- Like the 62 day backlog, the 104 backlog has increased in line with the overall growth in the SCP Census. 28 day performance for Decision to Treat remains very strong through the first part of 25/26, consistently above the median performance from Apr '24 and well above the IMTP trajectory.



# Our Performance & System Change Delivery

Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

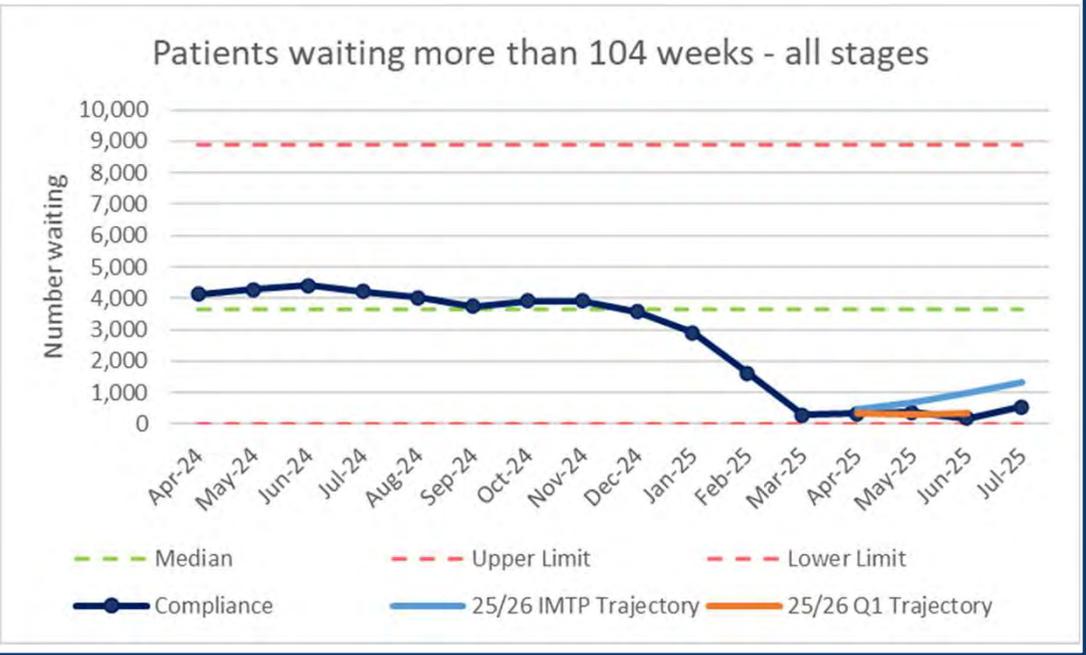
**Measure:** Numbers of patients waiting over 104 weeks (all stages)

**Ministerial Delivery**

**Performance:** 547 (Jul)

**Trajectory:** 1,320 (Jul)

**National target:** Zero



## Insight & Actions

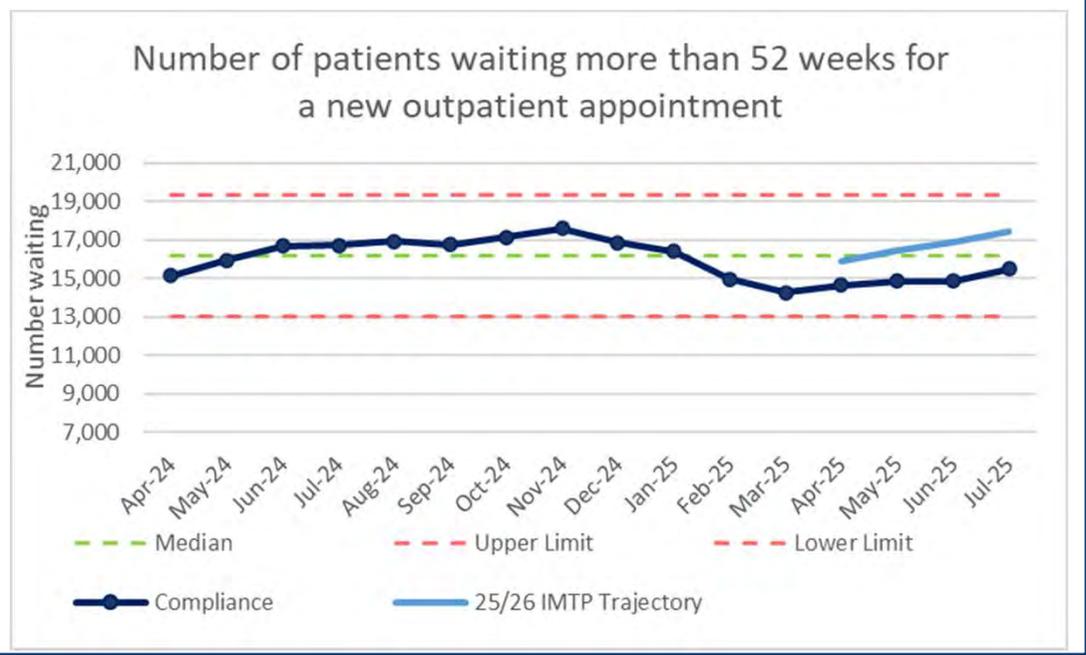
- Following the non-recurrent funding received for Q1 for ENT, Ophthalmology (non-cataract) and T&O, AB delivered a breach position of 172 which was below the forecast risk position of 345.
- The increase in the July position to 547 is broadly in line with the expected monthly growth within our IMTP forecast for the same period, however performance is tracking beneath the IMTP trajectory as a consequence of the strong Q1 result, and a continuation of backfill and WLI in Orthopaedics at risk whilst awaiting confirmation of any potential further funding for treatments.

**Measure:** Number of patients waiting over 52 weeks for Outpatients

**Performance:** 15,516 (Jul)

**Trajectory:** 17,453 (Jul)

**National target:** N/A



## Insight & Actions

- The 52 week new OP position is increasing at a slower rate than forecast, with the total growth from April to July being 861 against a forecast growth of 1,565.
- The national insourcing work on outpatients commenced in AB in August (starting with ENT), and the majority of activity is planned for Oct to March. This will have a significant impact on the total 52 week new OP position as the year progresses.
- Trajectories will be re-run to take into account the insourcing contract once more certainty on activity is available.

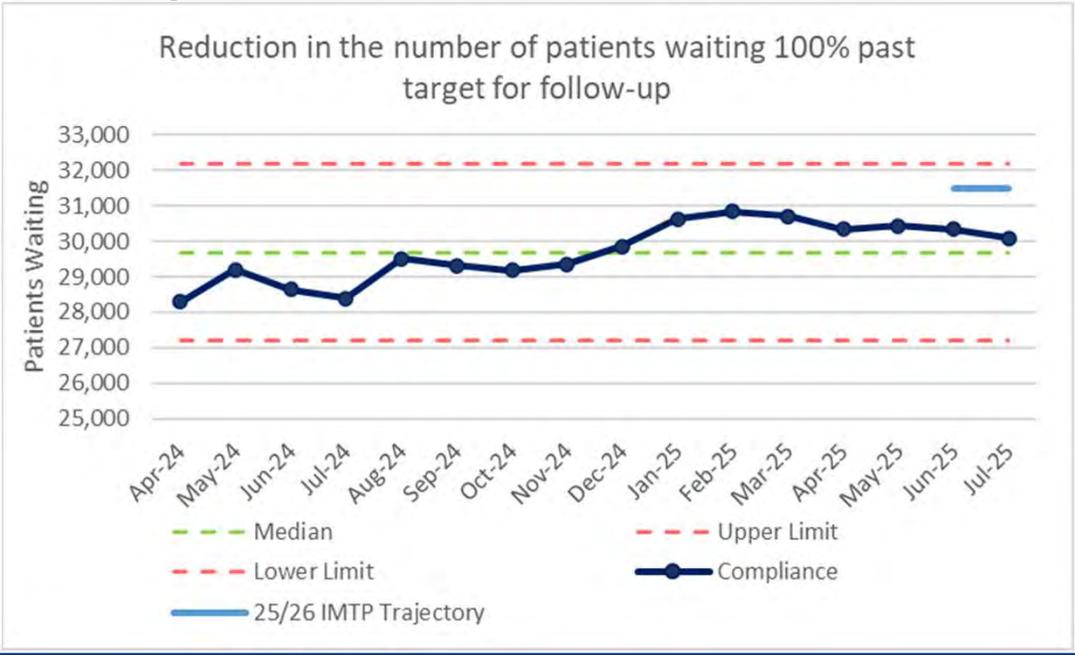


# Our Performance & System Change Delivery

Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

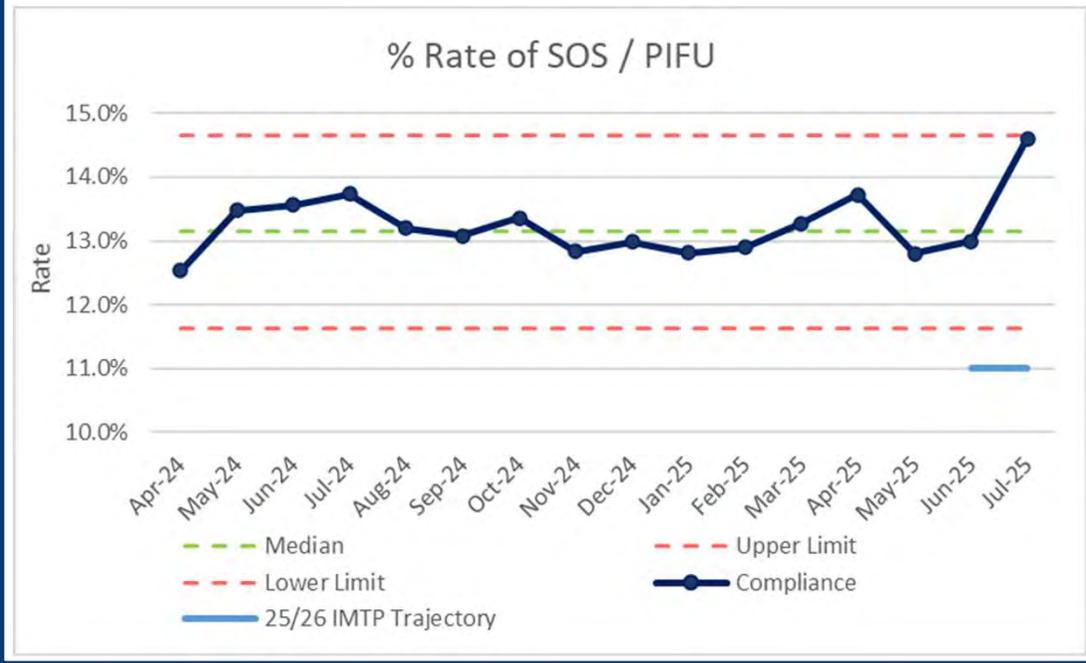
**Measure:** Reduction in the number of patients waiting 100% past Outpatient follow-up target date

**Performance:** 30,094 (Jul)  
**Trajectory:** 31,500 (Q1)  
**National target:** Reduction



**Measure:** Increase in the rate of See On Symptom and Patient Initiated Follow-ups

**Performance:** 14.6% (Jul)  
**Trajectory:** 11% (Q1)  
**National target:** Increase



## Insight & Actions

- Follow up waiting list 100% past target: there has been a significant activity to cleanse the accuracy and validity of this list, as it has been recognised that there are patients who are 1000%+ past target that may no longer need to be on it. As a result of this work, particularly within the Division of Surgery, the overall volume has started to decrease and is below the Q1 trajectory.
- Rate of SOS/PIFU: Rates met the Q1 trajectory and increased significantly to 14.6% in July. Again, there is significant work underway within the Division of Surgery in this area, including: validation of 1,040 one-year post op T&O patients to identify patients who can be moved to SOS/PIFU retrospectively; longest delayed follow up patients reviewed on rolling basis within ENT and MaxFax, with patients being discharged or added to SOS or PIFU list retrospectively where appropriate; pilot of Consultant Connect to support PIFU pathway in Neurology, supporting measurement of activity and outcomes.

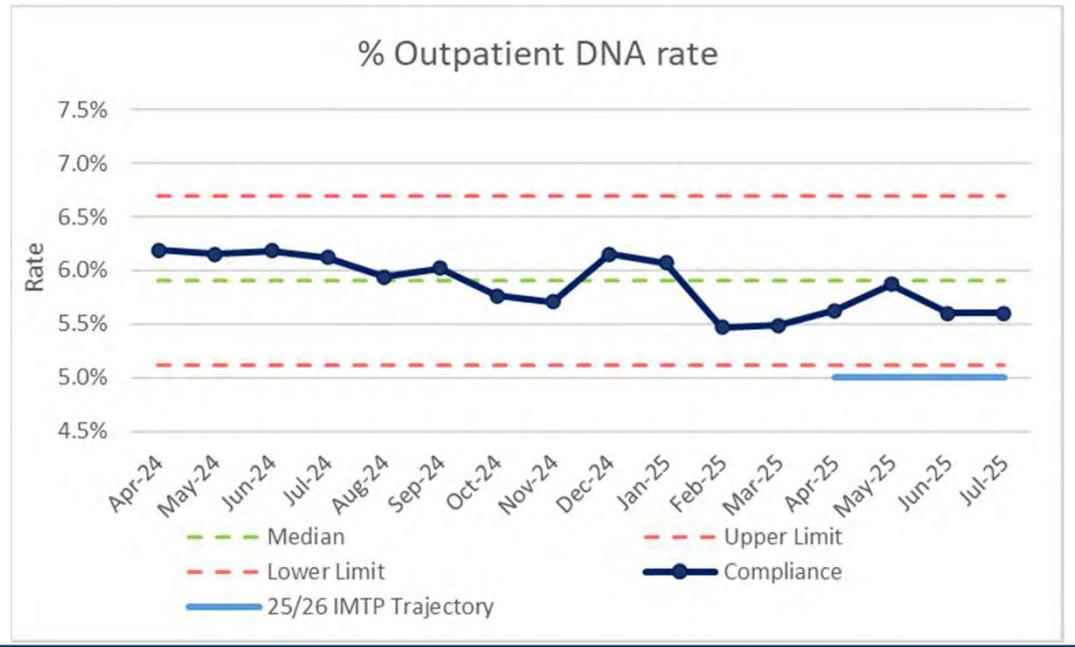


# Our Performance & System Change Delivery

Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

**Measure:** Monitoring DNA/CNA for every Outpatient clinic. When DNA >5%, overbooking to be implemented & monitored and reduction of CNA

**Enabling Action**  
**Performance:** 5.6% (Jul)  
**Trajectory:** 5%  
**National target:** <5%

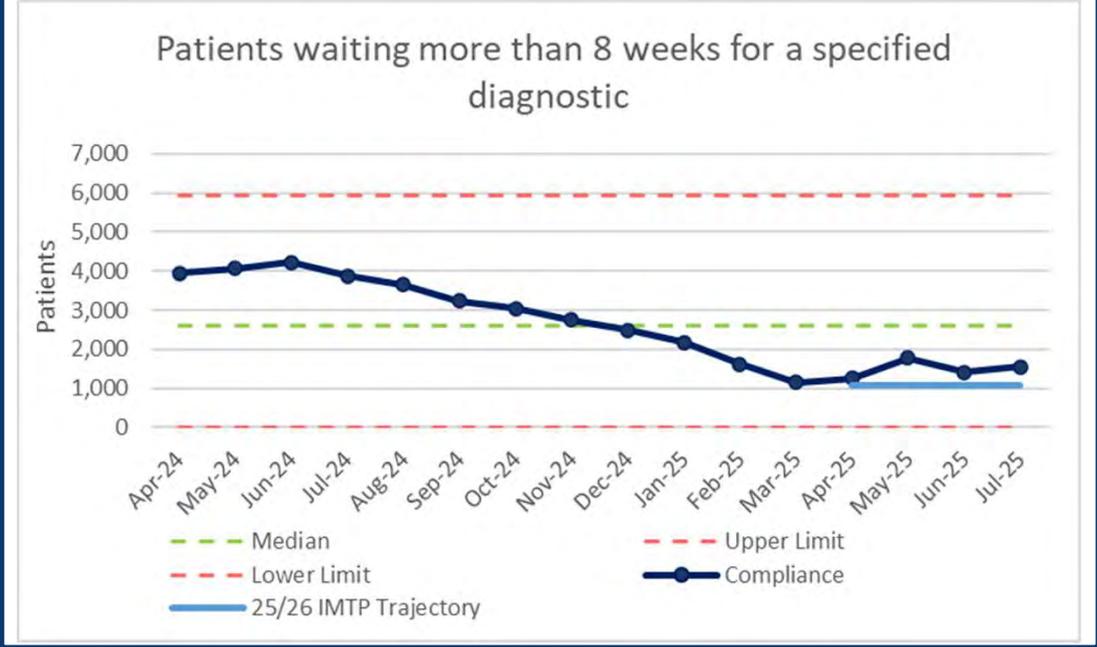


### Insight & Actions

- Outpatient DNA rates have been broadly static through the first part of the year, but are reduced from levels experienced in 24/25.
- As part of the Clinical Implementation Networks (CINs) optimisation frameworks, there are DNA/CNA improvement actions for each CIN specialty.

**Measure:** Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic

**Ministerial Delivery**  
**Performance:** 1,541 (Jul)  
**Trajectory:** 1,077 (Q1)  
**National target:** 0



### Insight & Actions

- 8 week diagnostic performance is tracking above the whole year IMTP trajectory. In the latest month, July, the increased position from the previous month was largely attributable to Ultrasound breaches which is due to staffing issues. Clinical Support Services have developed an action plan to mitigate and ensure breach volumes reduce. There is a risk that the 26 week Outpatient programme will increase demand on the 8 week diagnostic position, with the national approach for potential additional funding to mitigate still not clear, pending the volume of conversions to diagnostics.



# Our Performance & System Change Delivery

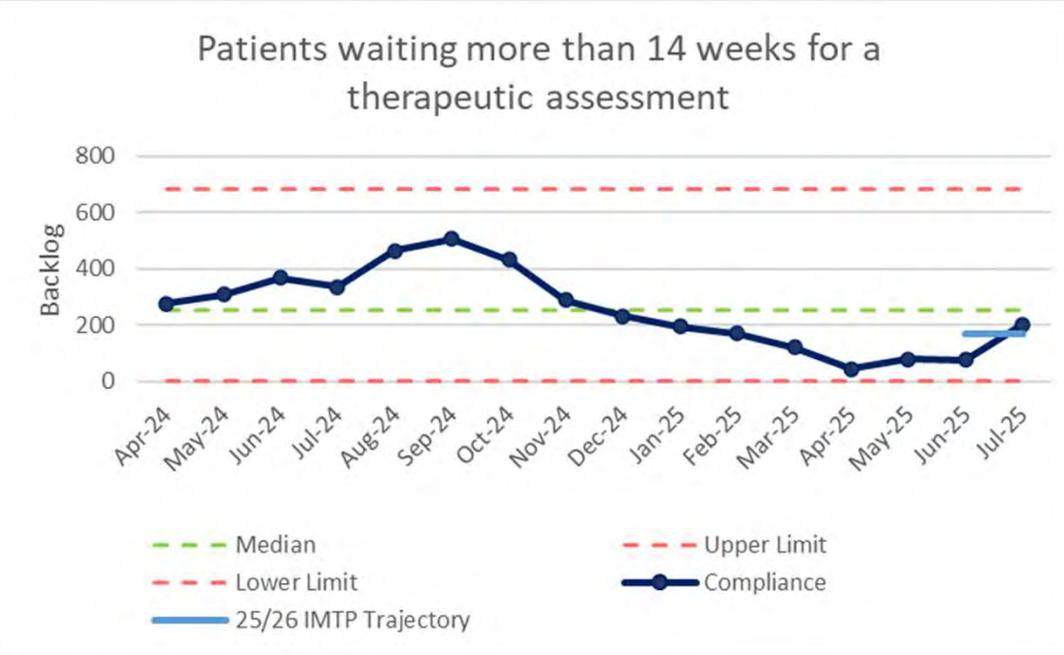
Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

**Measure:** No patient waiting more than 14 weeks for a therapeutic assessment

**Performance:** 204 (Jul)

**Trajectory:** 170 (Q1)

**National target:** 0



## Insight & Actions

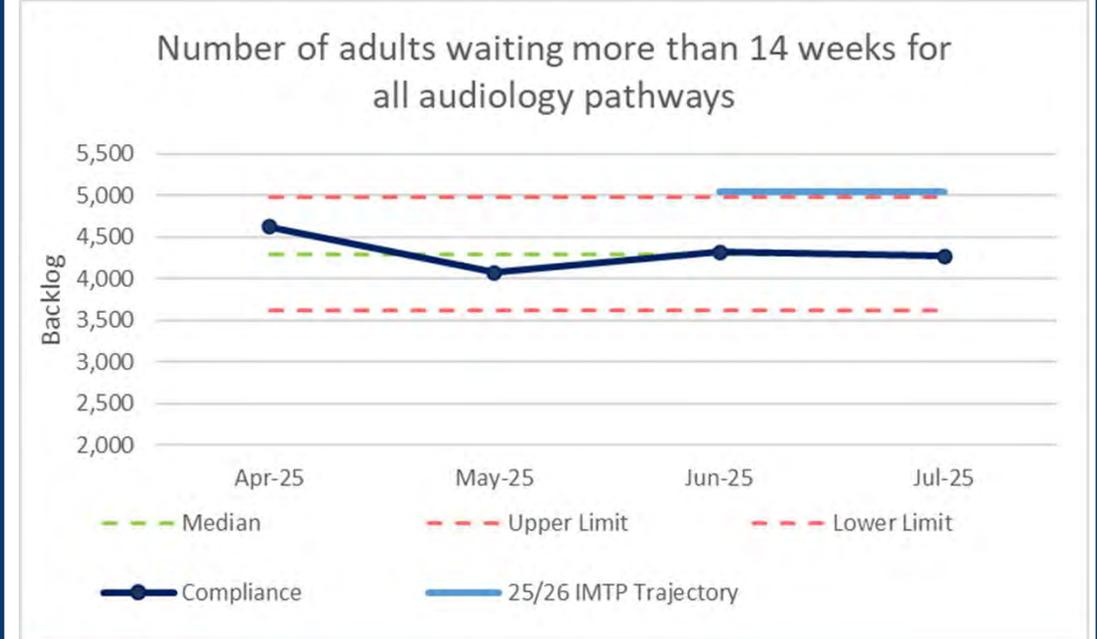
- Q1 performance for patients waiting more than 14 weeks for a therapeutic assessment was significantly under trajectory at 77, however there was a significant increase in July to 204. This was driven by increases in waits of over 14 weeks for Physiotherapy, which in turn is driven by an unexpected, significant increase in Spinal and Knee backlog referrals forwarded onto the Physio Waiting list, following triage by T&O.

**Measure:** Number of adults waiting more than 14 weeks for all audiology pathways

**Performance:** 4,274 (Jul)

**Trajectory:** 5,045 (Q1)

**National target:** Reduction



## Insight & Actions

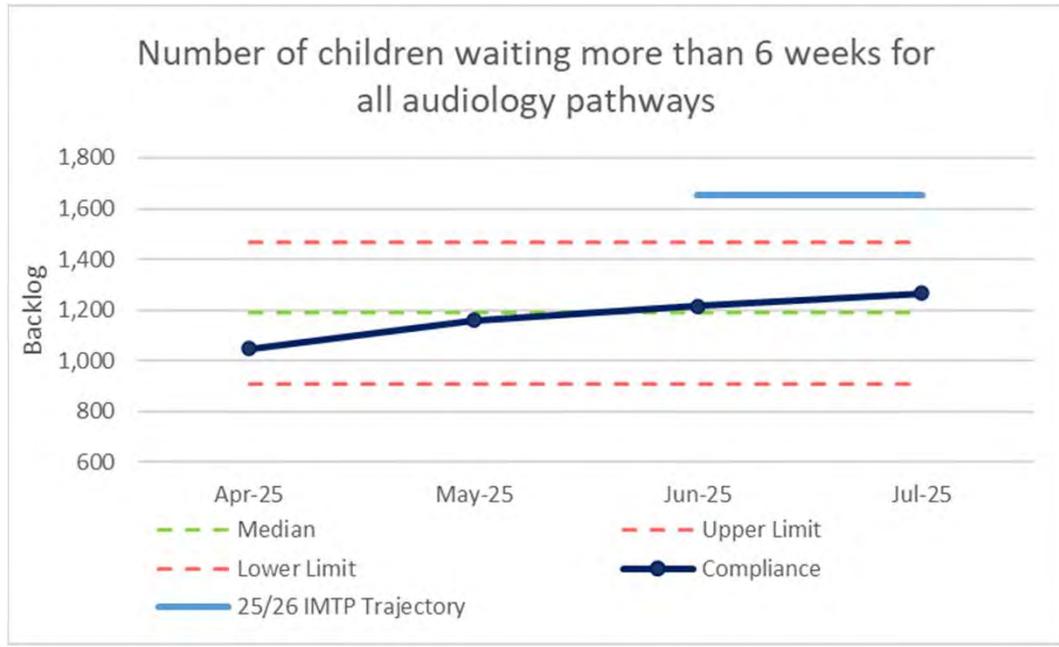
- Newly reportable pathways for 25/26, increasing from 1 to 6, audiology adult pathways 14 week breaches reduced slightly in July to 4,274, and down from the April position (4,625) which is positive as the IMTP D&C forecast small growth through the year.



## Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

**Measure:** Number of children waiting more than 6 weeks for all audiology pathways

**Performance:** 1,265 (Jul)  
**Trajectory:** 1,654 (Q1)  
**National target:** Reduction

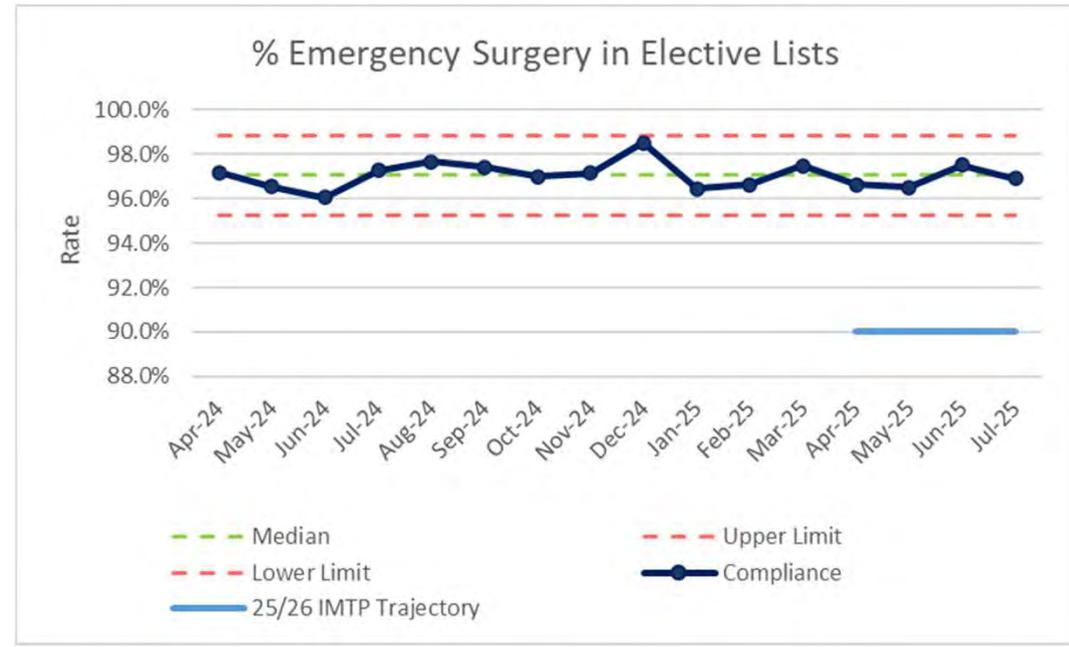


### Insight & Actions

- Newly reportable for 25/26 with 2 pathways, audiology paediatric pathway 6 week breaches continue to grow, however the rate is slow and much slower than that forecast in the IMTP.

**Measure:** On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from pressures and outliers

**Enabling Action**  
**Performance:** 96.9% (Jul)  
**Trajectory:** 90% (Q1)  
**National target:** 90%



### Insight & Actions

-Performance has been compliant with this measure through the past 15 months.  
 - As demonstrated in the GUH/Hospital System report this is a key benefit of the unique system in Gwent. NHS P&I construction of this measure is the individual days per month in which emergency surgery is undertaken on elective lists, however the Health Board is awaiting a finalised, validated position on the national Enabling Actions dashboard before seeking to align.



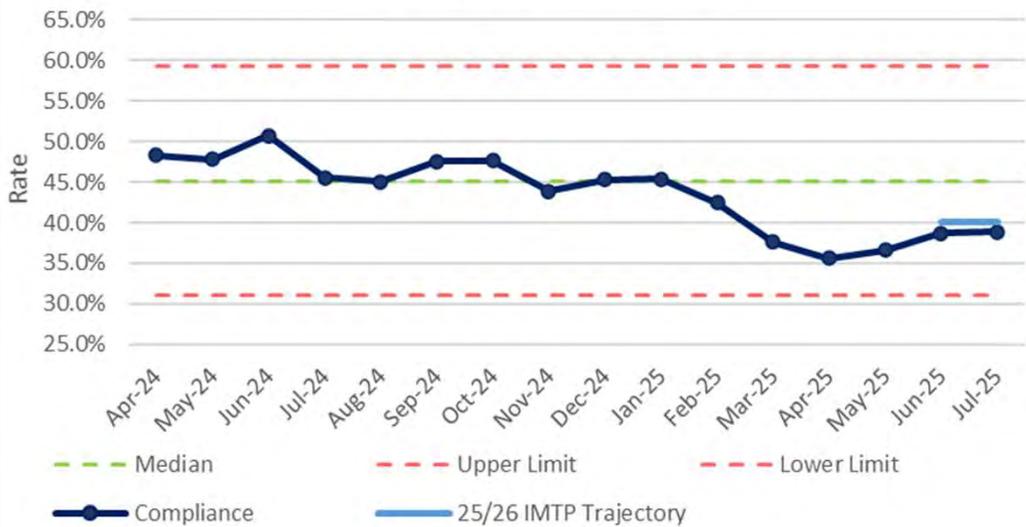
Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

**Measure:** Theatre Utilisation: late starts to less than 20%

**Enabling Action**

**Performance:** 38.9% (Jul)  
**Trajectory:** 40% (Q1)  
**National target:** 20%

Theatres % late starts

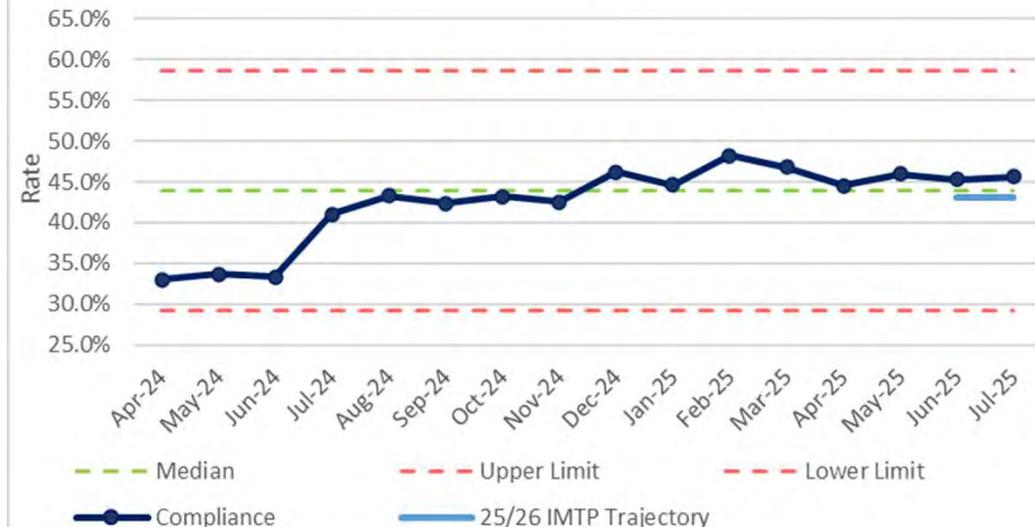


**Measure:** Theatre Utilisation: early finishes to less than 10%

**Enabling Action**

**Performance:** 45.6% (Jul)  
**Trajectory:** 43% (Q1)  
**National target:** 10%

Theatres % early finishes



**Insight & Actions**

- Theatres late starts are marginally under the IMTP trajectory, and early finishes marginally above.
- These measures are a key focus for improvement of the Theatres Utilisation Group (TUG). Again, pending the release of the national Enabling Actions dashboard, the construction of the AB measures will be checked to ensure alignment with the national definitions.
- Finance & Performance Committee reviewed a detailed Deep dive into Theatres efficiency improvement plan in their July meeting. This includes the “Golden Patient” initiative in which the optimal first patient on the operating list is pre-selected the day prior to surgery. This has shown encouraging initial results with regards to improved efficiency at RGH. It is also now being implemented at YYF, and planned to start at GUH in September.

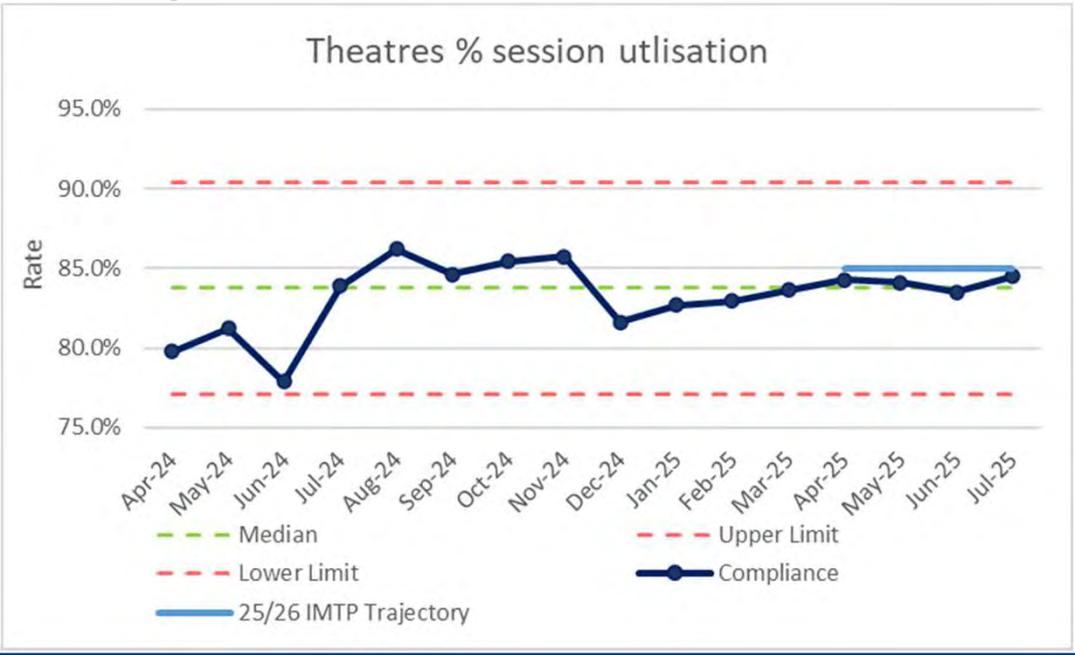


# Our Performance & System Change Delivery

Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

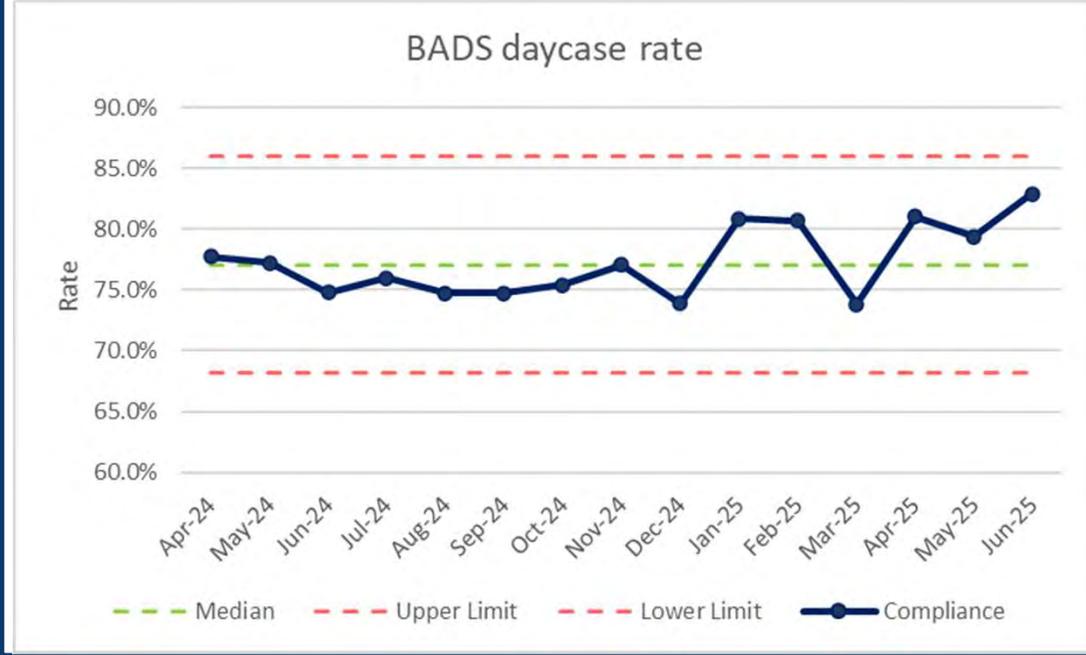
**Measure:** Theatre Utilisation: session utilisation to 85%

**Enabling Action**  
**Performance:** 84.5% (Jul)  
**Trajectory:** 85%  
**National target:** 85%



**Measure:** Deliver improvements in day surgery rates, achieving a BADS daycase rate

**Enabling Action**  
**Performance:** 82.9% (Q1)  
**Trajectory:** 45% (Q1)  
**National target:** 70% Apr 80% Jun



## Insight & Actions

- Theatres utilisation performance has been broadly consistent through the first part of 25/26, and marginally under the national ambition of 85%. Again, this remains a key improvement focus of TUG.
- British Association of Day Surgery (BADS) rates have improved through the first part of the 25/26, meeting the national ambition of 80% by Q1 with performance of 82.9%.



Priority	Q1 Planned	Q1 Progress	Q1 Comments
<b>Single Cancer Pathway</b>	Opening of the Satellite Radiotherapy Centre in Nevill Hall Hospital in Spring 2025	Complete/On schedule	Opened in June 2025 for first patient.
<b>Health Pathways</b>	Phase 3 workplan collated in collaboration to reflect local and National Clinical Implementation Network (CIN) priorities	Complete/On schedule	Planned Care Board workplan continuing to focus on key projects whilst also incorporating national priorities e.g. CIN frameworks and Enabling Actions.
<b>Theatre Maximisation</b>	Theatres Service Model developed to inform the planning of a Day Case Centre of Excellence as part of NHH Development Programme	Complete/On schedule	Theatres Service Model submitted, Theatres workshop held on 28th July and updated Strategic Outline Case going to Board in September.
<b>Outpatient Transformation</b>	Increased use of virtual clinics and identification of new pathways through scoping of opportunities in CIN and GIRFT recommendations	Complete/On schedule	Virtual attendance rate Year To Date 25.9% (previous year 24.4%). Ongoing discussions of potential opportunities as part of Outpatient Plan meetings with Directorates.



## Improving our Mental health services

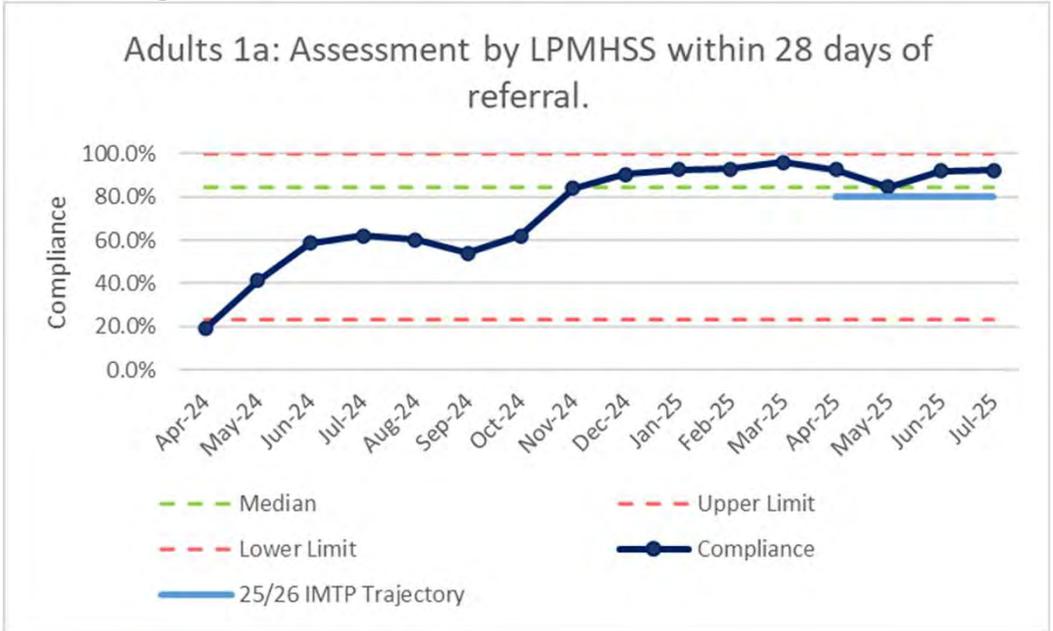
**Measure:** Maintain Adults Part 1a to national target (assessment completed within 28 days)

**Ministerial Delivery**

**Performance:** 92.4% (Jul)

**Trajectory:** 80% (Q1)

**National target:** 80%



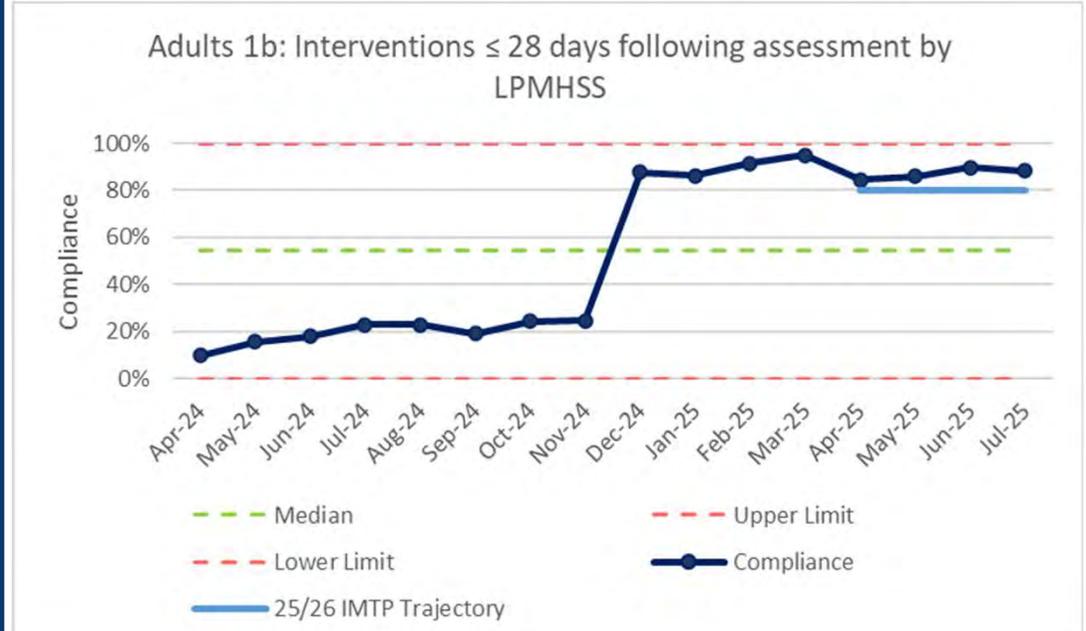
**Measure:** Maintain Adults Part 1b to national target (interventions completed within 28 days)

**Ministerial Delivery**

**Performance:** 88.2% (Jul)

**Trajectory:** 80% (Q1)

**National target:** 80%



### Insight & Actions

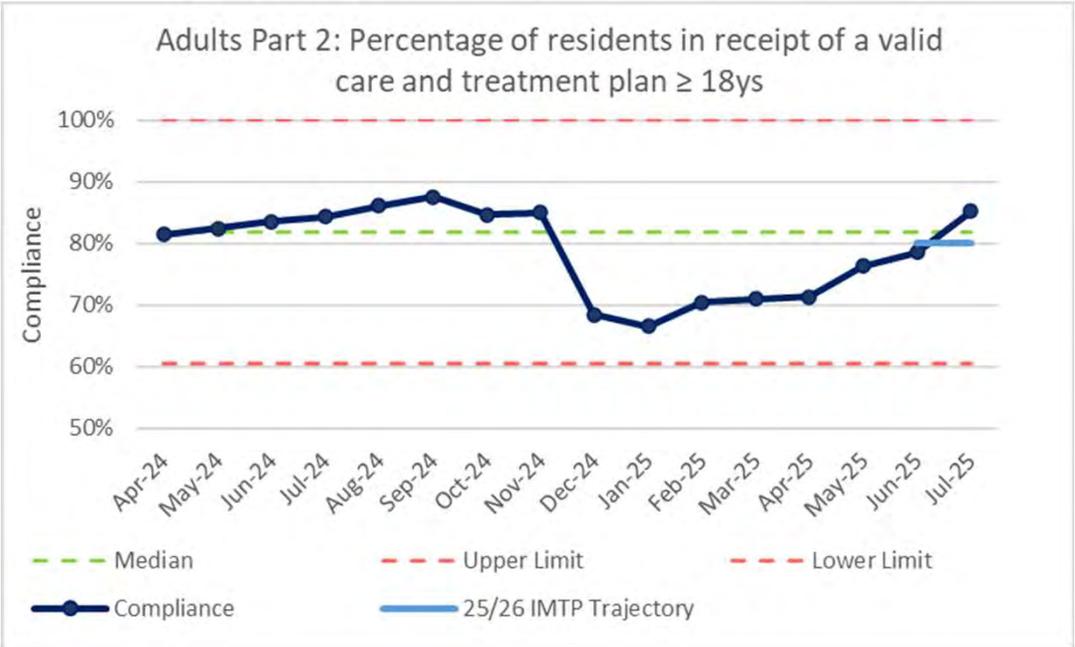
- Performance across parts 1a and 1b for Adults is now consistently meeting and exceeding the national standard of 80% following the improvement delivered in the second part of 24/25.
- Referrals, appointments delivered and the waiting list have also entered into a period of greater stability, indicating a balance of demand and capacity.



## Improving our Mental health services

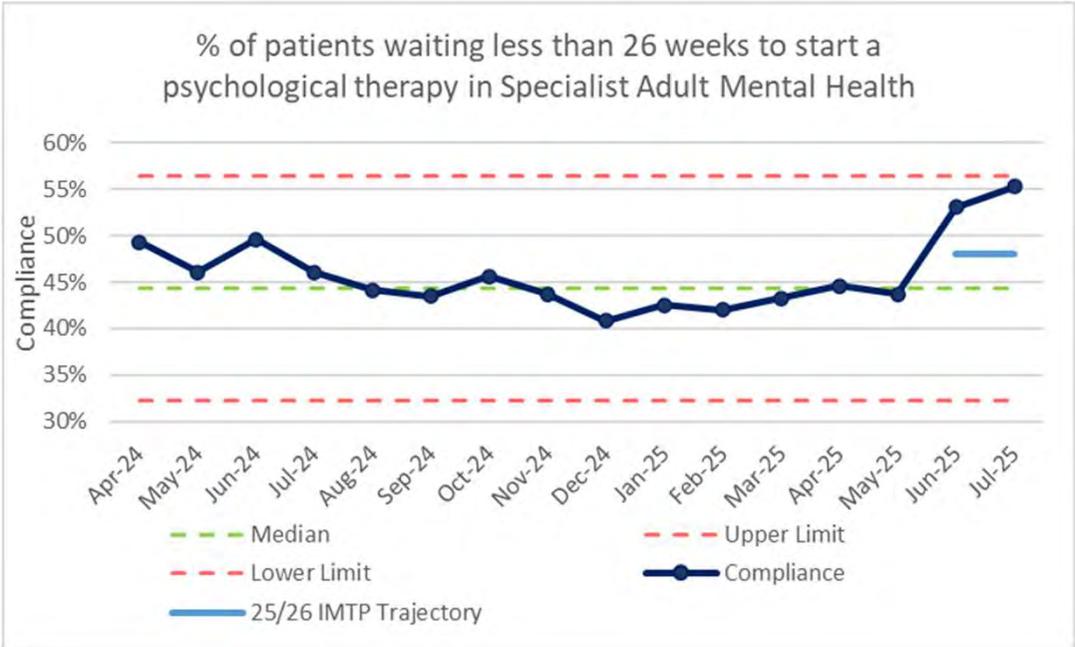
**Measure:** Maintain Adults Part 2 rates (number of individuals with a valid care and treatment plan)

**Performance:** 85.2% (Jul)  
**Trajectory:** 80% (Q1)  
**National target:** 90%



**Measure:** Maintain rate of psychological therapy received within 26 weeks

**Performance:** 55.3% (Jul)  
**Trajectory:** 48% (Q1)  
**National target:** 80%



### Insight & Actions

- The Mental Health and Learning Disabilities (MHL) Division have successfully delivered against improvement commitments for both of the above metrics. Part 2 compliance rose to 85.6% in July, exceeding the Q1 trajectory of 80%, which has been enabled by targeted meetings within individual areas such as Older Adults and LD, as well as working with Local Authority partners to ensure alignment and visibility of treatment plans.
- Following a 12 month period of relatively static performance in Psychological Therapies, performance increased in June to exceed the Q1 trajectory with further improvement in July. Divisional focus has been centred on: teams validating the back log, with many referrals on incorrect pathways; escalation processes for those who have been on the waiting list the longest time; administrative process mapping for booking, to generate pathway efficiencies through centralised booking opportunities, and; ongoing pathway development to enable better flow and continued performance improvement.



## Improving our Mental health services

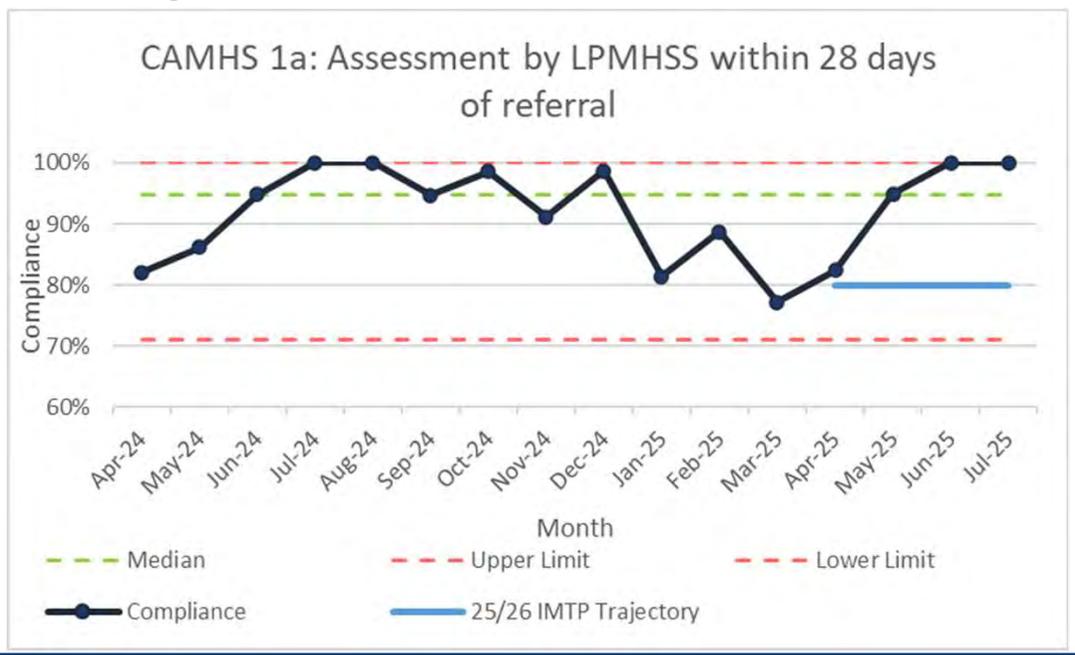
**Measure:** Maintain CAMHS Part 1a national target compliance (assessment completed within 28 days)

**Ministerial Delivery**

**Performance:** 100% (Jul)

**Trajectory:** 80% (Q1)

**National target:** 80%



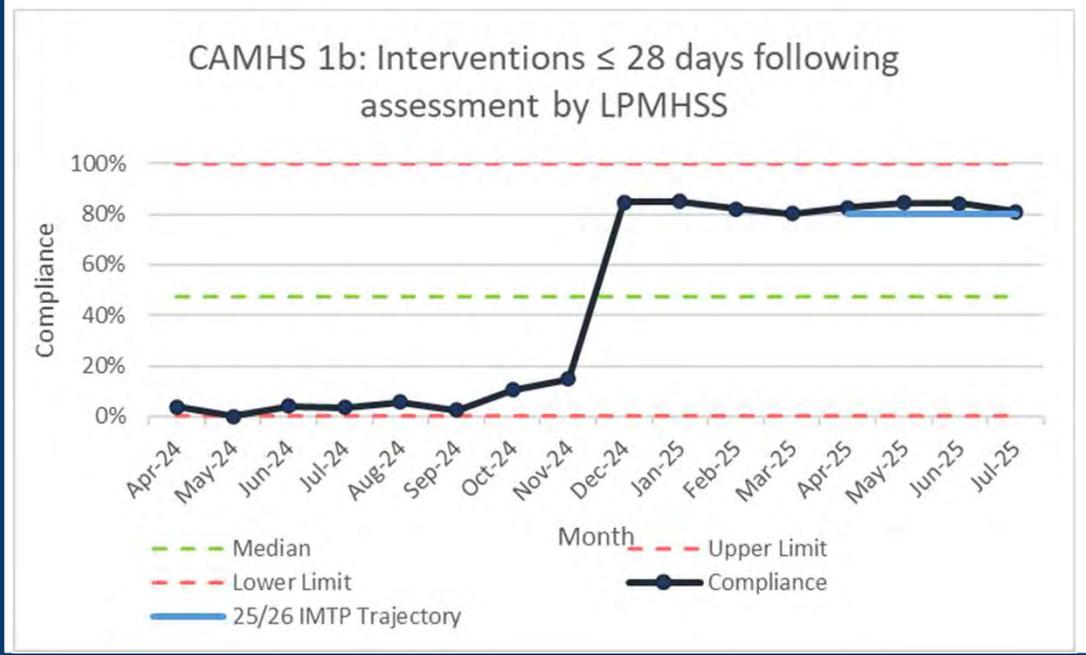
**Measure:** Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days)

**Ministerial Delivery**

**Performance:** 81.0% (Jul)

**Trajectory:** 80% (Q1)

**National target:** 80%



### Insight & Actions

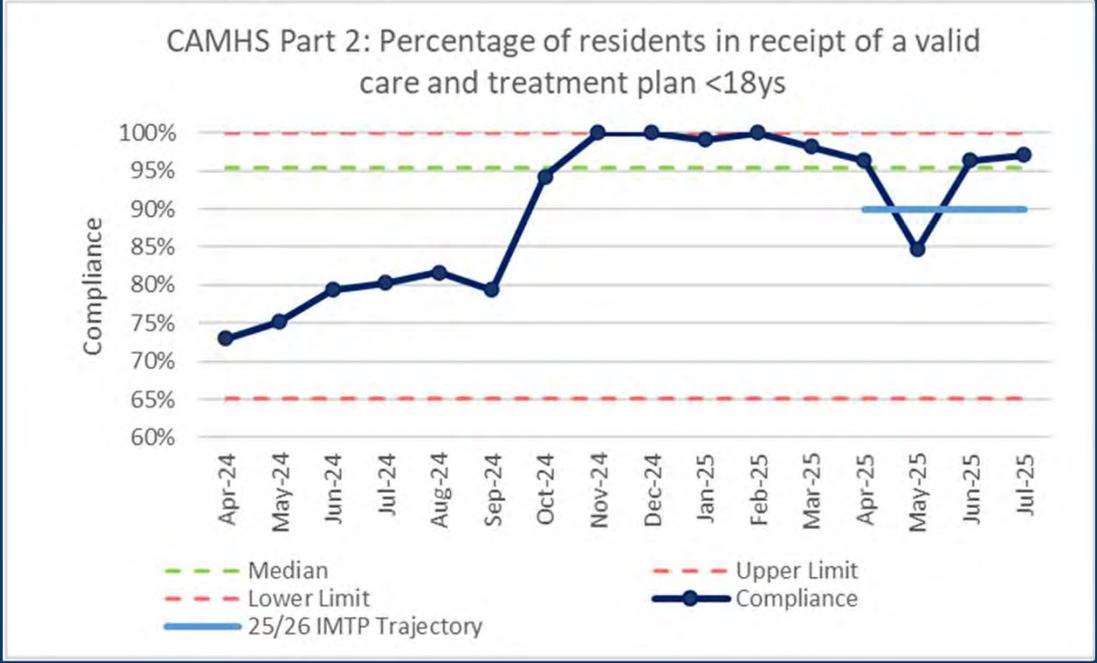
- CAMHS Part 1a has recovered performance through the first part of 25/26 following the decrease experienced at the end of 24/25, with the past two reportable months at 100%.
- Part 1b has now met the national standard for eight consecutive months.



## Improving our Mental health services

**Measure:** Maintain CAMHS Part 2 national target compliance

**Performance:** 97.1% (Jul)  
**Trajectory:** 90% (Q1)  
**National target:** 90%

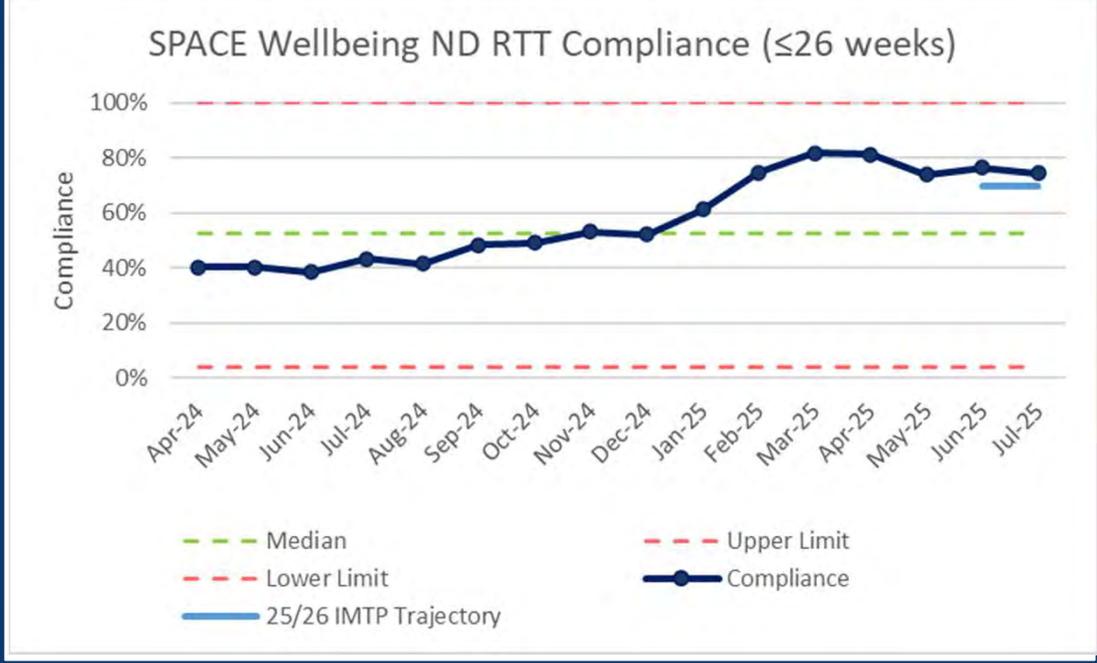


### Insight & Actions

- Following the decrease in performance in May, associated with data quality issues, June performance has recovered to exceed the national standard.
- The Division have put in place regular CTP meetings with Team Leads prior to submission to ensure CTPs have been accurately recorded and Care Coordinators identified for Part 2 CYP.

**Measure:** Improvement in Neurodevelopment waiting times compliance

**Performance:** 74.5% (Jul)  
**Trajectory:** 70% (Q1)  
**National target:** 80%



### Insight & Actions

- The decrease in performance in May to 73.95% was expected due to clearing the old waiting list backlog and implementing the new Neurodiversity Early Support Hub (NESH system), and was factored into the IMTP trajectory with a Q1 value of 70% which has been met.
- NESH priorities are to: improve digital systems and resources (dashboard and patient tracker); develop parental workshops; explore AI generated report software.



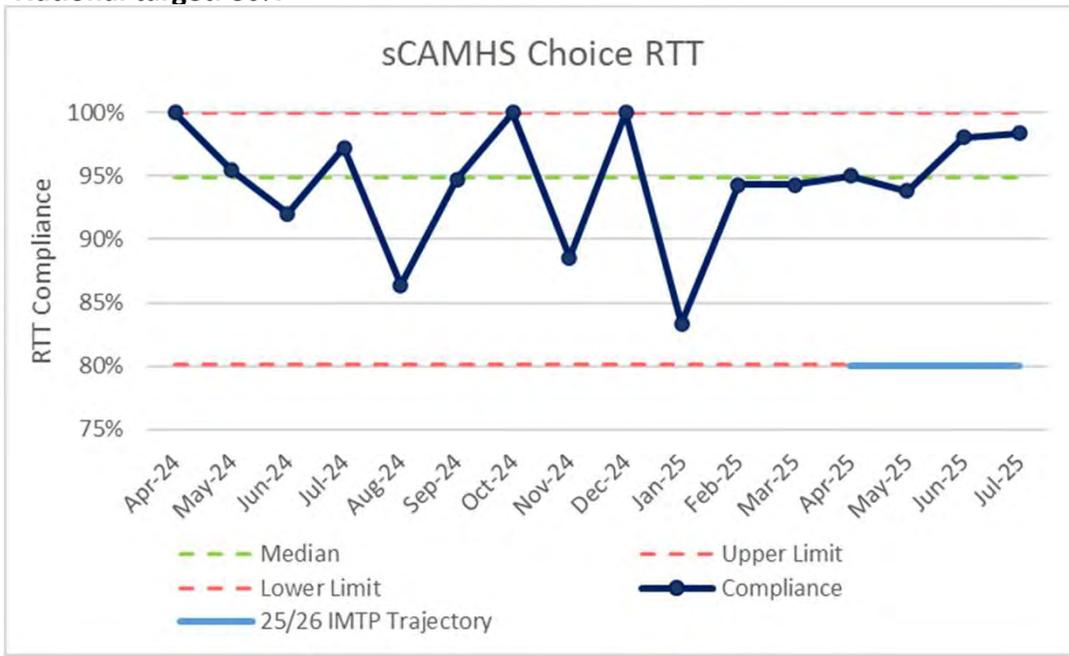
## Improving our Mental health services

**Measure:** Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral

**Performance:** 98.4% (Jul)

**Trajectory:** 80% (Q1)

**National target:** 80%



### Insight & Actions

- Specialist CAMHS choice assessments performance remains very strong and consistent, with a median value of 95% since the beginning of 24/25.



Priority	Q1 Planned	Q1 Progress	Q1 Comments
<b>Quality Improvement</b>	Engage with the work of the National Patient Safety Programme	Complete/On schedule	<p>The Division is fully engaged in the National Patient Safety Programme, contributing to the four national workstreams—most now nearing the end of their current phase. Each workstream includes two divisional Quality Improvement programme representatives.</p> <p>A fifth national workstream on Psychological Safety was initially proposed, it did not convene and has since been removed. Our local programme recognises its importance and is scoping opportunities for local improvement in this area.</p>
<b>Ministerial Priority Performance</b>	Sustain progress of Part 1a and 1b for Adults	Complete/On schedule	Work continues in this area on local improvements. Target of over 80% has been maintained since December 2024.
<b>Ministerial Priority Performance</b>	Sustain progress of Part 1a and 1b for Children	Complete/On schedule	<p>Part 1A compliant with 80% targets. Started weekly joint triaging referrals with Part 1 and Part 2 referrals, ensuring Children and Young People are being seen by the correct level of service. April and May 25 saw a 50% reduction in Part 1A referrals due to efficient triaging and effective signposting.</p> <p>SPACE Coordinators efficient and effective in liaising with the service about referrals and working with partner agencies. SPACE high volume of referrals within Boroughs.</p> <p>Part 1B compliant with 80% targets. 1B Group wellbeing sessions are in place which has increased the capacity. Waiting list for ongoing intervention is at 4 months which is a decrease from 10 months in June 24.</p>
<b>Neurodevelopmental Services</b>	Define Single Neurodevelopmental pathway for Adults	Off track within tolerance	Pathway is in development with co-location of the Integrated Autism Services and Attention Deficit Hyperactivity Disorder Service (ADHD). Funding for Neurodevelopmental Services has switched to the children for 2025/26 and there is a risk to the ADHD service.
<b>Rightsizing Inpatient Services &amp; Transforming Community Services</b>	Develop model for Adult inpatient, community and forensic services; scope all crisis services and ensure they are delivering to capacity	Complete/On schedule	Adults, Learning Disabilities and Older Adults Directorates have produced their model to the division and are currently working through delivery and implementation plans. All Crisis services have been scoped as part of the work around a Single Point of Access and the development of our 111 press 2 Mental Health Service.



The Health Board’s People Plan, 2022 -2025, ‘Putting People First’, outlines the Workforce and Organisational Development (OD) strategy in relation to workforce improvement, capability, and expertise with a clear focus on wellbeing, inclusion, and engagement of our people. A Workforce & OD Performance Dashboard has also been aligned to reflect the key workforce metrics of the People Plan objectives capturing the performance indicators of delivery of that plan and targets set in the Health Board Workforce MDS (24/25):

**Reporting Period end of June 25**

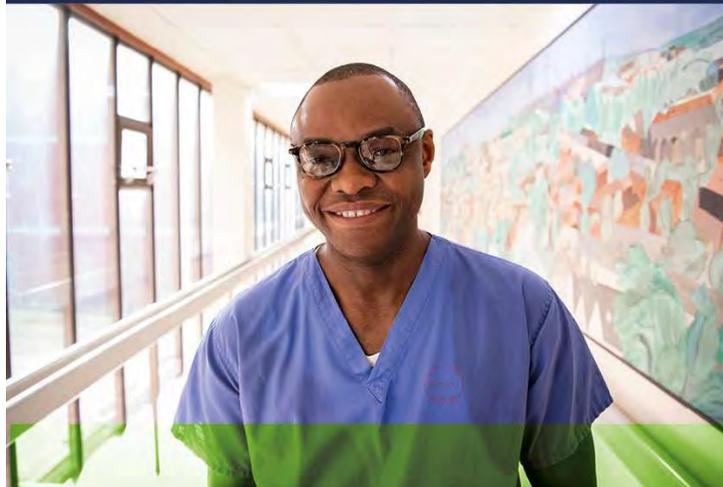
# PUTTING PEOPLE FIRST PEOPLE PLAN

2022/25



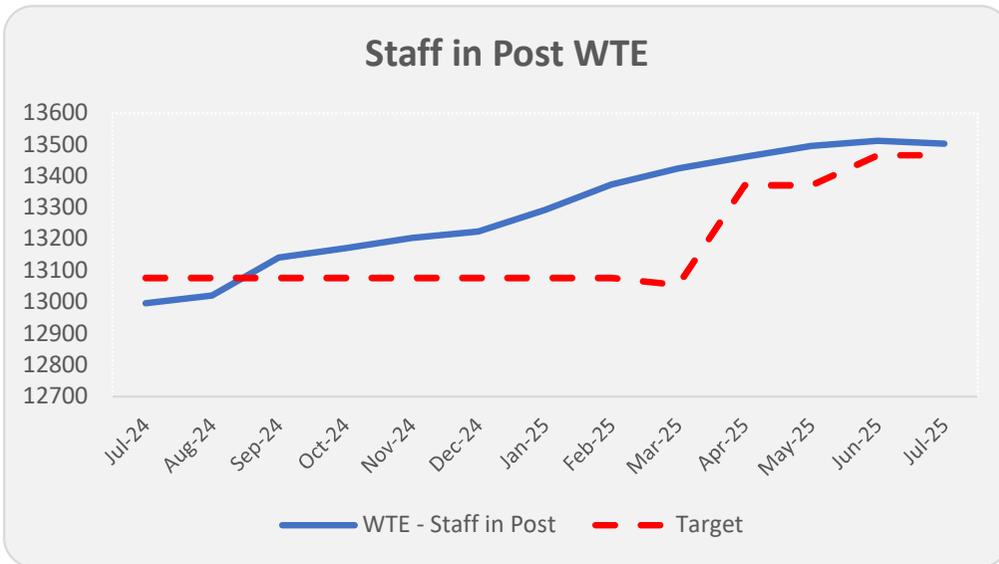
GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

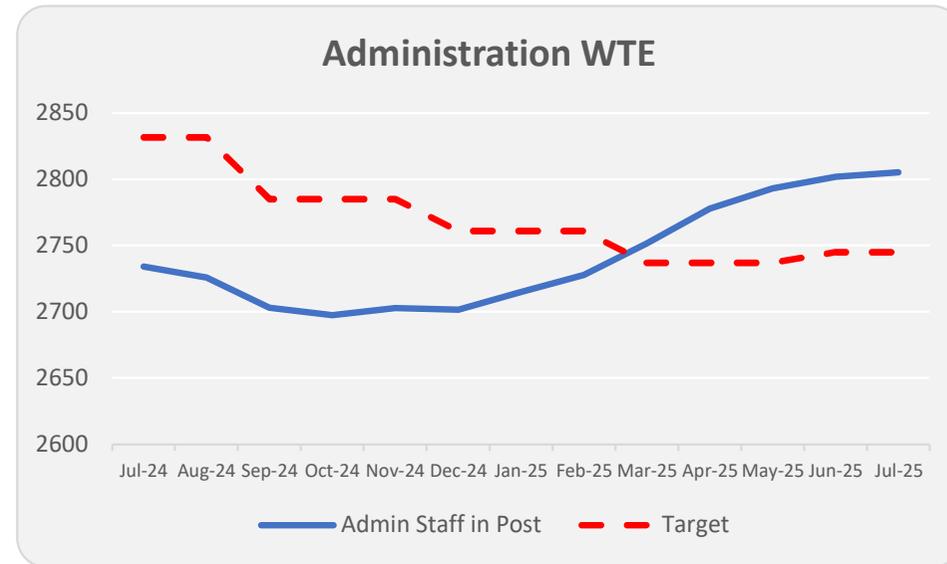




**Staff in Post**



**Administration Staff in Post**



**Performance Summary**

In July there were 13,502 wte staff in post, an increase of 79 wte since March 2025. This is mostly attributed to:

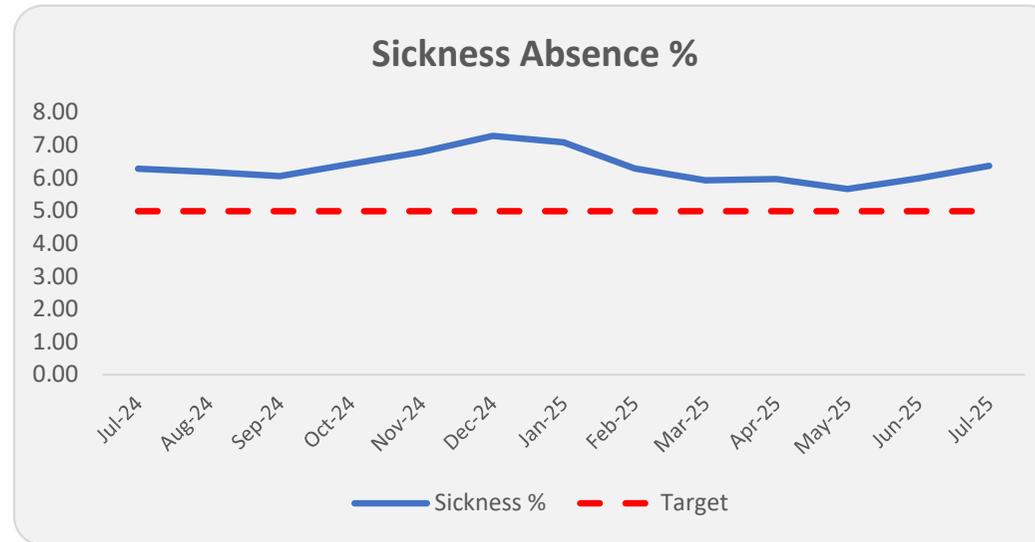
- 41.21 wte increase in Nursing and Midwifery
- 50.21 wte increase in Administration linked with the TUPE transfer into the organisation of managed GP practices
- 6.07 wte in Health Care Sciences.
- 7.9 wte decrease in Additional Clinical Services and -3.75 wte in Allied Health Professions
- 10 wte decrease in staff in post from June to July in Estates and Ancillary

**Performance Summary**

There has been an increase in administration and clerical staff in post linked with the TUPE of GP practice staff which was not included when the target was set. There has also been investment in the new Digital and Technology posts to support the implementation of the new digital pharmacy solution.



Sickness **Enabling Action**



**Performance Summary**

Sickness Absence in July 25 was 6.38 % (861 wte) which is higher than the 5.98 % rate reported March 2025. Short term sickness has reduced from 2.13 % to 2.08 % and long term has increased from 3.81% to 4.3 %. long term sickness (over 28 days) attributes to 67% of overall sickness. Target of 5% in Graph was set as part of the IMTP performance framework. Top 3 highest sickness by staff group with Estates and Ancillary now having joint highest sickness rate compared with Additional Clinical Services.

Key observations since 2024/25:

1. Estates & Ancillary – 9.35 % increase from 8.7%
2. Additional Clinical Services (HCSWs) – 9.3 % increase from 8.94 %
3. Nursing & Midwifery – 6.8% increase from 6.53%

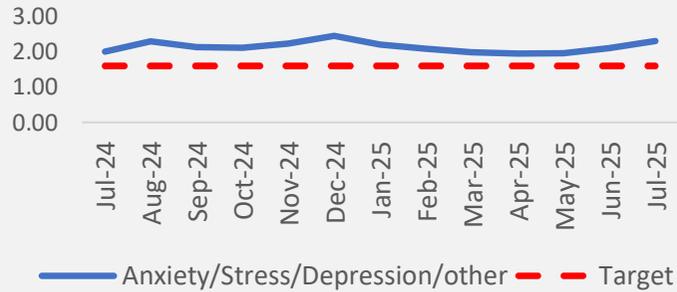
Whilst there have been increasing rates since March 25, there has been a reduction in sickness within the Health Care Scientists and Administration and Clerical staff groups.



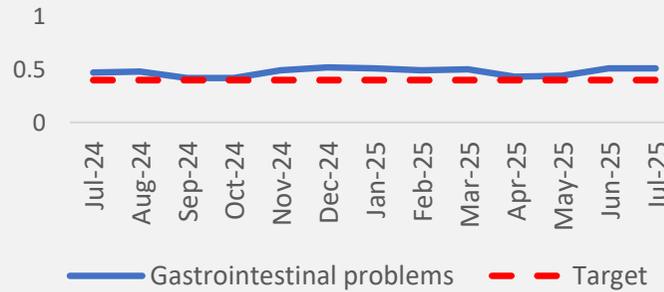
Top Sickness Reasons

Enabling Action

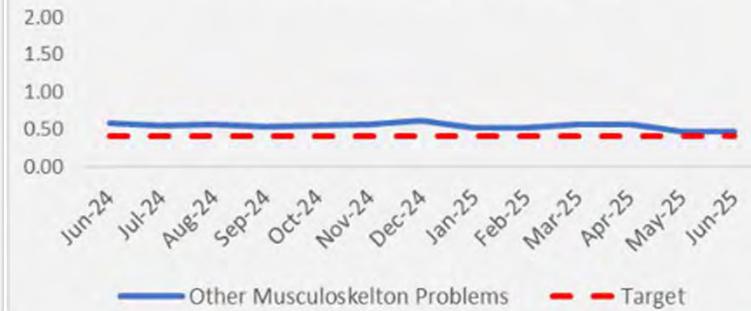
Anxiety/Stress/Depression



Gastrointestinal problems



Other Musculoskelton Problems



Performance Summary

**Anxiety/Stress/Depression** remains the top reason, with an increase from 1.98% to 2.3%, above the target of 1.6%.

**Musculoskeletal Problems** decreased from 0.57% to 0.52%, staying in second position, above the target of 0.4%.

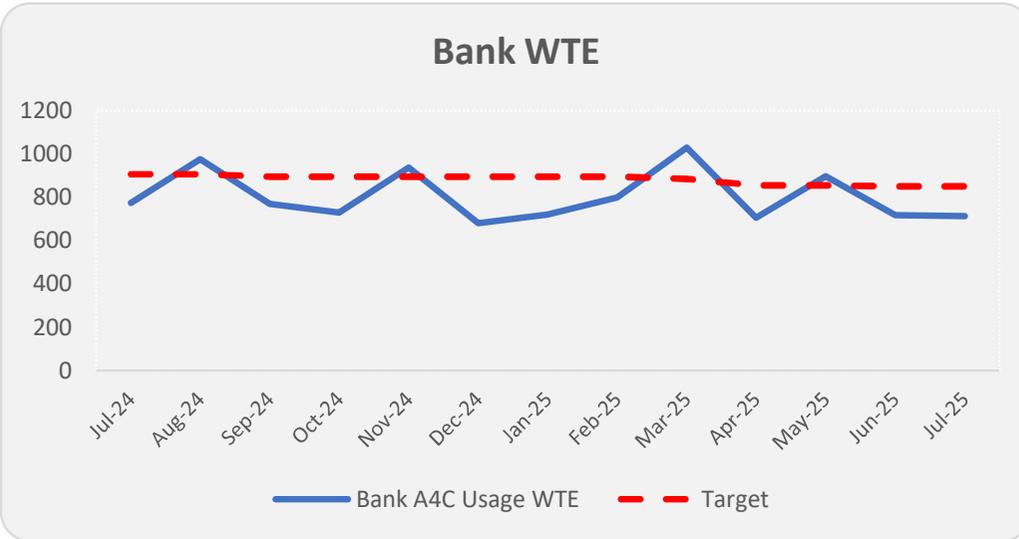
**Gastrointestinal Problems** rose from 0.4% to 0.51%, the third highest reason for sickness, above the target of 0.4%.

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



Variable Pay Bank

Enabling Action



Performance Summary

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

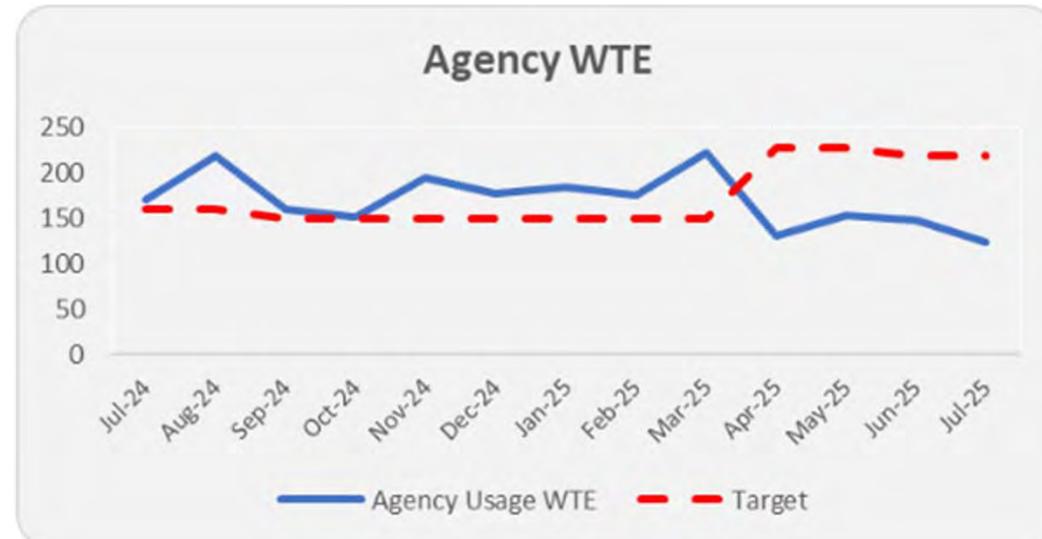
In July bank usage was 711.4 wte which was significantly lower than the 1029 wte reported end of the March 25 exceeding the expected target by 138.6 wte.

In July 25 the three highest users were HCSW 382.8 wte (54%), Nursing & Midwifery 227.1 wte (32%) and Facilities 73.7 wte (10%). Highest reason for usage is Vacancies 282 wte (40%).

The target in graph was set as part of deliverables set out in IMTP performance framework.

Variable Pay Agency

Enabling Action



Performance Summary

There has been significant reduction on agency usage since last year. July agency usage was 123.43 wte, a decrease of 98.9 wte since March 25.

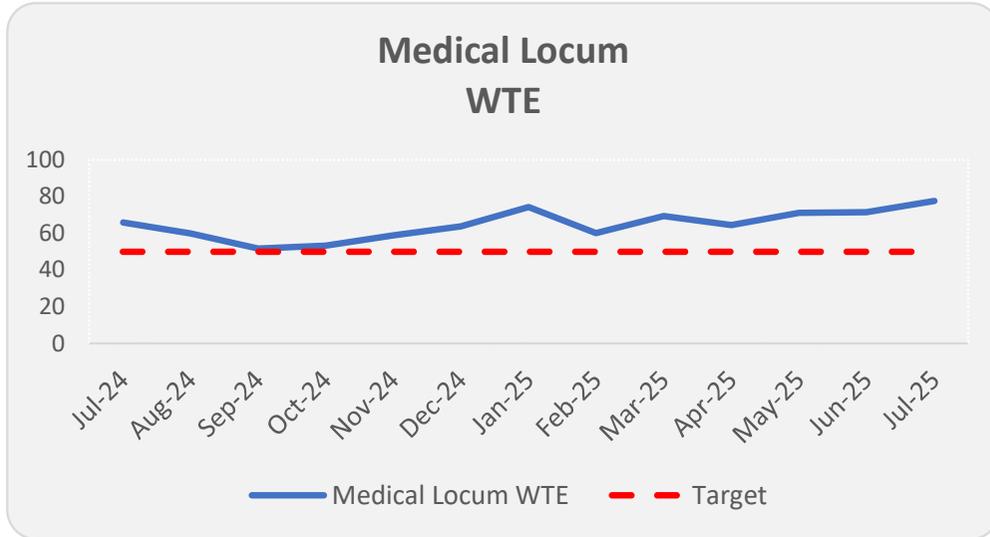
In July 25 35.21 wte (29%) were used for HCSW and 88.22 wte (71%) for Nursing and Midwifery. The top three reasons for Agency usage are Mental Health observation 40.37 wte (33%), vacancies 32.48 wte (26%) and Sickness 31.07 wte (25%).

As part of our strategic workforce planning for 2025/26, we reset our agency workforce trajectory based on the March 2025 baseline of 227 WTE. The revised plan sets out a target to reduce agency usage incrementally each quarter, aiming to reach 98 WTE by March 2026. This approach aligns with our broader goals of zero agency contract, overseas recruitment and general variable pay reduction.



Variable Pay Medical Locum

Enabling Action



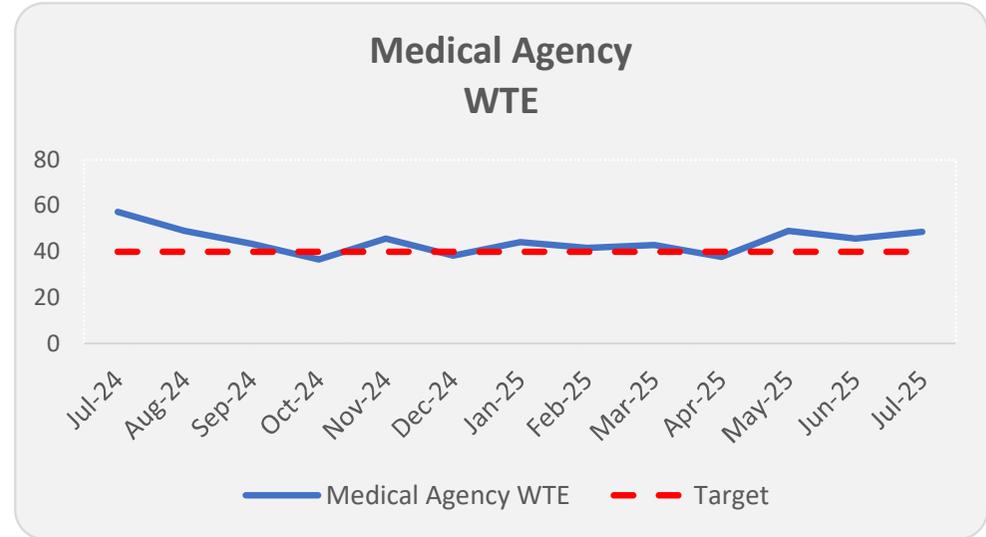
Performance Summary

Current locum usage is 77.6 wte an increase from the 69.26 wte reported at the beginning of the quarter. There is ongoing work with the development of a Medical Workforce Bespoke Strategy and the introduction of medical E-Systems to support this work.

Target in graph was estimated as part of the IMTP performance framework and will be interchangeable with agency usage.

Variable Pay Medical Agency

Enabling Action



Performance Summary

Current Medical Agency is 48.6 wte an increase from the 42.06 wte reported at the beginning of the quarter.

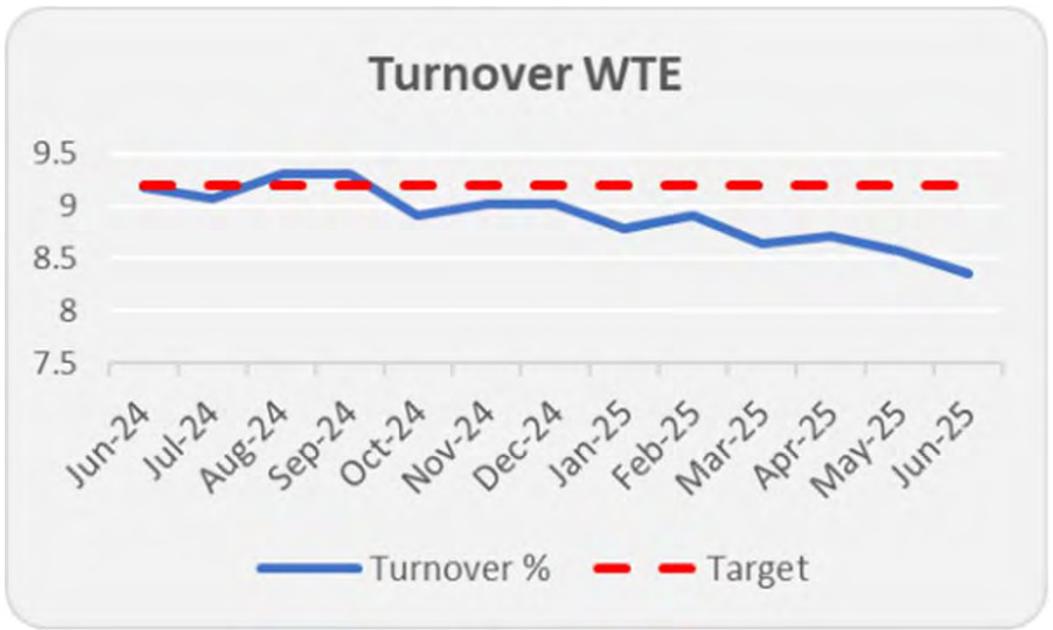
The rate increase is linked with the reason for usage, with 57% being attributed to vacancies.

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

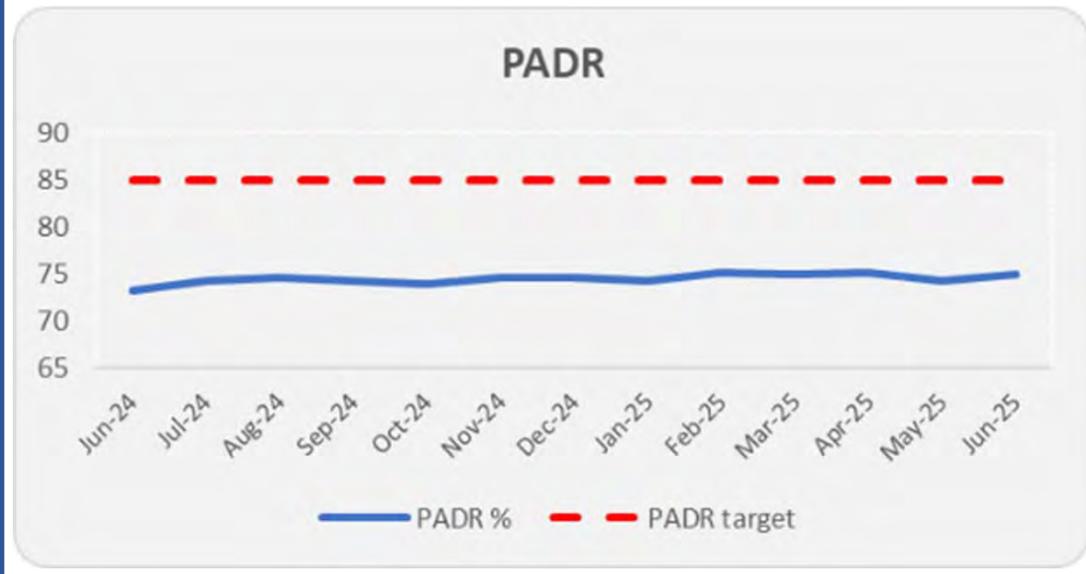
Target in graph was set as part of the IMTP performance framework and will be interchangeable with Locum usage.



Turnover



PADR



Performance Summary

Current turnover rate is 8.36% a continued reduction throughout the quarter from 8.64 %, reported in the last quarter. There has been sustained reduction in turnover over the last 12 months and within target.

Nursing and Midwifery have the lowest turnover rate of 5.04% whilst Allied Health Professionals have the highest turnover rate of 11.56%. The Stability Rate is 90.97%, the Health Board has retained 13,761 staff.

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

Performance Summary

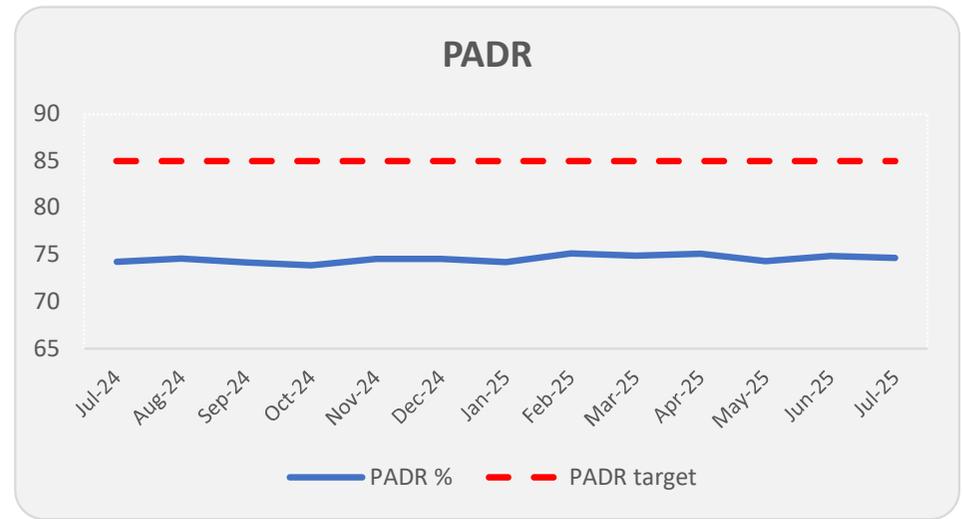
Current PADR compliance is 74.86%. Work continues to achieve 85% All Wales target through divisional reporting, renewed tools and training for managers.



**Job Planning** Enabling Action



**PADR**



**Performance Summary**

**Job Planning** - In July 25 consultant job planning and SAS compliance rate is 53.5% and 54.9% respectively, a steady month on month improvement from the 46% reported in the last quarter and is showing a steady improvement trajectory towards achieving the target of 85%.

To support the targeted job planning compliance, key actions include integrating progress updates into Divisional Performance Reviews, conducting targeted deep dives, and withholding vacancy approvals until up-to-date consultant job plans are in place. Pay-impacting changes and study leave funding will also be restricted unless job plans are current or under appeal. Attendance at the Job Planning Consistency Group is now compulsory, and a formal reminder from the Medical Director and Chief Operating Officer will reinforce consultants' contractual obligations.

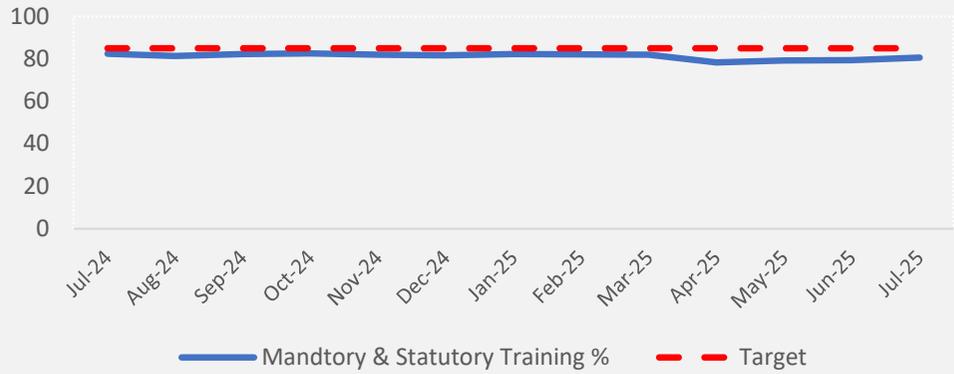
**Performance Summary**

**PADR** – In July 25, PADR compliance was 74.6% similar to the start of the quarter.



**Mandatory Training**

**Mandatory & Statutory Training**



**Time to Hire**

**Vacancy Creation to Unconditional Offer**



**Performance Summary**

In July mandatory and Statutory Training compliance rate was 80.6% an improvement from the 78.36 % reported in the last quarter. As previously reported, new statutory and mandatory courses have created some variation to the previous benchmarking reporting rates.

**Performance Summary**

The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days and the Health Board is exceeding performance at 58.3 days.

More work is required to improve time to shortlist and confirm offer of appointment.



The Quality and Safety performance is reported against a condensed range of indicators compared to Quality Outcomes Report which is produced for the Quality and Patient Safety Committee and Board. The Top-level indicators provided for the integrated performance mapped to under the pillars of quality:

**Patient Experience:** Patient feedback- CIVICA data

**Incidents:** National Reported Incidents, Duty of Candour, Mortality

**Complaints, concerns, compliments:** Concerns – 30-day performance

**Health, Safety & Security:** RIDDOR reporting, H&S training compliance, Compliance HB Health, Safety & Fire risk assessment programme

**Infection Control and Prevention:** Infection Control

**Safeguarding:** Duty to report



Patient Experience CIVICA

Table 1– Overview of CIVICA satisfaction score from July 2024 to July 2025

Satisfaction Score by Month	2024						2025						
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Overall – All Surveys	91	92	90	89	88	87	93	93	85	86	**86	**86	87
PCC/PES Surveys	92	92	93	91	92	90	92	92	90	90	*85	*86	87
ED Survey	72	79	77	61	60	67	77	65	67	70	75	n/a	n/a

Graph 1 – Overall response trend (all surveys) for the past 13 months

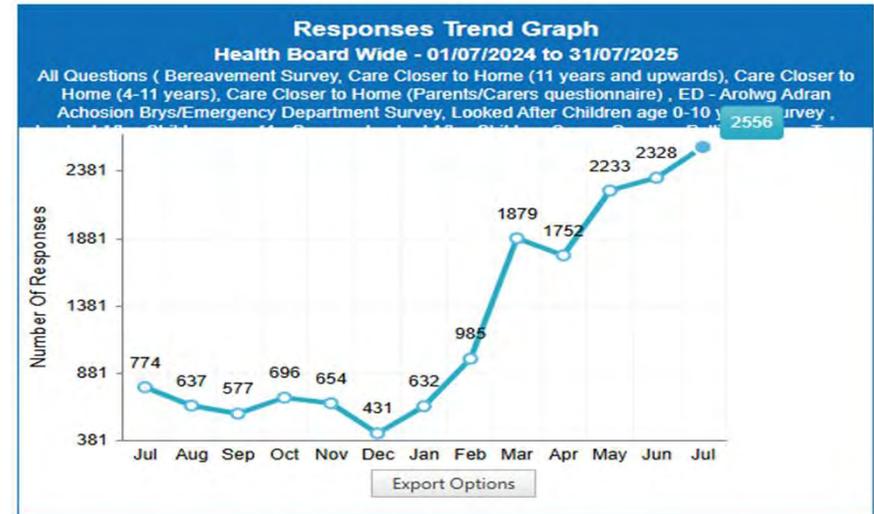


Table 1 & Graph 1 show the overall response rate and satisfaction score for the past 13 months. The trajectory for responses is increasing, with the highest number of surveys being completed in July 2025 (2556).

It should be noted that the survey changed in May.

Person Centred Care Survey top 3 themes:

What did we do well?

1. 205 comments about Compassion
2. 190 comments about Professional and Competent
3. 183 comments about Emotion & Physical Support

What could we have done better?

1. 354 comments about Waiting
2. 42 comments around Emotional & Physical Support
3. 27 comments about Comfort

SMS continues daily but there have been significant delays in messages being processed and sent from CIVICA. This was an all-Wales issue and was escalated and investigated.

Bespoke monthly reporting continues covering all Divisions concerning facilities, Infection Prevention and Infection Control, Dementia Care and Bereavement and is sent direct to teams to highlight patient comments relating to these areas.

Work continues to implement the All Wales Maternity and Neonates Surveys during Q2 2025

**Patient Advice and Liaison Service (PALS)**

Through PALS, the Health Board continues to put patients at the heart of everything we do, listening, supporting, and resolving concerns and enquiries with compassion and care. PALS are committed to creating a culture where feedback leads to learning and improvement.

- PALS managed 5,932 cases between June 2024 and June 2025, with only 0.28% escalated to PTR, demonstrating the effectiveness of early intervention and resolution.
- Communication issues emerging as the most common theme. A total of 3,203 cases (56%) were related to communication.
- This broad category on Datix includes concerns such as lack of updates, unclear or inconsistent information, difficulty contacting staff, and miscommunication between teams.
- Case studies highlight the impact of trauma-informed, neurodiversity-aware, and compassionate support, including proactive planning for vulnerable patients and international family liaison.
- PALS continue to have champion roles with Dementia, Veterans, Neurodiversity, LGBTQI+, Learning Disabilities to ensure ongoing support for people.

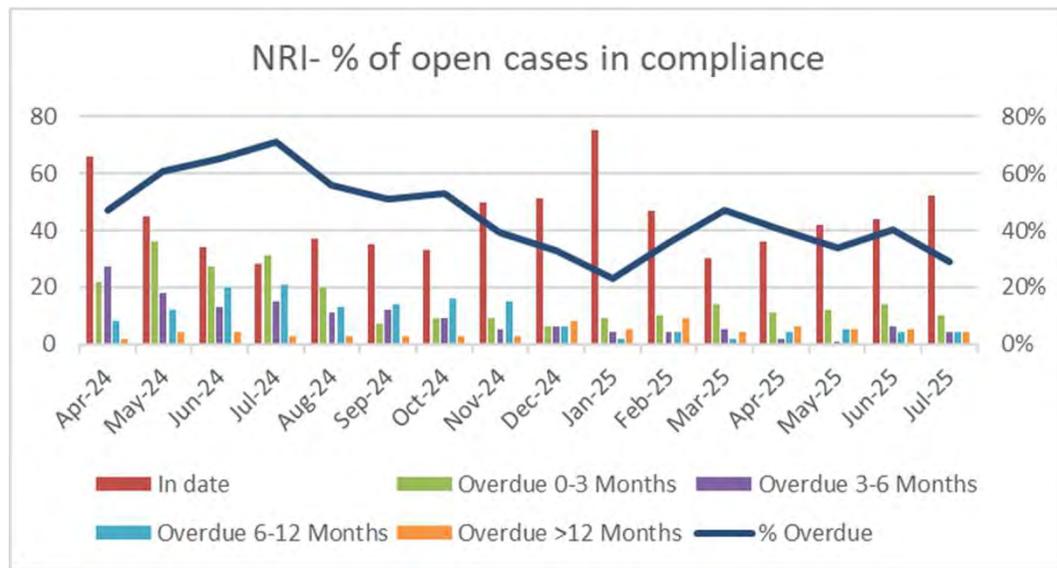
**Learning & Improvement**

The Health Board continues to prioritise person-centred care, actively involving patients, carers, and system partners in service design and delivery.

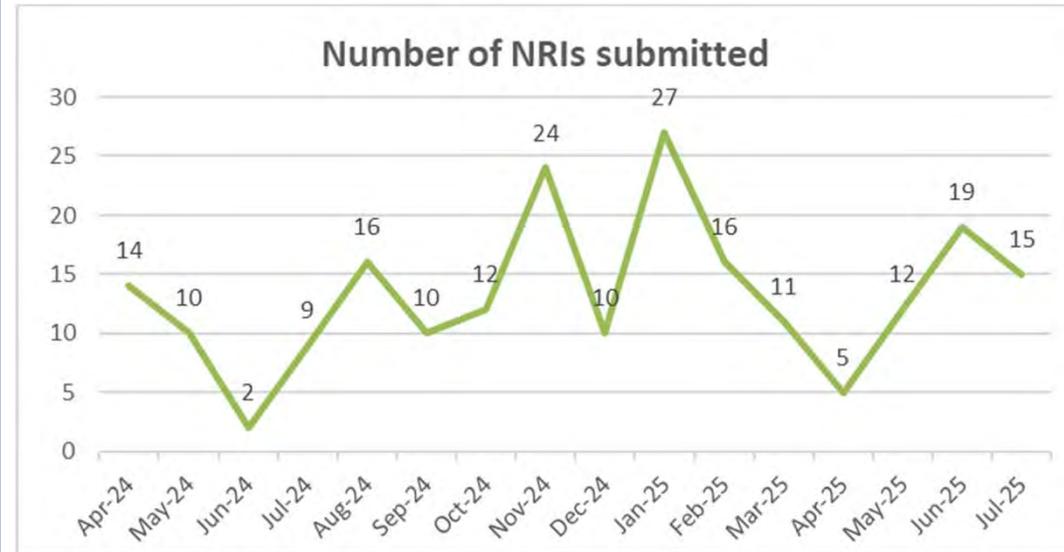


Incidents - National Reportable Incidents

Graph 1 – % of open NRI cases in compliance & overdue cases by duration



Graph 2 – NRI's submitted



Graph 1 shows the % of open cases that are within the compliance window. The overdue cases are then split by duration overdue. In July we have a total of 73 open cases, with 52 number of cases within the compliance window. The number of cases overdue by:

- 12 months is 4
- 6-12 months is 4
- 3-6 months is 4
- 0-3 months is 10

The trends show an improvement in the number of open overdue cases.

Graph 2 illustrates the number of NRIs submitted per month.

The Corporate patient safety team are currently running workshops to review the PSI investigation process and measures that may be put in place to streamline and optimise progression of incident investigation, and thus improve not only NRI compliance, but improve patient/family/staff experiences of the PSI process and outcomes.

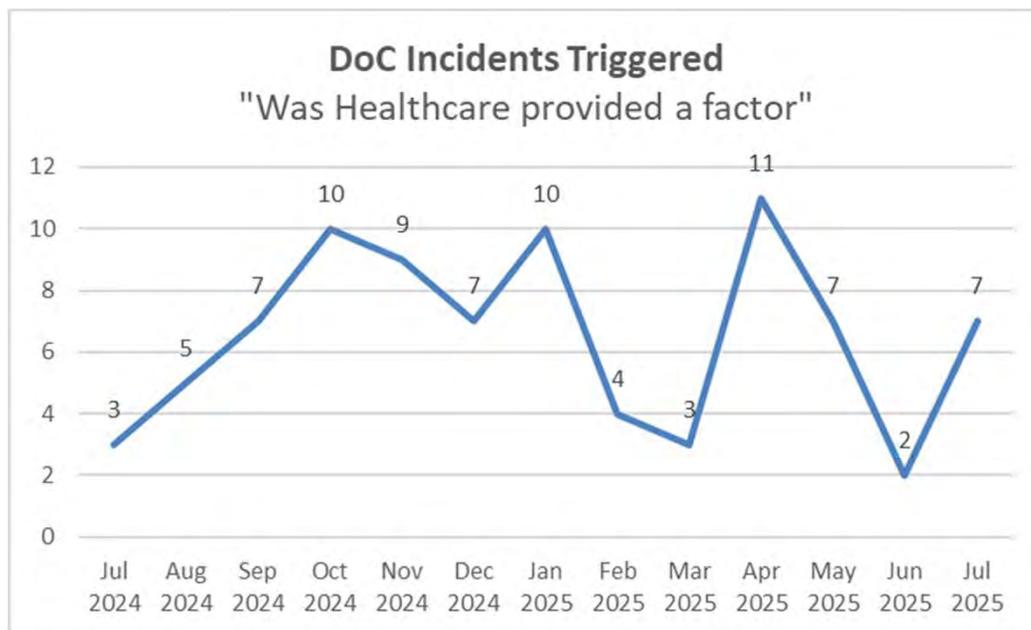
**Learning & Improvement**

There is a strengthened focus on timely investigation and closure. Improvements include monthly divisional reporting, enhanced communication and standardised follow up processes. Thematic reviews have been initiated for ligature risks, anticoagulant use, and radiology follow-up delays.



## Incidents - Duty of Candour

Graph 1 – Duty of Candour Events from July 2024 – July 2025



In July 2025 7 Duty of Candour incidents were triggered.

- 3 in Medicine
- 2 in Primary and Community Care
- 1 in Families and Therapies
- 1 in MH & LD

*Please note Duty of Candour is triggered at the “Managers Interim Harm Assessment” on Datix. This means data is only correct at the point of collection.*

*Information collated on 28/08/2025*

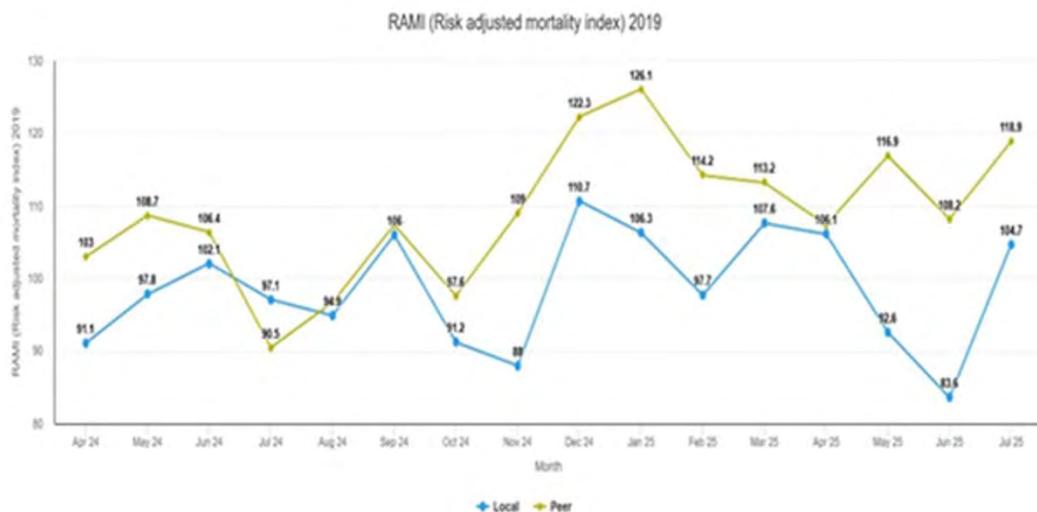
### Learning & Improvement

Divisional dashboards have been developed to monitor statutory requirements, and a workshop was held to align with the All-Wales Strategic Group.



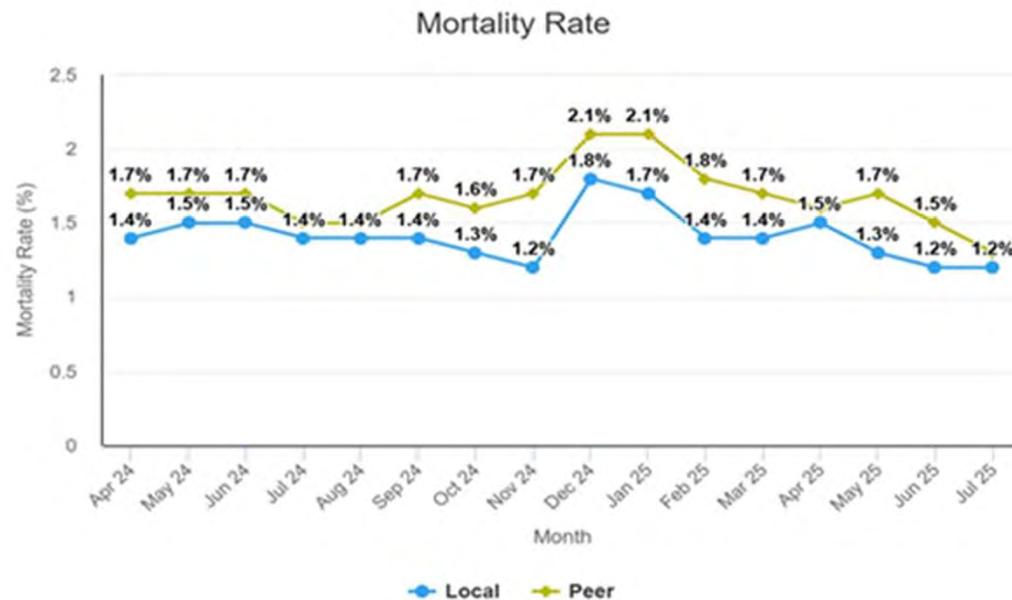
## Mortality

Graph 1 - Risk Adjusted Mortality Index (RAMI)



Blue ABUHB  
Yellow All Wales peers

Graph 2 - Deaths per 1000 occupied bed days



### Performance Summary

Risk Adjusted Mortality Index (RAMI) for Q1-Q4 2024/25 was 99.4, Both lines show a decline in RAMI during mid-year (summer months), followed by a consistent rise through autumn and winter.

RAMI for Q1 2025/26 is 93.8 which is a decrease.

RAMI for July 2025 is 104.7 however this is within the 8-week coding lag window. This figure is expected to improve with further coding submissions

- **RAMI** accounts for individual patient risk factors and comorbidities, allowing comparisons across organisations.
- A **RAMI score < 100** indicates observed mortality is lower than expected,

suggesting better-than-expected outcomes. The accuracy of RAMI is highly dependent **on complete and precise clinical coding**.

- **Coding completeness** improves after 8 weeks, often leading to a **decrease in RAMI**.

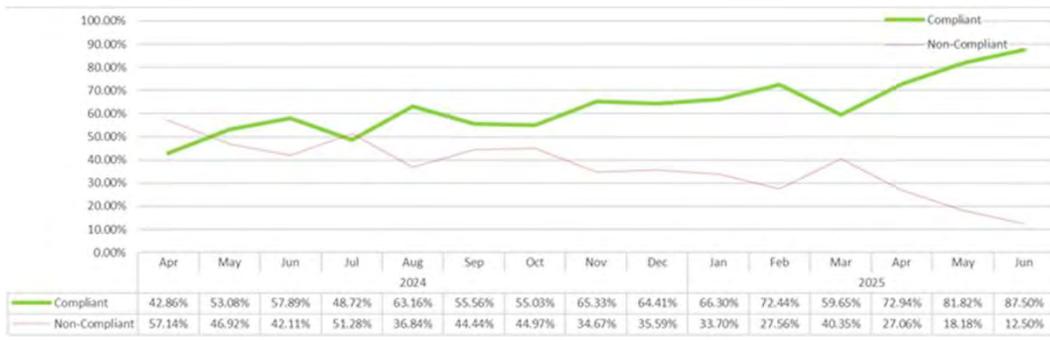
The Health Board’s Learning from Death (LFD) Report: Advocates for several approaches to understand performance, ensuring assurance and quality improvement around death. This includes additional mortality indicators for reporting, not solely relying on aggregated retrospective data like RAMI.

The LFD report interrogates various data sources and enables continuous monitoring; the Health Board aims to maintain high standards of care and improve patient outcomes.



Concerns - 30-day performance

Graph 1- Early Resolution Performance



Graph 2 – Putting Things Right Performance

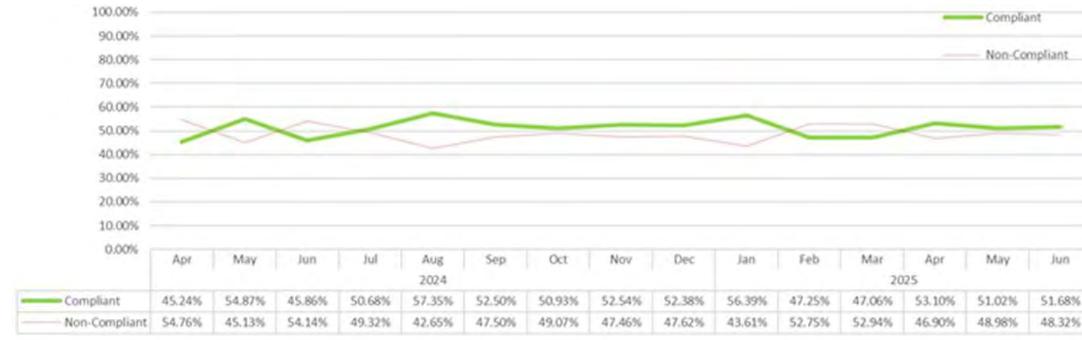


Table 1- Breakdown of the type of complaints raised to the PTR Te

	Jan	Feb	Mar	Apr	May	Jun	Jul
	2025						
Early Resolution	180	126	171	85	77	48	71
Managed Through PTR	134	90	134	142	144	149	114
Reopened	1	2	2	2		2	0

PTR Compliant (30 Days) By month of response due



**Graph 1** - The data is reported up to June to align with the Beacon dashboard and to ensure that inaccurate data is not recorded, noting 6.82% of cases received in June are still open within the compliance timescales and being expedited.

The trend for those matters closed under PTR has been relatively consistent across the reporting period, this has been achieved through continued targeted work by PTR and the QPS SMT. It is intended that benchmarking will be provided in the future, to offer a more meaningful comparison of performance and measurement on a National scale.

**Graph 2** - Completion of Early Resolutions proformas to ensure robust information has been rolled out across all Divisions. Coupled with Triumvirate engagement sessions to highlight the importance of sharing information with the PTR team who can help in contacting complainants to support them with Early Resolution.

Early Resolution response times are considerably faster than formal processes and resolve the issues raised by individuals through a more person-centred approach. Current timeframes do result in a number of matters being escalated formally. Which will impact the numbers able to be managed as Early Resolution pending adjustment to the Regulations in Spring 2026.

A position and monitoring dashboard is now being shared with the Division and Directorate teams to allow greater visibility and oversight for maintaining compliance.

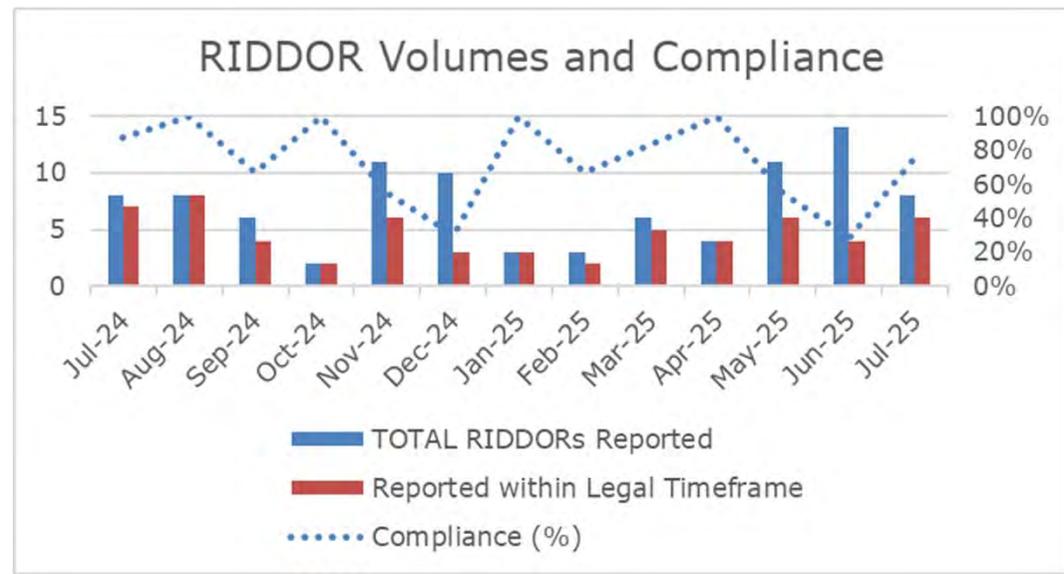
**Learning & Improvement**

Communication issues remain the most common theme across both Early Resolution and Enquiries, accounting for 56% of all Enquiries and 22% of Early Resolution cases. Other recurring themes include clinical treatment, patient care, and discharge issues. These are being addressed through divisional engagement and targeted improvement actions.

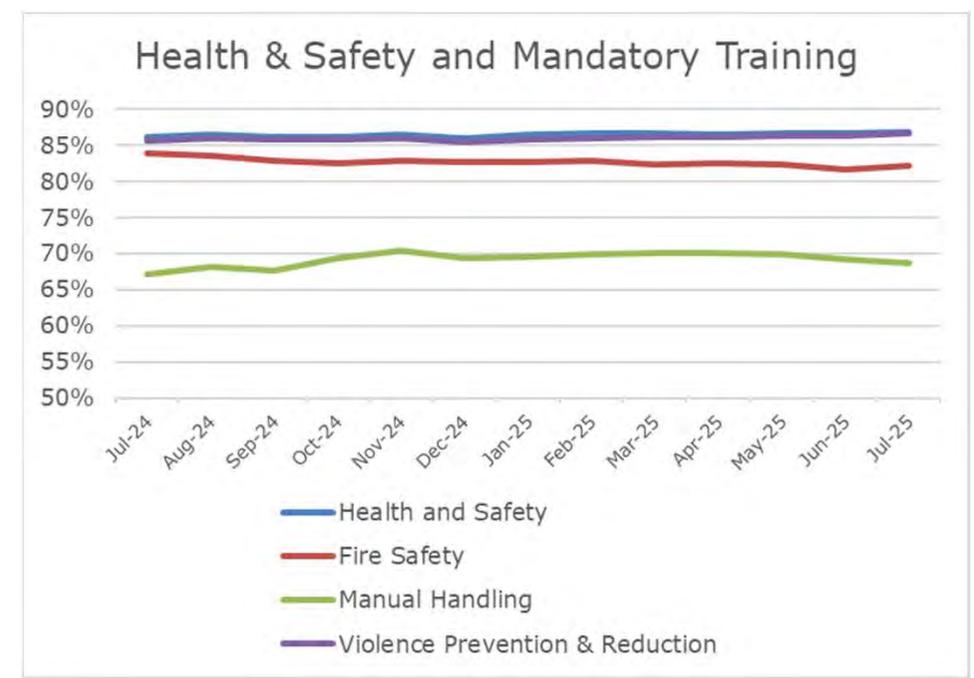


Health, Safety & Security

Graph 1- RIDDOR Volumes and % Compliance



Graph 2 - Health and Safety Training Compliance



**Reporting of Injuries, Diseases and Dangerous Occurrences Regulations**

During July 2025 the Health Board have reported 8 incidents to the HSE in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). 75% of these cases were reported within the legal timeframes within the legislation. This is a decrease on the previous month. The majority of incidents were reported outside the legal timeframes due to late notification to Corporate Health and Safety.

**Learning & Improvement**

Health and Safety Management Audits are being integrated into the Audit Tracking and Management System (AMaT) to support the development of a performance dashboard. This will enhance visibility of areas of non-compliance and focus, enabling the identification of learning opportunities and the creation of targeted action plans for improvement. A programme of workplace inspections is planned for the remainder of the year. These inspections will be carried out in collaboration with trade union representatives, fostering shared learning and strengthening engagement in health and safety practices.

**Health and Safety Statutory and Mandatory Training**

At end of July 2025 training compliance for the Health Board was reported as below. There has been a small increase in training compliance for Health & Safety, fire safety and Violence Prevention & Reduction, however, compliance against manual handling has reduced slightly.



Infection Prevention & Control

Table 1 – Healthcare Associated Infections per 100,000 populations

All Wales – Current FY rate per 100,000 population – Aug 25

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	38.86	1.2	23.64	58.5	20.83	6.41
Betsi Cadwaladr UHB	46.89	1.72	27.92	69.64	20.34	4.14
Cardiff and Vale UHB	36.82	3.22	26.24	56.16	23.94	4.14
Cwm Taf Morgannwg UHB	35.26	1.07	25.65	82.81	34.73	2.14
Hywel Dda UHB	43.02	3.69	28.89	92.19	32.58	5.53
Powys THB	14.2	0	1.77	1.77	0	0
Swansea Bay UHB	59.39	2.45	29.39	69.19	32.45	7.35
Velindre NHST						
Wales	41.77	2.04	25.86	67.55	25.18	4.67

Table 2 – Healthcare Associated Infections Count of specimens

All Wales – Current FY count of specimens – August - 25

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	97	3	59	146	52	16
Betsi Cadwaladr UHB	136	5	81	202	59	12
Cardiff and Vale UHB	80	7	57	122	52	9
Cwm Taf Morgannwg UHB	66	2	48	155	65	4
Hywel Dda UHB	70	6	47	150	53	9
Powys THB	8	0	1	1	0	0
Swansea Bay UHB	97	4	48	113	53	12
Velindre NHST	0	0	2	7	0	0
Wales	554	27	343	896	334	62

**Staph Aureus BSI**

Apr 2025 – August 2025 = **62 cases**

**23** = Healthcare associated

**35** = Community acquired

**1** = Indeterminate

**0** = Relapse

**3** = Other Health Board

**E coli BSI**

Apr 2025 – August 2025 = **146**

**38** = Healthcare associated

**103** = Community acquired

**3** = Indeterminate

**0** = Relapse

**2** = Other Health Board

**Klebsiella BSI**

Apr 2025 – August 2025 = **53**

**20** = Healthcare associated

**32** = Community acquired

**0** = Indeterminate

**0** = Relapse

**1** = Other Health Board

**Pseudomonas BSI**

Apr 2025 – August 2025 = **16**

**4** = Healthcare associated

**8** = Community acquired

**2** = Indeterminate

**0** = Relapse

**2** = Other Health Board

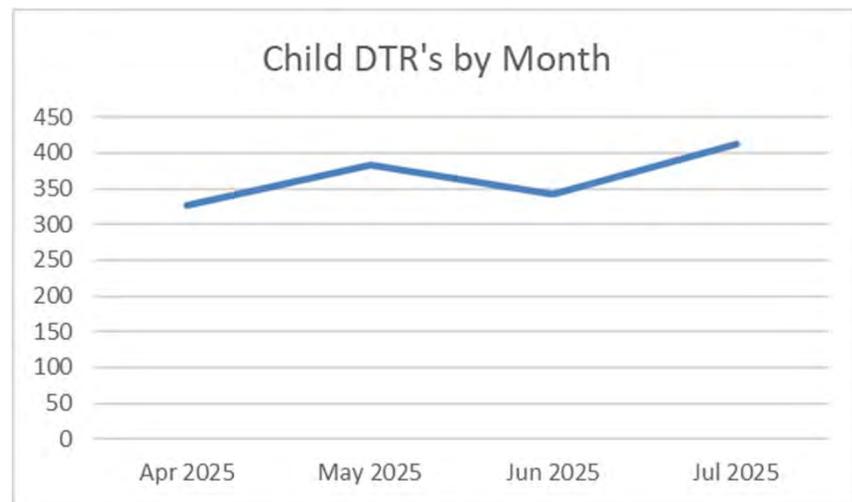
**Learning & Improvement**

- Participation in the national learning event for C. difficile
- Reviewed mattress ordering and decontamination
- Catheter-associated infection prevention and hydration promotion are key focus areas.
- Focused quality improvement projects for infection prevention are in place
- Compliance with care bundles with targeted audits and education supporting sustained improvement.
- Anti-microbial stewardship in primary and secondary care remains a focus



## Safeguarding

Graph 1 – Child Duty to Report



Graph 2 – Adult Duty to Report

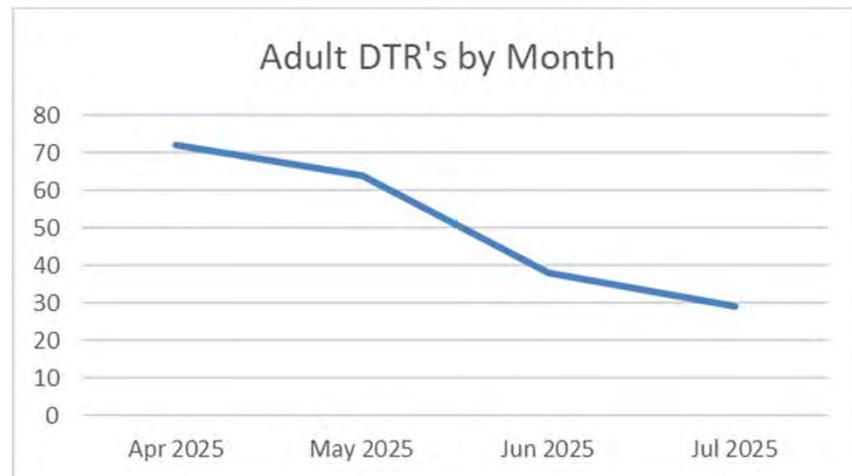


Table 1 - Child and Adult Safeguarding training compliance (levels 1, 2 & 3)

Training Module	Compliance %	Training module	Compliance %
Adult Safeguarding Level 1	82%	Children's Safeguarding Level 1	82%
Adult Safeguarding Level 2	85%	Children's Safeguarding Level 2	83%
Adult Safeguarding Level 3	20%	Children's Safeguarding Level 3	35%

**Duty to report:** All CST data is now being collated in RLDatix which is providing more accurate reporting figures.

- Adult DTR's decreased slightly in number at the present time however a further rise would be expected after Summer from previous data collection.
- The number of calls to CST are continually rising. A proportion of this could be attributed to an improvement in reporting since the implementation of RL Datix.

### Safeguarding Training

- Improvements in compliance have been noted in the last month, however further increases are required to reach the target of 85%.
- Level 3 Children and Adults Training is now mandated via ESR to relevant staff. Efforts are underway to develop a phased training implementation plan, setting revised quarterly targets with the goal to reaching 85% compliance by March 2028.

### Learning and Improvement

- A new Safeguarding Datix Module is being prepared for rollout, pending the finalisation of the All-Wales multi-agency referral form. This will enable robust monitoring and high-quality data reporting.
- Work is progressing with the Gwent Safeguarding Board, Gwent Police, and five Local Authorities to harmonise referral thresholds and reduce inconsistencies across regions.
- A model of safeguarding supervision is firmly embedded in the Child Safeguarding arena, which supplements training and provides opportunity to address current and emerging themes, such as the increase in aerosol use.
- Adult safeguarding Supervision is already in place with the Complex Care Team and a model is currently under development to ensure that Safeguarding Supervision is available to those working in the Community with Adults receiving services from the MHL Division.



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.

**Jul-25**  
**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 its funding in each financial year. <i>This confirms the YTD and forecast variance.</i>	£'000	2,427	9,499	0	
<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	2,447	6,198	0	
	£32,167	7.6%	19.3%		
<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)	%	97.0%	97.2%	>95%	

Performance against requirements 23/24		22/23	23/24	24/25	3 Year Aggregate (22/23 to 24/25)
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Revenue	x	36,842	49,754	7,185	93,781
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Capital	✓	(43)	(41)	(66)	(150)
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers	x				

Underlying Financial Position (Brought Forward ULP)	22/23	23/24	24/25	25/26 Forecast
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	£89.6m Deficit	£81.4m Deficit	£27.2m Deficit	£14m Deficit

The 2025/26 financial year to date budget performance as at month 04 is an adverse variance of **£9.499**. This position is £2.4m worse compared to the IMTP MDS and £0.9m worse compared to the Month 3 MMR month 4 profile for 2025/26. .

The 2025/26 forecast position is being held at break-even at month 04, however, the likely achievement of this will be reviewed with the Board for month 5 reporting.

This position assumes that mitigating actions of c£40.1m will be found on top of the risks reported in the plan (£20.6m savings to be found). New mitigating actions are required to offset the cost pressures in year, including drugs, prescribing, MH CHC acuity, CHC, robot, winter wards remaining open, national Insurance shortfall in funding, variable pay growth, ED extension priority shifts and planned care (RTT).

There remain risks associated with this forecast position, including anticipated allocations from WG including 24/25 wage award and the full savings achievements and further in year pressures.

Additional cost pressures not included in the forecast or plan include hands BC, ED transitional services and further RTT.

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	24 September 2025
<b>CYFARFOD O: MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Finance Performance Report – August 2025 (2025/26 Month 05)
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Rob Holcombe - Director of Finance, Procurement & VBHC
<b>SWYDDOG ADRODD: 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 August 2025 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> August 2025,
- The Health Board's underlying financial position,
- The cash position,
- Public sector payment policy performance, and
- The Capital position.

A system link is included for the month 5 monitoring returns reported to Welsh Government.

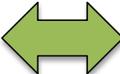
# ADRODDIAD SCAA SBAR REPORT

## Sefyllfa / Situation

This report sets out the financial performance of Aneurin Bevan University Health Board, as at the 31<sup>st</sup> August 2025 (Month 05) 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.

Aug-25  
Performance against key financial targets 2025/26  
+Adverse / () Favourable

Target	Unit	Current Month	Year to Date	Year-end Forecast	Movement
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of its funding in each financial year. <i>This confirms the YTD and forecast variance.</i>	£'000	726	10,225	19,900	
Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit. <i>This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.</i>	£'000 £33,940	1,917 5.6%	9,654 28.4%	0	
Public Sector Payment Policy To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	97.6%	97.2%	>95%	

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

Underlying Financial Position (Brought Forward ULP)	22/23	23/24	24/25	25/26 Forecast
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	£89.6m Deficit	£81.4m Deficit	£27.2m Deficit	£14m Deficit

*At Month 05, the reported forecast revenue position has been updated to reflect new current year pressures and is now reported as a £19.9m deficit.*

*The reported capital position is break-even. There are risks to achieving the reported forecasts.*

The year to date budget performance at month 5 is a deficit of £10.225m. This position is £0.9m worse compared to the IMTP MDS and £0.3m better compared to the Month 5 MMR profile for 2025/26. This is due to new year pressures that include prescribing costs (April 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 is a change to the planned 2025/26 breakeven forecast financial position, to £19.9m deficit. This decision has followed a full mid-year review and financial recovery process. The forecast deficit is reflective of savings in excess (£42.5m) of the IMTP savings plans (£40.4m) and in year cost pressures that are in addition to those within the IMTP and is currently assessed as the best-case scenario at this point. The Health Board will continue to seek ways to mitigate this position and any further additional costs, but risks remain within this forecast. Outside of this current forecast are risk areas such as the Welsh Risk Pool increased premium and the potential impact of any band 2 to 3 HCSW national proposal.

#### Cefndir / Background

The Board approved 2025/26 IMTP financial plan clearly stated it was ambitious with a high delivery risk to achieve financial balance, requiring financial plan savings of £40m and no headroom for unforeseen costs.

Through financial recovery actions the forecast achievement of savings and mitigating actions as at month 5 is £42.5m. However, the in year cost pressures driving the forecast deficit of £19.9m, for which the Health Board cannot foresee achieving mitigating actions.

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 or reduction of services. This revised forecast and approach was approved by the Board at a briefing held on 10<sup>th</sup> July 2025.

The forecast position assumes that all pay awards and any other pay related uplifts for 2025/26 will be fully funded from Welsh Government. In line with previous funding agreements, the Health Board has assumed the 2025/26 Real Living Wage step costs implemented on 1<sup>st</sup> April 2025 will be funded as part of the new year pay settlement. The Health Board has anticipated part of the wage award (backdated pay and month 5 uplift) and is finalising the modelling for the full year cost, including the Real living wage. This will be treated as an anticipated allocation for month 6 reporting. The full year costs are not currently reflected in the position.

## Asesiad / Assessment

- Revenue Performance

### Forecast

The plan financial forecast submitted following Board approval in March 2025 was a non recurrent break-even position for 2025/26.

The decision has been taken, with the Board, to change from the planned financial position to a forecast £19.9m deficit. The components of the forecast includes full delivery of the IMTP savings plan and in year cost pressures that are in addition to those within the IMTP and 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 risks in addition to the reported forecast include the Welsh Risk Pool increased premium, winter plan implications and the potential impact of any band 2 to 3 HCSW national proposal.

The ABUHB IMTP financial plan was based on achieving IMTP savings (£40.4m), through financial recovery actions the forecast achievement of savings and mitigating actions of £42.5m.

The in year cost pressures driving the deficit are listed in the table below:

<b>ABUHB Mid Year Review 2025/26 (m5)</b>		
<b>Forecast Deficit Analysis - outside of IMTP plan</b>		
<b>Category</b>	<b>Issue</b>	<b>Value £m</b>
National Issues (£2.9m)	National insurance > funding	2.20
	Theatres b2 to b3 grievance	0.30
	MS365	0.40
Funding Ceased (£0.3m)	Fracture liaison service	0.30
Ministerial Priorities - Urgent & Emergency Care (£4.5m)	winter beds 24/25	0.80
	Surge beds	2.00
	emergency department	0.20
Ministerial Priorities - Cancer (£2.5m)	ITU capacity	1.50
	Cancer	2.00
	Diagnostics growth	0.50
Growth above plan (£5.3m)	Drugs	2.00
	CHC	2.50
	Diabetes Pumps	0.80
Unavoidable Investments / Risk mitigations (£4.4m)	Mental health	3.90
	Thyroid loss of service	0.50
<b>Total</b>		<b>19.90</b>

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 £10.225m, are related to those in the table above. The year to date position and the forecast by delegated area is:

	Annual budget £000s	Restated YTD Variance (Assumes Wage award funding is delegated) £000s	Re-Stated Full-year Forecast at M05 £000s
<b>Operational Divisions:-</b>			
Primary Care and Community	315,379	239	3,032
Prescribing	125,633	1,732	2,245
Community CHC & FNC	74,727	947	2,265
Mental Health & Learning Disabilities	150,009	3,600	7,170
<b>Total Primary Care, Community and Mental Health</b>	<b>665,747</b>	<b>6,519</b>	<b>14,712</b>
Surgery	152,107	5,526	8,875
Clinical Support Services	134,381	250	2,178
Medicine	174,585	2,462	3,846
Urgent Care	42,556	75	114
Family & Therapies	147,101	951	2,224
Estates and Facilities	96,377	(1,019)	(156)
Chief Operating Officer	9,637	(114)	(143)
<b>Total Chief Operating Officer</b>	<b>756,742</b>	<b>8,130</b>	<b>16,938</b>
<b>Total Corporate Divisions</b>	<b>98,778</b>	<b>(1,890)</b>	<b>(5,250)</b>
<b>Total Specialist Services</b>	<b>196,917</b>	<b>310</b>	<b>985</b>
<b>Total External Contracts</b>	<b>134,068</b>	<b>(1,457)</b>	<b>(1,942)</b>
<b>Total Capital Charges</b>	<b>68,034</b>	<b>7</b>	<b>7</b>
<b>Total Delegated Position</b>	<b>1,920,287</b>	<b>11,618</b>	<b>25,450</b>
<b>Total Reserves</b>	<b>17,945</b>	<b>(1,393)</b>	<b>(5,550)</b>
<b>Total Income</b>	<b>(1,938,232)</b>	<b>0</b>	<b>0</b>
<b>Total Position</b>	<b>0</b>	<b>10,225</b>	<b>19,900</b>

Summary of key operational points for Month 05

Key points to note for month 05 include:

The financial position at the 31<sup>st</sup> August 2025 shows a £10.225m deficit position, with the key issues in the month described in this report.

- Expenditure within the Health Board for total pay was £85.3m. This is an increase of £12m compared to July (£73.3m), this increase is a result of the backdated wage award M1 -5 (£11.3m).
- Non-pay expenditure (excluding capital adjustments) was £97.3m, an increase of £4.5m compared to July. The increase in spend reflects the pass

through 2024/25 wage award funding via LTA's & Joint Commissioning Committee (c£3.7m in month).

- CHC costs for Adult Community Care, Mental Health & Learning Disabilities and Children continues to present as a financial pressure due to inflationary price uplifts, volume increases, including an increase to Discharge to Assess placements and an increase in high cost CHC packages of care. Within Mental Health & Learning Disabilities the high level of observations required are also a pressure, currently this is costing c£0.9m per month, this is a risk to the current forecast.
- Prescribing spend has worsened compared to the Plan due to an increased average item price (from £7.71 to £7.41) and the level of actual items prescribed in the April PAR. June PAR indicates an average price per item of £7.96 (May was £7.91), however, the forecast has been held to allow for more intelligence and trends from further 2025/26 PAR's. The forecast includes a growth rate of 0.5% and an average item price for the year of £7.81 (month 4 was £7.88), this is a risk to the current forecast. In future months loss of exclusivity savings have been assumed for the drug Dapagliflozin of £1.8m which expected to come into effect from September / October.
- On-going acute secondary care high cost drugs and growth in usage continue to be a pressure and will be managed/mitigated where possible. The National V&SB procurement and Medicines Management savings opportunities will be reviewed throughout the year and actions progressed to deliver any opportunities outside of the financial plan.
- The year to date savings achieved are £10.9m against the plan of £10.7m, with a full year forecast of £42.5m (£10.1m being opportunities treated as achievable). A large element of the savings are non recurrent accountancy gains. The full year delivery of savings remains a risk.
- Demand & flow pressures for beds across the whole system remains a significant cost driver. There has, however, been a consistent and favourable downward trend in delays since the end of last year falling by over 38.7% since August 2024. However, there was a slight increase of in-patients fit for discharge at the WG data capture point (for pathways of care delays) in August (160 in August and compared to 154 in July). This is reported as 33 Health delays, 40 Social care delays and 87 Joint delays. The top 5 reason categories in relation to delayed days are as follows:

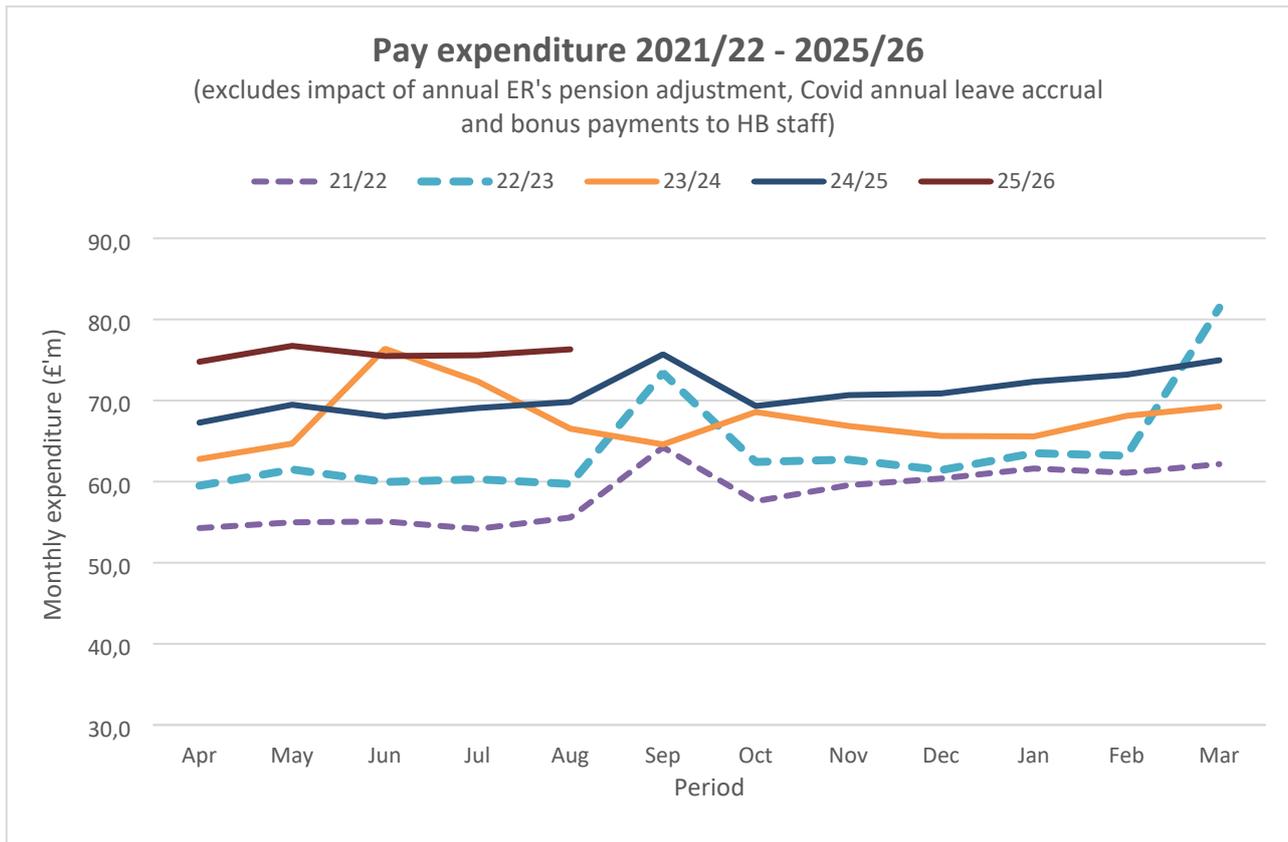
Awaiting assessment	29%
Awaiting 'Step down to recover & assess'	13%
Home care related issues	11%
Awaiting or identifying care home placement arrangements	10%
Adaptation or equipment issues	8%

- The estimated cost for the year of continued blocked bed days for all reasons is c.£11.7m using a £200 cost per bed day (based on the number of in-patients

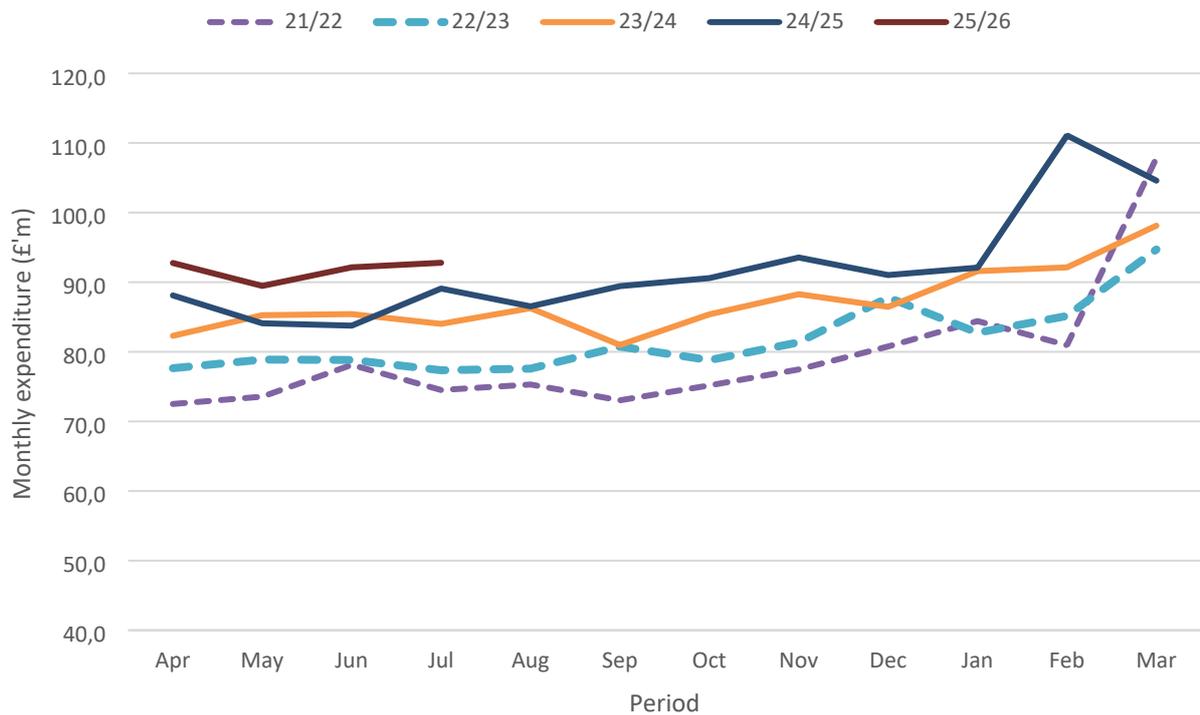
for August). The demand and flow challenges drive surge bed capacity & increased demand in high-cost unfunded temporary staff.

### Expenditure run-rates

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



### Non pay expenditure (Excluding Capital) 2021/22 - 2025/26



### Workforce

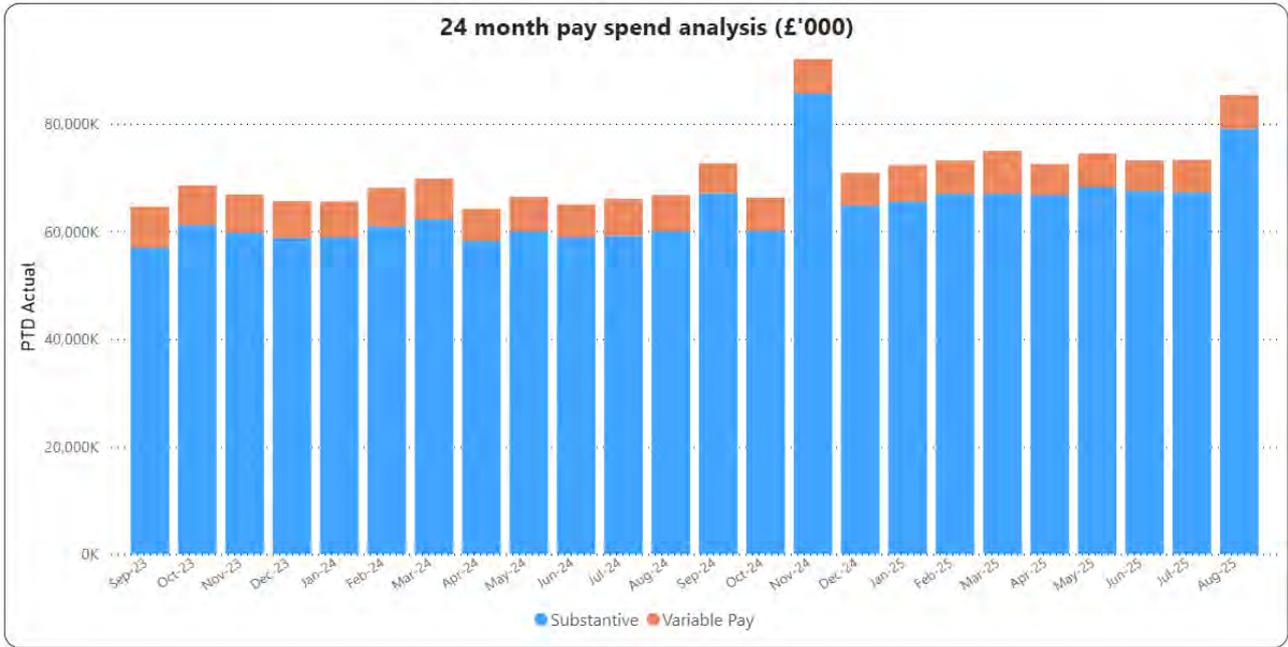
The Health Board spent £85.3m in August on workforce. August spend includes c£11.3m backdated wage awards.

Workforce Costs	Current month £m	Previous Month £m	Year to Date 25/26 £m
Total Pay	85.4	73.3	378.9
Substantive Pay	79.1	67.3	349.0
Variable Pay	6.3	6.0	29.9

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 service re-design and capacity reduction. Real terms total workforce cost reduction will be the key indicator.

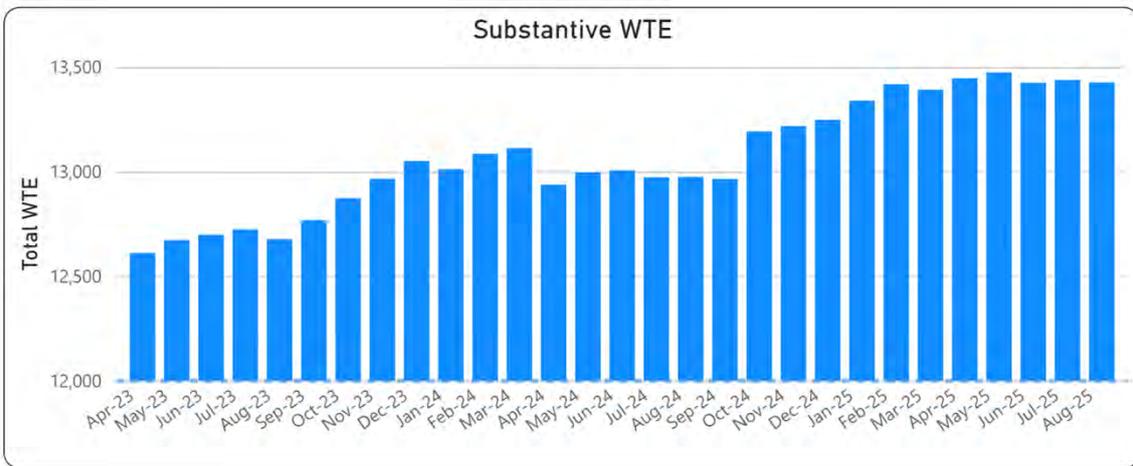
Workforce expenditure trends are shown below differentiating between substantive and variable pay<sup>1</sup>:

<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).



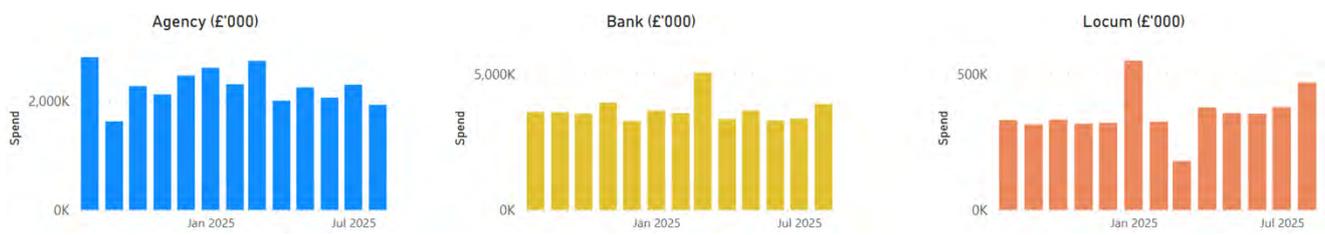
**Substantive staff**

Substantive pay was £79m in August, an increase of £11.8m compared with July. Substantive WTE's were 13,428 compared with 13,439 for July.



**Variable pay**

Variable pay (Agency, Bank and Locum) was £6.3m in August compared to £6m in July, a £0.3m increase. The increase in variable pay is reflective of the use of RN agency in Medicine, Urgent Care, PCCS, CHC & Mental Health.



Variable Pay Costs	Current month £m	<i>Previous Month</i> <i>£m</i>	Year to Date 25/26 £m
Agency - Nursing	0.6	0.7	3.2
Agency – Medical & Dental	0.9	1.0	4.9
Agency - HCSW	0.1	0.2	0.8
Agency – Estates & Other	0.3	0.4	1.5
Bank	3.9	3.3	17.5
Locums	0.5	0.4	1.9

Enhanced Care for August 2025 was £0.480m of expenditure using bank and agency registered nurses and health care support workers, for 18,984 hours worked.

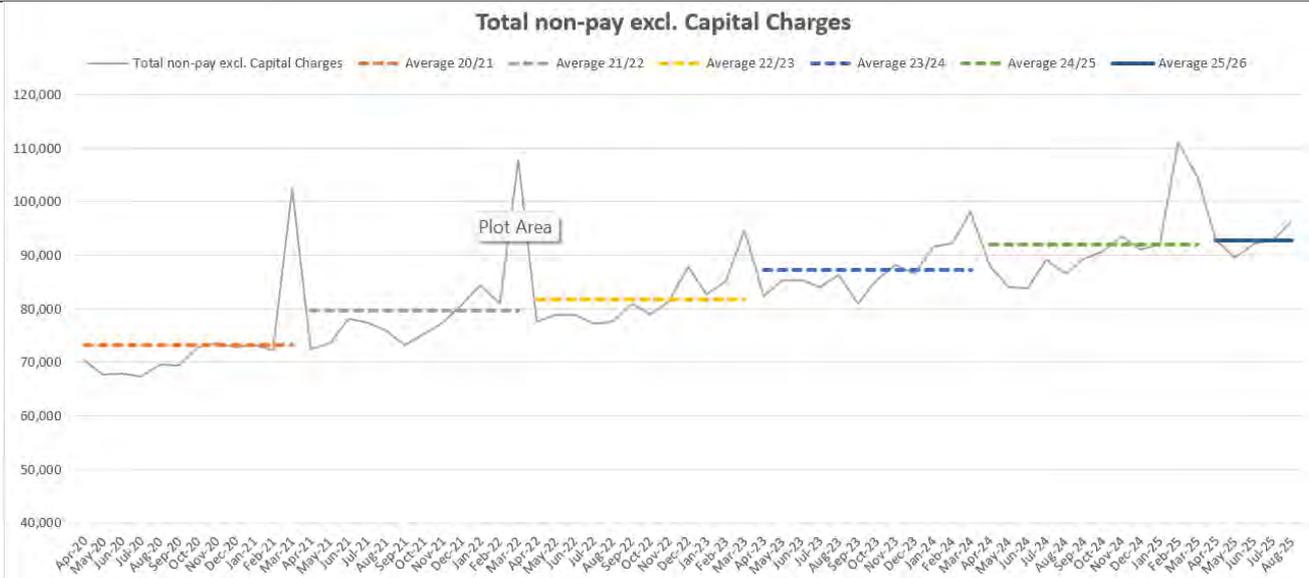
Nursing vacancy cover for bank and agency hours and costs relating to those shifts where 'to cover vacancies' is provided as the reason for use, the August 2025 variable pay relating to vacancies is c.£1.6m for 58,573 hours worked.

Nursing sickness cover for bank and agency hours and costs relating to those shifts booked to cover sickness as input onto the e-roster system, the August 2025 variable pay relating to sickness is c.£1.09m ('notional calculated' expenditure) for 39,585 hours worked.

#### Non-Pay

Spend (excluding capital) was £96.4m in August, which is an increase of £3.7m compared with July. The increase in spend reflects the 2024/25 funded pass through wage award funding for NHS providers and Joint Commissioning Committee.

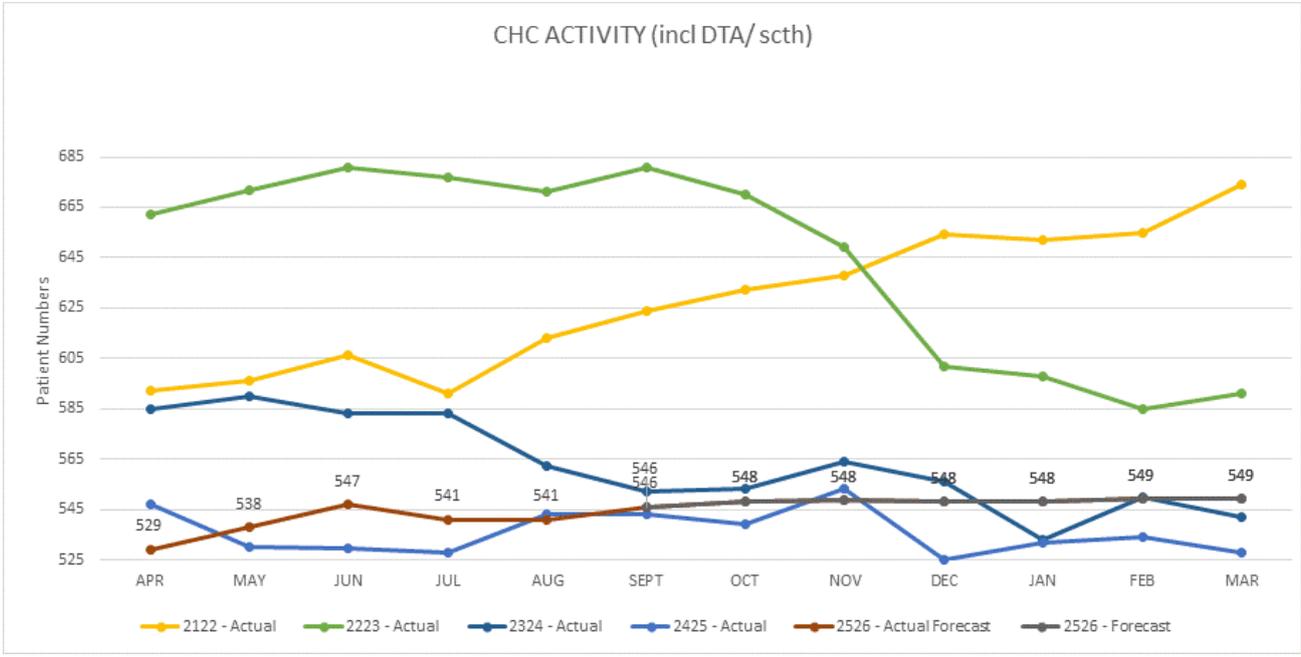
The graph below presents non-pay expenditure since April 2020 (it should be noted that the peaks are year-end adjustments and Month 12 items):



**CHC**

The total Health Board spent £12.1m on CHC (all types) in August, which is similar to spend in previous months. This is reflective of the inflationary uplift agreed for 25/26.

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



Childrens packages are more volatile and may present a risk in 2025/26 above plan assumptions.

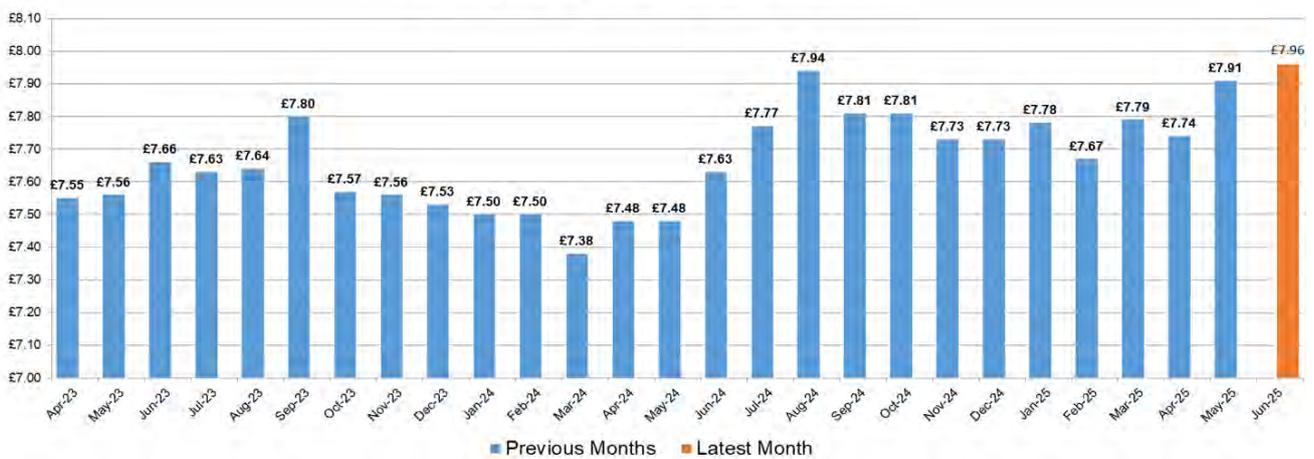
## Prescribing

Primary Care prescribing spend for August is estimated to be £10.8m, in line with June and July expenditure.

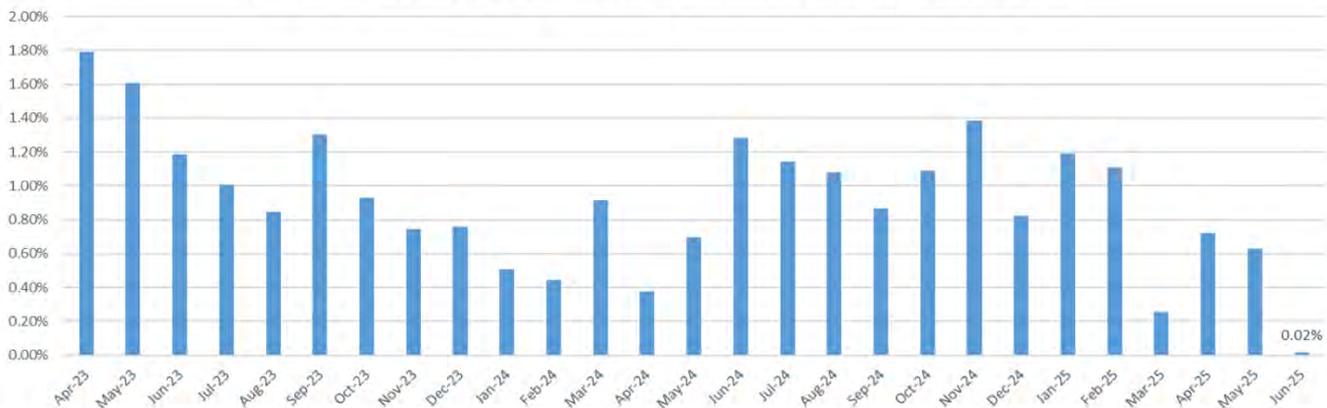
Prescribing costs within the current forecast are 0.5% growth rate and an average item price for the year of £7.81. June PAR indicates an average price per item of £7.96, however the full-year forecast has improved by 1.8m due to an expected price reduction in Dapagliflozin when it comes off patent from September.

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

**Monthly Average Price Per Item Prescribed**



**In-Month Growth Rate For The Prior 12 months (Adjusted for Prescribing Days)**



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

## Waiting Times Additional activity

The Health Board secured £1.5m from WG for additional waiting times activity to improve the 104 week waiting times position for patients for quarter 1. Good progress is being made to reduce waiting times, the table below provides a summary forecast of this position. Additional work has continued beyond quarter 1 to avoid significant deterioration of the 104 week position as set out in the trajectory in anticipation of additional funding expected.

		Funding	Plan	M05 YTD	M05 YTD	M05 YTD	M05 YTD
		£k	Vol	Actual	Variance	Total Actual	(Under) /
Specialty	Delivery Method			Vol	Vol	Cost	Over spend
		£k				£k	£k
ENT	Insourced	300	440	464	24	224	- 76
Non Cat Eyes	Outsourced	152	191	63	- 128	72	- 80
	Insourced	28	50	50	-	12	- 16
Orthopaedics	WLI / Backfill	1,020	255	564	309	3,037	2,017
<b>Total</b>		<b>1,500</b>	<b>936</b>	<b>1,141</b>	<b>205</b>	<b>3,345</b>	<b>1,845</b>

Additional work has also been delivered through efficiency.

### Revenue Reserves

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

At month 5 the Health Board holds reserves of £18m, this includes £11.3m anticipated wage award funding for the back pay month 1-5 and £1.3m innovation reserve, of which only £0.3m is available for delegation, and a balance for delegation of allocations once confirmed.

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

### Long Term Agreements (LTA's)

The Health Board has agreed and signed LTAs for all Welsh providers and commissioners with no disputes. Following a month 5 review some commitments have been reduced to reflect revised forecast activity profiles.

The Health Board has agreed LTAs with all English providers reflecting the cost uplift factor (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, on top of the current forecast.

At Month 5 reporting, activity information to support LTA forecasts is based on Month 4 data but initial indications suggest growth in NICE drug expenditure at CVUHB and Velindre of c£3m compared to 2024/25. The Health Board continues to meet with these providers to manage and mitigate any further risks. The JCC are currently forecasting in line with plan and ABUHB forecast reflects this position, however, there are discussions with JCC over managing and mitigating the significant risk to that position.

### 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.

The underlying deficit position was reviewed as part of the IMTP process for 2025/26 which can be summarised as below:

<b>2025/26 Opening underlying position</b>	<b>24/25 Plan £m</b>	<b>25/26 movement £m</b>	<b>25/26 opening plan £m</b>
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>

This resulted in a starting underlying position for 2025/26 of £27.2m

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.

Following the in depth review at month 5 and the adjusted forecast position the underlying forecast will also need to be updated. An exercise will be undertaken to establish the savings and mitigating actions that are recurrent, and the underlying position will be updated in future reporting.

### 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 5, the year to date savings target has been exceeded following a focused financial recovery process, with a full year forecast of £42.5m.

There is confidence in delivering these savings, achievement of the riskier savings are profiled towards the end of the financial year. These savings and recovery actions will be reviewed monthly.

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):

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	£720	£1,138	£418	£3,213	£1,776	223.5%
Complex Care	1.9%	£781	£207	£154	£-53	£1,031	£251	132.1%
Contracting and Commissioning	0.0%	£0	£0	£1,572	£1,572	£2,217	£2,217	
Corporate	6.1%	£2,471	£822	£706	£-115	£14,309	£11,838	579.2%
Estates and Facilities	7.4%	£3,000	£1,251	£2,105	£854	£4,484	£1,484	149.5%
Families and Therapies	1.7%	£682	£237	£797	£560	£2,029	£1,347	297.6%
Medicine	5.6%	£2,250	£1,079	£1,662	£583	£4,257	£2,007	189.2%
Mental Health and Learning Disabilities	2.3%	£946	£167	£390	£223	£995	£49	105.2%
Prescribing	5.6%	£2,252	£589	£888	£300	£4,759	£2,507	211.3%
Primary Care and Community	4.0%	£1,614	£311	£668	£357	£1,955	£341	121.1%
Surgery	6.1%	£2,448	£905	£684	£-221	£2,280	£-168	93.1%
Urgent Care	1.3%	£539	£164	£162	£-2	£971	£432	180.1%
Various	54.4%	£21,980	£0	£0	£0	£0	£-21,980	0.0%
<b>Total</b>	<b>100.0%</b>	<b>£40,400</b>	<b>£6,450</b>	<b>£10,927</b>	<b>£4,476</b>	<b>£42,500</b>	<b>£2,100</b>	<b>105.2%</b>

### 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	10	£286	£376	£90	£2,563	£1,409	£-1,153
Medicines Management	35	£1,283	£1,965	£682	£4,520	£7,853	£3,333
Procurement & Non-pay	112	£2,857	£5,052	£2,196	£20,587	£21,505	£917
Service redesign	3	£340	£706	£366	£1,980	£1,616	£-364
Workforce	65	£1,685	£2,828	£1,143	£10,750	£10,117	£-633
<b>Total</b>	<b>225</b>	<b>£6,450</b>	<b>£10,927</b>	<b>£4,476</b>	<b>£40,400</b>	<b>£42,500</b>	<b>£2,100</b>

There are significant challenges to achieving the financial forecast for 2025/26.

Opportunities

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

At this stage the Health Board has not identified opportunities to mitigate all of the new in year cost pressures.

### Risks

The risks have been updated to reflect additional emerging in year pressures (above the £19.9m). 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:

<b>Risks Excluded from Forecast £19.9m deficit</b>	
	<b>£m</b>
WRP	7
band 2 to 3	6
RIT not funded - national insourcing	tbc
National OP insourcings/fall	tbc
Winter	tbc
MH Variable Pay	2
ED 45 mins (2 months extra nursing)	0.2
Pay settlements funding	tbc
Achievement of Full Savings plan	tbc
Operational Pressures in xs of forecast	tbc
Confirmation of anticipated funding (Wage awrds & Planned care)	tbc

These risks are outside of the current forecast and if costs are incurred and funding is not provided then it is a high probably that they will impact the year end forecast deficit.

### Capital

The approved Capital Resource Limit (CRL) as at Month 5 totalled £33.954m including disposal proceeds totalling £0.014m. An underspend of £0.274m against the 2nd MRI for Grange University Hospital and slippage of £1.150m against various Targeted Estates Fund schemes have been reported during the month. These forecast changes will be reported to Welsh Government (WG) during September so the required funding adjustments can be actioned. Assuming these funding adjustments the forecast outturn at Month 5 is breakeven.

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 will now be agreed with the contractor.

Associated smaller works and expenditure against the arts budget will continue throughout the remainder of the year.

Works on the Grange University Hospital Emergency Department Extension are continuing. The anticipated completion of Phase 1 is delayed to September 2025. The scheme is currently forecast to be £403k overspent which is being funded via the Discretionary Capital Programme (DCP). 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.

An underspend of £0.274m has been reported against the 2nd MRI for Grange University Hospital scheme. A request will be made to WG in September to reallocate the funding to new schemes.

The expected handover of the Centralised Decontamination Unit at RGH is delayed until 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).

The Outline Business Case (OBC) preparation is on-going for the IRCF schemes at Abervalley and Dixton (Monmouth H&WBC). Costs are being agreed with the supply chain partner for Abervalley to complete the OBC (a forecast overspend of £230k has been included this month, however, final costs are still to be agreed). An alternative option is being explored in relation to the Monmouth H&WBC scheme which may also require additional funding to conclude the OBC. Submissions will be made to the Regional Partnership Board / Welsh Government for approval when requirements are confirmed.

Targeted Estates Funding (TEF) totalling £9.538m has been confirmed for 2025/26. The DCP is funding 30% of the scheme equating to a contribution of £2.862m. Slippage of £1.150m has been reported in month in relation to structural and roof works at St Cadoc's Hospital (£0.400m) and the Window Replacements at the Royal Gwent Hospital (£0.750m). WG will be informed of the slippage in September, and a request will be made to carry the funding forward to 2026/27.

Further funding totalling £0.705m has been confirmed during August in relation to Mental Health Quality & Safety Schemes.

The Health Board Discretionary Capital Programme (DCP) forecast for 2025/26 is £6.656m at Month 5 made up of:

- 2025/26 DCP Funding - £12.875m
- Less 30% TEF contribution - (£2.862m)
- Less 2024/25 AWCP scheme brokerage - (£3.235m)
- Plus, reimbursement of DCP Fees re: RGH Decon scheme - £0.139m
- Less 2025/26 AWCP scheme overspends - (£0.275m)
- Plus Disposal Proceeds 2025/26 - £0.014m

DCP expenditure to Month 5 totalled £1.627m. Several urgent schemes have been approved during July which include RAAC management (£0.806m – a bid has been submitted to WG to fund this item which would reimburse DCP if approved), Phase 4 St Cadoc’s Duct works (£0.075m) and ECR / CCR room improvements (£0.100m). The DCP is also currently supporting the forecast overspend on the GUH Emergency Department scheme (£0.403m). The unallocated contingency at the end of Month 5 is now £0.017m.

### Cash

The cash balance held at the end of July is £5.756m which is made up of £4.466m relating to Revenue and £1.29m relating to Capital. The balance is within the advisory figure set by Welsh Government of £6.0m.

### 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 August.

The issue with invoices relating to salary sacrifice lease cars from Northumbria NHS Trust has been resolved and processes have been put in place to prevent this from happening in the future.

Category	Invoices	In Mth %	YTD %
NHS	Value	99.7	97.6
	Number	95.2	90.2
Non NHS	Value	96.3	96.7
	Number	97.6	97.2

### Argymhelliad / Recommendation

The Board is asked to note for assurance:

- The financial performance at the end of August 2025 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> August 2025,
- 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.

August 2025 Monthly Monitoring Return:

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

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Financial Sustainability
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources Governance, Leadership & Accountability All Health & Care Standards Apply Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <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	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.

Gwybodaeth Ychwanegol:  
Further Information:

<p>Ar sail tystiolaeth: Evidence Base:</p>	<p>ABUHB efficiency compendium Value &amp; Sustainability Board</p>
<p>Rhestr Termau: Glossary of Terms:</p>	<p>A&amp;C – Administration &amp; Clerical  A&amp;E – Accident &amp; 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&amp;V – Cardiff and Vale  CAMHS – Child &amp; 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&amp;C – Demand &amp; Capacity  DCP – Discretionary Capital Programme  DHR – Digital Health Record  DNA – Did Not Attend  DOSA – Day of Surgery Admission  D2A – Discharge to Assess  DoLS - Deprivation of Liberty Safeguards  DoF – Director(s) of Finance  DTCO – Delayed Transfer of Care  EASC – Emergency Ambulance Services Committee  ED – Emergency Department  EDCIMS – Emergency Department Clinical Information Management System  eLGH – Enhanced Local general Hospital  EFAB – Estates Funding Advisory Board  ENT – Ear, Nose and Throat specialty  EoY – End of Year  ETTF – Enabling Through Technology Fund</p>

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  
 ODT – 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

	<p>PSNC –Pharmaceutical Services Negotiating Committee</p> <p>PSPP – Public Sector Payment Policy</p> <p>PCR – Patient Charges Revenue</p> <p>PPE – Personal Protective Equipment</p> <p>PFI – Private Finance Initiative</p> <p>RGH – Royal Gwent Hospital</p> <p>RN – Registered Nursing</p> <p>RRL – Revenue Resource Limit</p> <p>RTT – Referral to Treatment</p> <p>RPB – Regional Partnership Board</p> <p>RIF – Regional Integration Fund</p> <p>SCCC – Specialist Critical Care Centre</p> <p>SCH – Scheduled Care Division</p> <p>SCP – Service Change Plan (reference IMTP)</p> <p>SLF – Straight Line Forecast</p> <p>SpR – Specialist Registrar</p> <p>STW – St.Woolos Hospital</p> <p>TCS – Transforming Cancer Services (Velindre programme)</p> <p>T&amp;O – Trauma &amp; Orthopaedics</p> <p>TAG – Technical Accounting Group</p> <p>UHB / HB – University Health Board / Health Board</p> <p>USC – Unscheduled Care (Division)</p> <p>UC – Urgent Care (Division)</p> <p>ULP – Underlying Financial Position</p> <p>VCCC – Velindre Cancer Care Centre</p> <p>VERS – Voluntary Early Release Scheme</p> <p>WET AMD – Wet age-related macular degeneration</p> <p>WG – Welsh Government</p> <p>WHC – Welsh Health Circular</p> <p>WHSSC – Welsh Health Specialised Services Committee</p> <p>WLI – Waiting List Initiative</p> <p>WLIMS – Welsh Laboratory Information Management System</p> <p>WRP – Welsh Risk Pool</p> <p>YAB – Ysbyty Aneurin Bevan</p> <p>YTD – Year to date</p> <p>YYF – Ysbyty Ystrad Fawr</p>
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Finance & Performance Committee

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

Aneurin Bevan University Health Board
Finance Report – August (Month 05) 2025/26
Appendices

Section
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	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Change	%	Avg 24/25
ADD PROF SCIENTIFIC AND TECHNICAL	2,611	2,591	2,644	2,617	2,613	2,641	2,927	286	10.8%	2,513
ADDITIONAL CLINICAL SERVICES	8,984	8,419	8,684	9,230	8,980	8,842	9,899	1,057	12.0%	8,438
ADMINISTRATIVE & CLERICAL	10,171	10,114	10,722	10,526	10,760	10,818	12,609	1,792	16.6%	10,110
ALLIED HEALTH PROFESSIONALS	4,473	4,348	4,501	4,567	4,507	4,519	5,425	906	20.1%	4,361
ESTATES AND ANCILLIARY	3,467	3,253	3,387	3,681	3,516	3,499	3,794	295	8.4%	3,208
HEALTHCARE SCIENTISTS	1,269	1,187	1,266	1,288	1,256	1,276	1,483	207	16.2%	1,236
MEDICAL AND DENTAL	16,789	18,635	16,729	17,057	16,884	16,794	20,408	3,615	21.5%	16,548
NURSING AND MIDWIFERY REGISTERED	19,233	18,460	18,869	19,265	19,014	18,901	22,515	3,614	19.1%	18,058
STUDENTS	2	2	2	2	2	2	2	0	17.9%	2
<b>Total</b>	<b>66,999</b>	<b>67,008</b>	<b>66,804</b>	<b>68,232</b>	<b>67,533</b>	<b>67,291</b>	<b>79,063</b>	<b>11,772</b>	<b>17.5%</b>	<b>64,476</b>

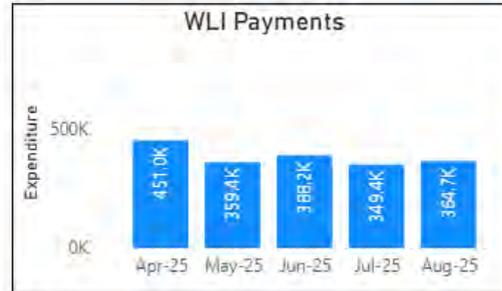
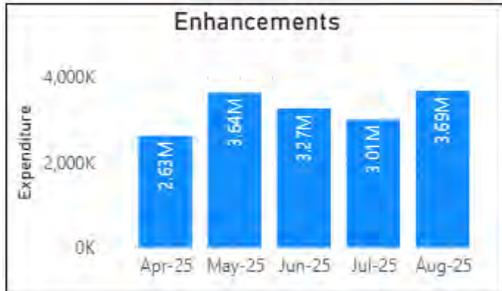
Variable pay (£'000)

Pay category	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Change	%	Avg 24/25
Agency	2,308	2,735	2,005	2,249	2,060	2,300	1,930	-370	-16.1%	2,414
Bank	3,557	5,044	3,336	3,643	3,279	3,354	3,891	537	16.0%	3,673
Locum	324	180	376	356	353	377	468	90	24.0%	332
<b>Total</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>258</b>	<b>4.3%</b>	<b>6,419</b>

Total pay (£'000)

Pay	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Change	%	Avg 24/25
Pay	73,189	74,968	72,521	74,480	73,225	73,322	85,351	12,030	16.4%	70,895

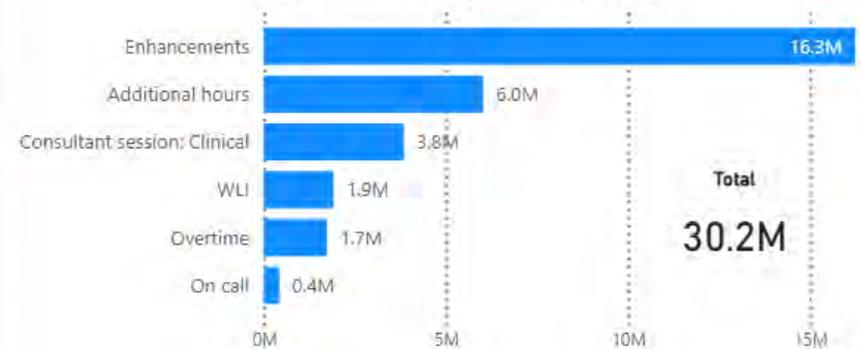
Pay Summary (2): Substantive Pay: Additional pay element



Total additional pay by Division (£'000)

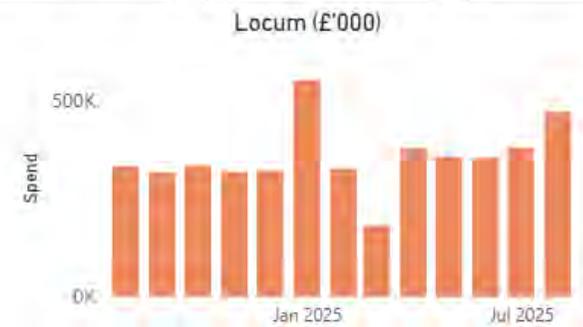
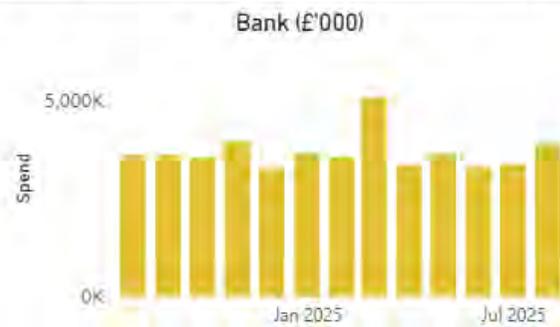
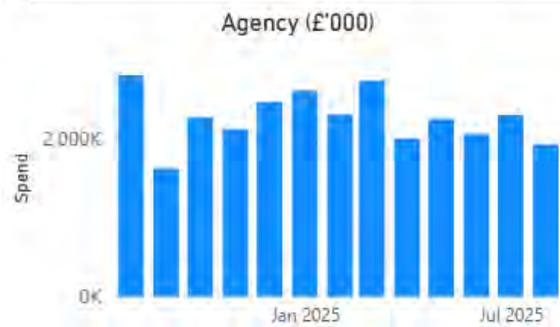
Division	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Total
Medicine	1,352	1,477	1,412	1,466	1,577	7,284
Surgery	981	1,042	934	955	1,010	4,924
Clinical Support Services	739	867	848	795	949	4,197
Family and Therapies	568	667	607	557	700	3,099
Urgent Care	436	578	544	515	558	2,632
Primary Care and Community	447	565	530	494	579	2,614
Estates and Facilities	412	566	507	453	536	2,474
Mental Health and LD	315	426	370	380	440	1,930
CHC and FNC	117	158	130	121	157	683
Corporate	59	77	68	65	78	349
<b>Total</b>	<b>5,426</b>	<b>6,423</b>	<b>5,950</b>	<b>5,802</b>	<b>6,584</b>	<b>30,185</b>

Total additional pay costs YTD 25/26



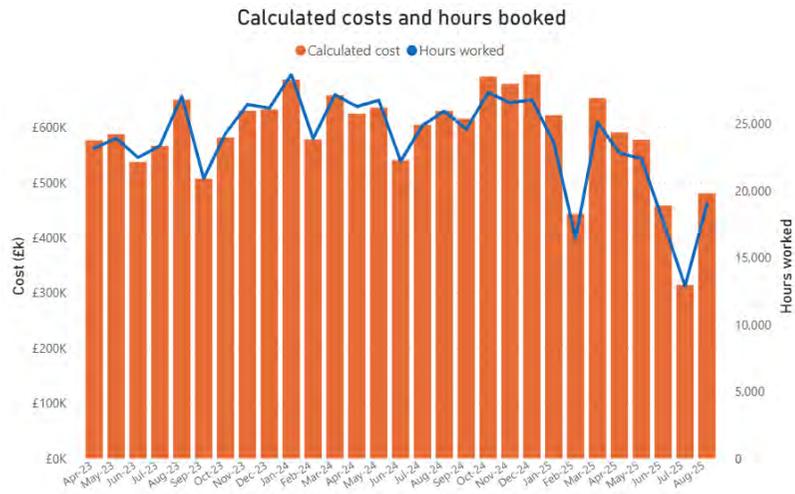
Pay Summary (3): Variable Pay (£'k)

Pay category	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Change	%	Avg 24/25
<b>Agency</b>																
Admin & Clerical Agency	6	12	-6	-47	3	31	6	37	38	10	17	54	2	-52	-95.8%	8
Allied Health Prof Agency	128	105	132	148	166	253	262	323	163	136	78	202	69	-134	-66.0%	168
Estates & Ancilliary Agency	176	-446	78	36	34	67	-49	145	112	81	128	59	111	52	89.3%	54
Medical Agency	1,227	792	876	962	859	868	900	1,038	858	1,156	945	991	883	-108	-10.9%	968
Nurse HCA/HCSW Agency	37	39	58	43	120	131	92	202	115	172	189	197	95	-102	-51.8%	74
Other Agency	82	63	76	51	79	50	92	98	91	68	135	96	137	42	43.4%	77
Registered Nurse Agency	1,150	1,064	1,056	927	1,207	1,210	1,006	893	627	627	568	701	632	-68	-9.7%	1,066
<b>Total</b>	<b>2,805</b>	<b>1,627</b>	<b>2,271</b>	<b>2,121</b>	<b>2,468</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>-370</b>	<b>-16.1%</b>	<b>2,414</b>
<b>Bank</b>																
Admin & Clerical Bank	82	76	70	83	67	74	68	168	73	79	68	74	84	10	13.9%	84
Estates & Ancilliary Bank	260	256	252	287	259	255	234	325	253	288	280	276	296	20	7.3%	260
Nurse HCA/HCSW Bank	1,656	1,649	1,589	1,749	1,504	1,641	1,568	2,032	1,574	1,698	1,570	1,595	1,842	247	15.5%	1,638
Other Bank	-1	0	0	5	-2	-1	-2	233	27	37	25	34	35	1	3.5%	19
Registered Nurse Bank	1,598	1,608	1,625	1,816	1,437	1,672	1,689	2,287	1,408	1,541	1,336	1,375	1,634	259	18.8%	1,672
<b>Total</b>	<b>3,595</b>	<b>3,590</b>	<b>3,537</b>	<b>3,939</b>	<b>3,265</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>537</b>	<b>16.0%</b>	<b>3,673</b>
<b>Locum</b>																
Medical Locum	330	315	332	317	320	548	324	180	376	356	353	377	468	90	24.0%	332
<b>Total</b>	<b>330</b>	<b>315</b>	<b>332</b>	<b>317</b>	<b>320</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>90</b>	<b>24.0%</b>	<b>332</b>
<b>Total</b>	<b>6,730</b>	<b>5,532</b>	<b>6,140</b>	<b>6,377</b>	<b>6,053</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>258</b>	<b>4.3%</b>	<b>6,419</b>

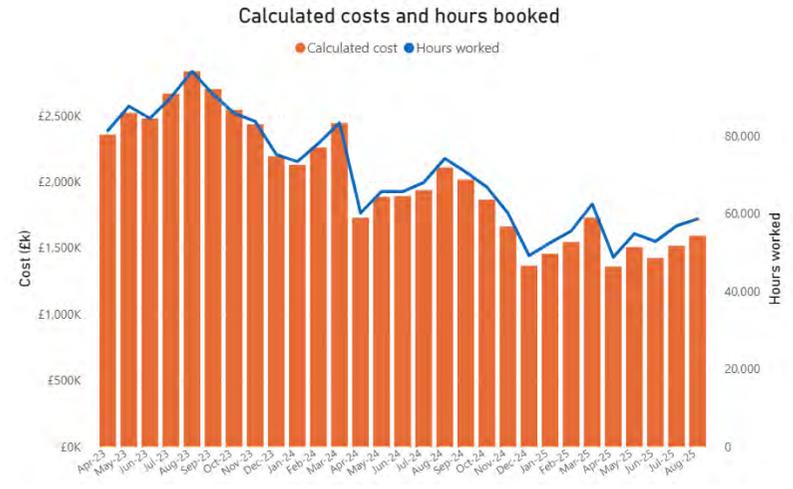


Pay Summary (4): Nurse Bank & Agency Reason for Booking (£'k)

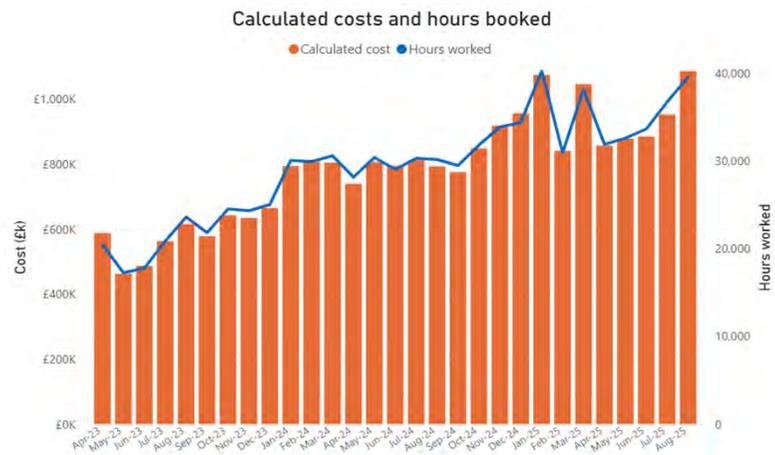
### Enhanced Care



### Established Vacancy Cover

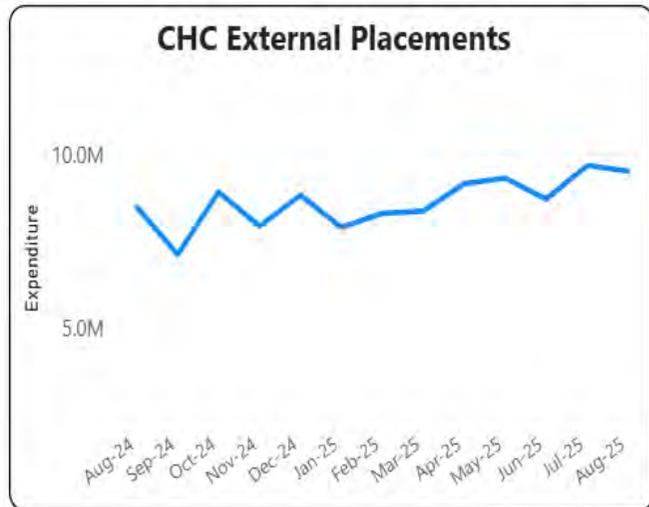
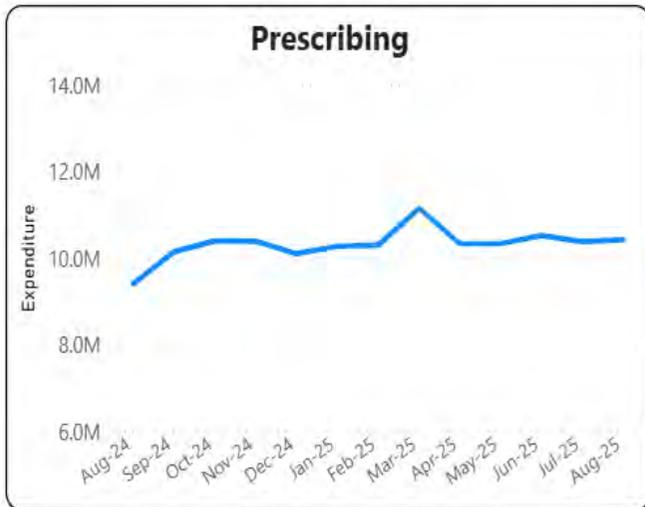
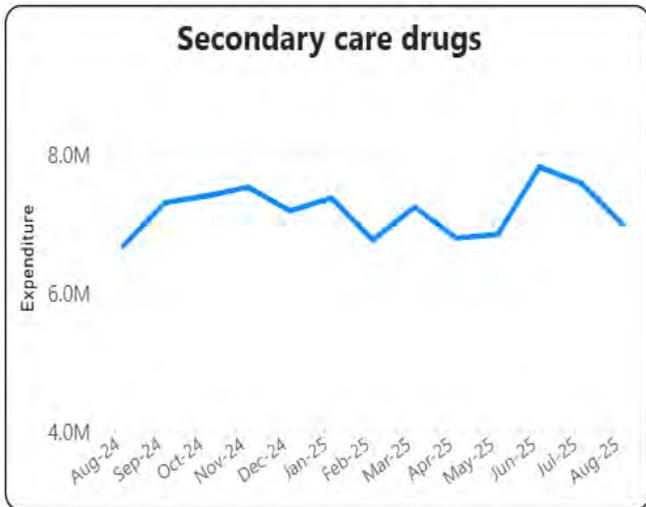
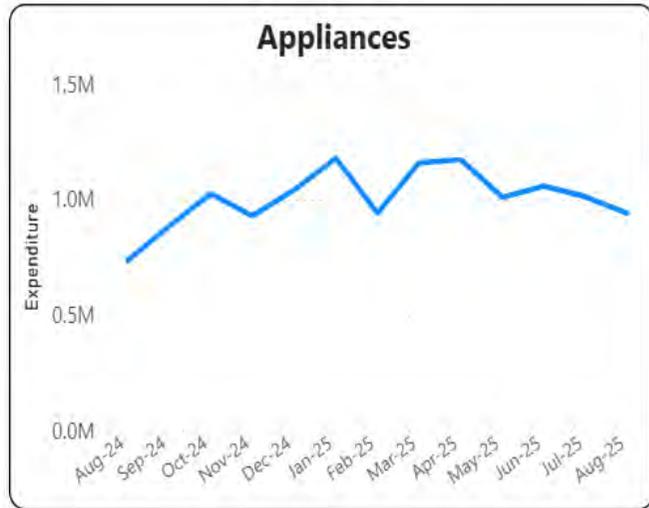
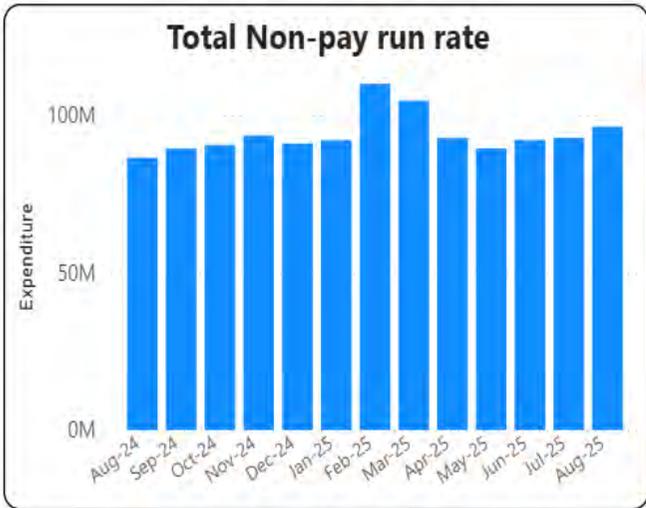


### Sickness Cover



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 increase by 65 cases when compared to the 2024/25 out-turn, spend is expected to increase by £5.3m when compared to the 24/25 out-turn.

Activity - Actual	Aug-25	Jul-25	Movement
D2A	30	31	-1
Step Closer to Home	2	2	0
All Other CHC	511	510	1
Total	543	543	0

Average 24/25
18
6
512

Activity - Forecast	Aug-25	24/25 Out-turn	Movement
D2A	357	274	83
Step Closer to Home	23	69	(46)
All Other CHC	6,176	6,148	28
Total	6,556	6,491	65

YTD & Forecast £'000	2025/26 forecast as at m05 £'000	2025/26 forecast as at m04 £'000	Movement
D2A	2,781	3,231	(450)
Step Closer to Home	179	199	(20)
All Other CHC	58,399	58,396	3
Total	61,359	61,826	(467)

24/25 Out-turn	23/24 Out-turn
1,776	2,093
203	407
54,076	41,053
56,055	43,553

Referral to Treatment (RTT):

- Elective Treatments for August '25 = 1,723 (July '25: 2,179. 2024/25 total: 25,658, 23/24 total: 24,688, 22/23 total: 22,327)

Planned Treatments (M05)					Actual Treatments (M05)				Treatment Variance (M05)			
Treatment	Core	Backfill	WLI	Total	Core	Backfill	WLI	Total	Core	Backfill	WLI	Total
N107-Dermatology	215	0	12	227	200	13	0	213	(15)	13	(12)	(14)
N147-ENT	142	0	0	142	108	7	0	115	(34)	7	0	(27)
N105-General Surgery	213	8	0	221	233	8	0	241	20	0	0	20
N146-Oral Surgery	166	0	0	166	164	0	0	164	(2)	0	0	(2)
N148-Ophthalmology	329	0	0	329	251	0	0	251	(78)	0	0	(78)
N115-Trauma & Orthopaedics	400	15	15	430	474	81	0	555	74	66	(15)	125
N106-Urology	223	0	0	223	184	0	0	184	(39)	0	0	(39)
	1,688	23	27	1,738	1,614	109	0	1,723	(74)	86	(27)	(15)

- Outpatient activity for Aug '25 = 5,550 (July '25: 7,178. 2024/25 total: 74,787, 23/24 total: 71,165, 22/23 total: 65,873)

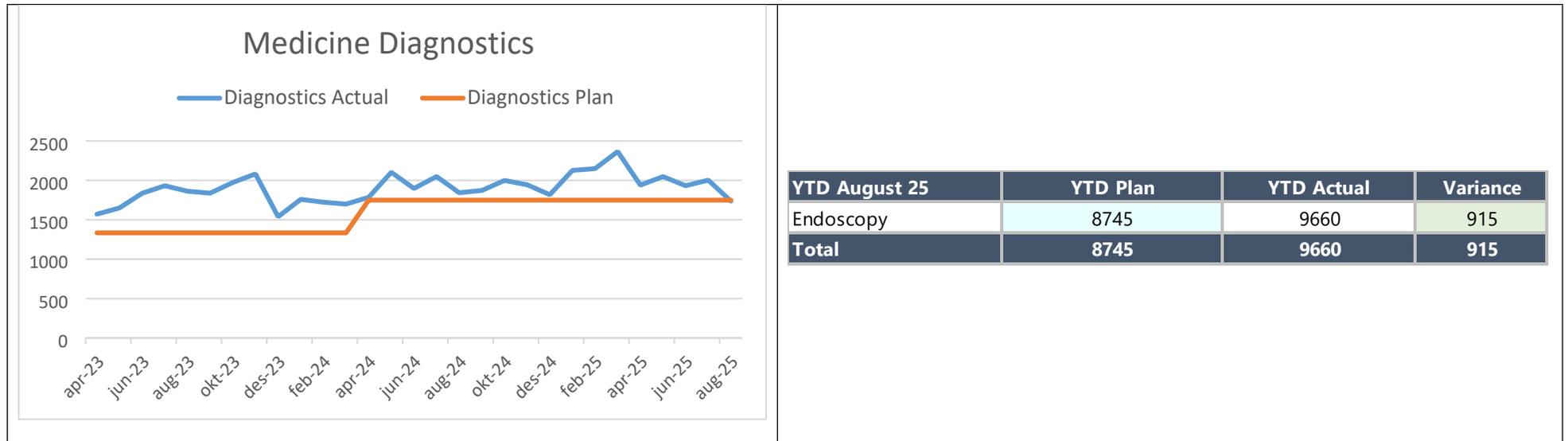
Planned Outpatients (M05)					Actual Outpatients (M05)					Outpatient Variance (M05)				
Outpatient	Core	Backfill	WLI	Total	ACTUAL TYPE				Total	Outpatient	Core	Backfill	WLI	Total
					Elective	Backfilled	WLI							
N107-Dermatology	1,095	0	0	1,095	N107-Dermatology	1,284	24	0	1,284	N107-Dermatology	189	24	0	213
N147-ENT	525	0	0	525	N147-ENT	762	40	0	802	N147-ENT	237	40	0	277
N105-General Surgery	1,542	132	20	1,694	N105-General Surgery	1,336	158	36	1,530	N105-General Surgery	(206)	26	16	(164)
N146-Oral Surgery	189	0	0	189	N146-Oral Surgery	361	10	0	371	N146-Oral Surgery	172	10	0	182
N148-Ophthalmology	570	0	24	594	N148-Ophthalmology	381	0	0	381	N148-Ophthalmology	(189)	0	(24)	(213)
N108-Rheumatology	182	0	0	182	N108-Rheumatology	122	0	0	122	N108-Rheumatology	(60)	0	0	(60)
N115-Trauma & Orthopaedics	654	8	26	688	N115-Trauma & Orthopaedics	604	0	10	614	N115-Trauma & Orthopaedics	(50)	(8)	(16)	(74)
N106-Urology	463	0	11	474	N106-Urology	420	0	2	422	N106-Urology	(43)	0	(9)	(52)
Total	5,220	140	81	5,441	Total	5,270	232	48	5,550	Total	50	92	(33)	109

Medicine Outpatients activity for Aug '25 was 1,758 - (Jul '25: 2,075 , 2024/25: 23,053 2023/24: 22,708):

Aug-25			
	Previous assumed monthly activity	Actual activity	Variance
Gastroenterology	475	361	-114
Cardiology	430	286	-144
Respiratory (inc Sleep)	455	343	-112
Neurology	257	287	30
Endocrinology	186	222	36
Geriatric Medicine	313	259	-54
<b>Total</b>	<b>2116</b>	<b>1758</b>	<b>-358</b>

Aug-25				
YTD	YTD Plan	YTD Actual	Variance	Variance
Gastroenterology	2375	2119	-256	-11%
Cardiology	2150	1727	-423	-20%
Respiratory (inc Sleep)	2275	2015	-260	-11%
Neurology	1285	1536	251	20%
Endocrinology	930	1118	188	20%
Geriatric Medicine	1565	1431	-134	-9%
<b>Total</b>	<b>10580</b>	<b>9946</b>	<b>-634</b>	<b>-6%</b>

Medicine Diagnostics activity for Aug '25 was 1,737 (July '25: 2,003, 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

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP 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	14	31
PCC-03	GMS - Improvement Grants	NR	Month 1	Green	41	100
PCC-05	30% Reduction of B&A vs 24/25 plan	R	Month 1	Green	24	169
PCC-06	6% Reduction of Non Pay across the area	R	Month 1	Green	8	23
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	0	4
PCC-08	10% Reduction of OAMH	R	Month 1	Green	0	20
PCC-09	ONN Vehicle Lease Cars (minus 6k early release fee)	R	Month 1	Green	0	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	4	10
PCC-12	Partial retirement savings non clinical staff	R	Month 1	Green	2	7
PCC-13	Stock review/control	R	Month 1	Green	0	5
PCC-14	Reduction/closure of boarding beds C5West and C5East	R	Month 1	Green	90	272
PCC-15	Closure of Victoria House	R	Month 1	Green	23	103
PCC-16	Service provision at Trevechin	R	Month 1	Green	29	69
PCC-17	Reconfiguration of senior nurse posts DN/CRT	R	Month 1	Green	14	33
PCC-18	Non pay opportunities	R	Month 1	Green	5	13
PCC-19	Medicines Management - SSP Opportunities identified by procurement	R	Month 1	Green	0	300
PCC-20	Remove Emergency Dental Service (QIA) - commissioned Monday to Friday via GDS providers (in additional to NUP provided by Contract	R	Month 1	Green	7	58
PCC-21	Non-clinical staff review across core UPC / HP / SPA	R	Month 1	Green	26	65
PCC-22	Enhancements on Specialist rates	R	Month 1	Green	12	36
PCC-23	Administered COVID-19 Vaccines	NR	In Year	Green	55	175
PCC-25	Procurement - A4 paper switch saving	R	In Year	Green	0	1
PCC-38	GMS Prior Year enhanced services accrual release	NR	In Year	Green	300	300
PCC-39	GDS prior year clawback benefit	NR	In Year	Green	0	108
PCC-40	Nursing non pay opportunities	NR	In Year	Green	7	21
<b>Annual Plan Target:</b>				<b>7,036</b>	<b>668</b>	<b>1,955</b>
Distance from target (over)/under				<b>5,081</b>		

## Divisional analysis – Prescribing

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	62	149
PCC-04	Medicines Management	R	Month 1	Red	0	0
PCC-04A	Dietitians	R	In Year	Green	12	52
PCC-04B	Waste Reduction Scheme	R	In Year	Green	101	228
PCC-04C	Pharmacy Led Savings	R	In Year	Green	39	118
PCC-04D	Scriptswitch Acute	R	In Year	Green	91	234
PCC-04E	Scriptswitch Repeat	R	In Year	Green	115	759
PCC-04F	Liothyronine Formulation change	R	In Year	Green	1	1
PCC-04G	DOAC (Edoxaban) switch to Apixaban / Rivaroxaban	R	In Year	Green	116	650
PCC-04H	Bath & Shower Emollient Review	R	In Year	Green	2	5
PCC-04I	Chloral Hydrate Prescribing Review	R	In Year	Green	20	55
PCC-24	Only Order What You Need	NR	In Year	Green	330	594
PCC-100	Dapagliflozin LOE	R	In Year	Amber	0	1,800
PCC-101	Ticagrelor LOE	R	In Year	Amber	0	95
PCC-102	Denosumab LOE	R	In Year	Amber	0	20
<b>Annual Plan Target:</b>				<b>2,826</b>	<b>888</b>	<b>4,759</b>
Distance from target (over)/under				<b>(1,933)</b>		

## Divisional analysis – Complex Care

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	52	306
CHC-02	Management and reduction of commissioned enhanced care one to one in care homes	R	Month 1	Green	0	108
CHC-03	FNC Assessments	R	Month 1	Green	98	305
CHC-04	Care at Home Team	R	Month 1	Green	0	32
CHC-05	Rightsizing additional support	R	Month 1	Green	0	12
CHC-06	Enhancements on Specialist rates	R	Month 1	Green	4	18
CHC-07	Reduced growth chc	NR	In Year	Amber	0	250
<b>Annual Plan Target:</b>				<b>1,676</b>	<b>154</b>	<b>1,031</b>
Distance from target (over)/under				<b>645</b>		

## Divisional analysis – Mental Health and Learning Disabilities

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	0	5
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	143	344
MH-07	MH LD Adult / CAMHS Hospitals Framework Agreement	R	In Year	Green	21	50
MH-11	CHC DB Repat In house services	R	In Year	Green	18	189
MH-14	Cedar temp closure	NR	In Year	Amber	0	200
<b>Annual Plan Target:</b>				<b>3,343</b>	<b>390</b>	<b>995</b>
<b>Distance from target (over)/under</b>				<b>2,348</b>		

## Divisional analysis – Surgery

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	119	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	0	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	26	65
SUR-07	Ear, Nose and Throat - Re-Usable Instruments	R	Month 1	Green	1	3
SUR-08	Ophthalmology - Workforce - Band 5 Orthoptist	R	Month 1	Green	9	20
SUR-09	Rheumatology - Workforce - Band 6 Rheumatology CNS	R	Month 1	Green	21	50
SUR-11	Trauma and Orthopaedics - Consolidation of maintenance contracts (Desoutter)	R	Month 1	Green	7	25
SUR-12	Trauma and Orthopaedics - Workforce - substantiate 1.2 WTE orthogeriatric ward doctor posts	R	Month 1	Green	0	26
SUR-13	Trauma and Orthopaedics - Workforce - Changes to on-call structures	R	Month 1	Red	0	0
SUR-14	Trauma and Orthopaedics - Workforce - 2 x consultant on-call cost replaced by 1x SAS on-call costs	R	Month 1	Green	1	3
SUR-15	Trauma and Orthopaedics - Bone Cleaning Device	R	Month 1	Green	27	69
SUR-16	Trauma and Orthopaedics - Workforce - substantiate 2.5 WTE JCF over establishment for RGH/OSU ward cover	R	Month 1	Amber	0	31
SUR-17	Urology - Cystoscopes - Disposable Cystoscopes	R	Month 1	Green	0	1
SUR-18	Urology - Medication - Switch to Dysport from BOTOX for N/Ps with Neuropathic Pain	R	Month 1	Green	0	2
SUR-19	Urology - Follow Up Patients - Spacing for follow Up Patients receiving BOTOX	R	Month 1	Green	0	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	0	4
SUR-23	Haematology - Workforce - Admin team maternity leave	R	Month 1	Green	0	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	6	15
SUR-26	Oral and Maxillofacial Services - Orthodontic Brackets - Reduce costs for Orthodontic brackets	R	Month 1	Green	1	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	0	2
SUR-29	Trauma and Orthopaedics - Consumables - Review of generic theatre consumables charged to T&O	R	Month 1	Green	1	7
SUR-30	Ophthalmology - Workforce - 2X Consultant Posts	R	Month 1	Green	67	67
SUR-31	Ophthalmology - Workforce - Middle Grades starting which will remove agency usage from the service -	R	Month 1	Green	64	287
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	7	22
SUR-34	Medicines Management savings	R	Month 1	Green	301	929
SUR-35	Ophthalmology Visco Elastic Savings over the current financial year	R	In Year	Green	2	11
SUR-36	Drugs	NR	In Year	Amber	0	300
<b>Annual Plan Target:</b>				<b>3,336</b>	<b>684</b>	<b>2,280</b>
<b>Distance from target (over)/under</b>				<b>1,056</b>		

## Divisional analysis – Clinical Support Services

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CSS-01	Sysmex Maintenance Savings	R	Month 1	Green	65	178
CSS-02	Siemens KPI review	R	Month 1	Green	21	50
CSS-03	Sysmex MSC KPIs	R	Month 1	Green	2	5
CSS-04	Factor 8 Repatriation	R	Month 1	Green	2	6
CSS-05	WBS Commercial Products	R	Month 1	Green	2	6
CSS-06	Restructure of Management Positions	NR	Month 1	Green	3	13
CSS-08	Enhancements on Specialist Rates	R	Month 1	Green	117	392
CSS-10	Critical Care HCSW Variable Pay	R	Month 1	Green	20	20
CSS-11	Hepzyme Repatriation	NR	Month 1	Red	0	0
CSS-12	P3NP Repatriation	R	Month 1	Green	1	3
CSS-13	JCC funding for liver ablations	NR	Month 1	Green	41	122
CSS-14	IPFR income	NR	Month 1	Green	33	70
CSS-15	Ablation needles	R	Month 1	Green	2	5
CSS-16	Maintenance contracts for new DR equipment - NR	NR	Month 1	Green	11	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	6	16
CSS-21	Decommissioning of Fuji Equipment on current contracts	NR	Month 1	Green	5	22
CSS-22	C&V Ultrasound	NR	Month 1	Green	10	10
CSS-23	Cell Salvage income rebate	NR	Month 1	Green	20	47
CSS-24	Clariscan to Dotograf switch	R	Month 1	Green	4	14
CSS-25	Co-trimoxazole IV	R	In Year	Green	0	1
CSS-26	Lumicare	R	In Year	Green	10	25
CSS-27	Critical Care RN Variable Pay	R	In Year	Green	267	593
CSS-35	Radiology Maintenance contracts	NR	In Year	Green	78	78
CSS-36	Bis Monitoring - Supplier change	R	In Year	Green	4	29
CSS-37	Recycled Paper	R	In Year	Green	0	2
CSS-38	Medical Workforce - Intensity banding review	R	In Year	Green	4	11
CSS-39	Medical Workforce Variable Pay Spend	R	In Year	Green	9	33
CSS-40	Medicines Management - Green	R	In Year	Green	0	15
CSS-41	Medical Workforce Variable Pay Spend (Consultant)	R	In Year	Green	4	7
CSS-42	Medical Workforce Variable Pay Spend (Juniors/Middle Grades)	R	In Year	Green	29	63
CSS-43	Additional IPFR Income (Powys)	NR	In Year	Green	0	8
CSS-44	Outsourcing, linked to acute demand, Audit and deep dive. Reduce Forecast	NR	In Year	Green	12	117
CSS-45	Mycology Testing (PHW)	R	In Year	Green	1	11
CSS-46	Contract Funerals	R	In Year	Green	1	5
CSS-47	Serosep Contract	R	In Year	Green	0	16
CSS-48	Cessation of Weekend Enhancement Pay	R	In Year	Green	1	7
CSS-49	Utilisation of Blood Bikes	R	In Year	Green	1	6

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-50	Syphilis Repatriation	R	In Year	Green	1	10
CSS-51	Leica Bond III Contract	R	In Year	Green	4	30
CSS-52	Siemens MSC KPIs (Part 2)	NR	In Year	Green	0	50
CSS-53	Reduction in Carriage Charges	R	In Year	Green	0	1
CSS-54	Liver ablations	NR	In Year	Green	0	129
CSS-55	Reduction in Health Protection testing	NR	In Year	Green	0	101
CSS-56	New locum recruitment	R	In Year	Green	0	(14)
CSS-57	Savings on additional hours by recruiting locum consultant	R	In Year	Green	0	24
CSS-58	Reduction in Health Protection testing	NR	In Year	Amber	0	300
CSS-59	Risp reduced penalty	NR	In Year	Amber	0	200
<b>Annual Plan Target:</b>				<b>2,998</b>	<b>1,138</b>	<b>3,213</b>
Distance from target (over)/under				<b>(215)</b>		

## Divisional analysis – Medicine

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	354	850
MED-02	Enhancements on Specialist rates	R	Month 1	Green	115	382
MED-03	National priorities - Teriparatide generic switch	R	Month 1	Green	1	2
MED-04	National priorities - Dimethyl fumarate - Generic switch	R	Month 1	Green	185	451
MED-05	National priorities - Omalizumab - transitional contract	R	Month 1	Green	0	50
MED-06	National priorities/Best value Biosimilars - Ustekinumab vials	R	Month 1	Green	218	355
MED-07	Neurology - Idebenone Homecare Supply	R	Month 1	Green	5	14
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	34	247
MED-10	Use of 24/25 purchased colon capsules for 25/26 activity	NR	Month 1	Green	26	63
MED-11	Use of 24/25 purchased equip (leads etc) for 25/26 activity	NR	Month 1	Green	10	23
MED-12	Delay in prescribing Budesonide	NR	Month 1	Green	706	1,488
MED-13	COTE - Denosumab	R	In Year	Green	0	26
MED-14	Co-trimaxazole IV	R	In Year	Green	2	5
MED-21	National priorities/Best value Biosimilars - Rituximab biosimilar switch (Rixathon to Truxima)	R	In Year	Green	0	1
MED-22	Reduction in locum consultants replaced with substantive x3	R	In Year	Amber	0	14
MED-23	Reduction in RN agency	R	In Year	Amber	0	107
MED-24	Saving in sleep masks	R	In Year	Amber	0	46
MED-25	Switch Acute 30 bedded ward to Community ward	R	In Year	Amber	0	128
<b>Annual Plan Target:</b>				<b>3,877</b>	<b>1,662</b>	<b>4,257</b>
Distance from target (over)/under				<b>(380)</b>		

## Divisional analysis – Urgent Care

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	156	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	3	8
URG-10	Switch from dual giving set ports to single port	R	In Year	Green	1	6
URG-11	Close RGH & NHH Transfer Lounge	R	In Year	Amber	0	99
URG-12	Close RGH MIU Over night	R	In Year	Amber	0	83
URG-13	Delay Implementation of Medical Model in Flow Centre	NR	In Year	Amber	0	75
URG-14	Source E-Triage Funding	NR	In Year	Amber	0	178
<b>Annual Plan Target:</b>				<b>942</b>	<b>162</b>	<b>971</b>
Distance from target (over)/under				<b>(28)</b>		

## Divisional analysis – Family & Therapies

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD		Full year	
					Achieved £'000	Forecast £'000	Forecast £'000	Forecast £'000
F&T-01	Divisional drugs savings target	R	Month 1	Green	12		63	
F&T-02	Health Visiting - Reduction in Rental Charges due to relocation to 19 Hills Health & Wellbeing Centre, Ringland East	R	Month 1	Green	5		11	
F&T-03	Actim Prom and Partus	R	Month 1	Green	6		13	
F&T-04	Non- renewal of Windmill Farm SLA with NPT LA for 25/26	R	Month 1	Green	125		300	
F&T-05	Enhancements on Specialist rates	R	Month 1	Green	57		257	
F&T-06	Cessation of Tafarn Newydd S28A SLA with Torfaen LA	R	Month 1	Green	13		31	
F&T-07	Giving Sets for Infusion Pumps	R	Month 1	Green	1		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 paper	R	In Year	Green	1		2	
F&T-16	Financial recovery divisional scheme - pay R	R	In Year	Green	51		257	
F&T-17	Financial recovery divisional scheme - pay NR	NR	In Year	Green	120		542	
F&T-18	Financial recovery divisional scheme - Non-Pay R	R	In Year	Green	8		81	
F&T-19	Financial recovery divisional scheme - Non-Pay NR	NR	In Year	Green	393		460	
F&T-20	Financial recovery divisional scheme - Income	NR	In Year	Green	0		4	
<b>Annual Plan Target:</b>				<b>3,252</b>	<b>797</b>		<b>2,029</b>	
Distance from target (over)/under				<b>1,222</b>				

## Divisional analysis – Estates & Facilities

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD		Full year	
					Achieved £'000	Forecast £'000	Forecast £'000	Forecast £'000
FAC-01	Chepstow Hospital Unitary Charge	R	Month 1	Green	209		500	
FAC-02	ENERGY SAVINGS	R	Month 1	Green	684		1,850	
FAC-03	Bed contract savings	R	Month 1	Green	110		250	
FAC-04	Energy	R	Month 1	Green	104		250	
FAC-11	Vacancies	NR	In Year	Green	120		360	
FAC-12	Rates rebates	NR	In Year	Green	40		80	
FAC-13	Kintra - Cost plus Credit	NR	In Year	Green	0		90	
FAC-14	Vacancies	NR	In Year	Green	38		304	
FAC-15	Accountancy gain - duplicate meter reading	NR	In Year	Green	800		800	
<b>Annual Plan Target:</b>				<b>2,185</b>	<b>2,105</b>		<b>4,484</b>	
Distance from target (over)/under				<b>(2,299)</b>				

## Divisional analysis – Corporate

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CORP-02	Reduction in non-pay spend	NR	Month 1	Green	21	50
CORP-06	Executive directorate stretch target saving	R	Month 1	Green	34	152
CORP-11	Executive directorate stretch target saving	R	Month 1	Green	63	242
CORP-15	Executive directorate stretch target saving	R	Month 1	Green	19	29
CORP-01	Reduction in workforce costs - on call allowance	NR	Month 1	Green	9	70
CORP-13	Executive directorate stretch target saving	R	Month 1	Green	88	700
CORP-04	Scheme	NR	Month 1	Green	41	100
CORP-05	Opportunity	NR	Month 1	Green	41	100
CORP-08	Executive directorate stretch target saving	R	Month 1	Green	33	149
CORP-14	Executive directorate stretch target saving	R	Month 1	Green	50	97
CORP-03	Opportunity	R	Month 1	Green	151	151
CORP-07	Executive directorate stretch target saving	R	Month 1	Green	43	103
CORP-16	Executive directorate stretch target saving	R	Month 1	Green	24	24
CORP-09	Executive directorate stretch target saving	R	Month 1	Green	43	102
CORP-10	Executive directorate stretch target saving	R	Month 1	Green	23	180
CORP-12	Executive directorate stretch target saving	R	Month 1	Green	26	207
CORP-84	Accountancy gain- release study leave accrual	NR	In Year	Amber	0	3,200
CORP-85	Accountancy gain- dispute dilapidations	NR	In Year	Amber	0	200
CORP-86	Accountancy gain- Dispute H&SE fine	NR	In Year	Amber	0	400
CORP-87	Various Directors savings - vacancies	NR	In Year	Amber	0	1,500
CORP-88	Various Directors savings - non pay	NR	In Year	Amber	0	700
CORP-89	Various - rtt funding, reserve release, rif funding - presentation to be reviewed	NR	In Year	Amber	0	5,853
<b>Annual Plan Target:</b>				<b>2,421</b>	<b>706</b>	<b>14,309</b>
<b>Distance from target (over)/under</b>				<b>(11,888)</b>		

## Divisional Analysis - Contracting & Commissioning

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD		Full year	
					Achieved £'000	Forecast £'000	Forecast £'000	Forecast £'000
Con1	Accountancy benefit of NHS England end of year position	NR	In Year	Green	270		507	
Con2	Forecast reduced activity- Cardiff LTA	R	In Year	Green	83		200	
Con3	Forecast reduced activity- CTM LTA	R	In Year	Green	125		300	
Con4	Forecast Additional Provider Income	R	In Year	Green	83		200	
Con5	Accountancy benefit - service contracts	NR	In Year	Green	410		410	
Con6	Accountancy benefit - service contracts	NR	In Year	Green	600		600	
<b>Annual Plan Target:</b>				<b>2,463</b>	<b>1,572</b>		<b>2,217</b>	
Distance from target (over)/under				246				

## Divisional Analysis - WHSCC

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

## Divisional Analysis - EASC

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

## Reserves

### Reserves Delegation:

The reserves held at 31<sup>st</sup> August-25 is £17.9m. This consists of allocations to be delegated of £13.5m, specific commitment reserves of £0.8m, those supporting the financial position of 0.4m and a contingency investment reserve of £1.36m.

The reserves include some elements of risky income associated with the submitted plan and 2025/26 wage award M1-5.

All of these reserves are either supporting the financial position of the Health Board (£13.9m) or is committed to specific areas (£4m).

Phase 2 of the budget setting was carried out in M03, with 40.5m of held reserves delegated down to divisions for various specific commitments and both new & underlying pressures.

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	26/27
Anticipated	R	b/f balances re: pay related funding etc.	2,597,176	2,597,176
Delegated	R	National Insurance increase (Ers) 25-26	(113,144)	(113,144)
Anticipated	NR	Overseas recruitment funding	0	(700,000)
Confirmed	NR	DPIF funding 2025-26	2,258,701	0
Anticipated	NR	Planned Care Transformation Fund: Spinal Mega Clinics	55,373	0
Delegated	R	Fracture liaison service - risky income assumed - WG confired not an allocation	(321,000)	(321,000)
Delegated	R	25/26 Physician Associates - risky income assumed - WG confired not an allocation	(59,000)	0
Anticipated	NR	Planned Care Transformation Fund: Q3 & Q4 (excl Clinical Editors & 3Ps)	111,510	0
Anticipated	NR	GP Gatekeeper	780,045	0
Anticipated	NR	Planned Care 2025-2026 - Phase 4 Diagnostics	555,839	0
Anticipated / confirmed	R	2024/25 Wage Awards	(2,399,635)	(2,399,635)
Anticipated	NR	Band 8 24/25 incremental impact 25/26 & 26/27 not in wage award funding rec'd from WG	562,700	1,380,200
Anticipated	NR	Planned Care Programme Out Patient Phase - Additional Support (Radiographer)	24,579	0
Anticipated	R	25/26 wage award estimate to month 5 (exc rlw)	11,288,500	11,288,500
<b>Confirmed Allocations to be apportioned</b>			<b>15,341,644</b>	<b>11,732,097</b>

### 7788-COMMITMENTS TO BE DELEGATED

Description	25/26	26/27
Junior Doctors income: TGS	449,295	449,295
Junior Doctors income: PGCME	(30,151)	(30,151)
Recovery of E&F budget delegated for Portacabin - GUH Transfer Lounge lease	387,000	387,000
<b>Total Commitments</b>	<b>806,144</b>	<b>806,144</b>

### 7501-SUPPORTING FINANCIAL POSITION

Description	25/26	26/27
IT Revenue to Capital April 25	29,664	0
IT Revenue to Capital May 25	55,632	0
IT Revenue to Capital June 25	48,690	0
RTT Waiting times Q1 25-26 - anticipated delegation (General Reserve)	171,000	0
RTT Waiting times Q1 25-26 - anticipated delegation (Infrastructure)	132,000	0
<b>Total Supporting Financial position</b>	<b>436,986</b>	<b>0</b>

### 7565-CONTINGENCY

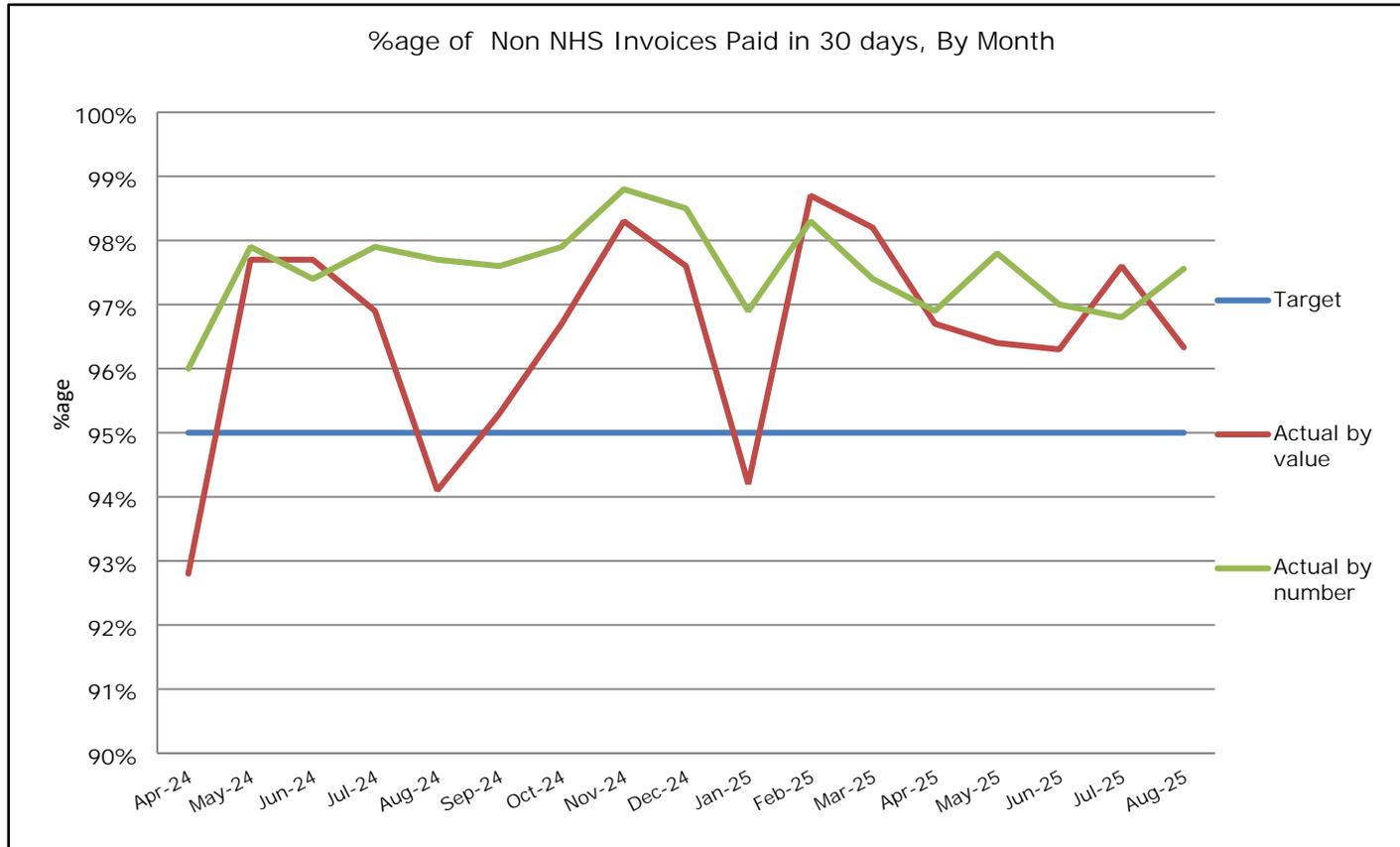
Description	25/26	26/27
Investment Reserve	1,360,000	1,360,000
<b>Confirmed Allocations to be apportioned</b>	<b>1,360,000</b>	<b>1,360,000</b>
<b>Totals</b>	<b>17,944,774</b>	<b>13,898,241</b>

## Cash Position

The cash balance at the 31st August 2025 is £5.756m, which is below the advisory figure set by Welsh Government of £6m.

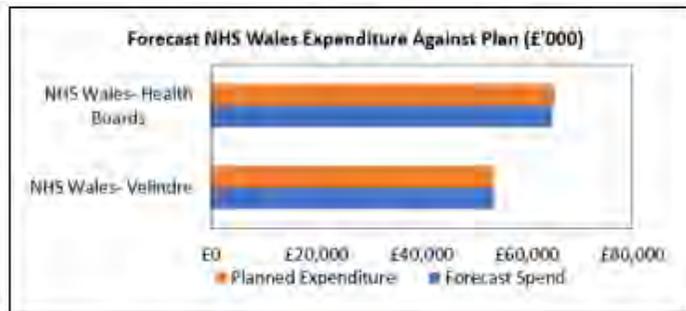
## Public Sector Payment Policy (PSPP)

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 August. The issue with invoices relating to salary sacrifice lease cars from Northumbria NHS Trust has been resolved and we have put in place processes to prevent this from happening in the future.



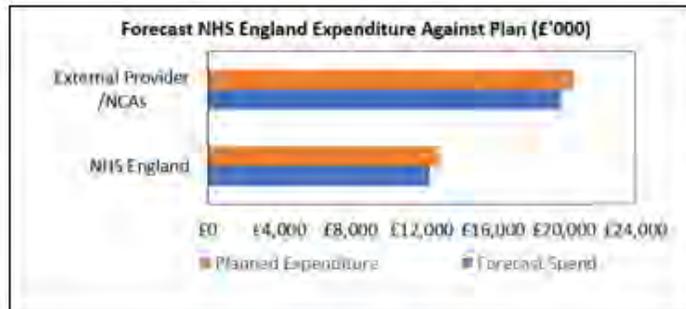
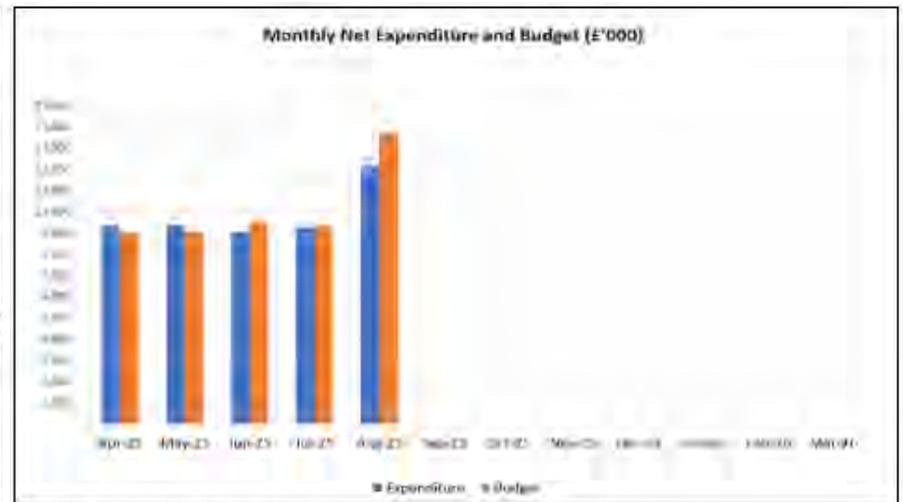
## Contracting & Commissioning – LTA Spend & Income

At Month 5 the year-to-date financial performance for Contracting and Commissioning is £1.457m underspend against the delegated budget with a forecast year of £1.942m underspend. The key elements contributing to this position at Month 5 are as follows:



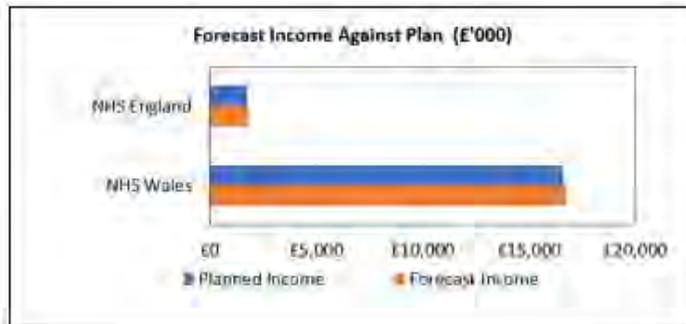
**NHS Wales Expenditure**

Expenditure in NHS Wales contracts is based on provider monitoring returns and is expected to be c£500k less than plan due to lower activity and recharged services at Cwm Taf and Cardiff and Vale



**NHS England Expenditure**

Contract Expenditure with NHS England organisations is expected to be c£500k less than plan due to favourable settlements of 24/25 final balances following successful challenges by the commissioning team



**Provider Income**

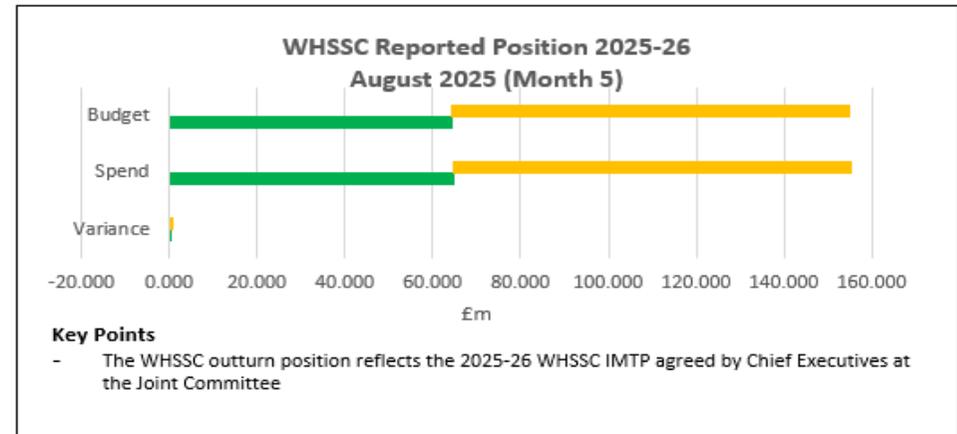
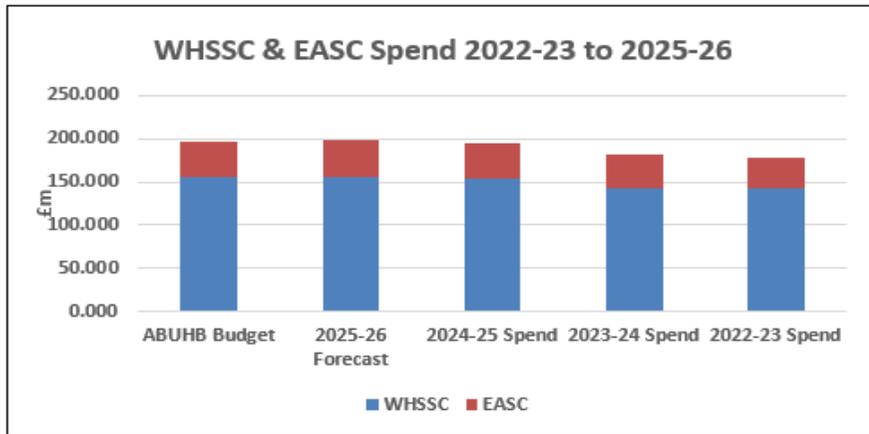
Provider income is forecast to be c£200k more than plan in 25/26 following higher activity levels in months 1-4 for Powys and other commissioners

### Key Issues 2025-26

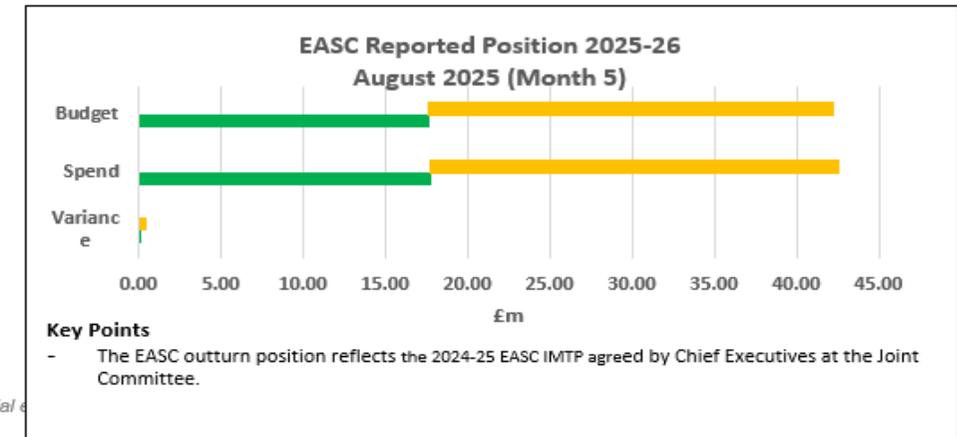
- All LTAs have been agreed ahead of the WG deadline and have been signed by ABUHB.
- A recurrent annual saving of £1.8m from 2024/25 LTA negotiations with Cwm Taf was achieved against a target of £300k which resulted in a £1.5m recurrent benefit within the 'underlying' HB position.
- The expenditure being forecast for cancer services at Velindre is in line with ABUHB IMTP planning assumptions (c£3m growth on 2024/25)
- An additional c£4m budget (with spend) was delegated from Month 5 for pay award and thyroid investment in Cardiff and is matched by expenditure
- Additional budget and expenditure is reflected in Month 5 (c£3m ytd) relating to regional ophthalmology 2025/26 on behalf of Cwm Taf, Cardiff and Aneurin Bevan UHBs (also c£16.5m in future months)
- There is also an accounting benefit reflected in the month 5 position after favourable settlements have been agreed from 24/25 contracts.

Joint Commissioning Committee (formerly WHSSC & EASC) Financial Position 2025-26

The Month 5 financial position for the JCC is a forecast overspend of £0.985m. The position reflects the agreed IMTP and the phase 2 2025-26 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 (£0.7m), Individual Patient Treatments (£1.3m) offset by slippage on developments (£1.2m)
  - Key risk areas for 2025-26
    - Delivery of Savings Plans
    - 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 August 2025			
	2025/26 Opening balance £000s	31st August 2025 £000s	Movement £000s
Fixed Assets	945,668	964,748	19,080
Other Non current assets	111,489	212,383	100,894
Current Assets			
Inventories	10,433	10,455	22
Trade and other receivables	167,220	84,597	(82,623)
Cash	4,823	5,756	933
Non-current assets 'Held for Sale'	0	0	0
<b>Total Current Assets</b>	<b>182,476</b>	<b>100,808</b>	<b>(81,668)</b>
Liabilities			
Trade and other payables	221,140	210,688	(10,452)
Provisions	207,724	229,270	21,546
	428,864	439,958	11,094
	<b>810,769</b>	<b>837,981</b>	<b>27,212</b>
Financed by:-			
General Fund	610,494	625,751	15,257
Revaluation Reserve	200,275	212,230	11,955
	<b>810,769</b>	<b>837,981</b>	<b>27,212</b>

Fixed Assets: The main movements since the end of 2025/25 relate to:

- An increase of £9.6m relating to capital purchase additions.
- An increase of £28.6m as a result of upwards revaluations caused by Indexation for land and buildings.
- A decrease of £18.0m due to depreciation charged in year.
- A net decrease of £1.1m 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 £101.7m and a decrease in intangible assets of £0.7m 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 debts outstanding on the Accounts Receivable system since 2024/25 to the end of August of £3.7m
- A net increase in the value of both NHS & Non-NHS accruals of £3.8m, of which £3.1m relates to an increase Non-NHS accruals and £0.7m relates to a decrease in NHS Accruals since the end of 2024/25
- A significant decrease in the value of Welsh Risk Pool claims due in less than one year totalling £90.2m
- A decrease in VAT and other debtors since of the end of 24/25 of £0.2m
- An increase in the value of prepayments held £7.3m

Cash: The cash balance held at the end of July is £5.756m.

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 Capital accruals (£5.5m)
- A decrease in NHS Creditor accruals (£3.1m)
- A decrease in the level of invoices held for payment from the year end (£5.1m)
- An increase in non NHS accruals (£15m)
- An increase in Tax & Superannuation (£6.5m)
- A decrease in other creditors (£15.8m)
- A decrease in the liability for lease payments (£0.6m)
- An increase in payments on account (£1.9m)

Provisions:

- This is due to an overall increase in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £22.1m and a decrease in other provisions of £0.6m.

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: £1.89bn

**Confirmed Allocations as at August 2025 (M5 2025/26)**

	£'000
HCHS	1,670,221
GMS	115,932
Pharmacy	36,808
Dental	36,722
<b>Total Confirmed Allocations - August 2025</b>	<b>1,859,683</b>
<b>Plus Anticipated Allocation - August 2025</b>	<b>65,598</b>
<b>Total Allocations - August 2025</b>	<b>1,925,281</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 £119m. (£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 £2bn (£2bn for 24/25).

WG Revenue Resource Limit : Anticipated Allocations (August)			
Funding Type	Description	Value £'000	Recurrent / Non Recurrent
GMS	GMS Refresh	1,603	R
GMS	Dispensing Drs and PADMS funding 24-25	1,121	NR
HCHS	Capital - DEL Depreciation - Baseline Surplus/Shortfall	(2,571)	NR
HCHS	Capital - DEL Depreciation - Strategic	3,572	NR
HCHS	Capital - DEL Depreciation - Impairment	(236)	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	(444)	NR
HCHS	Capital - AME Depreciation - IFRS 16 Leases (Peppercorn)	62	NR
HCHS	Capital - AME Depreciation - Donated Assets	168	NR
HCHS	Capital - AME Depreciation - Impairments	35,465	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Equip)	(3,666)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Prop)	(936)	NR
HCHS	Real Living Wage 24/25	3,000	R
HCHS	Memory Assessment Services - Gwent RPB	565	R
HCHS	Clinical Excellence Awards (CDA's)	298	R
HCHS	AHW:Prevention & Early Years allocation	1,114	R
HCHS	WHSSC - National Specialist CAMHS improvements (Tier 4)	234	R
HCHS	Same Day Emergency Care (SDEC)	1,446	NR
HCHS	Urgent Primary Care	1,298	NR
HCHS	Learning Disabilities-Improving Lives	64	R
HCHS	New Medical Training Posts 2017-2022 cohorts	1,400	R
HCHS	Welsh Risk Pool Risk Share agreement 25/26	(5,776)	NR
HCHS	Neighbourhood District Nursing (incl. B3 and B4 staff development)	21	R
HCHS	RIF Dementia	1,611	NR
HCHS	MCA and DoLs	189	NR
HCHS	MCA - IMCA service	217	NR
HCHS	International recruitment funding 24-25	700	NR
HCHS	EPMA Funding	2,153	NR
HCHS	Mental Health 111 Press 2 service funding	285	R
HCHS	Digital Priorities Investment Fund (DPIF) for EPS go live (Community Pharmacy)	65	NR
HCHS	RIF-Dementia Connectors-confirmed WG plan 2526	100	R
HCHS	RIF-Short breaks for Carers-confirmed WG plan 2526	247	NR
HCHS	Keeping Well (3Ps) funding 25-26 confirmed	170	NR
HCHS	25/26 Neurodivergence (NDIP) funding	353	NR
HCHS	25/26 LIMs funding	140	NR
HCHS	Pathfinder Womens Health Hub 25-26	300	NR
HCHS	RTT Waiting times Q1 25-26	1,500	NR
HCHS	Real Living Wage (AB staff) 25-26	2,637	R
HCHS	Capital - DEL Depreciation - Accelerated	190	NR
HCHS	Capital - AME Depreciation - Impairment reversals	(16,607)	NR
HCHS	Clinical Editors Funding 25-26	63	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)	112	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	469	NR
HCHS	Planned Care Programme Out Patient Phase - Additional Support (Radiographer)	25	NR
HCHS	Q1 Activity SE Wales Region Cataracts	3,000	NR
HCHS	Q2-4 Regional cataracts outsourcing	16,500	NR
HCHS	Band 8 and above - increment impact for 25/26 and 26/27 anticipated funding	563	R
HCHS	25/26 A4C Pay Award Arreas anticipation of WG funding m1 to 4	9,031	R
HCHS	25/26 A4C Pay award - M05 anticipation of funding m5 estimate	2,258	R
<b>Total Anticipated: Per Ledger</b>		<b>65,598</b>	



	2025/26				
	Original Plan £000	Revised Plan £000	Spend to M5 £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
NBV of Assets Disposed	0	14		14	0
<b>Total Approved Discretionary Funding</b>	<b>5,760</b>	<b>6,792</b>		<b>6,792</b>	<b>0</b>
<b>All Wales Capital Programme Funding:</b>					
AWCP Approved Funding	12,184	27,162		27,162	0
<b>Total Approved and Anticipated AWCP Funding</b>	<b>12,184</b>	<b>27,162</b>		<b>27,162</b>	<b>0</b>
<b>Total Capital Funding / Capital Resource Limit (CRL)</b>	<b>17,944</b>	<b>33,954</b>		<b>33,954</b>	<b>0</b>
<b>Applications:</b>					
<b>Discretionary Capital:</b>					
Statutory Compliance Allocations	1,100	1,100	286	1,199	99
Other Commitments	1,050	1,050	378	1,050	0
Commitments b/f from 2024-25	544	1,256	136	1,235	-20
Divisional Priorities	2,370	3,237	786	3,109	-128
Corporate Priorities	0	45	41	45	0
Remaining DCP Contingency	696	104	0	17	-87
<b>Total Discretionary Capital</b>	<b>5,760</b>	<b>6,792</b>	<b>1,627</b>	<b>6,656</b>	<b>-136</b>
<b>All Wales Capital Programme:</b>					
NHH Satellite Radiotherapy Centre	1,991	1,250	876	1,250	0
GUH ED Extension	1,946	2,665	1,934	2,665	0
Head Lease for Chepstow Community Hospital	60	107	0	107	0
2nd MRI for Grange University Hospital	2,500	2,481	2,137	2,207	-274
Centralised Decontamination Unit RGH	3,925	3,999	1,133	3,860	-139
RGH – Block 1 and 2 Demolition and Car Park	269	271	2	271	0
Backlog Maintenance 2024-25	901	2,017	871	2,017	0
EFAB - Infrastructure 2024-25	0	224	224	224	0
YYF Breast Centralisation Unit	0	91	38	91	0
CAMHS Sanctuary Hub	0	104	104	104	0
Housing with Care Fund 2024-25	0	21	-6	21	0
Ty Gwent	0	47	-22	47	0
Commercial Research Delivery Wales Equipment 2024-25	0	12	12	12	0
Diagnostic Equipment and Medical Devices Funding 2024-25	0	11	10	11	0
Digital Equipment 2024-25	0	53	64	66	13
End of Year Funding 2024-25	0	77	0	77	0
IRCF - Abervalley H&WBC	592	550	60	780	230
IRCF - Dixton H&WBC	0	269	104	285	16
Targeted Estates Fund (TEF)	0	9,538	462	8,404	-1,134
DPIF - Electronic Prescribing and Medicines Administration (ePMA)	0	1,622	0	1,622	0
Non-Radiology Ultrasound Replacement Funding	0	576	0	576	0
DPIF - RISP	0	472	0	472	0
Mental Health Quality & Safety Schemes	0	705	25	705	0
<b>Total AWCP Capital</b>	<b>12,184</b>	<b>27,162</b>	<b>8,027</b>	<b>25,874</b>	<b>-1,288</b>
<b>Total IFRS16 Lease Expenditure</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Programme Allocation and Expenditure</b>	<b>17,944</b>	<b>33,954</b>	<b>9,654</b>	<b>32,530</b>	<b>-1,424</b>
<b>Underspend against Overall Capital Resource Limit</b>					<b>-1,424</b>

\*Note – the forecast underspend will be brokered with WG into 26/27, the expectation is a break-even capital forecast\*



CYFARFOD BWRDD I ECHYD PRIF YSGOLN  
ANEURIN BEVAN  
ANEURIN BEVAN UNIVERSITY HEALTH BOARD  
MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 September 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Maternity & Neonatal Services Annual Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jennifer Winslade - Executive Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Jayne Beasley Head of Midwifery Kelly Downes Deputy Director of Nursing

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

Er Sicrwydd/For Assurance

ADRODDIAD SCAA  
SBAR REPORT

Sefyllfa / Situation

The Maternity and Neonatal services provide high-quality care across Gwent with community antenatal services accessible in each borough, while inpatient maternity and neonatal services have been centralised at the Grange University Hospital. The Grange University Services offers purpose-built facilities for all aspects of maternity and neonatal care, including a level 3 Neonatal service.

This report aims to provide the Public Board with assurance regarding the quality of care delivered in 2024–2025, covering Maternity and Neonatal Services including staffing, education and training compliance, key performance metrics, governance, and areas for improvement

Cefndir / Background

Aneurin Bevan University Health Board provides maternity care to over 6,000 women annually, resulting in approximately 5,300 births each year. Care is delivered through both obstetric-led (65%) and midwife-led pathways, with all four recommended places of birth available: home, freestanding and alongside birth centres, and the obstetric unit at the Grange University Hospital. In 2024, there were 6,152 bookings (2,112 midwife-led, 4,040 obstetric-led) and 5,282 births, with the majority occurring at the Grange.

The Neonatal Intensive Care Unit (NICU) at the Grange is a tertiary specialist unit, offering a full range of intensive, high dependency, and low dependency care, as well as outreach and specialist clinics. Transitional care cots are limited, with a business case pending for expansion.

## Asesiad / Assessment

Aneurin Bevan University Health Board has made significant progress in improving the quality and safety of maternity and neonatal services. Early access to antenatal care has improved, with the introduction of a self-referral system (“SPA”) leading to more women being booked by 10 weeks of pregnancy. Public health data for 2024 shows positive trends in vaccination uptake and ongoing efforts to address smoking, high BMI, and substance misuse among pregnant women. The population served includes areas of high deprivation, and targeted support is in place for these communities.

The implementation of a digital maternity records system—pioneering in Wales—has enabled real-time data capture, improved information sharing, and enhanced oversight of care. This system supports the monitoring of key performance indicators, which are regularly reviewed through dashboards and governance forums.

Birth numbers remain stable, but there has been a notable increase in caesarean section rates, particularly unplanned procedures, prompting a working group to focus on promoting normal birth and reviewing clinical decision-making.

The latest National Neonatal Audit Programme (NNAP) report demonstrates that the Health Board is performing above or within the mean for most measures, with targeted improvement work underway where standards are not yet met.

Incident reporting is robust, with most incidents resulting in low or no harm. Action plans have been developed to address the top risks, and learning is shared through multidisciplinary forums. Infection prevention and control remain a priority, with high compliance in the NICU and ongoing work in maternity to achieve ANTT Gold accreditation and reduce surgical site infections.

Bereavement care and mortality reviews are well established, with ongoing improvements in pathways and staff training. Patient engagement is strong, with a range of mechanisms for feedback and support, including targeted initiatives for non-English speakers and diverse communities.

Staffing levels are closely monitored, with proactive recruitment and a strong focus on staff development, psychological safety, and leadership. National reviews and local gap analyses continue to inform improvement plans, with a particular emphasis on postnatal care, breastfeeding, and perinatal workforce development.

## Argymhelliad / Recommendation

The Board is asked to:

- Note the contents of the report.
- Acknowledge the ongoing work to provide a safe service.
- Support the commitment to implement national directives, improvement initiatives, and supportive actions

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 3.1 Safe and Clinically Effective Care 6.3 Listening and Learning from Feedback 3.2 Communicating Effectively
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Every Child has the best start in life Not Applicable
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>	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	NA
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	NA

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Choose an item.
• Service Activity & Performance	Choose an item.
• Financial	Choose an item.
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item.  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working  <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.



# Maternity and Neonatal Services

## Annual Report 2024/25



# *Introduction*

Maternity and Neonatal directorates within Aneurin Bevan University Health Board achieve a high level of quality of care through its services. Maternity care covers a wide geographical reach, outpatient and community antenatal services are provided within each Borough for ease of access, with inpatient services for both maternity and neonatal services centralised to the acute site of the Grange University Hospital in 2020. The hospital offers purpose-built facilities for antenatal, intrapartum obstetric led and midwife led care and postnatal care, as well as a level 3 Neonatal service.

For safe care to be delivered and evidenced it is essential to determine the quality of that care through a number of measures. To this end this report will provide an overview and assurance regarding the provision of care provided by the maternity and neonatal services for 2024/ 2025 however the birth data is based on calendar year 2024. This will highlight antenatal care provision, assessment of staffing levels, and standards and compliance with education and training. Key performance metrics, governance arrangements and areas for improvement are detailed.

# Highlights

Total Number of ABUHB Bookings:  
**6152**

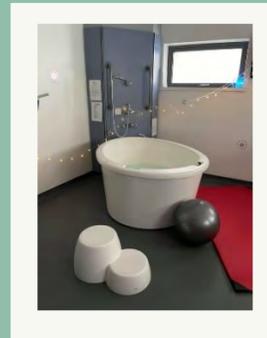
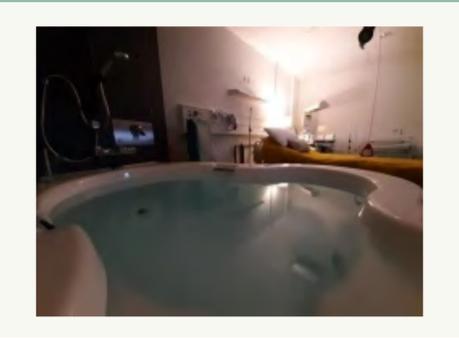
Midwife Led Pathway of Care:  
**2112**

Obstetrics Pathway of Care:  
**4040**



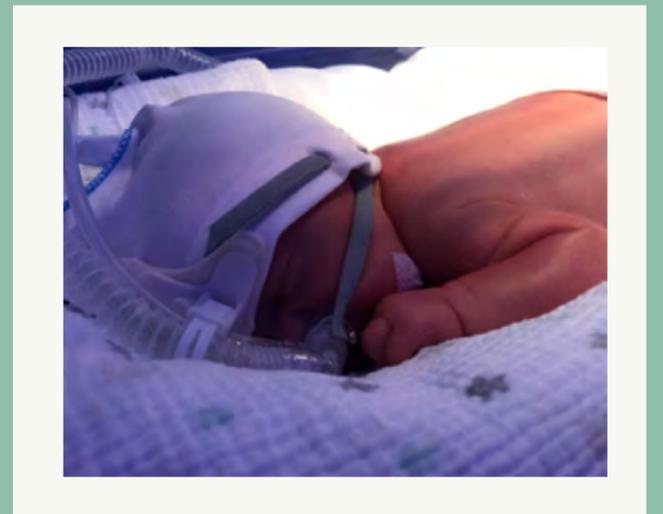
# Background

Aneurin Bevan University Health Board accepts and books more than 6000 women each year for maternity care, resulting in approximately 5300 births per year, the lesser figure representing a small percentage of women who may birth outside of the Health Board or those who suffer pregnancy loss. Women predominantly book under an obstetric led pathway of care (65%). In the absence of any risk factors women default to a midwife led pathway of care, this has demonstrated conceivable benefits for care and birth. The total number of bookings (6152) for care within Aneurin Bevan University Health Board in 2024 are detailed below, with separation for a midwife led pathway of care (2112) and then an obstetric pathway of care (4040).



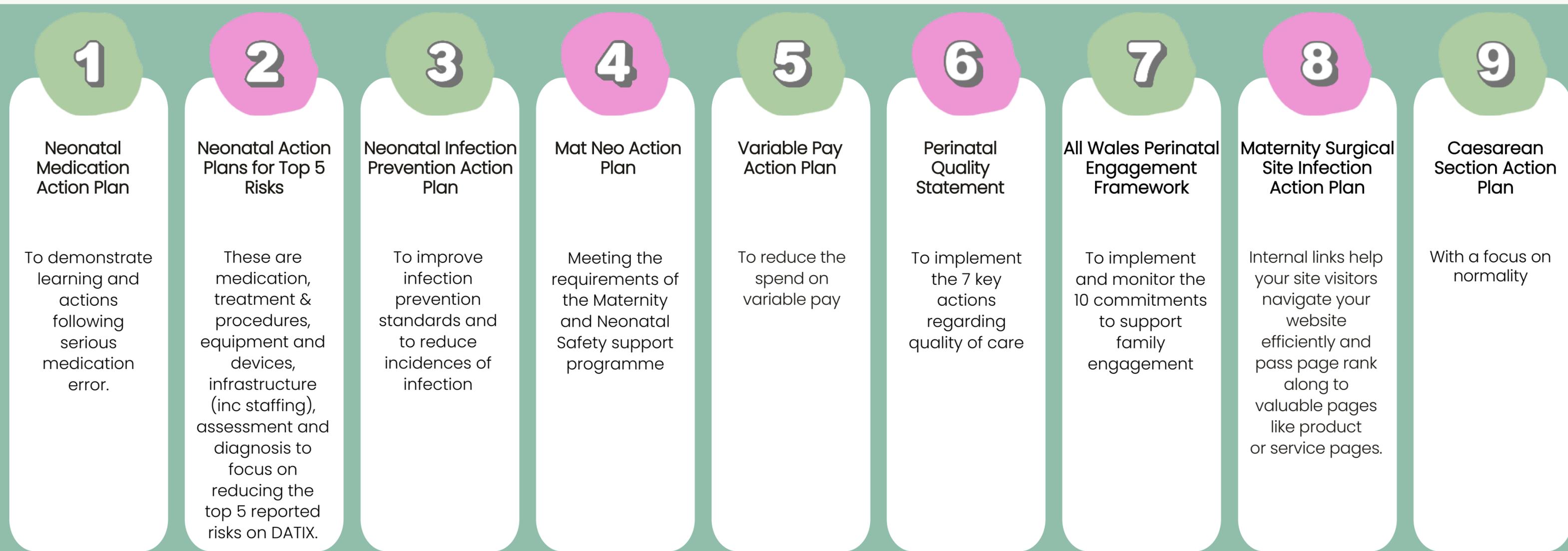
All 4 places of birth are available and offered to women in line with Royal College of Midwives' and NICE recommendations. Women can choose to birth at home, in the freestanding birth centre at Ysbyty Ystrad Fawr, within the alongside birth centre or the obstetric led care unit at the Grange University Hospital. In addition, Ysbyty Aneurin Bevan (YAB) also offers a midwife led birthing area. The numbers of babies born in 2024 was 5282, of which 4386 took place in the obstetric unit at the Grange and 896 of the births occurred in a midwife led setting, with the midwife acting as the lead profession.

The Neonatal Intensive Care Unit, a tertiary specialist unit, based at the Grange University Hospital (GUH) is a purpose-built unit consisting of 8 intensive care (including 1 stabilisation cot), 10 high dependency and 12 low dependency cots. There is an outreach service, part of the South East Wales transport service (CHANTS) with provision of outpatient, neurodevelopment and murmur clinics. Through collaboration with maternity transitional care is delivered, however transitional care cots are limited due to postnatal bed capacity and the outcome of the business case supporting dedicated transitional Care cots on the maternity unit is pending this year (2025).



To demonstrate a commitment to providing assurance and improving the quality of maternity and neonatal service delivery, a maternity Improvement plan was developed to drive forward excellence in care for 2024-2027. Following this the Neonatal Intensive Care Improvement Plan was completed in 2025 for care delivery 2025-2028. The separate improvement plans consist of measurable actions to improve the delivery of services, to include a focus on incivility, culture, leadership and management and ensure that the workforce is supported and equipped with the knowledge and skills to be able to deliver the highest standards of care.

In addition to the neonatal and maternity improvement plans there are a number of workstreams with separate action plans aimed at improving care:



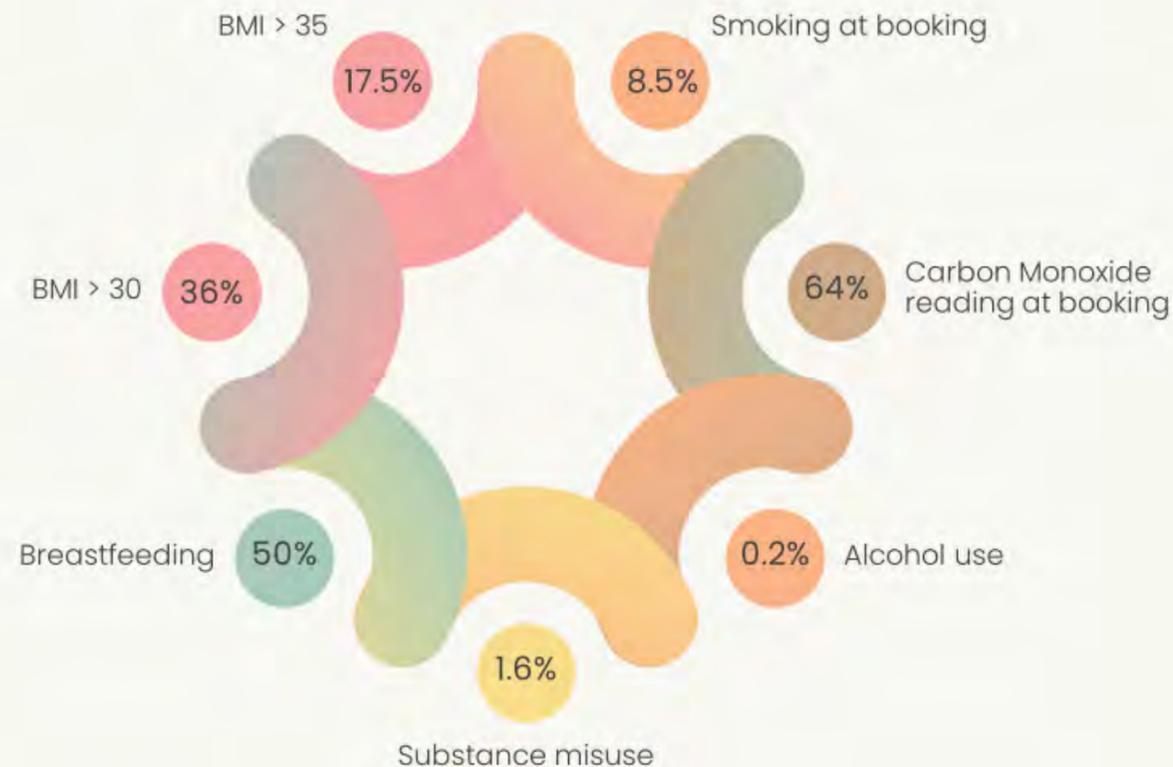
Since the development of the improvement plans extensive work has been undertaken through a multi-faceted approach involving members of the senior, divisional and Executive Nursing teams with the support of workforce and operational development, infection prevention team and Corporate services to deliver the plan and good progress continues to be made against the action and improvement plans.

Senior nursing and midwifery staff are responsible for delivering the range of improvement and action plans which are closely monitored by the Senior Nurse and Head of Nursing and Head of Midwifery providing regular reports to the Maternity and Neonatal Improvement and Assurance Group (MNIAG) and the Quality Management Group (QMG) who provide oversight and overarching assurance.

# Antenatal Provision

Booking for pregnancy should occur in early pregnancy and ideally before 10 completed weeks in line with Antenatal Screening Wales Standards. This affords the opportunity to ensure women are provided with early access to screening and information to support their pregnancies and to optimise their health. A recent introduction of a self-referral system called "SPA" system has seen a 12% increase in women being booked by 10 weeks and an 11% increase in the total number of women booked for care prior to 12+6/40. Monthly data obtained from the digital records is currently being populated and shared with the community leads to highlight areas for improvement. Predominantly women who book for care are white British, small numbers of women are teens or over 40 and the average BMI is 28.8.

Making every contact count is vital for information sharing. All midwives and nurses receive mandatory training in making every contact count and rates of training exceed 85% which supports public health information giving regarding diet, health and wellbeing. This is essential as the Health Boards services a population with high areas of deprivation (average 29%). Vaccination offer to all women is around 90% which is positive, and our public health lead midwife has supported video information to improve uptake. RSV was introduced in 2024 and vaccination rates are 47.6% of all women who received vaccination prior to birth. There has been an upward trend in rates of carbon monoxide monitoring for 2024 at 70%. Work is ongoing to increase rates and all community midwives have received sufficient equipment to undertake this assessment. Smoking cessation support is available through dedicated teams and all women are offered referral at booking if smokers or raised carbon monoxide levels. Approximately 30% of women have a BMI above 30 and 16% have a BMI above 35. Generally, outcomes for women with a BMI above 30 have demonstrated higher rates of intervention, caesarean birth postpartum haemorrhage shoulder dystocia and admission to the neonatal unit. In 2024 funding resumed to support the maternal weight management service. A full team is now in place with the service being offered across the 5 localities, referrals commenced in the current year 2025. Aqua natal and cooking groups have commenced in Blaenau Gwent and a webpage service leaflet and posters developed.

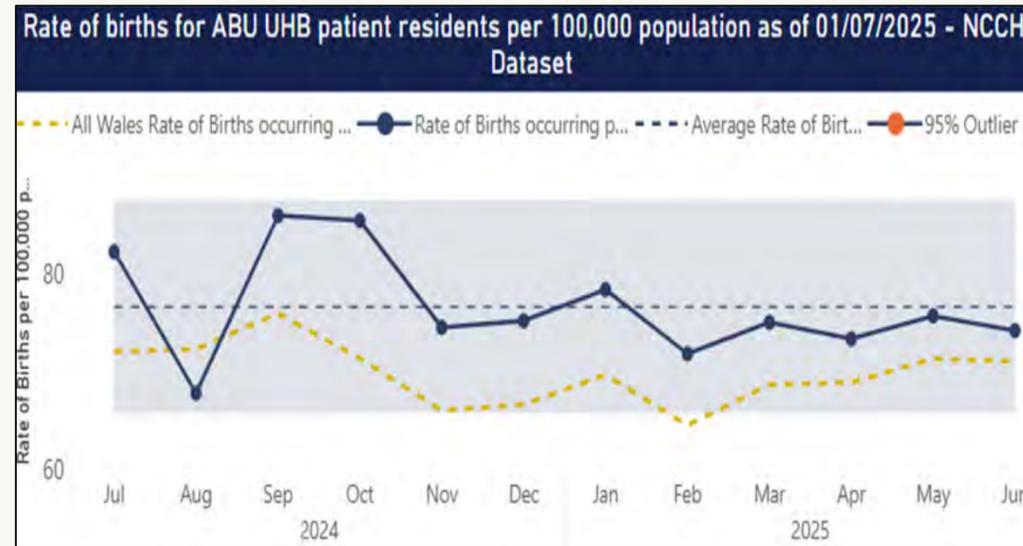


# Performance Monitoring

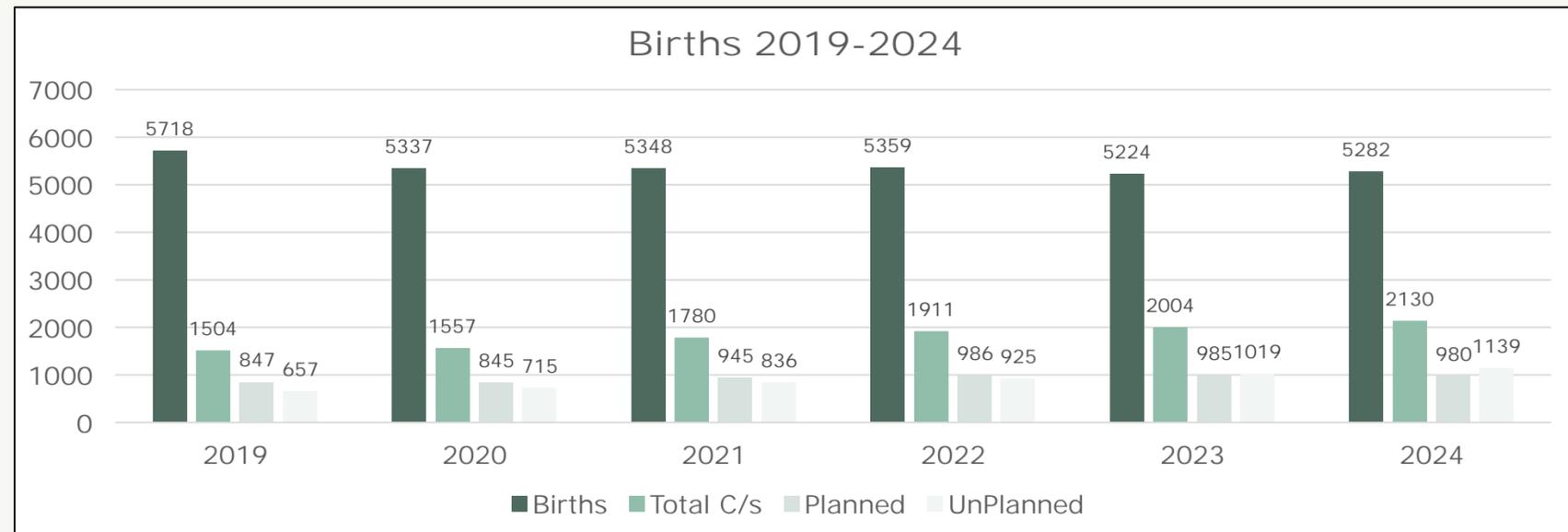
Key patient quality and safety metrics provide valuable intelligence and when compared against local and national standards can provide a useful baseline for providing assurance, measuring improvement and identifying areas where action is required. In 2023 maternity services implemented an end-to-end maternity digital system for patient records. This was a first in Wales, with digitised maternity records being a key priority for the Chief Nursing Officer of Wales. This is now fully embedded, well in advance of the NHS improvement and performance directive to implement a digital maternity system across Wales by March 2026. The digital system captures real time patient records, and is shared with the woman, (options for language of choice is available) ensuring partnership in care. Data is captured regarding, ethnicity, public health, activity (body mass index, smoking, mental health and feeding data), mode of birth and birth outcomes. It is also able to track booking data by borough to allow planning and safeguarding alerts to protect safety. Detailed appointments are shared, notifications regarding guidelines and leaflets can be shared and the system ensures accurate data reporting. Importantly the midwife can review what the woman has read and this affords the opportunity to revisit any missed information.

Maternity has developed a working live dashboard to demonstrate its key performance indicators, pulled directly from the digital system. Work is ongoing to incorporate the neonatal indicators to ensure a perinatal dashboard. Internally the performance indicators are monitored within monthly governance forums, and via divisional and directorate assurance forums. In addition, scrutiny and monitoring occurs via the Maternity and Neonatal Assurance Group chaired by our Executive Director of Nursing/ Deputy Director of Nursing, reporting into the Executive Committee and the Quality Management Group. Thus, giving clear oversight to the staff in service, the wider division and the Executive team.

# Birth Data



The graph demonstrates births (blue line) for July 2024 to June 2025 for ABUHB, birth numbers are above the All-Wales birth/100,000 rate (denoted by yellow line). Broken blue line is the average birth rate /100,000. Overall data for 2024 shows stable birth numbers, though the trajectory is on the downward trend when reviewing previous years.



Intervention rates are increasing, with caesarean birth increasing yearly, with emergency or unplanned caesarean sections seeing the biggest increase. Percentage of births undertaken by caesarean section have increased from 26% in 2019 to 41% in 2024. Whilst this is a national picture a working group is reviewing the caesarean birth with a focus on normalising birth, health education, audit, care in next pregnancy, and decision making on labour ward. Rates of instrumental births are on average 8.3% for 2024 (target rate 10%) and additional training provided to the new doctors rotating into the Health Board. Induction of labour has increased for 2024 with average rate of 32% an increase of 5% over the preceding year.

# National Neonatal Audit Programme (NNAP)

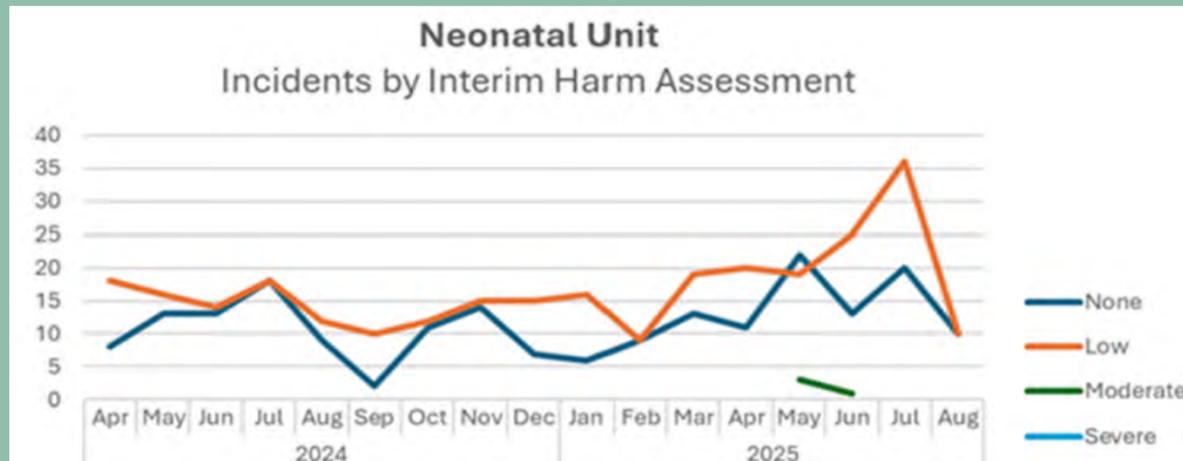
The National Neonatal Audit Programme (NNAP) assesses whether babies admitted to neonatal units in England, Scotland and Wales receive consistent high-quality care, and identify areas for quality improvement. The latest NNAP report that was presented to the Clinical Standards and Effectiveness Group in November showed significant levels of assurance showing that the organisation is above the mean for 8 of the 13 measures and within the mean for 4 of the measures. One measure, timeliness of Retinopathy of Screening Testing we were below the mean, which prompted a quality improvement project being commenced to bring about improvement.

Maternity and neonatal services undertake PERIPrem Cymru Optimisation Tool. – A perinatal bundle aimed at improving outcomes for babies born prematurely in Wales. Current work to improve early breast milk has seen this score increase to 90%. The table below shows compliance of the standards under each element

Element	Yes	No	Percentage	Baseline	Target
Born in the Right Place	9	0	100%	94%	85%
Antenatal Steroids	1	8	11%	52%	85%
Antenatal Magnesium Sulphate	4	1	80%	84%	85%
Intrapartum Antibiotics	1	0	100%	54%	85%
Optimal Cord Management	6	3	67%	65%	85%
Thermal Care	6	3	67%	87%	85%
Volume Guarantee (VG) or Volume Targeted Ventilation (VTV)	5	0	100%	93%	100%
Caffeine	5	0	100%	100%	100%
Early Maternal Breast Milk	5	4	56%	32%	85%
Probiotics	4	2	67%	14%	100%

Whilst the directorates are meeting a number of the standards there is still work to ensure that antenatal steroids are provided in a timely manner. Preliminary review suggests that presentation in advanced labour/immediate requirement for birth has impacted on this. There has been a welcome increase in administration of magnesium sulphate. There is a commitment to support this work and this will form part of an improvement plan to be shared with the Maternity and Neonatal Assurance Group.

# Incidences



All incidences are reported via DATIX which is the national incident reporting system and NICU report on average 30 incidences per month, the vast majority of which are classified as resulting in no or low levels of harm.

## Maternity Incident Themes

Post-partum haemorrhage well managed	Positive feedback to staff	Increased reporting of postnatal readmissions with infection – no commonality
Medication errors documentary	Hyperstimulation of uterus	Documentation errors
Obstetric anal sphincter injury – referral		

Based on a review of DATIX incidences the top 10 reported incidences have been reviewed and action plans have been developed to address each of the top 5 risks as of June with the aim of reducing the number of incidences that occur. The top 5 risks continue to be closely monitored and the effectiveness of these interventions is being closely monitored as an integral part of the NICU Improvement Plan.

In response to an increase in medication errors a medication improvement plan has been developed which includes the introduction of prescription rounds, a medication forum to include the QPS lead, nurses and medics, medication training updates, prescribing training for medics and simplifying the IV prescription charts. A Medication Safety Group consisting of medics, nurses and pharmacists has also been convened.

Clinical incidents, nationally reportable incidents, themes, trends and learning, service user experience, concerns and feedback are monitored and managed by the senior midwifery and neonatal teams and the local governance group, which includes, obstetric, neonatal, midwifery and anaesthetic professionals. Maternity services have a proactive approach to clinical incident reporting and all staff are encouraged to report incidents via the electronic DATIX system and engage with patient safety incidents in line with the Royal College of Obstetrics and Gynaecology and Neonatal Service trigger lists. All clinical risk incidents are reviewed on a weekly basis by the MDTs and this provides an open forum for all staff to engage. Of all incidents reported in 2024 following review the majority are low or no harm.

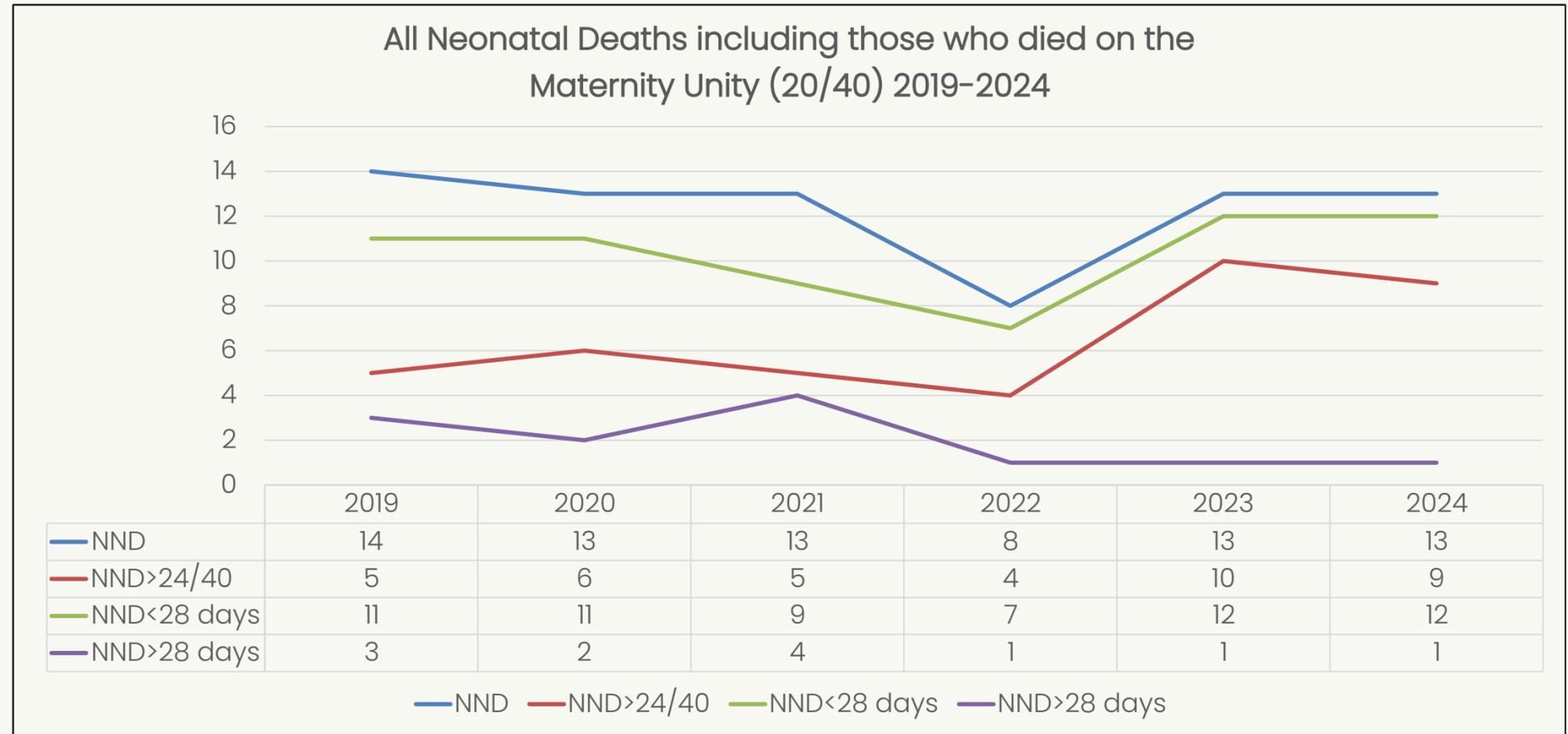
Maternity monitors all its reported clinical incidents, term admission of babies to the neonatal unit has not increased and is at 4% which is an acceptable rate for the Health Board. Shoulder dystocia is at 1%. Post-partum haemorrhage of more than 2litre is 0.3% of all births. No never events were reported in the last year. Maternity work within the requirements for duty of candour and in 2024 8 incidents met the threshold for duty of candour. Of these cases 1 was no harm following review and 5 cases met the threshold for redress. All cases were shared in full with the families. All cases have been investigated and actions taken, with shared learning through multi-disciplinary forums.

Bereavement care is sadly part of maternity and neonatal services, and details joined up working and forms part of Perinatal Mortality Review Tool (PMRT) case review. All women receive the offer of follow up, including letters and support via the bereavement lead midwife, and joint appointments with their named consultant. Bereavement care forms part of both maternity and neonatal services improvement plan, with a commitment to implement the bereavement care pathway following its release. In addition, bereavement training has been added to this year's training agenda, for commencement in September 2025. Women who have had an untoward outcome are always offered a family liaison person or point of contact and we are keen to support these families to make improvements in care.

## Stillbirth and Neonatal Death Rates

Maternity and Neonatal service collates and reviews all baby deaths via local and national audit and reporting. This is undertaken both independently and as a multi-disciplinary collective across the two directorates. These cases are DATIXED reported as a nationally reportable incident and uploaded to MBRRACE in accordance with reporting pathways. Incident review and investigation occurs via:-

- Multidisciplinary perinatal mortality team
- Local monthly mortality meeting
- National mortality meeting with the maternity and neonatal network
- Local audit
- Clinical Governance and quality and patient safety meetings
- Staff debrief
- For neonatal deaths a 72hour MDT review with representation from medical examiner and decision made whether PRUDIC/Coroner case.
- Learning from reviews cascaded



Neonatal deaths 2019 – 2024 is on average 13 per year and the majority of babies died at less than 28 days of life. There is a downward trajectory of deaths of babies less than 24/40 - these deaths are not included in MBRRACE published reports.

11 babies were born in other Health Boards and transferred into the unit and subsequently died and again these are not included in MBRRACE published reports. The majority of deaths occurred in babies less than 37/40.

There is an apparent increase in deaths of babies more than 24/40 occurred in 2023 and 2024 as noted by the red line, however, when accounting for congenital abnormalities the numbers are comparable to other Health Boards of a similar size.

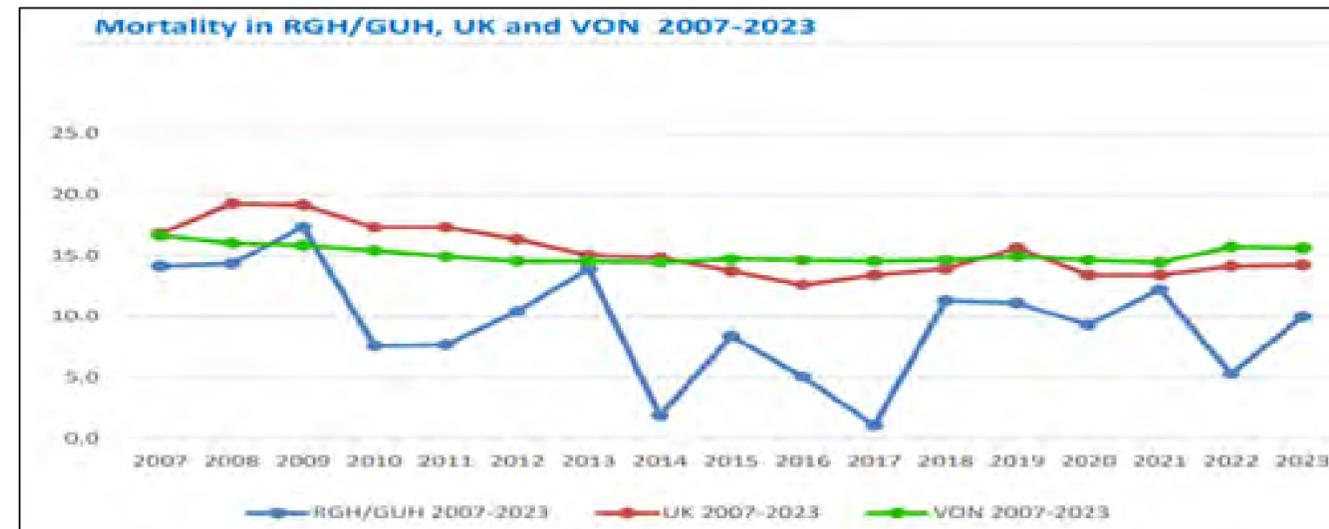
## Stillbirth and Neonatal Data as Reported via MBRRACE Report

Based on the MBRRACE report for 2023 perinatal rates (combined stillbirth and Neonatal death) are average to similar Health Boards or trusts Stillbirth rates are average to similar Health Boards or trusts. Neonatal deaths when excluding deaths due to abnormality are average to similar Health Boards or Trusts. The data for 2024 is, as yet, unavailable from MBRRACE to show comparison, however local data suggests 22 stillbirths and 11 neonatal deaths.

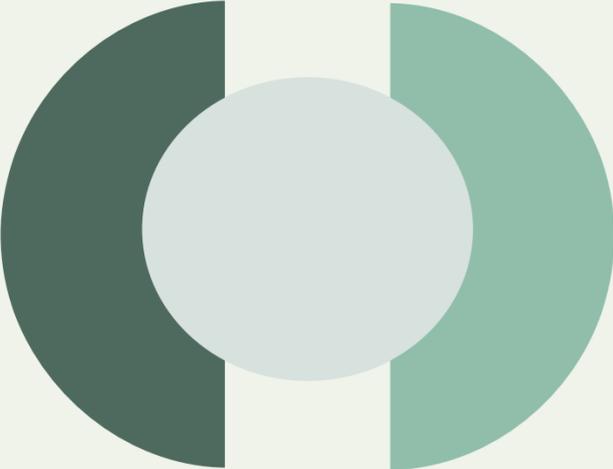
MBRRACE publish reports with a refined parameter, only deaths of babies over 24 weeks.

Year	Stillbirth			Neonatal Deaths		
	Number	Crude Rate	Stabilised Rate	Number	Crude Rate	Stabilised Rate
2019	28	4.9	4.14	5	0.88	1.48
2020	13	2.46	3.52	6	1.14	1.58
2021	24	4.45	4.17	5	0.93	1.66
2022	23	4.25	3.67	4	0.74	1.15
2023	17	3.06	3.61	10	1.9	2.01

The following graph shows the mortality in babies born less than or equal to 1500 grams or born less than 30 weeks over years 2007 to 2023 as a part of VON bench marking. Since 2013, Aneurin Bevan University Health Board mortality rate has been below UK rate and VON rate.



## Actions taken following review of care via the Perinatal Mortality Review Team:-

- 
- 01 Additional trolley area added to Maternity Triage to improve capacity.
  - 02 Additional CTG machines supported via capital funding – increased monitoring regime for high-risk pregnancies.
  - 03 Update to guidelines regarding fetal surveillance, including antenatal CTG interpretation.
  - 04 Fetal study day incorporates learning regarding chorioamnionitis.
  - 05 Increased hours for fetal surveillance midwife and additional faculty to support training – training currently at more than 90%.
  - 06 Adoption of the Fetal surveillance standards.
  - 07 Self-referral pathway for early booking to increase opportunity for early screening and health education.
  - 08 Update to the bereavement pathway.
  - 09 Additional training in consent for post mortem.
  - 10 Mandatory MECC training for maternity and neonatal staff.
  - 11 MDT engagement to undertake review and cascade learning locally and nationally.
  - 12 Adherence to Periprem optimisation tool, with lead midwife, obstetrician and neonatologist.

# *Infection Prevention and Control*



Infection, Prevention and Control (IPAC) remains a key priority for the Health Board and NICU have 100% compliance with hand hygiene and PVC audits. Following an increase in the number of infection cases on NICU an IPAC action plan has been developed. Action has been taken to improve the standards of cleanliness on the unit, by reviewing the cleaning schedules, routine surveillance of organisms has been enhanced and regular audits are being conducted. Safety briefings are conducted at the start of each shift to update staff and highlight required actions.

The Health Board participates in national data collection for Caesarean Section Surgical Site Infection (SSI) via Public Health Wales surveillance programme. This data has shown an increase from 3.8% to 4.2% which is a 11% increase in quarter 3- 2024. Data is collected via the acute and community midwives for SSIs up to 14 days post-procedure. Rates over past years since opening The Grange University Hospital range from 3% to 6%.

There has been a focus on infection prevention and the maternity service is aiming for ANTT Gold accreditation which will support the management of wound care within clinical practice. Current face to face compliance is more than 85%, with compliance with online learning only reporting 22%. It is noted that there are discrepancies on this data and this remains a focus for improvement. A task & finish group is in place between maternity and infection prevention teams, with a keen focus to reduce the SSI rates. Patient education leaflets are in development, with the importance of hand washing being key. Infection prevention and wound care forms part of midwifery mandatory training and for the forthcoming year the allocated time for training has been increased.

# Patient Engagement

The Health Board proactively seeks engagement with service users, families and the public. This is not only through themes identified and discussed in our service user engagement forum "BABI", which has since collaborated with the neonatal service user group "Dinky Dragons". All are welcome to attend, to engage proactively shaping change. Maternity services have a very active social media presence, with over 14,000 followers. Women can access directly into maternity services via this forum, and the service is responsive to those requests. Frequently they are used to share pictures and positive stories, which, with consent we share. The PALS service provides further feedback as does the PTR team, PTR leaflets and information is available in all clinical areas. The timeliness of responses to concerns and the quality of the review are pivotal to improving care and experience. The service has a lead midwife for patient experience and there is a focus on early and effective resolution, supported by all within the senior management team. Themes from concerns are shared as part of governance and local midwifery forums and national meetings.

The service offers an "after birth" service for women who have ongoing or have traumatic distress post birth. Their experience contributes to ongoing learning and the mandatory study days are conducted through the lens of trauma informed care, utilising anonymised scenarios for learning. QR codes are available within the clinical rooms and CIVICA is in use for women to provide feedback. A bespoke patient survey is being rolled out via CIVICA in September 2025 for pregnant and postnatal women and families, effectively covering all perinatal duration, including those families who access neonatal services.



As part of the maternity services booking process, all women are asked their ethnicity, their first language, and whether they need an interpreter. To support safe care, it is vital that service users can communicate with teams effectively. To this end maternity services uses IPADS in all clinical areas including community, this enables the use of language line, google translate and the service was one of the pilot sites for sign live for women who are deaf. Members of the maternity team including reception and admin teams attended Diverse Cymru's Cultural Competence Awareness Sessions, and forums. This has further created a more welcoming and understanding service. In recognition for the work undertaken and following assessment ABUHB maternity services were awarded Diverse Cymru cultural competencies silver accreditation aware. A first in Wales and demonstrates the commitment of the service to its service users and diversity.

In collaboration with our service users maternity service have committed to support women whose first language is not English. A volunteer support service established. This supports women within their own communities ensuring they are signposted to health. The volunteers have further created online forums and befriending sessions offering support and friendship and have been meeting up with women in their local communities to provide friendship, support, and to help women navigate the maternity system and the available resources. One volunteer has established a well-attended breast-feeding support group in Monmouth, with a special focus and support for mothers from the Ukraine who have sought sanctuary in Wales. In recognition of excellence in 2024 the volunteer service was awarded the CNO award.

"Hello and Welcome" displays in multiple languages are visible in our clinical settings. Displays and picture resources are in place with QR codes, enabling service users to have the option to choose preferred language. There are posters in clinical areas with contact details of our volunteers who speak English as an additional language. The posters are written in the volunteer's first language (for example Hungarian), inviting other Hungarian mothers to get in touch if they would like some help to find and access information in their first language. There is enhanced networking and engagement with the Roma community and a "For Dads, by Dads" group in Torfaen to support new and expectant fathers.

Social media pages have pictures of people representing multiple characteristics including all protected characteristics to celebrate diversity in multiple ways. There is multi-faith celebration on the social media pages which represent inclusive resource for all women. All clinic and community leads have a list of key cultural, religious and community events that are significant for Black, Asian and Minority communities. Teams are encouraged to recognise and celebrate the events.

There has been the establishment of a bespoke antenatal education programme for Bengali women. This was the idea of one of the community midwives who recognised the power of providing care in a familiar language and spoke Bengali. Keen to make improvements for women she now provides antenatal education for women within Newport.

# Workforce

## NEONATAL SERVICES

For safe care it is essential to have adequate and sufficiently trained staff. NICU complies with BAPM and All Wales standards. The British Association of Perinatal Medicine (BAPM) sets out a series of national standards through guidelines and frameworks to promote safe and high-quality care for neonates in the UK and provide evidence-based guidance for healthcare professionals working in neonatal settings. There are 45 frameworks covering various aspects of neonatal care, including airway management, service provision, neonatal outreach, pain management, and hypoglycaemia and NICU strives to comply with all BAPM standards. A NICU consultant represents ABUHB on the All-Wales guidelines group which supports the operational implementation of the BAPM frameworks for practice to ensure the safe and effective delivery of care, especially for complex areas like extreme prematurity, neonatal outreach, and airway safety. This will involve reviewing demand and capacity, benchmarking against other services, and equip and empower the multi-professional workforce.

The workforce is our most valuable asset and the Health Board has 146 staff (121.56.39 wte) currently in post within the Neonatal Unit, which includes Registered Nurses, Advanced Nurse Practitioners, Nursery Nurses, a roster co-ordinator and administrative staff, in addition to medical staff. Whilst the vacancy rate for nursing staff varies on a monthly basis the service takes a proactive approach to recruitment to ensure that posts are appointed to without delay. The service attracts many applicants and as a result of overwhelming interest from streamlining, the service has recruited 7.64 WTE nurses who will commence in post in September 2025 and as a result the service currently has no vacancies for registered nurses.

## THERAPY SERVICES

In addition to the nursing workforce care on the neonatal unit can be enhanced through the provision of allied health professionals. The primary aim of the Allied Health Professionals (AHP / Therapy) is to ensure safe and effective therapy workforce resources that are aligned to British Association of Perinatal Medicine (BAPM) standards and to mitigate the known risks for neonates and their families Overview of therapies staff provision.

Table 1	Service Available		WTE
Paediatric psychologist		NO	0
Dietitian	YES		0.4 (Not ringfenced - from core Paediatric dietetics)
Occupational Therapist		NO	0
Physiotherapist	YES		0.08 in reach
Speech and Language Therapist	YES		0.2 in reach

Whilst there is therapy provision this is not sufficient to align to BAPM standards and a business case has been developed to increase provision including psychology and occupational therapy input, as per table 2 which is due for Executive review in November 2025.

Table 2 Therapy Service	WTE Required	Band
Dietetic	1.6	7
Occupational Therapy	1.6	7
Physiotherapy	1.6	7
Psychology	1.6	8a
SLT	1.4	7
TOTAL	7.8	

# Workforce

## MATERNITY SERVICES

Maternity has over 450 staff, midwives, nurses, maternity support workers nursery nurses and administrative staff. For maternity the most recent Birth rate plus (recognised tool to assess midwifery staffing) was completed in 2022/2023 as part of a 3-5 yearly cycle. A further assessment is due in 2026.

Birth rate plus only assesses the clinical component of midwives, nurses and band 3 maternity support workers. Birth rate plus suggests a total clinical workforce of 242.77 WTE is required and the clinical midwifery establishment is in line with this. Medical staffing ensures that there is 72 hours of consultant cover on the labour ward, which is currently above RCOG recommendations.

The service has developed its specialist midwife team which now includes a lead midwife for diabetes, and fetal surveillance. There are a small number of midwifery vacancies, however there has been successful recruitment of 23.8 WTE midwives due to commence in post in early October. Due to current minimal vacancies the service will be over its funded establishment in October and this has been supported at Divisional and Executive level to ensure safe staffing across the forthcoming year.

### Current Hours Vacant

	Vacancies	Sickness	Maternity Leave
Maternity Inpatient	2.34	5.35%	11.68
Maternity Community	3.2	5.14%	0.8
RN	1.5	0%	0
HCSW	5.03	10.6%	1
Admin	2.64	0%	2

Staff absence, particularly in the form of sickness poses a significant challenge to the both services as sickness absence rates can vary considerably on a monthly basis. Over the last year sickness rates have fluctuated from 4.17% to 11.48% and at present the neonatal unit is experiencing high levels of sickness absence. Focused work is being undertaken to reduce sickness levels which includes timely referral to OHD, signposting to well-being services and regular meetings with staff. Maternity sickness absence varies from 6 to 11% and on average is at 7%. Staff absence is managed in accordance with the All-Wales Managing Attendance at work policy, Workforce and Organisational Development have produced a deep dive report and monthly spot audits are being undertaken to review the management of staff sickness. Although there is an uplift to support absences where there are gaps in the rotas bank staff are used.

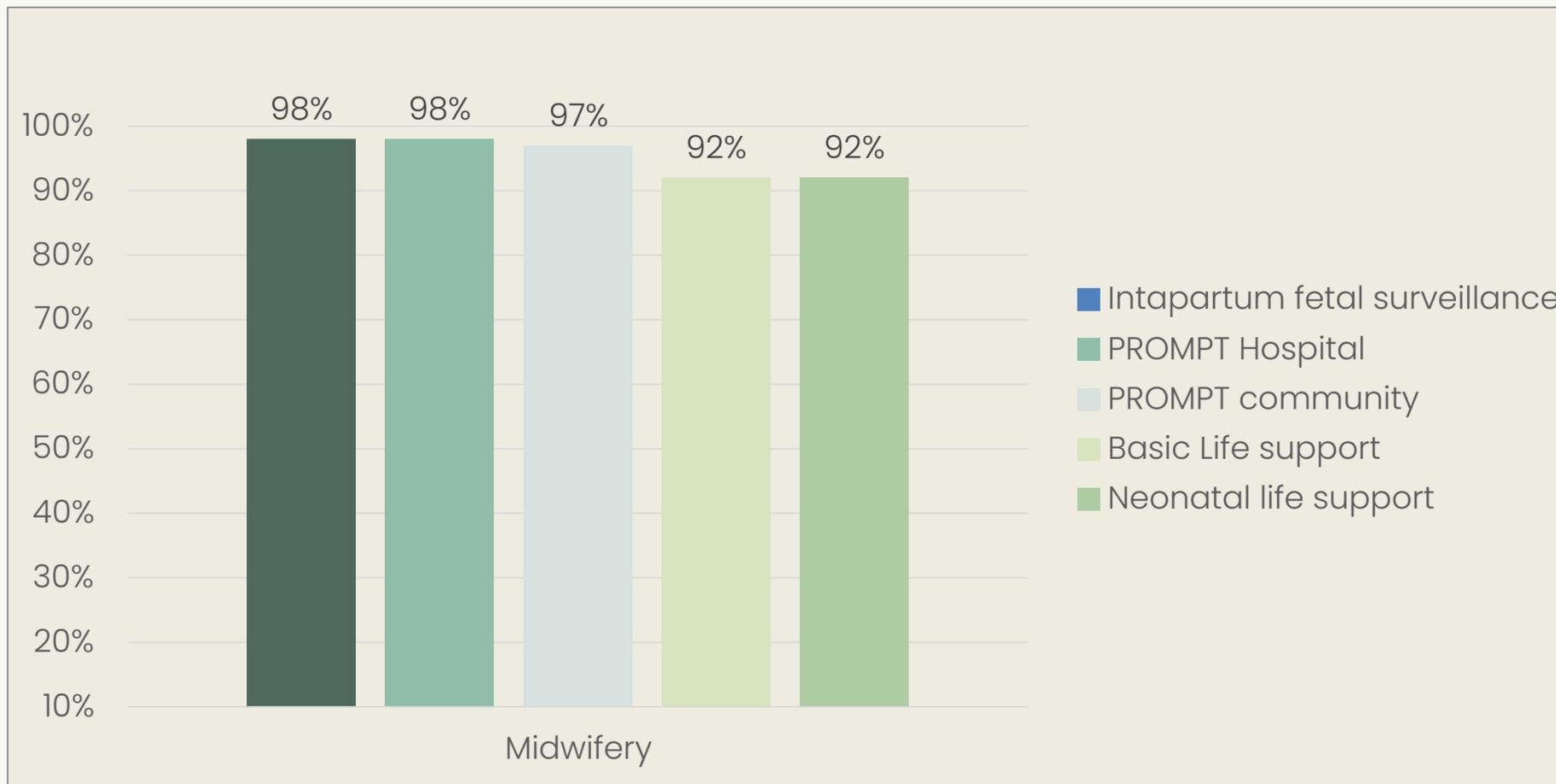
# Education, Training & Development



The organisation remains committed to promoting the education, training and development of the workforce.

For NICU 92% of staff are compliance with Mandatory and Statutory training, and whilst PADR compliance is usually above 80% staff absence and operational pressures has resulted in a drop in compliance to 66%, and due to focused work, this is expected to improve month on month. The nursing workforce is highly skilled and an increasing number of nurses are gaining their qualification in speciality, (66%), providing these staff with a unique set of skills to care for neonates. A multi-faceted approach is being adopted to support nurses to obtain this specialist qualification.

Maternity has a committed focus to training and development with the provision of 6 mandatory study days for midwives to include, fetal surveillance, PROMPT ( MDT skills training ). In 2024 safeguarding level 3 was introduced. With the exception of safeguarding level 3 (30%) the percentage compliance is very positive. There is a continued focus on culture diversity and care through a trauma informed model.



Within Maternity services quality assurance of the PROMPT training has been very well received with reports of a psychologically safe environment and evidence of teamwork and excellence. PADR is at 68% with a focus to improve with monthly monitoring by the senior team. Online learning is at 77% compliance.

## *Culture & Psychological Safety*

The provision of a conducive, psychologically safe environment where staff feel that they can 'speak up safely, confident that concerns will be investigated and addressed is of paramount importance. A multi-faceted approach has been adopted to ensure that all staff are aware of, and have access to, a range of supportive mechanisms including coaching, mentorship, clinical supervision, and restorative clinical supervision. Effective communication is key and staff are kept updated through regular team meetings, communication boards and a monthly newsletter.

Facilitated by Workforce and Operational Department and supported by staff unions, a cultural Listening Exercise has been held between July and September to engage with staff and seek feedback on their experience of working on the NICU. The purpose of the exercise is to conduct an independent internal review of the culture within the NICU, identifying strengths, challenges, and opportunities for enhancing team wellbeing, leadership, values alignment, and collaboration. This intervention has been well received by staff who are encouraged by the actions being taken to engage with and support the workforce and to address any concerns raised. A report summarising the findings of the review and any recommendations will be presented and high-level themes shared with staff and taken forward as part of the NICU Improvement plan.

Joint education between maternity services and neonatal services is in place with learning around culture, language, psychological safety and terminology. Compliance is more than 85%. Psychological safety is a feature running through PROMPT and fetal surveillance training.'

Maternity is a known "hot spot" for stressful working and staff wellbeing concerns, due to the complex and sensitive areas of work. A perinatal staff wellbeing strategy is in development and funding has been supported to aid training. This will provide training for staff to facilitate hot debriefs following untoward incidents- recognising that untoward outcomes may occur in maternity impacting on staff wellbeing Kindness and compassion begin with care for each other and Maternity services has been working alongside the wellbeing service to deliver Multi-Disciplinary Team Swartz rounds, whereby staff gain an understanding of the emotional effects of work and its impact, fostering kindness and understanding. A formal listening event is planned to ensure all staff voices can be heard and any actions taken.

## *Leadership*

Strong, visible and compassionate leadership is crucial to shape a positive organisational culture, to ensure staff feel valued and supported. Following a review of the working practices and lead roles undertaken by the senior neonatal sister these band 7 staff have increased visibility, undertake professional rounding and actively support the neonatal team working within the clinical area. The increased visibility of senior and divisional staff has been welcomed by the staff and provides opportunities for staff to raise concerns and seek support in real time where needed.

Maternity has a proactive approach to leadership development and supports band 7 and band 8 development through the leadership academy, through masters modules and HEIW training programmes.

## *Improvement Work 2025*

Nationally maternity and neonatal services in Wales have been subject to a number of independent reviews to examine the safety and quality of care since 2015. The most recent independent report was released in 2025, reviewing Swansea Bay services. A gap analysis of ABUHB maternity and neonatal services was conducted in July 2025, detailing good and improving practice and areas for improvement, and findings shared with the Executive Committee.

## *Being Cared For After Birth*

Postnatal care is a focus for improvements, with the introduction of drug rounds and self-medication. This is being explored as part of the wider work alongside the introduction of the electronic or digital patient medication chart. Additional training is being reviewed to improve breast feeding rates and this is being led by our infant feeding lead midwife. Breast feeding rates require improvement as average rates are 50%. This is being targeted by the infant lead midwife. There is a focus on implementing the 3 tiers of infant feeding support with peer support groups up and running. 3 midwives have completed train the trainer course for baby friendly and a further 2 are undergoing training. A tongue tie pathway has been developed and 2 midwives have undergone training in frenotomy, with clinics due to commence in October 2025.

# All-Wales Perinatal Engagement Framework

The framework was launched by Welsh Government as part of the mat/neo safety support programme, setting out the minimum standards for service user engagement. A task and finish group has been established to review the framework and to rag rate areas for action. To date, a joint action plan has been created to self-assess and monitor the 10 commitments, currently led by maternity services consultant midwife. There has been excellent progress, particularly around the training and education to support a listening culture.

## Perinatal Quality Statement

This sets out a national commitment to delivering safe equitable and high-quality care for women, babies and families across Wales. It aligns with *A Healthier Wales*, the long-term strategy for health and social care. The Quality Statement requests 7 key actions for the Health Boards, summarised and rag rated for action.

## Maternity and Neonatal Safety Support Programme

The programme undertook an initial discovery of services across Wales in 2023 and this was followed up in 2024 by phase 2 the implementation phase, aimed at improving care in maternity and neonatal services. 124 recommendations /actions were noted for areas of improvement. 46 of these were aligned to the responsibility of the Health Board. Maternity and neonatal services have worked collaboratively to undertake a self-assessment and gap analysis which is a working document. There has been successful implementation of NEWTT2 early warning score, to identify at risk babies on the postnatal ward. The Mat/Neo Improvement plans reflects the key initiatives that form part of the Strategic Perinatal Workforce Plan- staff retention and recruitment, education, training and development, leadership, succession planning and culture. Work is underway to review workforce data and conduct a gap analysis in line with the requirements of the Strategic Perinatal Workforce Plan and to provide assurance on our compliance with British Association of Perinatal Medicine (BAPM) Standards.

# Next Steps

Over the next year the services and Health Board will focus on delivering the range of actions plans, which form part of the overarching Improvement plan, prioritising the delivery of the immediate quality and safety actions:

- Deliver the Medication action plan to support patient safety
- Deliver the IPAC action plan to ensure high standards of infection prevention and control
- Review the common themes generated from the Cultural Listening Exercise and progress areas requiring action.
- Review the RCPCH ( Royal college of Paediatrics & child health) report on the NNAP outlier status and progress the actions required.
- Maternity and Neonatal to continue to work collaboratively to progress the delivery of the MatNeo programme, Perinatal Workforce Plan and All-Wales Perinatal Engagement Framework alongside the NICU Improvement Plan.
- Implementation of MEWS early warning score
- BSOTS Triage assessment for women to access the service
- Rapid Access card to maternity services for those whose first language is not English
- MUSA – Assessment for midwife led unit
- Collaborative and joined up working of maternity and neonatal services
- Dedicated transitional care.

Regular updates will continue to be presented to the Maternity and Neonatal Improvement and Assurance Group (MNIAG), the Quality Management Group (QMG) and the Executive Committee to provide assurance that improvements are made to being made to ensure that the workforce are empowered and supported to deliver the highest standards of care.

## CYFARFOD BWRDD I ECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING



DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 September 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	SBUHB Review maternity and neonatal services: Gap analysis
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jennifer Winslade – Executive Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Jayne Beasley – Head of Midwifery

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

Er Sicrwydd/For Assurance

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

A range of concerns about the safety and quality of maternity and neonatal services provided in Swansea Bay University Health Board (SBUHB) were identified in December 2023, from a Health Inspectorate for Wales report, MBRRACE – UK reports and directly from families. These concerns prompted an independent review commissioned by SBUHB.

The independent review was released in July 2025, and examined the safety and quality of care between 2019 and 2023. This formed the findings and recommendations of the review and encompasses the following key components and workstreams: -

- Women and family experience
- Clinical review of cases
- Staffing and leadership
- Governance



- Review of data and outcomes

These workstreams were explored by a clinical review team, family engagement team and Niche, an independent consultancy to triangulate the evidence.

This paper provides an overview of the SBUHB independent review and gap analysis of the findings and recommendations with regards to Aneurin Bevan University Health Board maternity and neonatal service.

## Cefndir / Background

The SBUHB independent review into maternity and neonatal services commissioned in 2023 and released in 2025 is a retrospective analysis of care, conceived to build trust, and to better understand the reasoning behind SBUHB being an outlier in some years regarding MBRRACE-UK data. Increased stillbirth rates were noted from 2018-2020, and neonatal mortality higher rates in 2019, 2021 and 2023 with rates 5% higher than similar Health Boards. Whilst highlighting areas that may warrant investigation this does not provide definitive evidence of deficiencies in care, therefore additional scrutiny was required.

The review was important to gather information on why the Health Board did not make progress despite numerous reviews around staffing and why some families raised concerns about the quality of care. The views of 1,180 women and families and 1,430 statements of feedback were considered and detailed case reviews of the care afforded to 138 women and 125 babies was analysed, to restore public trust and confidence.

Key aims of the report were to identify harms, determine the quality of internal reviews, explore themes, identify governance, leadership and cultural issues, to consider the working relationship between maternity and neonatal services and the experiences of families. Thus, providing a broad range of evidence.

This report follows a number of high-profile national reports into the safety and culture regarding maternity services.

- Morecombe bay Report (2015)
- National Maternity Review – “better births” (2016)
- Cwm Taf Morgannwg (2019)
- Ockendon Review (2020 and 2022)
- Kirkup report (2022)
- Renfrew (2024)
- The UK Birth Trauma report (2024)
- Nottingham University Health Board (due 2025)

The reports and reviews span over 10 years and consistently highlight the need for personalised maternity care, whereby women, families and their voices are listened to, lessons are learned, and there is proactive change. The impact of culture on safety, failures in leadership, teamwork, and governance processes are key findings. Typically, services pressures and staffing deficits were evident, directly impacting on the safety of care and in turn compassion and kindness that women and families experienced.



The Maternity and Neonatal Safety Support Programme Cymru 2023 with its focus on safety, governance and learning was developed to address learning from past reviews and improve the safety of maternity and neonatal services across Wales. The ambition for maternity and neonatal safety for Wales is set out in the Quality Statement (2025).

It is vital that Aneurin Bevan University Health Board learn and take action from these reviews to enhance the experience and improve the outcomes for those families within our care and to prevent avoidable harm and learn the lessons that have come before.

### Asesiad / Assessment

An initial Data assessment compares SBUHB to ABUHB 2023/24

	SBUHB	ABUHB	All Wales
Population	390,000	643,000	
Deprivation births in least deprived areas	20%	29%	
Live Births	3300	4309	27,374
Spontaneous	53.6%	50%	45.1%
Caesarean section	37.2%	42%	37%
Induction	28%	28%	35%
Instrumental	5%	8.3%	16%
Post Term Birth	3%	3.8%	3%
Smoking	11.4%	9%	14%
BMI >30	31.5%	29%	31.9%
Small for Gestational Age	11%	18%	7%
Stillbirth Number (rate)	13 (3.9/1000)	18 (4.1/1000)	93 (3.3/1000)
Neonatal mortality Number (rate)	12 (3.6/1000)	9 (2/1000)	106 (3.8/1000)
Hypoxic Ischaemic Encephalopathy -number	10	7	Not available

The 188-page independent review proposed 10 priority recommendations based on the findings within the report. These are summarised below with ABUHB position and any areas for action.

SBUHB Independent Review Recommendation	Summary of ABUHB position
<p>Establish a single point of access for maternity triage for all women</p> <p>Improving the quality of triage and access, quality of calls women’s experience</p>	<p>Good and Improving Practice</p> <p>The Grange University Hospital has a dedicated maternity triage service with uniform contact process for all women to access. Information is shared at booking, and incorporated into digital records. It is staffed in accordance with the most recent Birth rate plus report 2022/23. A further Birth rate plus review will be undertaken in 2026.</p>



<p>Maternity staffing (including triage) must be improved by predictive modelling of capacity and demand data. Taking into account predicted birth rate skill mix and shortfalls</p>	<p>Introduction of CIVICA for monitoring and reporting of triage performance including key metrics related to response times and patient satisfaction.</p> <p>Gaps Further work is needed to implement BSOTS a standardised triage system to assess and prioritise women. The following has been actioned and work is underway to support this development.</p> <ul style="list-style-type: none"> <li>• Audit of the existing workflow has been completed.</li> <li>• Midwifery Lead: A midwifery lead has been allocated to support the initiative.</li> <li>• Obstetric Lead: to be determined</li> <li>• Physical Space: A review has been conducted in line with the recommended ratio of one bed per 1,000 births. We currently have four bed spaces available, however there is potential opportunity to create an additional trolley space. This would provide 5 beds in accordance with approx. 5000 ABUHB births. This would require costing and IPC assessment.</li> <li>• Workforce: A dedicated triage workforce is already in place.</li> <li>• Guidelines: The current triage guideline requires review.</li> <li>• External Engagement: Scoping discussions undertaken with units already using BSOTS, including Swansea this occurred on 17/07/2025.</li> <li>• Business case in development</li> </ul> <p>Work is in development with our workforce business partner and human resources regarding workforce analysis and capacity and demand. A Theatre paper has been completed and shared. Whilst Birth rate plus is the only dedicated maternity staffing model there is work nationally to consider alternative models ie the Scottish model.</p>
<p>Delivery of consistent care with senior clinical staff oversight</p> <ul style="list-style-type: none"> <li>• Obstetric – senior staff mandatory presence for operative vaginal births and</li> </ul>	<p>Good and improving practice</p> <p>There is a commitment to ensuring the safety and well-being of women and families through the following provisions:</p> <p>Obstetric Care - Senior clinical staff are mandated to be present during all operative vaginal deliveries, including rotational deliveries, forceps applications, and assisted breech deliveries. Furthermore, complex</p>



<p>complex caesarean section</p> <ul style="list-style-type: none"> <li>• Neonatal care – senior oversight of sick babies</li> <li>• ITU care there should be daily contact with obstetric team for women in ITU</li> <li>• Radiology – requirement for full time paediatric reporting service</li> </ul>	<p>caesarean sections are attended by senior clinical staff, ensuring that experienced professionals oversee these critical interventions. There is a dedicated elective caesarean section list ensuring division between emergency and elective workstreams.</p> <p>Neonatal Care - We emphasise the necessity of senior oversight in managing sick neonates. This is reflected in our clinical records, where although clear documentation of actions required is consistently maintained, the rationale for decision-making is not always documented. This transparency will enhance the quality of care and facilitate effective communication among the care team.</p> <p>Intensive Care Unit (ITU) Care - Whilst there is a level 2 dedicated maternity high dependency unit for the small number of women requiring ITU level 3 care can be provided within The Grange University Hospital, close to the locality of maternity unit. This ensures a multidisciplinary approach with daily engagement from the maternity team to include midwifery obstetric and anaesthetic input. In addition, the outreach team follow up women after step down care to the maternity unit.</p> <p>Radiology Services - ABUHB is equipped with a full-time paediatric radiology service available Monday through Friday. This dedicated service plays a vital role in supporting the diagnostic needs of our patients, ensuring timely and accurate imaging when required.</p> <p>Gaps No weekend cover for radiology</p> <p>Documentation of rationale behind decision-making to be strengthened during ward rounds and all reviews</p>
<p>Implementation of Maternity Early Warning Scores (MEWS)</p>	<p>Good and improving practice</p> <p>For safe care it is essential that there is early detection and escalation of women who have evidence of deterioration in their condition. The Maternity service has a long-standing well-established MEWS (Maternity Early Warning System) in use throughout all its settings. The service does not use an adult NEWS score for maternity patients, as parameters for deterioration differ.</p>



	<p>Communication with other clinical areas such as ED use of MEWS is in progress, for women who may present.</p> <p>The MEWS chart is recorded within the digital records enabling review of women in real time.</p> <p>The Welsh Government has mandated the implementation of the all-Wales Maternity Early Warning Scores (MEWS) chart by 30 September 2025. Work has been ongoing to set up Task and finish group to support and plan the training of staff in its use.</p> <p>NEWTT2 ( Newborn early track and trigger tool) was successfully introduced 28<sup>th</sup> July. All maternity and neonatal staff have received training to complete paper documentation until Badgernet is updated.</p> <p>Gaps Due to the digitised records, there is an awaited update (expected January 2026) with the different parameters as determined in the All-Wales MEWS. In the interim it is not considered safe to revert to a paper-based MEWS system in order to implement by September as this will fragment records and runs the risk of staff using differing sets of parameters to assess deterioration. Once this update has been completed the service can move forward with the All-Wales MEWS.</p> <p>This All-Wales MEWS has not been approved for use in a midwife led setting – provisional audit suggests increased transfer rates with no improved outcome when used in a low-risk setting.</p>
<p>Improve quality of Investigations</p> <p>MDT reviews in line with MBRRACE and serious incident review guidance</p> <p>Clear trigger for independent or external review</p> <p>Greater involvement of families</p>	<p>Good and improving practice</p> <p>There is a commitment to reporting mechanisms and prioritising quality investigation and effective communication following adverse events. Our approach includes the following-</p> <p>Dedicated trigger list for DATIX reporting in both services with encouragement of staff to engage in the reporting process. Risk management forms part of mandatory training for all midwives.</p> <p>There are excellent governance arrangements for MDT review of all incidents in both maternity and</p>





	<p>Whilst a number of staff have undertaken investigation training this needs to be extended to ensure excellence in investigation. This has been detailed in the maternity improvement plan. Training planned for September has been circulated.</p> <p>There may be limited availability of external reviewers to support in-house mortality reviews</p> <p>The national network meetings are coordinated centrally via the maternity and neonatal network and there is a backlog of cases across Wales awaiting review.</p>
<p>Delivery of compassionate and trauma-informed care</p> <p>Focus on delivery of compassionate care</p> <p>Culturally informed health care</p> <p>Health board must take action where care falls below acceptable standards</p> <p>Timely access to psychological support</p> <p>Current staffing levels on the post natal ward to be reviewed – increased poor experience</p>	<p>Good and improving practice</p> <p>Maternity services have dedication in provision of care through a trauma informed model. This is embedded through care practices and through staff training.</p> <p>Training:- Trauma informed care</p> <p>Mandatory training is provided to midwifery staff in relation to team working, compassion, trauma and informed practice. Current compliance is 92%. Swartz rounds have been included in clinical governance days supporting wider MDT work.</p> <p>MECC training was mandated into maternity study days from September 2023 onwards and extended to neonatal staff in 2024. The current compliance is 86% for maternity staff and 89% for neonatal staff. Perinatal mental health training is mandated for midwives and current compliance is 85%. Perinatal mental health data is recorded via the digital platform. The study day sessions focus on trauma informed care.</p> <p>Informed consent and choice are essential to ensure women remain central to care and are prepared for birth, the health board has had a key focus on consent with Multi-Disciplinary Team (MDT) training being undertaken at forums. Consent training shows a compliance of 84%.</p> <p>Service development for trauma informed care In 2024 the consultant midwife developed the after-birth service a professional debriefing service, providing psychological support to all women who</p>



have experienced trauma. The service offers joint maternity debrief appointments facilitated by Consultants and Bereavement Lead Midwives.

Development of 'Perinatal Champion' roles in midwifery which evolved from the two-year project on birth trauma. This role would involve increasing the knowledge and awareness of perinatal mental health presentations, interventions and being a link with the team and with colleagues who might need advice on perinatal mental health.

The service is committed to supporting parents and women who have experienced an untoward outcome, with follow up care provided. A guideline for obstetric communication post traumatic birth debrief is available on the intranet.

The service increased its specialist midwifery service in 2023 and a bereavement lead midwife was appointed. Her role involves training and education for maternity staff and she provides a valuable link for women and families as they navigate their loss. In addition, the lead midwife undertakes post mortem consent training and compliance with MBRRACE audit.

In 2023 the service introduced digitised end to end maternity records. All women can review their records in their chosen language.

Staff wellbeing is at the forefront of maternity and neonatal teams. In collaboration with the wellbeing service there is planned training development to support debrief for staff who have been involved in an untoward outcome. Primarily this will involve equipping lead staff with the knowledge and education to support staff in the direct aftermath of an event.

#### Culturally Informed Health Care

In collaboration with our service users the maternity team are committed to support women whose first language is not English. There has been a focus on continuity of care and a volunteer support service established. This supports women within their own communities ensuring they are signposted to health. The volunteers have further created on line forums and befriending sessions offering support and friendship, and have been meeting up with women in



their local communities to provide friendship, support, and to help women navigate the maternity system and the available resources. One volunteer has established a well-attended breast-feeding support group in Monmouth, with a special focus and support for mothers from the Ukraine who have sought sanctuary in Wales. In recognition of excellence in 2024 the volunteer service was awarded the CNO award.

“Hello and Welcome” displays in multiple languages are visible in our clinical settings. Displays and picture resources are in place with QR codes, enabling service users to have the option to choose preferred language. There are posters in clinical areas with contact details of our volunteers who speak English as an additional language. The posters are written in the volunteer’s first language (for example Hungarian), inviting other Hungarian mothers to get in touch if they would like some help to find and access information in their first language. There is enhanced networking and engagement with the Roma community and a For Dads, by Dads group in Torfaen to support new and expectant fathers.

Social media pages have pictures of people representing multiple characteristics including all protected characteristics to celebrate diversity in multiple ways. There is multi-faith celebration on the social media pages which represent inclusive resource for all women. All clinic and community leads have a list of key cultural, religious and community events that are significant for Black, Asian and Minority communities. Teams are encouraged to recognise and celebrate the events.

There has been the establishment of a bespoke antenatal education programme for Bengali women. This was the idea of one of the community midwives who recognised the power of providing care in a familiar language and spoke Bengali. Keen to make improvements for women she now provides antenatal education for women within Newport.

As part of the booking process, all women are asked their ethnicity, their first language, and whether they need an interpreter. To support safe care, it is vital that service users can communicate with teams effectively. To this end maternity services uses IPADS



in all clinical areas including community, this enables the use of language line, google translate and the service was one of the pilot sites for sign live for women who are deaf.

Members of the maternity team including reception and admin teams attended Diverse Cymru's Cultural Competence Awareness Sessions, and forums. This has further created a more welcoming and understanding service. In recognition for the work undertaken and following assessment ABUHB maternity team were awarded Diverse Cymru cultural competencies silver accreditation aware. A first in Wales and demonstrates the commitment of the service to its service users and diversity.

The staffing of the postnatal ward was reviewed in 2023/24 and numbers of midwives increased and it is currently is in line with national recommendations of 1 midwife to 5-8 women and the current Birth rate plus. The postnatal ward is set to 5 Midwives: 24 postnatal women. In addition, by day there is 1 nursery nurse and 3 maternity support workers and a midwife allocated to perform Newborn and infant physical examination (NIPE), thereby supporting timely review patient flow and discharges.

Overnight this is reduced to 4 midwives and 2/3 maternity support workers. There is no evidence to suggest that concerns are increased on the postnatal ward. These have notably improved since 2023/24 when staffing was increased in that area.

#### Gaps

There is no dedicated psychological support for staff, work is ongoing to develop a wellbeing strategy with collaboration from neonatal and maternity services, with provision of training for "hot debriefs" following untoward events.

There is therapy support for babies on the neonatal unit in the form of dietetics, physiotherapy and speech and language therapy. To align to BAPM standards occupational therapy and Psychology support would be required. At present there is no dedicated paediatric/neonatal psychology or occupational service available. Therapy services have undertaken a full review and benchmarking completed, in line with BAPM standards. It is recognised that the absence of Occupational therapy and psychology services may impact on ongoing development of the baby and parent attachment and



	<p>support. Therapy care in this arena would maximise development outcomes for babies and families and minimise trauma.</p> <p>A business case and paper has been developed to highlight the requirement of provision of a 5 day service of Allied Health Professionals with funded psychological support. This proposes a funded therapy workforce due to be presented to the Executive team in November.</p>
<p>Improvements in governance processes, including escalation processes</p> <p>Maternity real time monitoring \available to the board – for performance and quality indicators</p> <p>Review debrief service</p> <p>Comprehensive review of complaints, timely compassionate responses</p>	<p>Good and improving practice</p> <p>A comprehensive review of governance processes and Board reporting structures is in place, which has seen restructuring of QPS. There are clear pathways for investigation reporting review and escalation, including weekly Executive safety briefings for oversight.</p> <p>Clinical representation is supported at clinical governance forums to ensure informed decision-making.</p> <p>There is a maternity dashboard that is created in real time to aid review performance and outcome measures. Additionally, there is access and information sharing with the BEACON dashboard.</p> <p>The digitised records allow for real time review of performance and quality indicators.</p> <p>A dedicated maternity ‘real-time monitoring’ report is presented at every monthly clinical governance meeting. This report integrates key performance and quality indicators, supported by qualitative feedback to provide a holistic view of service delivery. This is shared in the maternity and neonatal assurance and improvement group.</p> <p>The debrief service has been reviewed to improve accessibility and there is now a well-established “after birth” service supported by the consultant midwife, perinatal lead midwife, patient experience midwife and a band 6 midwife who has undergone REWIND therapy training.</p> <p>A full review of the complaints process is also being undertaken. With weekly and monthly meetings with PTR and the patient experience midwife. The aim is to ensure that responses are compassionate, timely, and appropriately detailed, reflecting the seriousness and sensitivity of the concerns raised. There has been a</p>



	<p>drive to increase early resolution. All concerns for maternity are reviewed by the Head of Midwifery and the General Manager prior to distribution and or review by Executive Director of Nursing/ Deputy Director of Nursing, and then Chief Executive sign off. There are no current outstanding neonatal concerns and early resolution of concerns is supported where appropriate.</p> <p>Whilst there is an annual maternity &amp; neonatal report with oversight at executive level, there is regular reporting via Divisional internal mechanism and forums and via the Patient Quality &amp; Safety Outcomes Committee, a sub-committee of the Board. In addition, updates are shared at the quality management group and the maternity and neonatal assurance and improvement group.</p> <p>Gaps There is ongoing work to expand the dashboard to co create a perinatal dashboard. Lead nurse to link in with IT and Clinical director re measurable outcomes and performance metrics.</p>
<p>Attendance for all maternity staff for fetal monitoring training, All Wales educations and to have access to cardiotocograph analysis</p>	<p>Good and improving practice All-Wales fetal surveillance standards (IFS) were incorporated into practice in 2023/24. IFS midwife is in post and IFS monthly training commenced in 2024 to include human factors. Faculty members have been increased via Welsh Risk Pool training to support mandatory training to include midwives and obstetricians.</p> <p>Online booking system in place for training and rolling compliance now implemented to demonstrate real time midwifery staff compliance with IFS. Current compliance is 86% for midwives and 90% for obstetricians. By end of August and completion of training year this now stands at 98% midwives and 90% obstetricians.)</p> <p>Central monitoring in place and cardiotocograph analysis.</p> <p>Gaps Obstetric compliance is not included in midwifery staff compliance, and there is no central list for compliance when medics move Health Boards – with no admin to support. IFS lead midwife and obstetric lead currently supporting with compliance data.</p>



<p>Develop and implement a robust process for booking and prioritising women undergoing induction of labour (IOL)</p> <p>Induction of labour pathway to be reviewed with prioritisation of need</p>	<p>Good and improving practice</p> <p>There is an induction of labour working group a MDT forum working with our service user group – BABI. To this end the voices of women were used to shape the patient information leaflet and improvements in care, such as partner remaining to support.</p> <p>The Induction of Labour Pathway has been updated to ensure there is a dedicated pathway for women that aligns to their individual risk factors and needs. For example, induction for women who have a previous caesarean section have alternative options for care including use of mechanical dilators as opposed to medicinal products.</p> <p>Further work is ongoing to trial a non-medicinal product called the cervical ripening balloon (CRB) on low-risk women on our induction ward. This is a work in progress and further evaluation is being undertaken by our multi-professional team.</p> <p>There is a well-established and recently updated outpatient induction pathway and options for induction can occur across the antenatal clinics in RGH, NHH and YYF.</p> <p>In 2023/24 the service amended how inductions occurred with a 7-day service for all women. Previously only midwife led care women were offered induction on the weekend. This created poor bed flow and increased risk for women with potential delays in care.</p> <p>Any delays in induction are reported via the DATIX system and care reviewed in the MDT weekly risk forum.</p> <p>In 2024 one of our community midwives at YYF developed a “Nearly There” clinic to offer education and information to women who were post-dates.</p> <p>Gaps</p> <p>There is no ability or function within the digitised badgernet booking system to allow for a risk score to prioritise inductions. A limit per day is set which can be overridden, therefore the consultant overview provides additional support in determining patient prioritisations.</p>
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<p>Review and revise all policies and procedures within the maternity and neonatal service to ensure consistent delivery of care - The service needs to review and redesign its approach to ensuring guidance</p>	<p>Good and Improving practice Maternity have a well-established guideline group "Clinical effectiveness Forum". With clear terms of reference and monthly MDT meetings. There is good engagement from obstetrics, anaesthetics and lead midwives, with dedicated SPA time for the obstetric lead. Guidelines are monitored, reviewed, updated and new ones developed. There is representation on the All-Wales guideline group with adoption of such guidelines.</p> <p>The sharing of updated guidelines occurs via the monthly clinical governance MDT meeting.</p> <p>Any clinical incidents or themes or updates to NICE are reviewed and where improvements to practice can be made this is incorporated into the guidelines.</p> <p>All guidelines are available on the intranet for staff to access. In addition, there are links created within the digital records for ease of access.</p> <p>Historically, neonatal guidelines have been stored locally but more recently all neonatal guidelines are in the process of being reviewed and stored centrally which will ensure they are easily accessible to all. This work is a key priority for the service.</p> <p>Gaps Finalise the review and central storage of all neonatal guidelines.</p>
<p>Develop and implement a wider engagement plan with a focus on seldom heard groups.</p> <p>Undertake 10 Qualitative feedback interviews per month from women who have used the service in the last 6-12 months</p>	<p>Good and Improving practice Maternity have a committed approach to service user engagement. There is display Hello and welcome in multiple languages across our sites. We have a sign live service and utilise Healthier Together in both maternity and neonatal services. Digitised records ensure availability of numerous languages to ensure equity of care. Our displayed resources have QR codes with multiple languages.</p> <p>There is excellent patient engagement through our maternity voice partnership group "BABI". Through monthly engagement forums and in collaboration with maternity staff led by the chair and our consultant midwife, improvement to patient experience has been a priority work stream of our service users. Increase in home birth, continuity of care and induction have been explored.</p>



Working alongside our service user group BABI we have been able to support volunteers whose first language is not English to attend antenatal clinics and provide support to women in their own language.

Both services have well established social media pages that demonstrate and represent our population and we ensure we celebrate multi faith dates for inclusion.

Maternity were awarded money to support a volunteer project whereby women whose first language is not English volunteer to support women within their communities and signpost them to care. The money was used to educate the volunteers and to provide electronic tablets to support their work. Our volunteers are from a wide ethnic group.

In recognition for the work undertaken the service was awarded silver accreditation by Diverse Cymru – a first in Wales.

Maternity and Neonatal services are working together to develop an action plan around the perinatal engagement framework, there is co working on the service user groups.

There is a bespoke Bengali antenatal education programme for women spoken in Bengali

Bespoke survey via CIVICA is due to go live in September for both services and can be undertaken in multiple languages.

#### Gaps

There is no remuneration for a paid chair in line with recommendations and actions in the perinatal engagement framework. Job description being worked through.

Consideration to support qualitative interviews

The SBUHB independent review has highlighted areas for improvement. ABUHB gap analysis has identified areas for good practice and progress in relation to the lessons from SBUHB, with areas for further work to be taken. Maternity and Neonatal service are committed to improving outcomes and experiences for women and



families and to this end there is engagement in the national improvement work. Currently work is underway and action plans developed where applicable regarding-

- The Perinatal engagement framework
- Quality statement
- Perinatal workforce plan
- Mat Neo implementation phase

Further national work is planned regarding assessment of Maternity and Neonatal services across Wales and within ABUHB both services have an independent and local improvement plan to which they are working. Direct oversight for all workstreams is via the maternity and Neonatal Assurance and Improvement group.

### Argymhelliad / Recommendation

The Board is asked to note the :-

- SBUHB independent report following in the wake of previous national reports into maternity and neonatal care
- Data comparison between ABUHB and SBUHB, with increased births noted at ABUHB, higher caesarean and operative births, higher small for gestational age babies and increased rates of deprivation. With lower rates of hypoxic ischaemic encephalopathy and NICU intensive care admissions.
- There is good and improving work at ABUHB regarding: digital inclusion, senior staff cover and staffing compliance, reporting mechanisms and governance structures. Ongoing work and commitment to mandatory training and trauma informed care. There is a well embedded maternity dashboard, debrief service, guideline group, governance, service user engagement and improvement work regarding induction of labour.
- Gaps and areas for improvement have been highlighted and include a lack of remuneration for paid chair, weekend cover for radiology and psychological support.
- Work is ongoing to develop the perinatal dashboard and the introduction of BSOTS to improve TRIAGE care for women.
- The ongoing work to engage with the scheduled national programme of work to improve outcomes for women, babies and families.

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

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

Safon(au) Gofal ac Iechyd:  
 Health and Care Standard(s):

- 1.1 Health Promotion, Protection and Improvement
- 2.1 Managing Risk and Promoting Health and Safety
- 3.1 Safe and Clinically Effective Care
2. Safe Care



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. Research, Innovation, Improvement, Value 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:	
Rhestr Termau: Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper Choose an item.
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	Choose an item. Choose an item.



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





CYFARFOD BWRDD I ECHYD PRIFYSGOLN  
ANEURIN BEVAN  
ANEURIN BEVAN UNIVERSITY HEALTH BOARD  
MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 September 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	General Dental Services (GDS) – Contract Reform Overview and Current Position
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Lloyd Hambridge, Divisional Director for Primary Care, Community Services, Complex and Long Term Care

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

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA  
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to inform the Executive Committee of the existing NHS General Dental Services (GDS) commissioning arrangements for routine dental care within Aneurin Bevan University Health Board, to provide an update in relation to the recent Welsh Government consultation regarding NHS GDS Contract Reform and the proposed contractual arrangements from April 2026, associated risks and mitigations.

Cefndir / Background

The Health Board commissions General Dental Services (GDS) throughout Aneurin Bevan University Health Board from independent contractors, through The National Health Service (General Dental Services Contracts) (Wales) Regulations 2006<sup>1</sup>. There are currently 72 General Dental Contracts that are responsible for providing NHS dental care within the Health Board area.

Since the inception of the NHS GDS contract, patients have not been registered with a dental practice, but access care through a contract based on individual courses of treatment. It is the patient's responsibility to ensure regular attendance at a dental practice to receive ongoing dental care.



Individuals that do not regularly attend a dental practice and require urgent dental care can contact the Health Boards Dental Helpline; Monday-Friday 9am-12.15pm and 1.15pm-4pm. Between 6.30pm-8am on weekdays, advice is available and during weekends and Bank Holiday's a limited number of urgent appointments are available and/or advice can be obtained.

The Health Board also commissions Domiciliary Services, Orthodontic services, Sedation and Oral Surgery Services. In addition, GDS is also commissioned within HMP Usk for the populations of HMP Usk and HMP Prescoed.

### Asesiad / Assessment

The National Health Service (General Dental Services Contracts) (Wales) Regulations 2006 sets out the framework for mandatory and additional services to be provided under NHS GDS contracts in Wales.

The GDS contract is based on substantive activity targets known as Units of Dental Activity (UDA), a proxy for counting dental treatments. NHS dental treatment is categorised into bands, each with an associated UDA value:

- Band 1- Diagnosis, treatment and maintenance;
- Band 2- Treatment such as fillings, endodontics and extractions; and
- Band 3- Provision of appliances such as bridges, crowns and dentures.

Welsh Government (WG) acknowledged that the current contractual system needs reform. UDAs as a sole measure of contract performance, focusing on treatment activity only, does not encourage needs led care, provide a preventative focus, or make the best use of the skill mix within dental teams. In light of this, the Contract Reform Programme (CRP) commenced in 2017.

WG set the direction for GDS CR with the Dental Public Health Team taking forward the development. Some of the national policy drivers for change include *A Healthier Wales: The Oral Health and Dental Services Response*<sup>2</sup>, *The National Oral Health Plan 2013-18*<sup>3</sup> and *Taking Oral Health Improvement and Dental Services Forward in Wales*<sup>4</sup>.

The CRP recognises that the implementation of Prudent Healthcare Principles, evidence-based prevention and the development of a culture of continuous improvement are key in ensuring NHS dental services are sustainable. Dental services also need to be an integral part of proactive and co-ordinated primary care to improve overall patient health and outcomes.

CR was initially developed and implemented in a phased approach and required a shift in focus of dental care delivery to improve the oral health of the population and contribute towards general health and wellbeing, reduce oral health inequalities and deliver improved patient experience and outcomes.

The initial CRP was focused on the needs and outcomes of individual patients through the Assessment of Clinical Oral Risk and Need (ACORN). Working with patients to co-produce care plans to improve outcomes, improve delivery of evidence-based prevention, introduce needs-led dental recall intervals and increase in the use of skill mix.



The CRP was delayed as a result of COVID-19, however, was re-established in 2022/23 and has continued to evolve in subsequent years.

It is important to understand that CR is implemented as a contract variation to the existing substantive NHS GDS Contract in accordance with the 2006 Regulations. Consequently, treatment provided remains categorised within the treatment bands.

### NHS GDS – Contract Reform Programme (CRP)

Since April 2022, all NHS dental practices have had the opportunity to opt into CR or remain on the substantive UDA Contract. Those practices that have opted into CR, are required to deliver against a set of metrics derived by WG. Whilst the core metrics remain unchanged, their specific application is subject to annual review by WG annually:

- Complete and report ACORN (Assessment of Clinical Oral Risk and Needs assessment) findings;
- Accept a specified number of new patients per week (determined by Annual Contract Value (ACV));
- Accept a specified number of new urgent patients per week (determined by ACV);
- See a minimum number of historical patients per week (determined by ACV). A historical patient is defined as someone who a dentist has submitted a claim for in the previous four financial years;
- Apply Fluoride Varnish to a minimum % of all adult patients with risk of (amber), or active decay (red) and a minimum % of all child patients aged 3 and over as well as for child patients aged under 3 with a risk of caries (red or amber); and
- More recently, Quality Improvement cycles.

Each year the metrics and associated thresholds are set out as a standard offer, with a level of off-setting and transferability between each metric dependent upon the guidance and individual practice circumstances.

The Historic Patient (HP) metric proves the most challenging to achieve for practices working to CR, due to a number of reasons. The time to manage a new patient (NP) is invariably greater than a HP; they may not have been seen by a dental practice for many years and can often have complex oral health needs. Practices have also been dealing with a high number of urgent patients (NUP), again presenting with complex oral health needs. Both scenarios result in less capacity to re-call HP.

Practices have raised concerns in relation to HP attendance, citing costs, along with patient choice to attend other practices that have capacity and as such are being seen as a NP at an alternative practice rather than wait for capacity within their regular dental practice.

For those practices that remain with UDAs, they continue to provide dental services in accordance with The NHS (General Dental Services Contracts) (Wales) Regulations 2006.



All NHS GDS practices within the Health Board are monitored and managed in accordance with the 2006 Regulations, including mid-year reviews and the management of end-of-year (EOY) based on performance and delivery of activity against either the UDA target or CR metrics. Following the application of any agreed mitigation, financial recoveries are instigated in all instances where there is an underperformance identified.

### UK Context

Due to the shared border with England, it is important to understand the NHS England progress and direction of travel with Contract Reform. NHS England commenced its NHS GDS contract reform journey in 2021, with the first set of changes announced to take effect 2022/23. These changes did not go as far as attributing metrics to the Annual Contract Value and maintain an activity-based focus. Noting the NHSE model is still evolving, and shares some similarities in respect of aiming to improve oral health outcomes, developing the use of skill mix, improved access and prioritising evidence-based care, there is the potential for increased patient migration in cross border communities and operational complexities for the profession working across both regions. One key difference in NHSE is the dental recruitment incentive scheme (golden hello's) for areas of high need, currently with 230 vacancies (July 2025<sup>8</sup>), which could impact workforce challenges in Wales.

NHSE have also published a public consultation, ending 19 August 2025, regarding future proposals expected to be in place April 2026. Remaining activity based with UDAs as the performance measure, these proposals seek to increase urgent provision, provide care pathways for patients with complex needs, build upon the use of skill mix and evidence based clinical interventions, recall intervals, introduce Quality Improvement activities, support annual appraisals, support workforce inclusion as part of the NHS and the collection of NHS numbers.

### NHS GDS Activity

Table 1 shows a summary of the number of practices within each borough that opted into the Contract Reform or remained on UDAs since 2022/23.

Borough	2022/23		2023/24		2024/25		2025/26	
	CR	UDA	CR	UDA	CR	UDA	CR	UDA
Blaenau Gwent	9	1	7	3	9	2	9	2
Caerphilly	13	13	13	16	13	12	17	8
Monmouth	11	1	5	8	9	3	7	2
Newport	13	2	9	6	10	4	10	4
Torfaen	9	7	7	6	11	3	10	3
Totals	55	24	41	39	52	24	53	19

Table 1. CR/UDA split by borough

The graph below shows the number of adults and children treated across both UDA and CR practices over the years to current date, demonstrating an overall increase year on year.



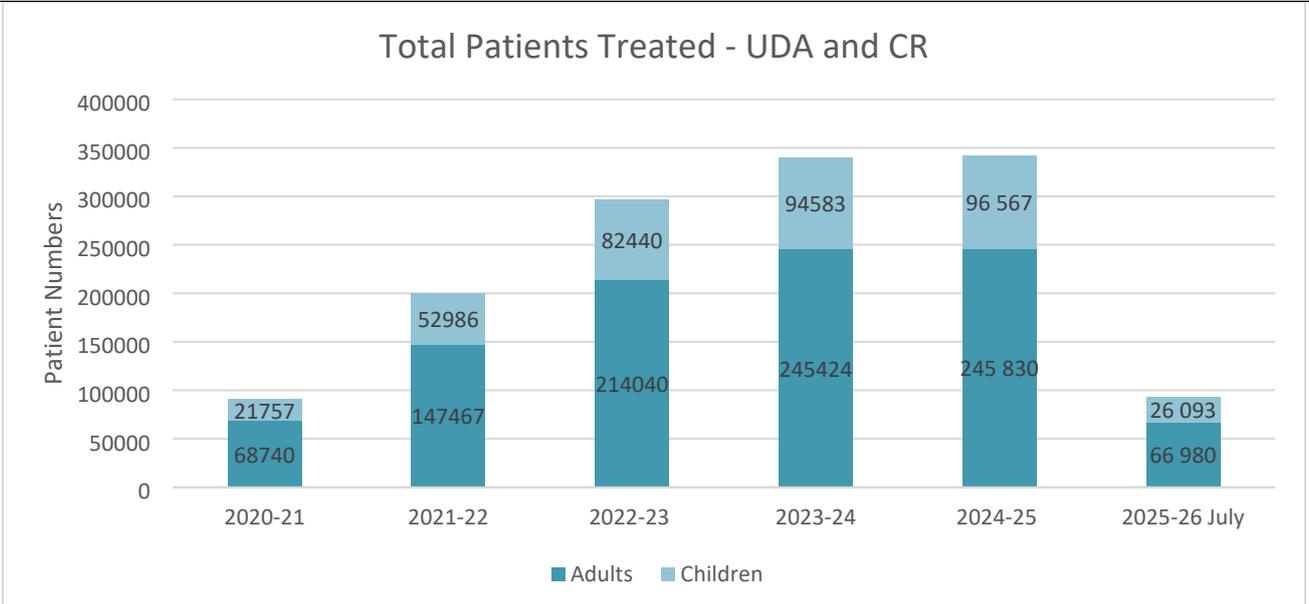


Fig 1. Adults and children treated - UDA and CR practices

Figure 2 shows the number of patients seen solely within CR practices, broken down by each metric. The reduction in numbers in 2023/24 is reflective of a number of practices reverting back to UDA delivery (table 1) for that period. Figure 1 demonstrates there was no overall reduction in the number of patients treated across all practices. 2024/25 CR figures returned to 2022/23 volumes.

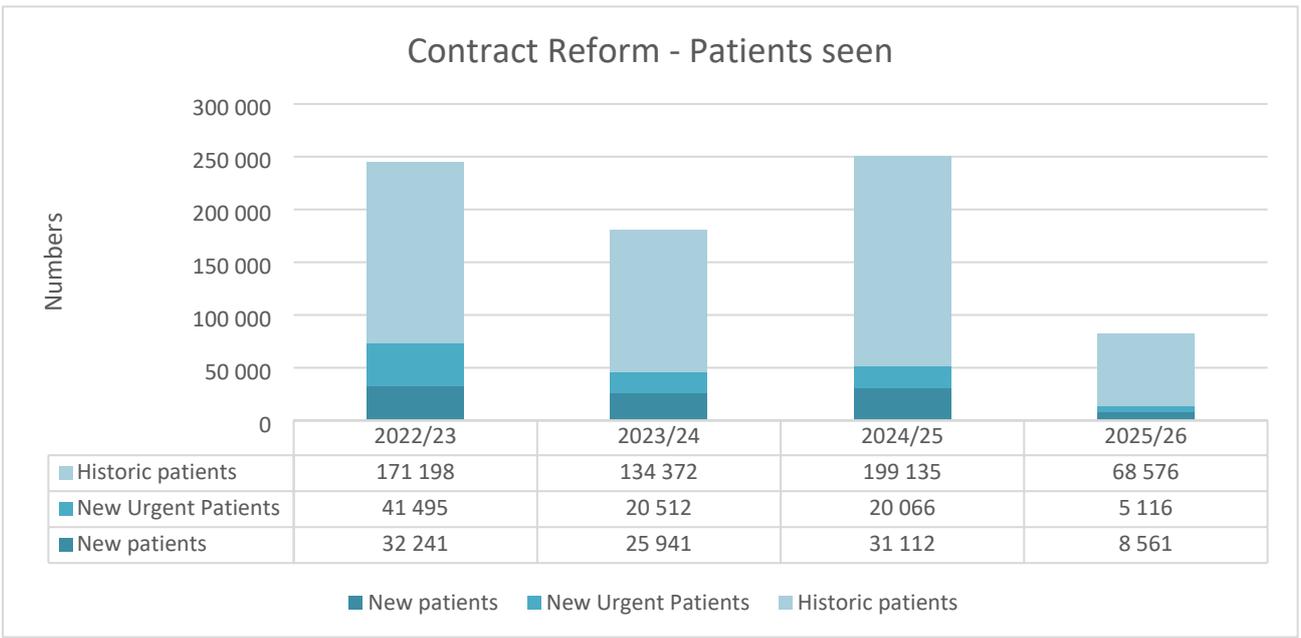


Fig 2. Patient figures across CR metrics

Emergency Dental Services (EDS)

Urgent access remains a key priority for the Health Board. From April 2025, the Health Board commissioned 87 core Emergency Dental Service (EDS) appointments per week with an additional 207 EDS appointments commissioned per week as a result of the Contract Reform requirements for 2025/26 (New Urgent Patients - NUP).



Over recent years, capacity within EDS has outweighed demand as a result of the CR NUP metric therefore, from 1 August 2025 the Health Board reduced the core EDS slots down to 71 appointments per week.

Table 2 is a summary of the number of EDS appointments provided per week, by borough:

Borough	Contract Reform EDS appts per week	Core EDS appts per week
Blaenau Gwent	33	19
Caerphilly	63	4
Monmouth	20	9
Newport	55	32
Torfaen	36	7
Totals	207	71

Table 2. EDS provision- core and CR

Figure 3 provides the breakdown of EDS utilisation for 2025/26 to date. The service continues to be monitored.

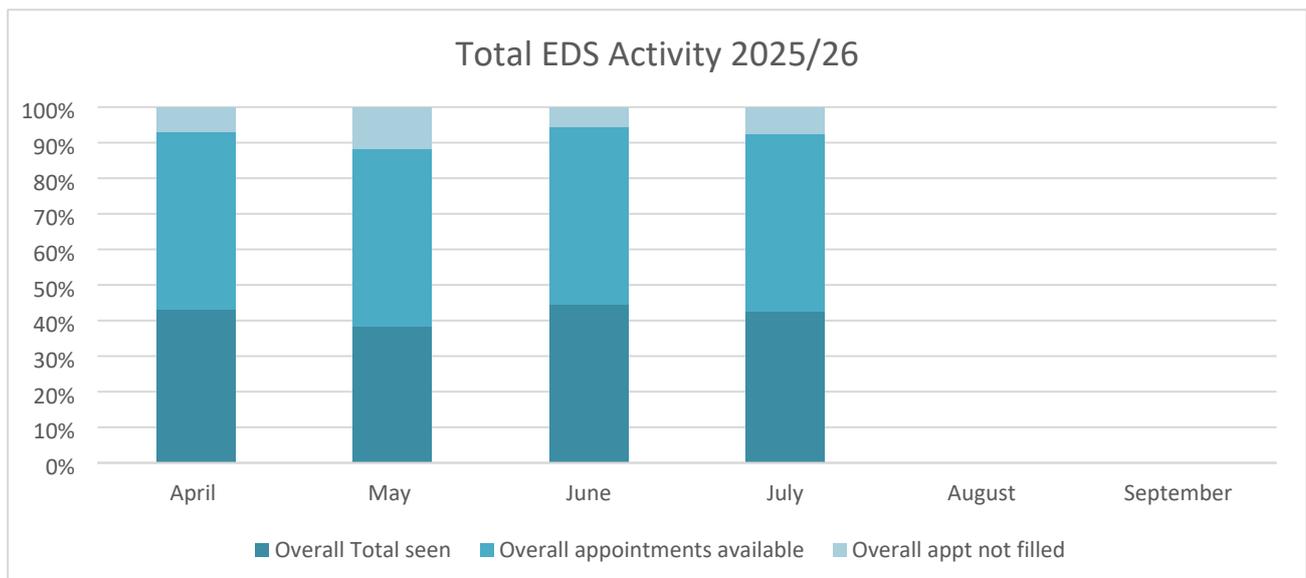


Fig 3. Total EDS activity 2025/26 - Core and CR

### Dental Access Portal

Health Boards across Wales manage routine NHS GDS access differently with some patient lists being held by Health Boards and some held at individual practice level. Aneurin Bevan University Health Board has not historically held a central waiting list.

The absence of a consistent approach can lead to inequity in accessing routine NHS care across Wales and it is impossible to determine, either at Health Board level or Welsh Government level, the number of patients who are waiting to be assigned to a dentist or the length of time that patients might wait to access routine care.



In order to address these challenges, Welsh Government introduced a centralised digital platform for patients to register for routine NHS GDS provision.

The Dental Access Portal (DAP), designed and built by Digital Health Care Wales (DHCW), is a centralised, digital service that allows patients in Wales to access NHS dental services on a more equitable basis.

The full national roll out of the DAP commenced in November 2024 and Aneurin Bevan University Health Board went live in February 2025. There are currently 4,705 Health Board patients enrolled onto the DAP which is being actively managed within the Primary Care Contracting team, however patient allocations are dependent on practice capacity. It is expected that Health Boards may be monitored against the DAP in the future.

It is anticipated that the DAP will allow for better understanding of demand both locally and nationally, informing future service planning. It will also mean patients living in every area of Wales will, for the first time, be able to register their interest in receiving routine NHS care through one digital platform, making access simpler and fairer for everyone.

To be eligible to apply through the DAP, patients must:

- Be aged 16 or over (parents/guardians can apply for under 16s);
- Not have received routine dental treatment on the NHS in the last four years; and
- Live at an address in Wales for more than six months of the year or attend a Welsh GP practice.

### Community Dental Service

The Community Dental Service (CDS) in Aneurin Bevan University Health Board is a salaried dental service providing oral healthcare services to vulnerable client groups in line with the Welsh Health Circular (2019)21; The Role of the Community Dental Service and Services for Vulnerable People<sup>5</sup>.

The CDS provides dental care for vulnerable children and adults from 11 dental clinics as a core service and include programmes for children in special schools and units, Looked After Children, adults with learning disabilities, people who are homeless, those that misuse substance, asylum seekers and refugees and vulnerable older people.

Most of the Health Board clinics are equipped to provide special care dentistry and specialist paediatric dentistry. Six of the sites also offer dental sedation currently. The Health Board also has mobile dental units and provides a domiciliary service. CDS includes an Oral Health Promotion team that offers oral health promotion and advice for vulnerable adults and carers and works with teams supporting vulnerable adults. In addition, CDS also provides oral health prevention through the national programme Designed to Smile for children and Gwên am Byth. The CDS team



comprises Dental Care Professionals who offer Direct Access and support the dentists in providing appropriate dental care.

The following provides a snap-shot of CDS activity across all Health Board clinics over time.

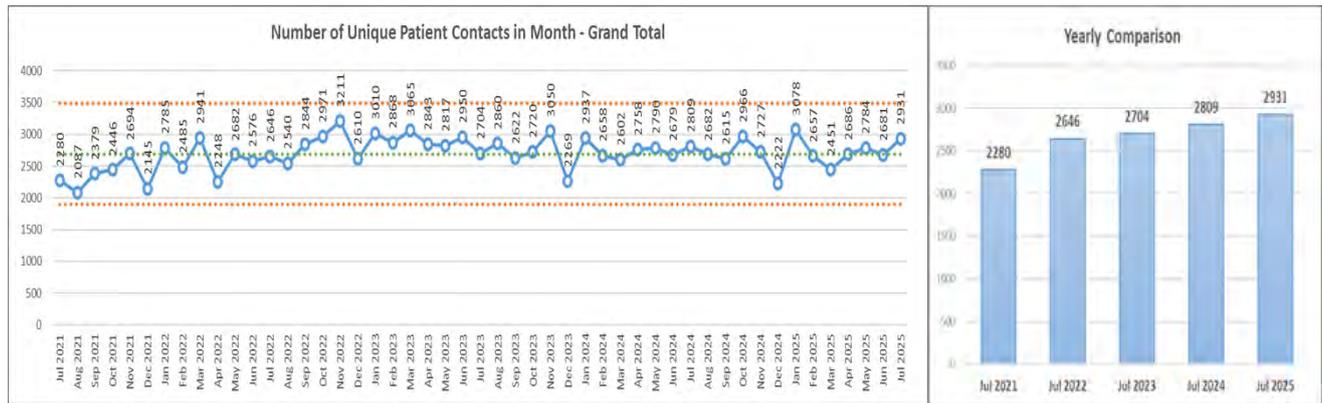


Fig 4. Unique patient contacts- CDS

There is integrated working with Primary Care GDS, Dental Public Health and Hospital Dental Services and with agreed care pathways for vulnerable adults in place. An established care pathway for Special Care Dentistry, paediatric dentistry, GA triage for children, dental sedation and bariatric dentistry is in place as well as a central referral and triage system for domiciliary dental care that involves the GDS and CDS and supported by an Oral Health Improvement Practitioner.

The CDS also has the responsibility for the Health Boards dental Out of Hours and the Dental Helpline.

### NHS Dental Services Consultation

WG issued a consultation on proposals to reform the delivery of NHS Dentistry through GDS contracts in Wales<sup>6</sup>. Responses to the consultation were required to be submitted by the 19 June 2025. Orthodontic and specialist services are not included in the proposals.

Recognising that reform is required, and following tripartite negotiations between September 2023 to October 2024, WG published an online consultation document to seek wider feedback on proposals from both the public and the dental profession.

It is proposed that a new national NHS GDS contract will be commissioned from April 2026 with the key changes to current working being:

- creating a single route of entry for people to access NHS dental services;
- the implementation of a different remuneration system that is fairer and more transparent;
- disincentivising unnecessary routine examinations;
- adjustment to patient charges due to changes in the remuneration system and a shift in how these charges are collected; and
- changes to contract terms and conditions, such as parental leave.



WG is expected to publish the outcome of the consultation in September 2025, with regulatory changes being made from February 2026 including:

- Revoking the National Health Service (General Dental Services Contracts) (Wales) Regulations 2006;
- Revoking the National Health Service (Dental Charges) Regulations 2005; and
- The making of new versions of the above regulations and supporting directions.

### Rationale for change

Building on the learning from the initial objectives of the CRP, WG set the vision for the future of NHS dentistry, seeking to:

- Improve population health, oral health, and general well-being through a greater focus on prevention, improve equitable access, experience, and quality of dental care for individuals and families;
- Enrich the well-being, capability, and engagement of the dental workforce; and
- Increase the value achieved from funding of dental services and programmes through improvement, innovation, use of best practice, and eliminating waste.

Within the consultation document, WG outline the intended outcomes and benefits for both patients and the profession<sup>5</sup> (p10).

For patients:

- ensure that every patient receives individualised advice and treatment where necessary for preventing tooth decay and gum disease;
- increase patient accountability for their own oral health;
- widen access so that there is greater capacity to provide treatment to those with disease;
- ensure that all treatment required to maintain oral health is available;
- change the way people with good oral health access services;
- establish new pathways that enable people with elevated levels of oral disease to receive treatment;
- improve the quality of dental services delivered; and
- ensure there is always capacity for new patients to get access for both urgent and routine care.

For dentists:

- Reduce administrative burden;
- Introduce a fairer and more transparent remuneration system;
- Encourage dentists to commit more of their time to providing NHS services;
- Enable skill mixing and making full use of the dental team; and
- Have clearer contractual controls to manage underperformance.

There are 14 issues detailed in the proposals, which are summarised below.

### Issue 1 – Contract Segmentation.

Segmenting the Annual Contract Value (ACV) to ensure capacity for new patients requiring urgent and routine care as well as prevention and Quality Improvement (QI) activities.



Health Boards will have discretion to vary the % for each segment based on population need and practice profile.

#### Issue 2 – Remuneration Model.

Driven by a need to replace the current UDA model with a fairer and more transparent payment mechanism, the proposals outline a care package model offering remuneration for dental treatments based on complexity and time required. Detailed is the intention to set a maximum threshold on the number of high value treatments. Local flexibility will be allowed with prior agreement from the Health Board in areas with an evidence base for a disproportionately higher volume of complex treatments.

#### Issue 3- End of Year reconciliation.

Proposal to streamline the process and reduce the period for practice claim submissions from 62 days, after 31 March, to 20 days. Health Boards will then be expected to confirm the position within 28 days.

#### Issue 4- Repair and Replacement.

Under the new contract, the contractor will be responsible for providing a repair/replacement for any treatment that fails within 12 months for urgent treatment and 24 months for any treatment provided as part of a care package. These repair/replacements will not attract any additional payment and is a change from the current 12 months in any scenario.

#### Issue 5- Parental and Sickness Leave Absence.

Proposal to align to England in respect of applying a cap on payments for seniority, paternity, adoption, sick leave. The SFE does not currently make provision for this. Additionally, shared parental leave is to be included in the SFE.

#### Issue 6 – Urgent Care.

Expectations are strengthened in relation to the provision of urgent care. Practices will need to be open and available for urgent care Monday- Friday, 9am-5pm. Urgent appointments should include a full oral health assessment and any onward referral as appropriate. A long-term solution should be provided in order to provide relief from pain and/or further deterioration and should consist of permanent definitive treatment. Patients should be signposted to the Dental Access Portal (DAP) for accessing further routine care. Practices will be paid for any missed new urgent appointments providing they can evidence they have done everything possible to ensure the patients attendance.

#### Issue 7 – High Needs Patients.

High need patients i.e., those requiring ten or more interventions, are to be referred into a separate pathway. Health Boards are to determine locally if this is to be delivered through CDS or by commissioned services with GDS practices. The care package remuneration model makes provision for a stabilisation course of treatment whilst referral is fulfilled. Once the high need course of treatment is complete, the patient is expected to re-join the DAP.

#### Issue 8 – Mandatory Services.



All level 1 treatment is to be carried out within the care package, in line with the guidance developed by the different specialities. Failure to do so will result in the rejection of onward referrals.

#### Issue 9 – Failure to Attend.

Work is ongoing to develop national guidance. The proposals outline that any patient allocated via the DAP/Health Board who fails to attend an initial assessment on two occasions will be returned to the DAP and will lose their positioning. Any patient in active treatment who misses 2 consecutive appointments or 3 within the care package will be returned to the bottom of the DAP.

Practices will be required to publish and display expectations of patients to attend appointments and the resulting consequences if they don't.

#### Issue 10 – Accelerated Cluster Development/Professional Collaboratives.

Participation in professional collaboratives will become a contractual requirement, with attendance at 4 meetings per year. Alignment with other primary care colleagues.

#### Issue 11- Contract Management.

Outlined is the intention to enable Health Boards to keep any performance related sanctions to a minimum through strengthened contractual levers.

Mid-year expected delivery will increase from 30% to 40% - failure to do so means that the Health Board can unilaterally implement a mid-year adjustment allowing reallocation of funding in year.

Full year activity – any achievement below 95% will result in a financial recovery, with the ability to apply the full underperformance up to 100%. Underperformance over two consecutive years and the Health Board can unilaterally apply a permanent reduction, via the Breach notice mechanism.

Activity achieved between 95% and 100% - associated underperformance may be carried over to the following financial year of recovery applied. If carried forward, the activity must be delivered in the first two months.

Activity between 100% and 105% - Health Board discretion applies to either carry forward with no financial increase or to pay for the over performance.

Activity exceeding 105% will be lost.

The notice period for any contract variation or termination will increase to 6 months.

#### Issue 12- Seniority Payment.

Proposal to remove the provision from the SFE, aligned to England.

#### Issue 13 – Patient Charge Revenue.

Proposal to introduce a centralised on-line payment system, managed by NHS Business Services Authority.

No proposals to change the exemption eligibility criteria.

Proposal to separate patient charge for dental appliances from the treatment charge with patients paying cost price for appliances directly to practices, and a set cap on the maximum treatment charge for patients at £384, aligned to other areas of the UK.

#### Issue 14- Patient Flow.



Patients are not currently registered at a dental practice, there is no proposed change to this. The DAP will be the primary access route into NHS dental care for all patients. Once a patient has been allocated to a practice via the DAP, attended for a 'check-up' they will either receive a care package from that practice, if clinically indicated or return to the DAP until their next routine check-up. Essentially this will extend patient recall periods to 18 months or more, however will be able to access urgent care from the assigned practice for 24 months.

### Health Board response and anticipated impact

The Health Board has submitted a balanced and proportionate response to the consultation (annex a), in support of the rationale for change and a system which prioritises treatment based on risk and need, recognising that there are positive steps forward outlined in the proposals and acknowledging some distinct challenges and potential unintended consequences.

The positive support for the prioritisation of children and adults with high needs is welcomed. Greater clarity is needed on the detail regarding expected activity in relation to ACV to be able to fully assess the potential impact on routine access and access to treatment.

There is some concern regarding the extended recall intervals and current low risk patients and their ability to maintain good oral health in the interim and potential increased risk of not being able to identify more complex health issues early such as oral cancers.

As a Marmot Region, the Health Board appreciates and acknowledges the need to adapt to the needs of the population particularly in areas of higher need, however, flexibility and Health Board discretion can lead to a perception of unequal treatment of practices with a potential for a high degree of variance locally and across Wales.

Alignment to other primary care providers in areas such as cluster development is positive and supports the Health Board Place Based Care agenda. It is also felt that the additional provision in respect of contractual levers is helpful, as is the stipulation regarding urgent care provision.

The key areas for concern from the Health Boards perspective are:

- Contract variations and terminations. The Health Board is aware of significant concerns within the dental profession regarding the implications of the proposals with many indicating that their ongoing NHS commitment is under consideration. Ultimately, any contract variations or terminations have the potential to significantly reduce NHS access with implications for the wider system.
- The lack of clarity on the detail of the specifics.
- Single route of access via the DAP and implications for continuity of care and patients' confidence in the profession without the ability to build relationships. Subsequent extended waits to access routine care. The management of the DAP process is likely to become increasingly high in terms of administrative load for the Primary Care Contracting Team and may require additional resource.



- Implications for CDS in respect of the high need pathway. It is anticipated there will be additional funding for this element, however this will take significant management and resource. Any GDS provision in respect of this pathway will be dependent on providers coming forward as part of a procurement process.

Consideration of the application of the Health Services (Provider Selection Regime) (Wales) Regulations 2025<sup>7</sup> in respect of the commissioning of a new GDS contract is required. A national position is required to ensure consistency across Wales.

Through the Local Dental Committee (LDC) the profession has highlighted a number of concerns to the Health Board and to the British Dental Association (BDA) and have also submitted a response to the consultation.

Some of their concerns include complexities regarding the fee scale, the requirement to be available 9am-5pm Monday to Friday for urgent care, access via the DAP only, removal of seniority payments and the determination of laboratory fees for exempt patients. As a result, some of the profession feel that they are being disincentivised further from providing NHS care and fear that they will face additional recruitment challenges.

The Health Board is aware that this has led to a number of practices promoting private payment plans to existing NHS patients in anticipation of any change, with some details being mis-represented such as informing patients they will no longer be registered from the 1 April 2026. A small number of practices have approached the Health Board for in-year reductions during 2025/26, to date there have been no notifications of contract terminations. However, it is impossible to predict at this stage what will come over the next few months and the publication of the consultation outcomes in September 2025 could result in an influx of practices providing the current 3-month notice period from January 2026, ahead of the implementation of a new contract in April 2026. Should this happen, the Health Boards ability to re-commission and maintain the same level of routine access will be severely impeded and the number of patients enrolled on the DAP and the length of time they remain on there is likely to significantly increase. Consideration will be required for alternative mechanisms for service delivery such as additional CDS resource, a distinct salaried model of delivery and/or increase in EDS provision. All of which have considerable financial and physical resource implications for the Health Board including estate and workforce. The Health Boards Integrated Oral Health Group will be a key enabler to these developments.

The GDS consultation and potential implications, should the proposals be implemented, are captured on the risk register and remains under review.

A further update will be provided to the Executive Committee and Board following the publication of the consultation and next steps.

In the interim period the Division and the Primary Care Contracting team will:

- Continue to manage and monitor all GDS contracts in accordance with the extant 2006 Regulations;
- Continue to liaise with practices and LDC to maintain relationships and work through individual contractual delivery;



- Apply usual processes for the management of any variations/terminations; and
- Develop and consider proposals through Integrate Oral Health Group for alternative models for service delivery for NHS GDS in anticipation of potential contract variations and terminations.

References/links

- [1 The National Health Service \(General Dental Services Contracts\) \(Wales\) Regulations 2006](#)
- [2 the-oral-health-and-dental-services-response.pdf](#)
- [3 TOGETHER FOR HEALTH: NATIONAL ORAL HEALTH PLAN FOR WALES 2013-18](#)
- [4 https://www.gov.wales/sites/default/files/publications/2019-04/taking-oral-health-improvement-and-dental-services-forward-in-wales.pdf](https://www.gov.wales/sites/default/files/publications/2019-04/taking-oral-health-improvement-and-dental-services-forward-in-wales.pdf)
- [5 the-role-of-the-community-dental-service-and-services-for-vulnerable-people.pdf](#)
- [6 Reform of NHS general dental services consultation](#)
- [7 The Health Services \(Provider Selection Regime\) \(Wales\) Regulations 2025](#)
- [8 NHS dentistry contract: quality and payment reforms - consultation document - GOV.UK](#)

Annex a – Health Board Response



273373960.pdf

Argymhelliad / Recommendation

The Executive Committee is asked to:

- consider the content of this report and associated consultation documents;
- acknowledge the potential implications resulting from any NHS General Dental Services contract changes; and
- endorse the approach the Division has outlined in terms of its response, current contract management processes and the considerations in terms of risk mitigation.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

Safon(au) Gofal ac Iechyd:  
Health and Care Standard(s):

1. Staying Healthy
2. Safe Care
3. Effective Care
5. Timely Care



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>	Choose an item. Choose an item. Choose an item. Choose an item.

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper Choose an item.
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Choose an item.  Long Term – ensures the ongoing access to NHS dental care. Integration – facilitates integrated working with independent contractors.



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

Involvement – Involvement from the Local Dental Committee and Liaisons.  
Collaboration – Independent GDS Practices and cluster teams. Local Dental Committee and Liaisons.  
Prevention – this will ensure the ongoing provision of GDS services to patients.



<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	24 September 2025
<b>CYFARFOD O:</b> <b>MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Strategic Risk Report, September 2025
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Chief Executive Officer
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Head of Corporate Risk and Assurance

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

Er Sicrwydd/For Assurance

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

Sefyllfa / Situation

This report provides the Board with an assessment of strategic risks associated with its strategic objectives and key priorities set out in the 2025/28 Integrated Medium-Term Plan (IMTP) and aims to provide assurance that these risks are being managed effectively.

Cefndir / Background

The Strategic Risk Report, last presented to the Board in July, highlighted nine principal risks and 21 sub-risks. These risks continue to be actively managed to ensure appropriate mitigation and oversight.

Since the previous update, changes have arisen in two strategic risks that require the Board's acknowledgement and acceptance of the associated increase in risk exposure.

Asesiad / Assessment

Strategic Risk Register

In accordance with best practice, all strategic risks have been reviewed within the appropriate timeframe for their respective levels of risk. The review focuses on the

control environment, ensuring that the controls remain robust and adequate for managing the identified risks. Detailed information is provided in Appendix A (Strategic Risk Dashboard and individual risk assessments).

Where it has been determined that the existing preventative controls are insufficient, additional controls have been documented, and actions are currently being taken to address these gaps.

Similarly, the three lines of assurance are evaluated to ascertain the effectiveness and reliability of the controls in place. If gaps in assurance are identified, the adequacy and effectiveness of the control environment are reassessed. Where feasible, proportionate measures are implemented to strengthen controls and close these gaps. However, in some cases, additional controls may not be cost-effective, if the resource cost of implementation outweighs the reduction in risk exposure achieved. In such instances, a risk-based approach is applied, balancing the cost and practicality of further controls against the residual risk and its potential impact.

### Changes in Risk Exposure

Since the previous update to the Board in July, changes have arisen in two strategic risks, outlined below.

SRR 001: There is a risk that the Health Board may be unable to deliver and maintain high-quality, safe, and sustainable services that meet the changing needs of the population. Sub-risk G, is linked to the Health Board's potential failure to achieve a sustainable financial position and long-term financial plan, has been reviewed by the Director of Finance and Procurement. Following this review, the likelihood of the risk materialising has been increased from 4 (Likely) to 5 (Certain) to reflect the current financial challenges.

In response, the CEO and Director of Finance and Procurement have introduced a series of targeted actions designed to strengthen financial management and control. These actions include:

- Budget holder financial recovery deep-dive meetings.
- Strengthened financial oversight arrangements.
- Enhanced forecasting and planning processes.
- Increased engagement with operational teams to focus on delivery of savings and financial governance.

The impact of these actions is being monitored through the Health Board's established governance and reporting processes. Updates will continue to be provided to the Finance and Performance Committee and the Board to ensure ongoing scrutiny and oversight.

While the residual risk remains high, the Board can take assurance that the actions implemented are aimed at reducing the likelihood of the risk escalating further and that it is being actively and rigorously managed. Regular updates will be provided to the Board to support ongoing oversight and to assess the effectiveness of these measures over time.

SRR 006: There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.

The Director of Digital, who holds accountability for all strategic risks associated with SRR 006, has reviewed sub-risk B and increased its likelihood rating from 3 (Possible) to 4 (Likely). This change reflects growing national concerns regarding the implementation timelines of the Radiology Information Systems Programme (RISP) and the Laboratory Information Management System (LIMS). Both programmes are critical to maintaining digital service continuity, with RISP scheduled to go live by the end of September 2025 and LIMS by December 2025. Delays or issues with either implementation could pose significant operational and service delivery challenges.

Welsh Government is strengthening governance arrangements around national digital programmes through the establishment of a Digital, Data and Technology (DDaT) Leadership Board. In addition, Health Boards continue to participate in national programme board meetings, where risks are actively discussed and escalated as appropriate.

While these governance structures are now in place, significant delivery risks remain and, at present, cannot be fully mitigated. For the RISP programme, it is confirmed that the scheduled go-live date is no longer achievable. The Health Board is therefore working collaboratively with the supplier and Digital Health and Care Wales (DHCW) to progress a formal change control process to revise our deployment timeline.

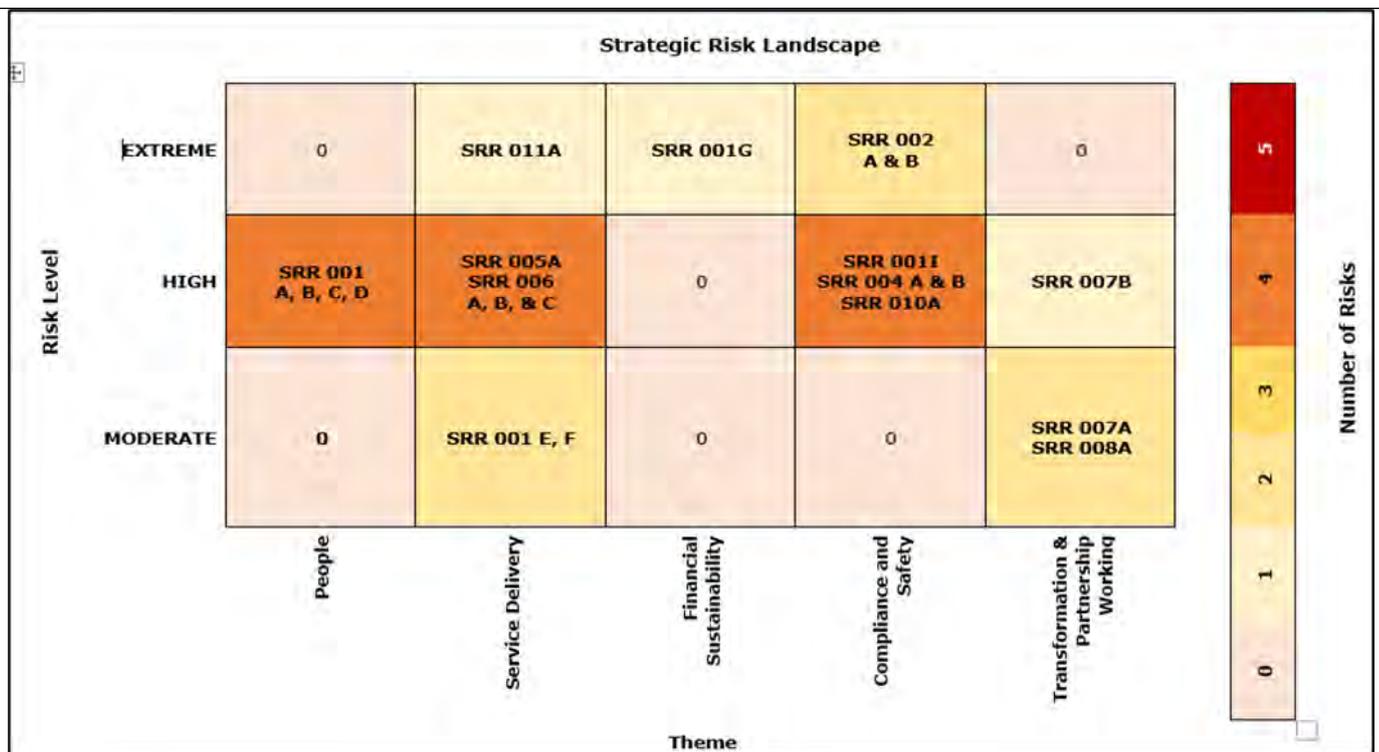
Delivery risks associated with the LIMS programme also persist and continue to be escalated at a national level, including through CEO-level discussions. The full risk assessment is available in Appendix A.

### Current Risk Profile

The Heat Map below illustrates the distribution of the Health Board's most significant strategic risks across themes and severity levels. The majority of risks currently fall within the High category, with notable concentrations in Service Delivery and Compliance and Safety, highlighting areas that require sustained focus.

Although there are fewer risks at the Extreme level, these represent the most critical threats to the Health Board. They require close and continuous monitoring, given their potential to significantly affect patient safety, service quality, and the successful delivery of the Health Board's Annual Plan and Integrated Medium-Term Plan (IMTP).

The Board should prioritise oversight and targeted mitigation actions in these areas to strengthen resilience, reduce organisational vulnerability, and ensure that appropriate controls are in place and operating effectively.



Risks outside of Appetite

The Board should note that six sub-risks currently exceed the acceptable thresholds for their respective domains. However, each of these risks is under active management. Ongoing assessments are in place to monitor residual risk, ensuring that new threats and vulnerabilities are promptly identified and addressed.

The Table below sets out the suggested management of the risks.

Risk ID	Sub Risk Description	Current Score	Management of the Risk
SRR 001G	Due to the failure to deliver a sustainable financial position and longer-term financial plan.	20	Treat the residual risk, but also Take Opportunities to redesign and strengthen services for long-term sustainability.
SRR 001I	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.	12	Treat the residual risk, but also Take the Opportunity to redesign and strengthen services for long-term sustainability.
SRR 002A	Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	15	Tolerate the risk until it can be Terminated.
SRR 002B	Due to significant levels of backlog maintenance and structural impairment.	12	TREAT the risk through proactive estate investment and maintenance planning.

SRR 004B	Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident	12	TREAT the risk by developing, standardising, and testing effective Business Continuity and Critical Incident Response Plans.
SRR 010	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.	12	Treat the residual risk, but also  Take the Opportunity to improve staff safety culture.

### Management of Risks Outside Appetite

To strengthen the Health Board's resilience and ensure alignment with its risk appetite, targeted work is required across the three categories of control: preventative, detective, and corrective. This is particularly important for risks currently outside of appetite in the domains of financial sustainability, compliance, and safety.

Looking ahead, the proactive monitoring of risks will remain a key priority. Ongoing surveillance, coupled with the strengthening of control measures, will be critical to managing these risks effectively and ensuring alignment between resources, performance targets, and safety outcomes.

As part of this effort, the Corporate Risk Team will be working closely with executive leadership to conduct in-depth reviews of key risks. These sessions will focus on high-risk areas and those that fall outside the Health Board's defined risk appetite. The objective is to ensure that effective preventative controls and mitigation strategies are in place, supported by robust assurance outputs to demonstrate their effectiveness. Where additional controls are needed, discussions will explore what further action can be taken to reduce risk exposure. In cases where all feasible controls have been exhausted and the residual risk remains high, attention will turn to the detective and corrective controls available to minimise impact and support recovery should the risk materialise.

In parallel, risk mapping is underway across the Health Board. This includes the development of visual schematics to illustrate the Health Board's risk management architecture, showing how thematic risk registers are structured and where oversight is required across Senior Governance Groups. This work will help clarify how thematic risks are managed collectively and identify opportunities for improvement.

Together, these efforts are central to maturing the Health Board's risk management culture, embedding risk awareness and discipline into operational and strategic decision-making, and reinforcing its value as a driver of sustainability, accountability, and organisational resilience.

### Closing Position

The closing position at the end of Q2 2025/26, as reported to the Board, confirms that the Strategic Risk Register currently comprises nine high-level strategic risks and 21

associated sub-risks. Of these, six sub-risks are currently operating outside their predefined risk appetite levels.

All identified risks continue to be actively monitored and managed, with ongoing efforts to ensure appropriate mitigation, escalation, and oversight are in place.

Argymhelliad / Recommendation

The Board is requested to:

- CONSIDER whether it has sufficient assurance that the strategic risks are being assessed, managed, and reviewed appropriately and effectively, considering the detailed analysis and ongoing mitigation efforts outlined in this report;
- NOTE the risks that remain outside of the agreed-upon appetite for their respective risk domains, recognising the ongoing efforts to mitigate these risks and bring them within acceptable levels; and,
- NOTE the continued work to mature the Health Board’s risk management approach and culture.

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

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:	At each meeting, the relevant Committee will monitor the risk theme relevant to its responsibilities.

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

Risk ID and Description				IMTP Link	Risk Score												
					2	3	4	5	6	8	9	10	12	15	16	20	25
SRR 001	Director of workforce and OD	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population	a) Due to an inability to recruit and retain staff across all disciplines and specialities.	Workforce & Culture					X				•		◊		
			b) Due to a deterioration in, and a failure to improve, the well-being of our staff							×		•		◊			
			c) Due to insufficient and ineffective leadership levels throughout the organisation.					X				•		◊			
			d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level						X			•		◊			
	Director of Strategy, Planning and Partnerships.		e) Due to inadequate strategic plans which respond to population health and socio-economic needs	System Change				X	•						◊		
	Director of Finance and Procurement		f) Due to unsustainable service models					X			•		◊				
	Director of Strategy, Planning and Partnerships.		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 Aerated 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 THEME	PEOPLE				
LINK TO IMTP	SECTION 4: ENABLER – WORKFORCE AND CULTURE				
Strategic - SRR 001 A	There is a risk 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>		
<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 Workforce & Organisational Development	<a href="#">Risk Exposure</a>	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)	2 (Minor)	
Last Reviewed	01 July 2025	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 October 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>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> </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>Consideration of Lateral Move Scheme to provide flexible internal movement of staff.</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 for submission 09 Sept 2024 ongoing reviews taking place, currently being updated for submission in September 2025</li> <li>HCSW retention plan developed in collaboration with Nursing focusing on areas of high turnover being reviewed monthly</li> <li>Short project completed with an MSc student to develop a retention dashboard, using a regression model to better understand and predict retention. Data analysis currently being undertaken to review findings</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> <li>Roll out of medical rostering to predict junior doctor gaps and look for alternative ways to fill.</li> <li>Ensure compliance increase in e-job planning to optimise current resources and identify any gaps in provision.</li> <li>E-Job Planning compliance has increased to 46.7% as of 1<sup>st</sup> July 2025</li> </ul>

- Nursing Workforce Strategy 2023 – 2026 agreed.
- Streamlining and improving recruitment timescales through recruitment modernisation programme (started Oct 2022)
- Partnerships with employability schemes and FE/HE to widen access.
- Actively working with Local Authorities to promote joint recruitment activities via Gwent Workforce Board.
- Working with partners to improve visibility and attraction
- DBS Policy in place with DBS risk assessment form
- Introduced centralised HCSW talent pools from September 2023.
- Future Nurse Academy introduced in January 2024.

#### 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.

#### 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.

#### Training

- The HEIW Education & Training Plan continues the investment in education and training in Wales that has been increasing over past years. In the HEIW Education Training Plan 22/23 there were increases in - Adult Nursing (36%) and Mental Health Nursing (20%), Healthcare science, Allied Health Professionals Clinical Psychology (11%- 43%). This will increase the number of graduates coming out of training in 2025 and beyond which are required to support turnover and existing vacancies in addition to external recruitment and internal training developmental programmes.
- The 2024/25 education training plan demonstrated very few increases on previous years for students graduating in 2027 and beyond. The draft 2025/26 education and training plan proposes further increases in Wales training numbers in all branches of Nursing, health care science, medical speciality training junior doctors, pharmacy and continued increase in HCSW investment and increased placements in adult nursing in General Practice.
- 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.

- 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 – students to start from September 2025 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)

#### 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.

<ul style="list-style-type: none"> <li>RCN Connect Programme has been established in connection with HEIW and higher education providers to support candidates enter registered nursing training (12 supported so far this year, with 3 more to interview) – We don't get involved with regards to the interview process.</li> <li>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.</li> <li>K102 bridging model now being offered to support HCSW pathways into registered nursing.</li> <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 to WG as of March 2025 was 629 WTE, an increase of 44 WTE since September 2024.</li> <li>Development of ESR establishments commenced on a national basis in September 2023. Local delivery action plan has been developed and project workstream established and work commenced. National work programme proposal is also in development to assess digital solutions</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>	
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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>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</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</b>		

RISK THEME	PEOPLE				
LINK TO IMTP	SECTION 4: ENABLER – WORKFORCE AND CULTURE				
Strategic - SRR 001 B	There is a risk 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 a deterioration in, and a failure to improve, the well-being of staff.				
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>High absence levels, with some sustained long periods</li> <li>Non-compliance with safe staffing principles and standards</li> </ul>	<p><b>Organisation</b></p> <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>	<p><b>Risk Appetite Level – Open</b> Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.</p> <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	3 (Possible) x	3 (Possible) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 July 2025	Risk rating	= 12 (High)	= 9 (High)	
Next Review (Quarterly based on risk score)	01 October 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)
<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> </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 programme has now won six awards including two from NHS Wales</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> </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 underway with support from planning</li> <li>Submission of response to All Wales KPI delivery and ongoing data analysis review in place</li> <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> </ul>

- 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
- The Avoidable Employee Harm Programme model will be used to underpin our approach to the Speaking up Safely (SUS) initiative within ABUHB
- An externally commissioned SUS hotline will be piloted in September 2024
- 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

**Occupational Health**

- Additional occupational health resources secured to reduce waiting times
- 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
- Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19
- Support equality and diversity of workforce
- A part time Disability Inclusion Officer has been seconded to the EDI Team and made permanent in December 2024
- Band 5 EDI Officer appointed and commenced in post at the end of March 2024
- Inclusive Leadership sessions embedded in the Leading People Programme
- Reverse Mentorship Programme launched February 2024

**Other**

- Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC
- Reducing fatigue poster developed

- Development of a buddy system to assist international medical staff with induction and orientation and support values and current norms
- Development of an empowerment passport to support disabled staff and reasonable adjustments and wellbeing

**Staff Survey Action Plan**

- Findings from the staff survey 24/25 indicate improvements with culture and diversity
- An ABUHB action plan is in development to address staff engagement, work related stress and to improve retention of staff
- Planning for 2025 staff survey underway to improve compliance and value of outcomes

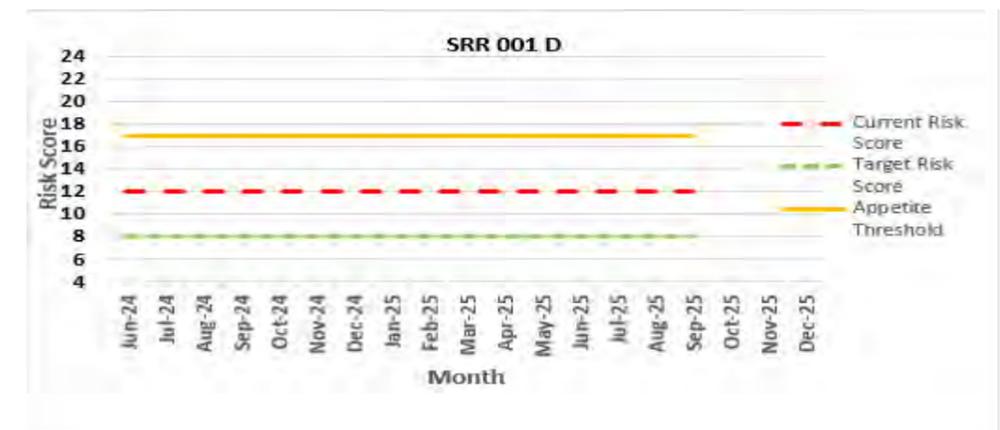
Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the 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>• 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</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) x	3 (Possible) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 July 2025	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 October 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>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 2023 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.</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 (starting cohort 9 May 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>Talent and Succession Planning</p> <ul style="list-style-type: none"> <li>Pilot planned for Finance, Occupational Health and divisional managers focusing on how to identify critical roles, development sessions on holding career conversations and culminating in a Talent Management Strategy.</li> </ul> <p>Development leadership capabilities</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</b>

RISK THEME	<b>PEOPLE</b> This risk score will be reviewed following the outcome of the consultative ballots at the end of July 2025.			
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)	<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> </ul>	<b>Staff</b> <ul style="list-style-type: none"> <li>Non-compliance with safe staffing principles and standards</li> </ul>	<b>Organisation</b> <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>	<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 Workforce & Organisational Development	Risk Exposure	Current Level	Target Level
Monitoring Committee / Group	People & Culture Committee	Likelihood	3 (Possible) x	2 (unlikely) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)
Last Reviewed	01 July 2025	Risk rating	= 12 (High)	= 8 (Moderate)
Next Review (Quarterly based on risk score)	01 October 2025			

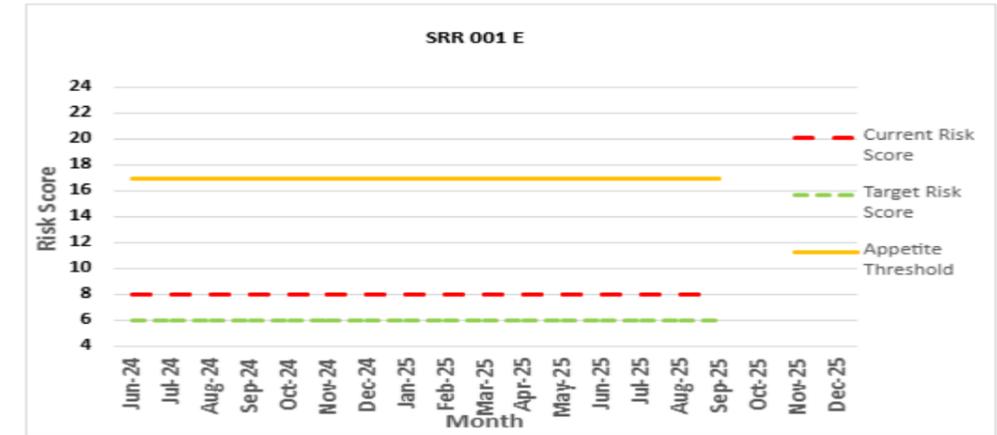


Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (What further controls are required to reduce the risk exposure to within a tolerable range?) (Short, Medium, and Long-Term Plans need to be included)
<ul style="list-style-type: none"> <li>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> </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. Response to WG on immediate assurance by end May 2024</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> </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> <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> <li>Local Staff re-deployments assessment</li> <li>Divisional engagement and service planning arrangements in place</li> <li>Local Negotiating Committee (LNC)</li> <li>Trade Union Partnership meetings</li> <li>Established processes and tools used for previous industrial action.</li> </ul>		Further industrial action	
<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> <li>Command and control structure in place to be implemented as required.</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>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> </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</b>

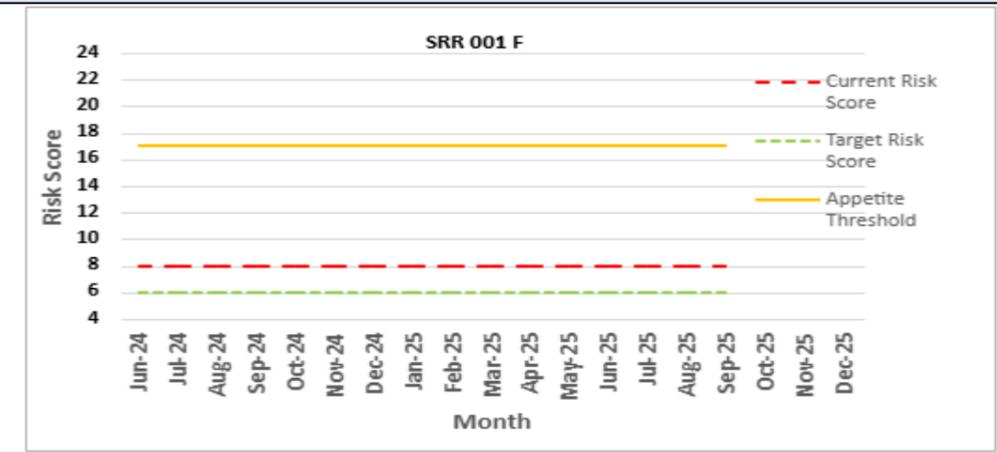
RISK THEME	SERVICE DELIVERY			
LINK TO IMTP	SECTION 3: SYSTEM CHANGE			
Strategic/ Corporate Risk SRR 001 E	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status Public
Threat (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 April 2025	<b>Risk rating</b>	= 8 (Moderate)	= 6 (Moderate)
Next Review (Six monthly based on risk score)	01 October 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 <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>• 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> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>• IMTP Delivery and Outcomes Reporting to Board</li> <li>• Marmot Region Programme</li> <li>• RPB reporting to Board and Population Health, Planning and Partnerships Committee</li> </ul>	<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</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. <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	01 April 2025	Risk rating	= 8 (Moderate)	= 6 (Moderate)
Next Review (Six monthly based on risk score)	01 October 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>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 <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>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> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>IMTP delivery and outcomes reporting to Board.</li> <li>RPB reporting to Board and Population Health, Planning and Partnerships Committee.</li> <li>Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee.</li> </ul>	<ul style="list-style-type: none"> <li>Regional Planning reporting to Population Health, Planning and Partnerships Committee.</li> <li>Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee.</li> </ul>		
<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> <li>Partnership Arrangements. Outcome – Limited Assurance</li> </ul>	<ul style="list-style-type: none"> <li>Recommendations identified in the Limited and Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of the management responses to close off recommendations</li> </ul>	
<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</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 <i>(As a result of)</i>	Due to the failure to deliver a sustainable financial position and longer-term financial plan.			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 <i>(Consequences of the threat)</i>	<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 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.	
Lead Director	Director of Finance and Procurement	<a href="#">Risk Exposure</a>	Current Level	Target Level	<p style="text-align: center;"><b>SRR 001G</b></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	August 2025	Risk rating	= 20 (Extreme)	= 8 (Moderate)	
Next Review <i>(Monthly based on risk score)</i>	September 2025				

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>
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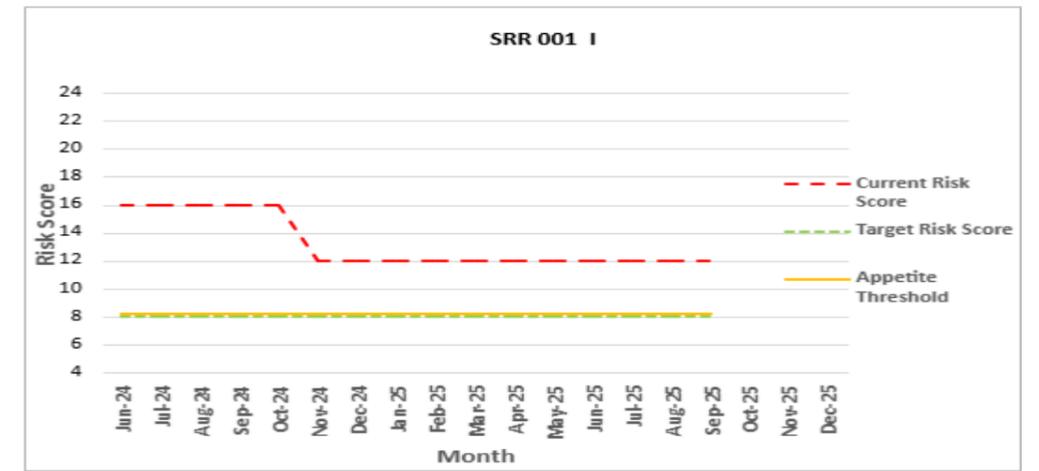
<b>Sources of Assurance</b> <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	<b>Gaps in Assurance</b> <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	<b>Actions to Address Gaps</b> <i>(What further evidence is required 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>• Adherence to SO/SFI/FCPs</li> <li>• Regular AFD meetings to discuss position and performance.</li> <li>• Day 5 comprehensive financial performance review – DoF led.</li> <li>• Divisional Assurance meetings are in place to implement savings plans and deliver service and workforce plans within available resources – part of Chief Operating Officer governance</li> </ul>	None	<ul style="list-style-type: none"> <li>• Greater focus is required on service, workforce, and financial plans all balancing to achieve financial sustainability.</li> <li>• Development of detailed 3-year recovery plan.</li> </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> </ul>	<ul style="list-style-type: none"> <li>• Financial Governance and Accounting reports to the Audit, Risk and Assurance Committee.</li> <li>• Board Briefing sessions on the financial position.</li> </ul>	None
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>		
<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>		

<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>
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**Assurance Rating** (Overall Assessment of controls and assurances) [Guidance](#)

<p><b>Negative</b> – Insufficient evidence that the controls</p>	<p><b>Reasonable</b> - adequate evidence that the controls in place are working effectively.</p>	<p><b>Positive</b> - robust evidence that the controls in place are working effectively.</p>	<p><b>REASONABLE</b></p>
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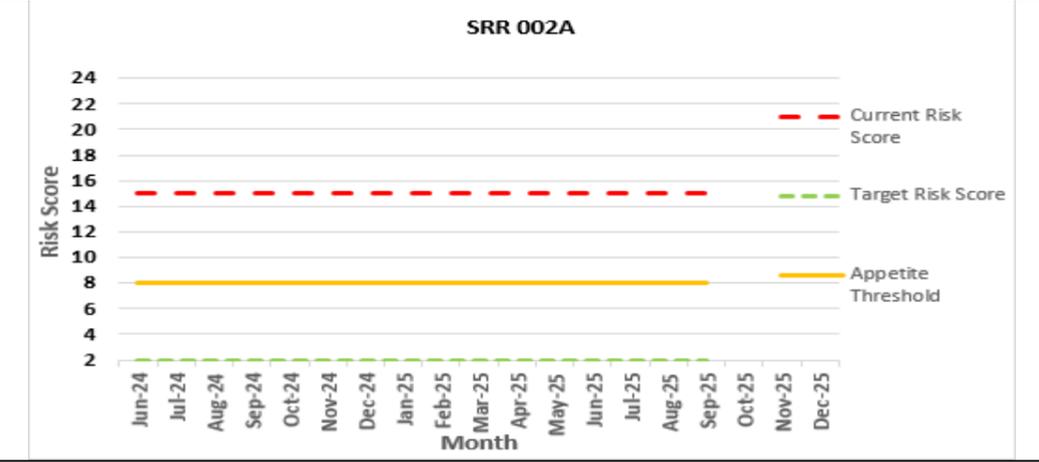
RISK THEME	COMPLIANCE AND SAFETY			
LINK TO IMTP	SECTION 2: DRIVERS – PERFORMANCE EXPECTATIONS		SECTION 4: ENABLERS – WORKFORCE & CULTURE	
Strategic Risk SRR 001 I	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, sustainable services that meet the needs 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, Operational 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.	Risk Exposure	Current Level	Target Level
Monitoring Committee	Finance and Performance Committee.	Likelihood	3 (Possible) x	2 (Unlikely) x
Initial Date of Assessment	19 April 2024.	Impact	4 (Major)	4 (Major)
Last Reviewed	01 July 2025	Risk rating	= 12 (High)	= 8 (Moderate)
Next Review (Quarterly based on risk score)	01 October 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>Performance Management and Assurance Framework</li> <li>Executive Accountability letters</li> <li>Divisional Directors Accountability letters</li> <li>Monthly Assurance meetings with fortnightly meetings for Urgent Care and MH&amp;LD Divisions in place</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 post End of Year and 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</li> <li>Capacity to run the performance framework and reporting requirements has been strengthened with the appointment of the Head of Systems Planning and Performance and analytical team who will fully be in place by January 2025 alongside the Business Partnering Support</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</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)</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</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> </ul>	<ul style="list-style-type: none"> <li>System Leadership Team for awareness and updates</li> <li>12-month Performance Management Framework review in the Autumn</li> </ul>	<ul style="list-style-type: none"> <li>Outcome if the review will determine if further action is required</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 and Patient, Quality and Safety Committee</li> <li>Established reporting to the Board</li> <li>Routine reporting through the IQPD process</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>Directorate Review - Mental Health and Learning Disabilities (Q2)</li> <li>Divisional Governance Arrangements (Q2)</li> <li>HIW Inspections</li> <li>Llais for feedback</li> </ul>	<ul style="list-style-type: none"> <li>Internal Audit 2024/25 Plan</li> <li>Findings and recommendations from the Divisional Governance Arrangements (Q2)</li> <li>Findings and recommendations from the Directorate Review - Mental Health and Learning Disabilities (Q2)</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of the management responses set out in the final Internal 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</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 <b>Public</b>
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>	<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 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	<b>Risk Exposure</b>	<b>Current Level</b>	<b>Target Level</b>
Monitoring Committee / Group	Partnerships, Public Health and Planning Committee	<b>Likelihood</b>	<b>3 (Possible)</b> x	<b>1 (Rare)</b> x
Initial Date of Assessment	01 June 2023	<b>Impact</b>	<b>5 (Catastrophic)</b>	<b>2 (Minor)</b>
Last Reviewed	01 September 2025	<b>Risk rating</b>	<b>= 15 (Extreme)</b>	<b>= 2 (Low)</b>
Next Review (Monthly based on risk score)	01 October 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>Work to assess the risk has been undertaken with expert external surveyor advice. Repeat surveys undertaken on 6 monthly intervals (currently ongoing for June and July with report expected in August 2025)</li> <li>Actions from previous reports including specific actions relating to 'skylights' in progress albeit some will require more substantial work -which is 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</li> </ul>

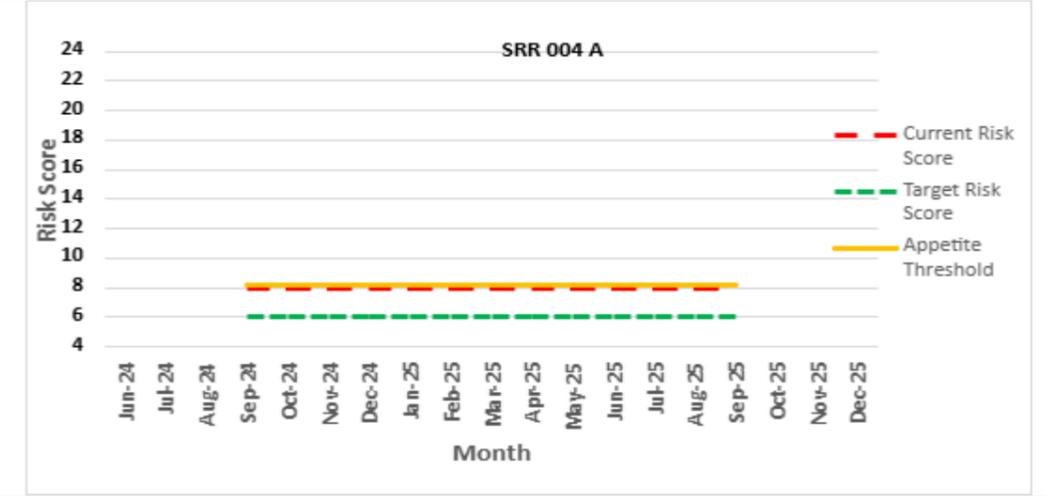
Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the 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</li> <li>Formal reporting to the Board/Committees in place</li> <li>Formal update to the PPHPC in July and SOC being developed, led by Planning team</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 implements</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</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)	<b>Patient</b> <ul style="list-style-type: none"> <li>Harm or injury to patients.</li> <li>Adverse impacts on the delivery of care to patients across acute and non-acute settings.</li> </ul>	<b>Staff</b> <ul style="list-style-type: none"> <li>Harm or injury to staff.</li> </ul>	<b>Organisation</b> <ul style="list-style-type: none"> <li>Non-compliance with health and safety legislation.</li> <li>Litigation and financial penalties.</li> <li>Loss of estate</li> </ul>	Risk Appetite Threshold – SCORE 8 AND BELOW 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, 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 August 2025	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 November 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 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</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> </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> <li>Staff training levels are monitored and reported regularly. If areas of non-compliance are noted, targeted training can be resourced to ensure compliance.</li> </ul>	<ul style="list-style-type: none"> <li>If the revised approach for monitoring and escalation of AE reports is effective in reducing the level of a deterioration.</li> </ul>	<ul style="list-style-type: none"> <li>Performance reporting</li> </ul>	
<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> </ul>	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 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> </ul>	<ul style="list-style-type: none"> <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> </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</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>	<b>Risk Appetite Threshold – SCORE 8 AND BELOW</b> 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	01 May 2025	Risk rating	= 8 (Moderate)	= 6 (Moderate)
Next Review (Six-monthly based on risk score)	01 November 2025			

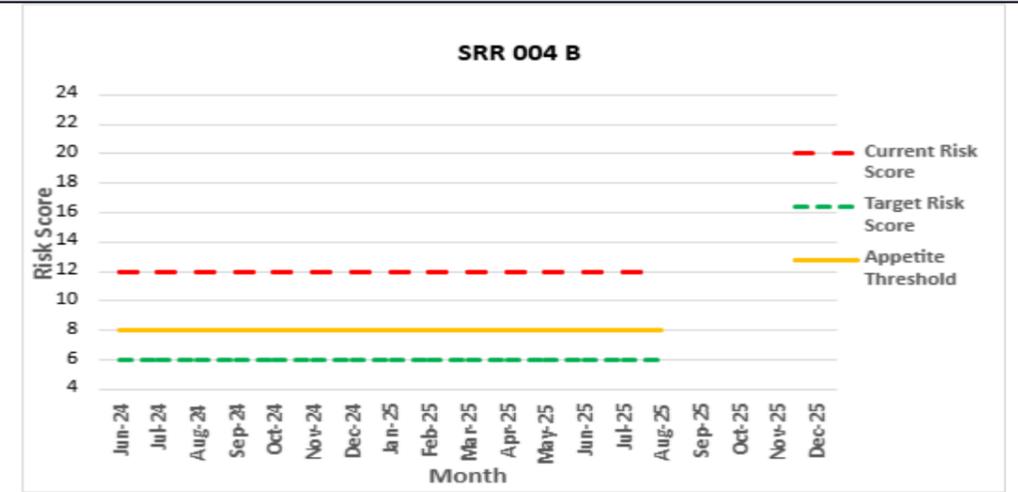


Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included))
<ul style="list-style-type: none"> <li>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> </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>

<ul style="list-style-type: none"> <li>• LRF Pandemic Solaris undertaken</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>• Departmental debrief following an incident to inform learning and enhance controls.</li> <li>• Training records</li> <li>• Plans and action cards in place and up to date</li> <li>• Debrief with key stakeholders following an incident to inform learning and enhance controls.</li> </ul>	<ul style="list-style-type: none"> <li>• All key operational departments could actively respond to a BC incident without EP intervention due to the absence of BSPs.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with key areas to support development of BCP's and action cards with the support of Corporate Governance Directorate.</li> </ul>	
<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>			
<b>Internal Audit Review(s)</b> <ul style="list-style-type: none"> <li>• Business Continuity Planning 2023-24 (Q2) outcome report published – included MI response - <b>Reasonable Assurance</b></li> <li>• Outcome and feedback from national exercises</li> </ul>	<ul style="list-style-type: none"> <li>• Identification of recommendations to ensure the Health Board is prepared and has the capabilities 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</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 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 or Critical Incident</li> </ul>			<b>Risk Appetite Level – MINIMAL</b> 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>	<b>Risk Appetite Threshold – SCORE 8 AND BELOW</b> 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	3 (Likely) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)
Last Reviewed	01 August 2025	Risk rating	= 12 (High)	= 6 (Moderate)
Next Review (Quarterly based on risk score)	01 November 2025			

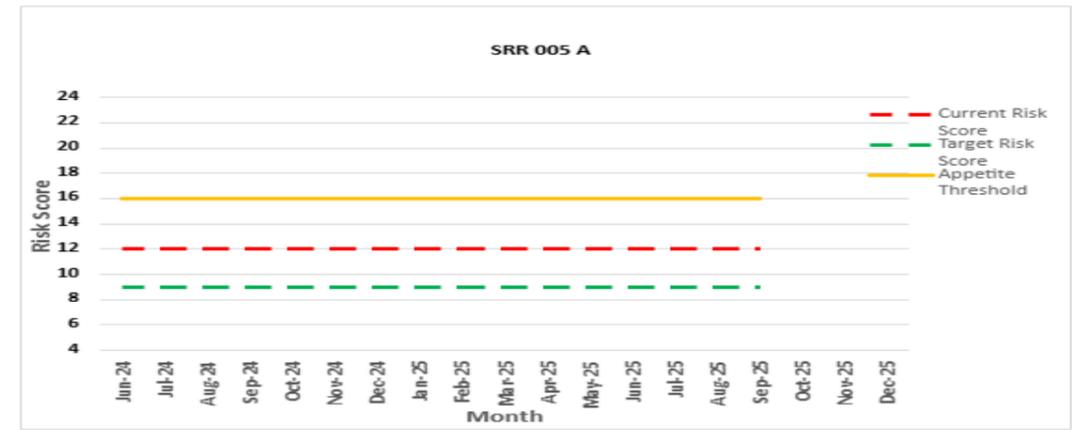


Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (What further controls are required to reduce the risk exposure to within a tolerable range?) (Short, Medium, and Long-Term Plans need to be included)
<ul style="list-style-type: none"> <li>BC Policy</li> <li>BC Response Guidance</li> <li>BC Template &amp; guidance (reviewed and updated April 2025)</li> <li>Divisional, Directorate &amp; Service BC Plans across a number of key operational areas</li> <li>BC Exercise</li> <li>BC debrief learning.</li> <li>HB and 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>EPRR Group Established.</li> <li>Repository on intranet for BC plans to be added to by areas for audit, maintenance, and review of interdependencies.</li> <li>Awareness raising of the requirement for BC across the Health Board through various training programmes</li> <li>Infectious Diseases plan</li> <li>Joint plan with PH in response to infectious diseases and public health incidence response overall</li> <li>Internal strategic on call training</li> <li>Executive Team attending 2-day strategic training.</li> <li>Regular liaison with Gwent Local Resilience Forum (Strategic and tactical)</li> <li>Joint Planning and Training with LRF and across Wales.</li> <li>Ongoing Participation in exercises UK, Wales, LRF and HB.</li> <li>Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing support to develop business continuity plans.</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.</li> <li>Develop an off the shelf BC exercise for divisions, directorates &amp; services.</li> <li>Work with the Corporate Governance Directorate (Head of Corporate Risk and Assurance) to support improvements in the development of BCP's across key operational areas.</li> </ul>

<p>knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP).</p> <ul style="list-style-type: none"> <li>• Ability to warn &amp; inform the organisation of critical BC incidents via the Health Board communications team.</li> <li>• Health Board service BC supporting plan – to provide a generic response framework if they have no specific plans are in place.</li> <li>• A dedicated business continuity lead for IT applications and networks to reduce the highest key theme risk.</li> <li>• The introduction of a business continuity Incident Response Group in the event that a BC incident that escalates to critical.</li> <li>• Joint working with LRF partners – Exercise Solaris</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>• Plans and action cards in place and up to date.</li> <li>• Div/Service BC risk registers</li> <li>• Service BC training records</li> <li>• Departmental debrief following an incident to inform learning and enhance controls.</li> <li>• Debrief with key stakeholders following an incident to inform learning and enhance controls.</li> </ul>	<ul style="list-style-type: none"> <li>• All key operational departments could actively respond to a BC incident without EP intervention due to the absence of BSPs.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with key areas to support development of BCP's and action cards with the support of Corporate Governance Directorate.</li> </ul>	
<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> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• EPRR Thematic Risk Register</li> </ul>	<ul style="list-style-type: none"> <li>• Develop an EPRR</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 2023-24 (Q2) outcome report published – included MI response – <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</b>

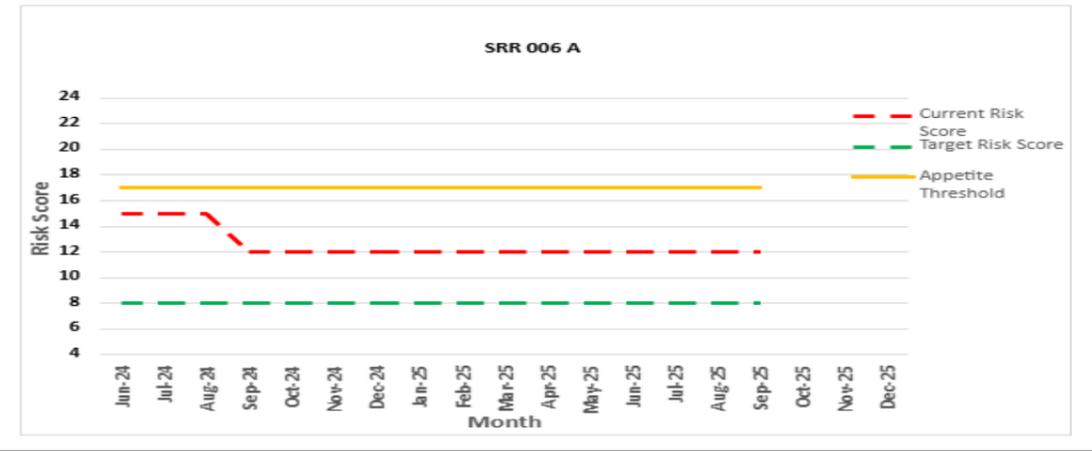
RISK THEME	SERVICE DELIVERY			
LINK TO IMTP	SECTION 3: SYSTEM CHANGE			
Strategic Risk SRR 005 A	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system			Publication Status <b>Public</b>
Threat (As a result of)	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> <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>	<b>Staff</b> <ul style="list-style-type: none"> <li>Increased workload</li> <li>Fatigue &amp; burnout</li> </ul>	<b>Organisation</b> <ul style="list-style-type: none"> <li>Litigation &amp; Financial Penalties</li> <li>Reputational damage and loss of public confidence</li> </ul>	<b>Risk Appetite Threshold – OPEN 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	Chief Operating Officer	Risk Exposure	Current Level	Target Level
Monitoring Committee / Group	Patient Quality, Safety and Outcomes Committee	Likelihood	3 (Possible) x	3 (Possible) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)
Last Reviewed	01 September 2025	Risk rating	= 12 (High)	= 9 (High)
Next Review (Quarterly based on risk score)	01 December 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>Escalation Policy.</li> <li>Performance and Accountability Framework</li> <li>Operational Framework</li> <li>Major incident Procedures</li> <li>Daily X-site flow meetings - Twice daily flow 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>fortnightly safety flow forum – Cross divisional focused forum to look at priority areas to improve flow from across the system. Action focussed and task driven.</li> <li>Enhanced monitoring in place for U&amp;EC</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 plan to ensure there is clear description and guide for where extra capacity can be accessed to ensure patient flow is maintained.</li> <li>Planned care recovery meetings with the NHS execs.</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</li> </ul>	<ul style="list-style-type: none"> <li>New developments and pathways coming online into FY25/26</li> <li>New expanded transfer lounge o New ED extension and reconfiguration</li> <li>Additional ED consultants coming onboard</li> <li>Safety Flow agenda delivering wider developments and improvements</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>The Escalation Framework has been enacted and ineffective in mitigating threats and impact to services.</li> <li>Performance report against measures/metrics</li> </ul>	<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> </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>Divisional Assurance reviews.</li> <li>Performance against measures/metrics reported to the Executive Committee</li> </ul>	<ul style="list-style-type: none"> <li>Effectiveness of the Operational Framework</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> </ul>	None	N/A	
<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 A	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 <i>(As a result of)</i>	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 <i>(Consequences of the threat)</i>	<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 WITHIN appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.</p>
Lead Director	Director of Digital	<a href="#">Risk Exposure</a>	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 July 2025	Risk rating	= 12 <b>(High)</b>	= 8 <b>(Moderate)</b>
Next Review <i>(Quarterly based on risk score)</i>	01 October 2025			

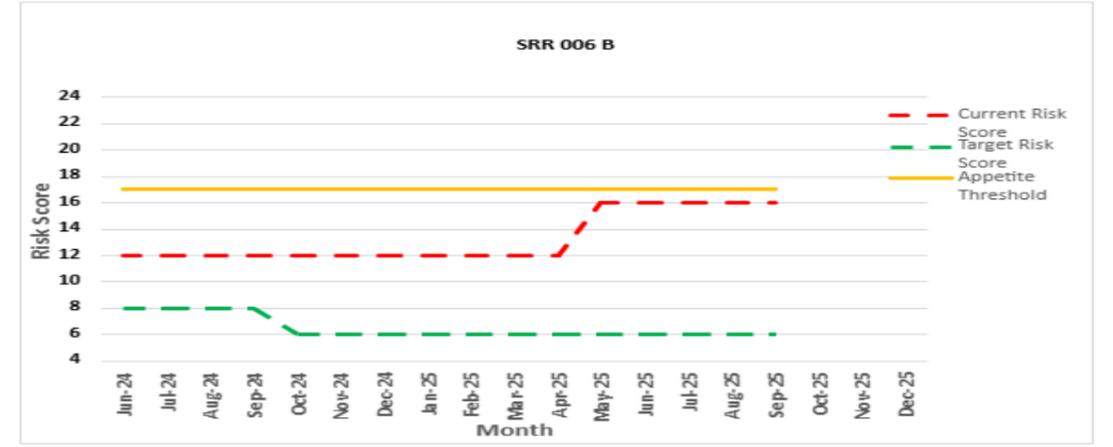


<p align="center"><b>Current Key Controls</b></p> <p><i>(What controls/ systems &amp; processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i></p>	<p align="center"><b>Plans to Improve Control</b></p> <p><i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i></p>
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<ul style="list-style-type: none"> <li>Remedial Action Plan revised and updated to capture further recommendations against NIS CAF assessment in Jan 2024. 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 annually.</li> <li>Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO) SIRO trained.</li> <li>New 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.</li> <li>Implement the recommendations from Templar report:</li> <li>Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation.</li> <li>Battle tested OUR cyber incident response, communication cascade and reporting to Cyber Resilience Unit. This will be incorporated into the overall action plan.</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 is to failover in a seamless fashion from one DC to the other with no service impact. ·</li> <li>Maintained the use of Trust ware for all emails Trustwave provides inspection and protection from malicious links embedded within emails. ·</li> <li>Begun the roll out simulated phishing campaigns. The initial phishing has been tested on the ICT Department and reported within the Cyber Report. Cyber will continue campaigns during 2023 to increase email security awareness among staff.</li> <li>·Introduced scenario-based incident response exercising using National Cyber Security Centre developed 'Exercise in a box' the aim is to assess our current skills in responding to real-life cyber security incident scenarios and to identify improvements. Cyber plans to run several more exercises during 2023.</li> </ul>	<ul style="list-style-type: none"> <li>Cyber Resilience Audit (CRU) undertaken in June 2025 showed an overall improvement is assessment. Some key recommendations have been identified which will be 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.</li> <li>Updated audit from Cyber Resilience Unit to be undertake in Q2 2025.</li> <li>Internal Audit review on Shadow IT scheduled for 2025/2026.</li> <li>Improvements in mandatory training compliance for Information Governance and Cyber Security.</li> <li>Health Board involvement in national cyber response exercise in September 2025.</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>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</b>

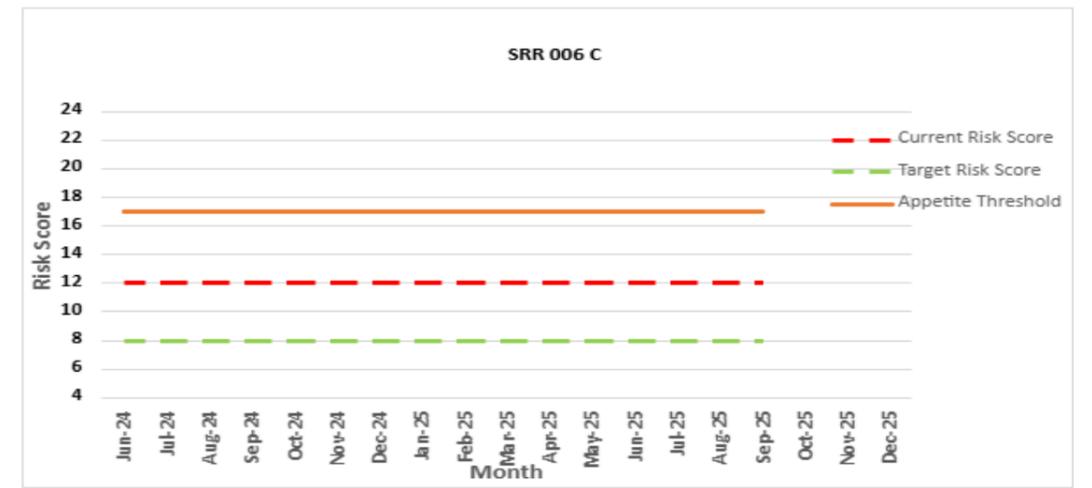
RISK THEME	SERVICE DELIVERY				
LINK TO IMTP	SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY				
Strategic Risk SRR 006 B	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status	Public
Threat (As a result 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> <ul style="list-style-type: none"> <li>Unintended harm or Injury to Patients.</li> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings.</li> </ul>	<b>Staff</b> <ul style="list-style-type: none"> <li>Unintended harm or injury to staff</li> </ul>	<b>Organisation</b> <ul style="list-style-type: none"> <li>Data Breaches</li> <li>Litigation and Financial Penalties.</li> <li>Reputational damage and loss of public confidence.</li> </ul>	<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	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	4 (Major)	3 (Moderate)	
Last Reviewed	01 September 2025	Risk rating	= 16 (Extreme)	= 6 (Moderate)	
Next Review (Monthly based on risk score)	01 October 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>Adoption of formal project management methodologies PRINCE 2 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> </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.</li> <li>Terms of reference developed, and meeting will be put in place during Q2 2025.</li> <li>Digital benefits Board development session planned for 2025.</li> <li>Digital transformation development programme to be provided to the Board in 2025/2026.</li> <li>Welsh Government strengthening national governance with the introduction of a DDaT Leadership Board and supporting groups.</li> <li>Regular reporting now in place to Chief Executive Management Team and Welsh Government DDaT Leadership Board due to concerns over timescales and deliverability to LIMS and RISP.</li> <li>Local project tolerance levels changed to zero for both RISP and LIMS to ensure immediate escalation processes are enacted for risks or issues impacting delivery / timelines.</li> </ul>

Sources of Assurance <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> </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> <li>• Welsh Government implementing stronger national governance for national project and programmes</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>• Benefits Management review – Outcome Substantial Assurance</li> <li>• Stakeholder Engagement on IT Projects 2023/24 Q3 – Outcome Substantial Assurance</li> </ul>	<b>Internal Audit 2024/25</b> <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>			
<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</b>

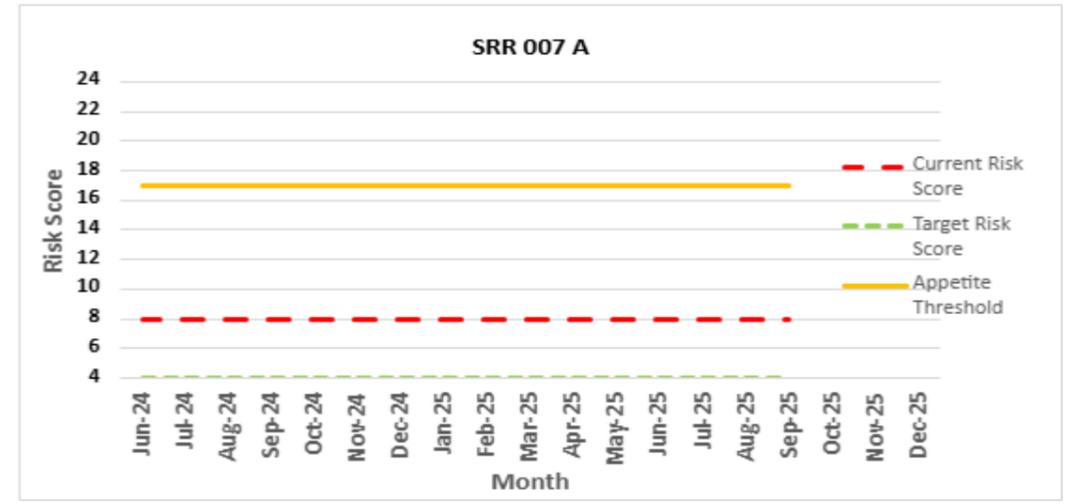
RISK THEME	SERVICE DELIVERY			
LINK TO IMTP	SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY			
Strategic Risk SRR 006 C	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status <b>Public</b>
Threat (As a result of)	Due to failure to develop digital solutions that are sustainable and fir for the future.			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> <ul style="list-style-type: none"> <li>Unintended harm or injury to patients.</li> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> </ul>	<b>Staff</b> <ul style="list-style-type: none"> <li>Unintended harm or injury to staff.</li> </ul>	<b>Organisation</b> <ul style="list-style-type: none"> <li>Data breaches</li> <li>Litigation &amp; 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 but <b>WITHIN</b> appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.			
Lead Director	Director of Digital	<a href="#">Risk Exposure</a>	Current Level	Target Level
Monitoring Committee / Group	Finance and Performance Committee	Likelihood	3 (Possible) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)
Last Reviewed	01 July 2025	Risk rating	= 12 <b>(High)</b>	= 8 <b>(Moderate)</b>
Next Review (Quarterly based on risk score)	01 October 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>			
<ul style="list-style-type: none"> <li>Quarterly reporting to DDAT Group</li> </ul>	<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>			
<p><b>Internal Audit 2023/24</b></p> <ul style="list-style-type: none"> <li>LINC Programme– <b>Outcome Reasonable assurance</b></li> <li>Network Infrastructure (VPN) - <b>Outcome Reasonable assurance</b></li> </ul> <p><b>Internal Audit 2024/25</b></p> <ul style="list-style-type: none"> <li>Electronic document and records management solution - planned for Q4</li> </ul>	<ul style="list-style-type: none"> <li>Recommendations identified through audit work</li> </ul>	<ul style="list-style-type: none"> <li>Regular Reporting to the Finance &amp; Performance Committee</li> </ul>	
<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</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 April 2025	Risk rating	= 8 <b>(Moderate)</b>	= 4 <b>(Moderate)</b>
Next Review (Six Months based on risk score)	01 October 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)
<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>

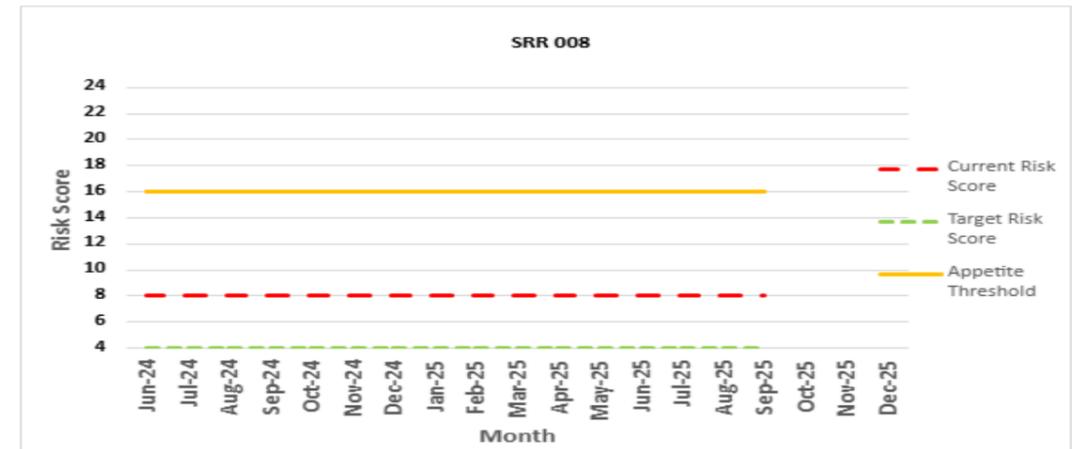
Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the 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> <li>Assurance reporting to the Board.</li> </ul>	None	N/A	
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<b>Internal Audit Plan 2024/25</b> <ul style="list-style-type: none"> <li>RPB Governance Review (Q4) – <b>Outcome = Limited Assurance.</b> Reported to ARAC September 2024</li> <li>Partnership Arrangements Review (Q1) Deferred</li> </ul>	<ul style="list-style-type: none"> <li>Recommendations identified in the Limited Assurance RPB Governance 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</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 health and care services for the population.				Publication Status	Public
Threat (As a result of)	Due to the impact of fragile services across the regional and supra regional geography				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> </ul>	<p><b>Risk Appetite Threshold – 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 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	<a href="#">Risk Exposure</a>	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	01 July 2025	Risk rating	= 9 (High)	= 4 (Low)		
Next Review (Quarterly based on risk score)	01 October 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>A robust Southeast Wales regional planning infrastructure has been established with clear governance mechanisms in place with attendance from CEO, DoP and COO.</li> <li>The Regional Portfolio Delivery Board brings the participating health boards together to review all regional service projects, to assess progress against agreed timelines and to agree additional measures / escalations in the event of identified issues and risks. This Board then reports to an Oversight Board with Chief Executive membership.</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 board, setting out their respective commitment to collaborative regional planning where this can enhance service sustainability, quality, and efficiency.</li> <li>The south east Wales health boards agreed revised joint priorities and working arrangements for regional planning in 2024, following a review workshop attended by Chief Executives. 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>Additional direction and guidance have been received from Welsh Government, placing greater emphasis on the role of regional planning to achieve sustainable longer-term positions for a range of services where fragilities currently exist. The principal actions are:-</p> <ul style="list-style-type: none"> <li>Requirement to develop a portfolio of documents to inform and drive the forthcoming development of a regional diagnostic and treatment centre at Llantrisant Health Park (LHP). These will include a clear outline strategy, comprehensive demand &amp; capacity modelling for proposed LHP services, future development opportunities and programme governance arrangements</li> <li>Direction for the participating health boards to establish a Joint Regional Committee in quarter 3 of 2025/26, to exercise the facilitation and oversight of regional planning and drive effective collaboration and regional working.</li> </ul> <p>The health boards are progressing the above on a collaborative basis. There remains an absolute commitment to delivering on the existing regional programmes of work, and following 're-baselining' work during 2024/25, there is a continued regional consensus on objectives, outcomes, and planning assumptions.</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> </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>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</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 <b>Public</b>
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)	<b>Patient</b> <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>	<b>Staff</b> <ul style="list-style-type: none"> <li>Staff dissatisfaction</li> <li>Frustration</li> <li>Increased absence.</li> <li>Loss of confidence.</li> </ul>	<b>Organisation</b> <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>	<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.
				<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.
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	01 August 2025	Risk rating	= 8 (Moderate)	= 4 (Low)
Next Review (Six monthly based on risk score)	01 February 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>Patient Experience and Involvement Strategy</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</li> <li>People Participation Panel ED in Progress</li> <li>Patient Experience and Involvement Team oversee patient experience through dedicated work programme and link in with divisional teams.</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.</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</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 to launch 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.</li> <li>Volunteer feedback to be reviewed to identify themes.</li> <li>Development of End of Life and Bereavement models in progress and improve bereavement offer to meet Bereavement Standards. Resources being scoped.</li> <li>Community of Practice for Patient Experience and People Participation Panels now agreed and to be progressed.</li> <li>Dementia community hubs in each borough of Gwent will enable accessible opportunities for feedback and signposting, plans to increase hubs in more areas of Gwent.</li> </ul>

- Dementia Person centred Care team dedicated e mail address.
- Dementia Information and signposting through webpages.
- Patient feedback on the agenda for each of the dementia workstream meetings.
- Dementia - QR code for feedback at each training event and session.
- Dementia Thematic review from CIVICA team requested to inform actions and improvements in care.
- Dementia - Multi agency partnership workstreams measuring impact of service.
- Graces places set up in Newport, Caerphilly and Monmouthshire to support bereaved people

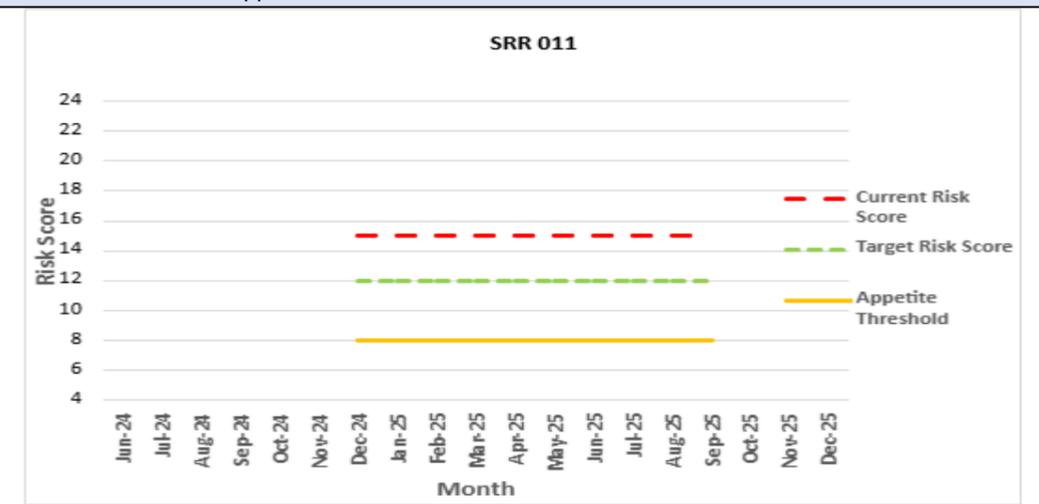
Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the 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> </ul>	<ul style="list-style-type: none"> <li>• Currently there is limited SMS provision to increase the number of surveys. <ul style="list-style-type: none"> <li>• No single point of contact or 'drop in' provision for patients/families/staff to raise initial patient experience concerns.</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.</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>• 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 will be built into ward accreditation.</li> <li>• Development of a ABUHB bereavement survey has been built within CIVICA and tested. Launch date likely early 2025.</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> <li>• Implemented PALS DATIX Module</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>• Bi-monthly LLais Reports</li> <li>• HIW inspections</li> <li>• Advocacy reports</li> </ul>	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</b>

RISK THEME	COMPLIANCE AND SAFETY				
LINK TO IMTP SECTION 4: ENABLER	QUALITY	WORKFORCE & CULTURE			
<b>Strategic Risk: SRR 010</b>	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
<b>Threat</b> <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.	
<b>Impact</b> <i>(Consequences of the threat)</i>	<b>Patient</b> <ul style="list-style-type: none"> <li>Unintended physical harm to patients</li> <li>Psychological trauma</li> </ul>	<b>Staff</b> <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>	<b>Organisation</b> <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>		<b>Risk Appetite Threshold – SCORE OF 8 or Below</b> 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.
<b>Lead Director</b>	Director of Allied Health Professions and Health Science	<b>Risk Exposure</b>	<b>Current Level</b>	<b>Target Level</b>	<p><b>SRR 010</b></p> <p>Risk Score</p> <p>Month</p> <p>Legend: Current Risk Score (red dashed), Target Risk Score (green dashed), Appetite Threshold (yellow solid)</p>
<b>Monitoring Committee</b>	Patient Quality, Safety and Outcomes Committee	<b>Likelihood</b>	3 (Possible) x	2 (Unlikely) x	
<b>Initial Date of Assessment</b>	01 December 2023	<b>Impact</b>	4 (Major)	3 (Moderate)	
<b>Last Reviewed</b>	01 Aug 2025	<b>Risk rating</b>	= 12 <b>(High)</b>	= 6 <b>(Moderate)</b>	
<b>Next Review</b> <i>(Quarterly based on risk score)</i>	01 Nov 2025				

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>			<p><b>Risk Appetite Threshold – SCORE 17 AND BELOW.</b></p> <p>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.</p> <p><b>SUMMARY</b></p> <p>The current risk level is <b>OUTSIDE</b> of target level and <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 Finance and Procurement	<b>Risk Exposure</b>	<b>Current Level</b>	<b>Target Level</b>
Monitoring Committee / Group	Finance and Performance Committee	<b>Likelihood</b>	5 (Almost Certain) x	4 (Likely) x
Initial Date of Assessment	30 October 2024	<b>Impact</b>	3 (Moderate)	3 (Moderate)
Last Reviewed	01 July 2025	<b>Risk rating</b>	<b>= 15 (Extreme)</b>	<b>= 12 (Moderate)</b>
Next Review <i>(Monthly based on risk score)</i>	01 August 2025			



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</b>

MINUTES OF MEETING HELD

Date and Time	Wednesday 16 <sup>th</sup> July 2025 at 09:30am	
Venue	Conference Centre, St Cadoc's Hospital and Microsoft Teams	
PRESENT	<p>Ann Lloyd Paul Deneen Dafydd Vaughan Iwan Jones Helen Sweetland Neil Patrick Penny Jones Louise Wright Vivek Goel Akmal Hanuk Phil Robson Nicola Prygodzicz Tracy Daszkiewicz Jennifer Winslade Rob Holcombe Paul Solloway Hannah Evans</p>	<p>Chair Independent Member (Community) Independent Member (Digital) Independent Member (Finance) Independent Member (University) Independent Member (Community) Independent Member (Community) Independent Member (Trade Union) Independent Member (Trade Union) Independent Member (Third Sector) Vice Chair Chief Executive Director of Public Health Director of Nursing Director of Finance &amp; Procurement Director of Digital Director of Strategy, Planning and Partnerships</p>
IN ATTENDANCE	<p>Rani Dash Lisa Charles Collette Kiernan  Karen Newman  Polly Frazer Thokozani Owino Andy Bagwell Shelley Williams Jonathan Simms Nimit Goyal Leighton Powell</p>	<p>Director of Corporate Governance Regional Director, Llais Cymru Deputy Director of Director of AHPs and Health Science Assistant Director of Communications and Engagement Aspiring Board Member Programme Aspiring Board Member Programme Deputy Medical Director Deputy Director of Workforce Clinical Director of Pharmacy Consultant Radiologist Physiotherapist</p>

APOLOGIES	James Calvert Peter Carr Sarah Simmonds Richard Clark Leanne Watkins	Medical Director Director of AHPs and Health Science Director of Workforce and OD Independent Member (Local Authority) Chief Operating Officer
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PRELIMINARY MATTERS	
ABUHB 1607/01	<p>Welcome and Introductions</p> <p>The Chair welcomed everyone to the meeting, in particular Dr Nimit Goyal and Leighton Powell who would be presenting the patient story, and members of the public who had joined the meeting to observe.</p> <p>The Chair also welcomed Polly Frazer and Thokozani Owino, who were participating as part of the Aspiring Board Member Programme.</p> <p>It was noted that the meeting would be livestreamed and published on the Health Board's website following the meeting.</p>
ABUHB 1607/02	<p>Declarations of Interest for Noting</p> <p>There were no declarations of interest raised.</p>
ABUHB 1607/03	<p>Consent Agenda</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>
ABUHB 1607/04	<p>Report from the Chair</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 highlighted the value of recent visits to Health Board funded schemes, noting their innovation and the positive feedback received from staff and service users. She emphasised the importance of ensuring equitable access to services across the region.</li> <li>• Chairs from across Welsh Health Boards had convened to discuss the current challenges facing the system. There was a shared recognition of the difficult times and a collective commitment to working constructively with Chief Executives to define and deliver sustainable models of primary care.</li> <li>• The Chair was honoured to open the newly refurbished visitors room at YAB, funded by the League of Friends. The space had been particularly beneficial for relatives of palliative care patients, offering a supportive and comforting environment. Feedback from families had been overwhelmingly positive.</li> </ul>

- The Chair reported ongoing discussions regarding the replacement of the Care Action Committee with a new care system structure. Concerns remained about the clarity of its accountability and operational expectations. The Health Board had submitted queries to Welsh Government officials and a formal response had not yet been received.
- The Chair acknowledged the significant achievement in the Health Board being downgraded in its escalation status. This reflected the success of the agreed strategic plan and the dedication of teams across the organisation. The Chair commended staff for their resilience and innovation when under pressure.
- The Chair expressed her appreciation for the creativity and commitment of staff across the Health Board. Despite ongoing pressures, she noted that the organisation continued to deliver high-quality services and remained focused on maintaining financial discipline and service sustainability.

The Board NOTED the Chair's updates.

ABUHB  
1607/05

#### Report from the CEO

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

- The Chief Executive reported that the past few months had been dedicated to conducting annual reviews with the operational divisional and corporate teams. These sessions focused on reflecting on achievements, identifying key challenges, and shaping future priorities.
- A constructive and positive Joint Executive Team annual review meeting had been held with Welsh Government officials. The Health Board received formal confirmation that its Integrated Medium Term Plan (IMTP) had been approved—marking a significant milestone, as it was the first approval in several years.
- The Health Board had been downgraded from Level 4 (targeted intervention) to Level 3 (enhanced monitoring) in its escalation status. While this reflected the significant progress made in planning and financial performance, the Chief Executive emphasised that substantial challenges remained and that the organisation needed to remain focused.
- National work was ongoing to implement the 45-minute handover target for ambulance arrivals. The Health Board was preparing for this potential mandate and had maintained a focus on reducing delays in ED.
- The Chief Executive advised that there were delays in the ED extension programme due to issues with contractors.
- The Health Board was actively contributing to the national outpatient transformation programme, which aimed to reduce

waiting lists by 200,000 patients across Wales. While additional funding had been welcomed, the scale of delivery required was significant and presented major operational challenges.

- The Health Board remained committed to reducing the number of patients waiting over 104 weeks to zero. However, risks remained, particularly in securing sufficient funding and capacity to meet this target.
- Following a successful recruitment process, the Health Board appointed a new Medical Director, Dr Seema Srivastava, who was expected to join in October.
- The Chief Executive had attended and supported events during Pride Month, including participation in the Cardiff Pride event, which she described as celebratory and uplifting.
- The Chief Executive participated in the Filipino Independence Day celebrations, recognising the cultural contributions of Filipino nurses within the Health Board in addition to a very successful Nursing Conference focusing on Equality Diversity and Inclusion.
- The Chief Executive highlighted the success of the Staff Recognition Awards, which had been attended by over 500 staff members and celebrated a wide range of achievements across the organisation.
- The Chief Executive expressed satisfaction with the development of a refreshed organisational strategy and organisational values framework. The new values framework was simpler and more aligned with the Health Board's ethos, focusing on kindness, integrity, and respect.
- The Chief Executive acknowledged the ongoing pressures faced by the organisation but emphasised the positive momentum and commitment across teams. She highlighted the importance of maintaining a focus on delivery, financial discipline, and staff engagement as the Health Board moved forward.

The Board NOTED the Chief Executive's updates.

ABUHB  
1607/06

#### Patient Experience Presentation

The Board received a presentation on a patient's experience which focused on an interventional radiology procedure for the treatment of knee osteoarthritis. The presentation was jointly delivered by Dr Nimit Goyal (NG), Consultant Radiologist, and Leighton Powell (LP), Physiotherapist.

NG outlined the prevalence and impact of osteoarthritis, noting that over one-third of adults over 45 in the UK are affected, with more than 80,000 individuals within Aneurin Bevan UHB alone. The condition places a significant financial burden on the NHS, with over £10 billion spent annually and further indirect costs due to lost productivity.

The presentation followed the journey of a patient who experienced persistent knee pain despite multiple interventions including physiotherapy, steroid injections, and orthopaedic consultations. The patient was not yet eligible for knee replacement surgery, leaving him in a cycle of pain and limited options.

NG had introduced Genicular Artery Embolisation as a minimally invasive alternative that reduces inflammation by cutting off blood supply to affected areas of the knee. The procedure was performed via a small incision in the groin and typically allows same-day discharge. It was particularly suitable for patients who were not yet candidates for knee replacement.

LP shared his personal experience of undergoing the procedure. As both a physiotherapist and patient, he described the significant improvement in his mobility, exercise tolerance, and overall wellbeing. He no longer required pain relief and had returned to regular walking and physical activity. His story was supported by clinical data showing a reduction in pain scores and improvement in knee function among a cohort of 30 patients, with no reported adverse events.

The presentation also explored the potential for expanding embolisation to treat other musculoskeletal conditions such as Greater Trochanteric Pain Syndrome, plantar fasciitis, and Achilles tendinopathy, which affect over 120,000 people in the Health Board area.

Concerns were raised about equitable access and awareness of the procedure among GPs and patients. NG and LP acknowledged the need for improved communication and outreach, particularly through physiotherapy and primary care networks. They also highlighted the importance of self-referral pathways such as the OAK (Options, Advice and Knowledge) programme.

The Board discussed the importance of evaluating the long-term effectiveness of the procedure, with a two-year follow-up study underway. The project had already been presented at international conferences and was shortlisted for an NHS Wales Award in the Learning and Research category.

The Board applauded the team for the innovative and dynamic approach which was improving patient outcomes and extended its thanks to all involved in such a successful initiative.

The Board RECEIVED the presentation.

1607/07

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.

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.

1607/08

### Long Term 10-Year Strategy

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the final draft of the Health Board's Long Term 10-Year Strategy, which set out a strategic vision and direction of travel for the organisation. The strategy aimed to rebalance the focus of the Health Board towards prevention, population health, and community wellbeing, while maintaining a strong commitment to high-quality care and innovation.

The strategy had been developed through extensive engagement with staff, stakeholders, and communities, and was intended to serve as a framework for future planning and delivery. It would be supported by a Strategy Deployment Plan and Outcomes Framework, which was due to be presented to the Board in September 2025. It would include delivery milestones, metrics for tracking progress, and supporting plans for estates, digital infrastructure, workforce, and research.

Board members welcomed the strategy's ambition and clarity. Discussions highlighted the importance of embedding prevention, ensuring digital readiness, addressing workforce planning challenges, and maintaining adaptability in a changing healthcare landscape. The strategy was praised for its strong foundation in community engagement and its alignment with national policy frameworks such as the Well-being of Future Generations Act.

The Board APPROVED the final draft of the strategy and noted the proposed approach for its launch.

1607/09

### Values and Behaviours Framework

Shelley Williams (SW), Deputy Director of Workforce, presented the revised Values and Behaviours Framework, which supported the Health Board's Long Term 10-Year Strategy. The new framework replaced the previous "Four Ps" with three simplified and inclusive values: Kindness, Integrity, and Respect. These values aimed to be more memorable, relevant, and applicable across all levels of the organisation.

The Board discussed the importance of embedding the framework through education, communications, and by being integrated into organisational processes. A cultural maturity matrix and a set of metrics—including grievance rates, staff survey results, and patient safety indicators—would be used to evaluate impact. The framework would also be aligned with the forthcoming People Plan and quality strategy.

Members welcomed the clarity and practicality of the framework and emphasised the importance of perception, visibility, and consistent messaging.

The Board APPROVED the framework and commended the Workforce & OD Team for their extensive engagement with staff and thoughtful development.

1607/10

#### Phase 2 Budget Setting, 2025/26

Rob Holcombe (RH), Director of Finance and Procurement, presented the Phase 2 Budget Setting paper for 2025/26, outlining the second stage of the Health Board's financial planning process.

Phase 1 had previously allocated budgets based on a rollover of recurrent funding. Phase 2 delegated the remaining available funding, incorporating the £40 million savings requirement identified in the approved Integrated Medium Term Plan (IMTP).

The proposed approach applied a 2.2% cost improvement target across all budget holders, proportionate to their IMTP spend plans. This method was selected as the most equitable and transparent, ensuring fairness, ownership, and accountability. A small reserve of £1.9 million had been retained to support specific development proposals, and some flexibility had been applied to areas such as facilities, where energy cost pressures are higher.

RH confirmed that all cost pressures identified in the IMTP had been incorporated into the delegated budgets, and that the expectation was for all budget holders to operate within these limits. The Board was advised that a robust performance framework was in place to monitor delivery, including monthly meetings with divisional directors and a Value and Sustainability Board that meets fortnightly.

Board members welcomed the clarity and discipline of the approach. Questions were raised about how the 2.2% savings target translates into real actions and delivery and how quality would be safeguarded, and what governance mechanisms were in place to ensure delivery. RH confirmed that detailed tracking and reporting mechanisms were in place, and that the approach avoided holding a central deficit reserve,

instead promoting local accountability. Quality Impact Assessments would be required if savings plans impacted direct patient care.

The Board acknowledged the financial pressures facing the organisation, including inflation, pay awards, and rising operational costs. The Board emphasised the importance of maintaining service quality while delivering savings and expressed support for the cultural shift towards greater financial ownership at all levels.

The Board APPROVED the Phase 2 budget delegation proposal for 2025/26.

1607/11

#### Transforming Access to Medicines South-East Wales Hub, Outline Business Case

Rob Holcombe (RH), Director of Finance, Procurement & VBHC, introduced the Outline Business Case (OBC) for the South-East Wales Hub, part of the national Transforming Access to Medicines (TRaM) programme. The proposal sought to establish a new pharmaceutical aseptic facility under NHS Wales Shared Services Partnership (NWSSP) to address the growing demand for specialist medicines, particularly cancer treatments.

Jonathan Simms (JS), Clinical Director of Pharmacy, explained that the current aseptic unit at Aneurin Bevan UHB was nearing capacity and had been reclassified from low to medium risk. The new facility would enable the repatriation of outsourced treatments, improve resilience, and ensure regulatory compliance. The case was presented as broadly cost-neutral, with anticipated savings from reduced outsourcing.

Board members expressed support for the strategic direction but raised concerns about the completeness of the financial modelling. It was noted that the OBC did not include local delivery costs, such as staffing for transport and receipt of medicines, transition and decommissioning costs, or the clinical trials component. The Board emphasised the need for these to be addressed in the Full Business Case (FBC) and stressed the importance of receiving the FBC in good time to allow for proper scrutiny.

The Board APPROVED the Outline Business Case, subject to the caveat that the Full Business Case must include a comprehensive cost analysis and address all operational and workforce implications.

1607/12

#### Public Engagement on the Development of Nevill Hall Hospital

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented an update on the public engagement process relating to the strategic development of Nevill Hall Hospital (NHH). HE informed the Board that the redevelopment of NHH was a key strategic priority for

the Health Board, driven in part by the need to address the presence of reinforced autoclaved aerated concrete (RAAC) and to ensure the site's long-term viability and safety.

The Health Board was at the Strategic Outline Case (SOC) stage of the business case process. In line with Welsh Government guidance and the organisation's commitment to continuous engagement, a comprehensive public and staff engagement programme was being undertaken. The engagement focused on the case for change, the principles guiding the redevelopment, and the emerging direction of travel.

The engagement period would span eight weeks and was approaching its midpoint. A range of methods was being used to reach communities, including public meetings, surveys, social media, and targeted outreach across the wider catchment area of NHH. Early feedback from over 200 survey responses and three public events had been largely positive, with respondents demonstrating an understanding of the case for change and support for the proposed direction. However, some concerns had been raised, particularly on social media, regarding the absence of an emergency department at NHH —though this has not been a dominant theme in survey responses.

The Board was informed that the engagement approach complied fully with Welsh Government policy and regulatory expectations. The engagement plan had been developed in collaboration with the Communications and Engagement Team, and a steering group chaired by the Director of Planning would oversee its delivery. The Board noted that further engagement was planned with key stakeholders, including Powys Health Board and Monmouthshire County Council.

Board members welcomed the proactive and inclusive approach to engagement, noting that it marked a significant improvement on previous, more reactive models. The importance of providing reassurance to the public about the future of NHH was emphasised, as was the need to continue listening and responding to community concerns.

The Board NOTED the update and endorsed the ongoing engagement process as a critical step in the development of the Strategic Outline Case.

1607/12

Winter Plan 2024/25 Review

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the review of the 2024/25 winter period, reflecting on the challenges experienced and lessons learned, while also outlining the preparatory work underway for the upcoming winter. The review was

based on a detailed analysis of demand, system performance, and operational pressures, as well as feedback from staff and partners.

The winter of 2024/25 was described as having been particularly challenging, with a surge in flu-related demand occurring earlier than anticipated by national modelling. Despite outperforming other health boards in vaccination uptake, coverage remained below herd immunity thresholds, contributing to system pressures. Bed occupancy consistently exceeded modelled upper limits, with the exception of Christmas week, and emergency department (ED) demand was higher than forecasted. Staff sickness peaked in December but had improved by March.

Positive outcomes included a reduction in pathway of care delays, attributed to focused partnership working. However, the experience underscored the need for more sophisticated early warning systems and clearer escalation triggers.

Key areas identified for improvement included:

- **Vaccination Strategy:** Low uptake was a significant concern. Plans were in place to improve timing, targeting, and communication of vaccination campaigns, including earlier rollout and better use of community vaccination centres.
- **Proactive Care Planning:** There was a renewed focus on working with primary care to develop care plans for vulnerable patients, particularly those at risk of falls or respiratory illness. This includes scaling up successful initiatives from the previous year.
- **Surge Capacity:** The need for earlier decisions on additional ward capacity was highlighted. The Board agreed to plan for two surge wards, with a focus on timely workforce planning and cost-effective staffing models.
- **Governance and Simplification:** The planning process last year was overly complex, involving multiple overlapping plans. A more streamlined and integrated approach was being adopted for 2025/26.
- **Partnership Working:** The importance of collaboration with Regional Partnership Boards (RPBs) and other stakeholders was emphasised. The winter plan would be developed jointly with partners, with a focus on shared assets and community-based interventions.
- **Modelling Improvements:** The Board acknowledged that reliance on national modelling had contributed to under-preparedness. Greater use of international data and local intelligence will inform future modelling.
- **Vaccination of Staff:** Concerns were raised about low staff vaccination rates. While mandating vaccination would not be feasible, efforts would focus on improving access and uptake through earlier campaigns and local champions.

Board members welcomed the thorough review and supported the proposed direction for future planning. The Board emphasised the importance of early action, robust modelling, and proactive engagement with partners. The need to address staff vaccination rates and ensure effective use of community assets was also highlighted.

The Board NOTED the report and looked forward to receiving the full Winter Plan 2025/26 in September, including contingency planning based on worst-case scenarios.

1607/13

### Communications and Engagement Annual Report 2024/25

Nicola Prygodzicz (NP), Chief Executive, introduced the Communications and Engagement Annual Report for 2024/25, marking the second year of the Health Board's three-year communications and engagement strategy. The report outlined the breadth of activity undertaken by the Communications and Engagement Team, highlighting achievements, innovations, and areas for continued development.

The Board was informed that the team had made significant progress in strengthening internal and external communications. Internally, initiatives such as executive drop-in sessions, online staff catch-ups, and the use of staff stories had been well received. The "One AB" brand continued to be promoted, with staff champions playing a key role in cascading information to teams, particularly those without regular access to digital platforms.

Externally, the Health Board's social media presence remained strong, with over 160,000 followers across platforms. Campaigns such as the Gwent Health Guide and targeted public health messaging had been instrumental in reaching communities. The team also expanded stakeholder engagement through new channels, including a WhatsApp update service, and maintained a visible presence in communities through regular outreach events.

Karen Newman (KN), Assistant Director of Communications and Engagement, elaborated on the role of One AB Champions, explaining that these staff members act as communication conduits within their divisions, helping to ensure that key messages reach all areas of the organisation. She also noted the success of the Staff and Volunteer Awards, which brought together over 500 attendees and received positive feedback from participants.

Board members praised the team's efforts and the breadth of the report. The Board acknowledged the challenges of measuring the direct impact of communications but noted the value of early resolution of complaints via social media and the potential for

improved analytics. It was suggested that future reports could include examples of how staff stories have led to tangible changes, to better demonstrate impact.

Concerns were raised regarding the accessibility for non-English speakers. KN confirmed that the website includes a translation tool supporting over 100 languages and that the team works closely with community groups and translators to ensure key messages reach diverse populations.

The Board welcomed the update and NOTED the report.

1607/14

### Integrated Performance Report (Interim)

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the interim Integrated Performance Report, noting that it was the first report aligned with the new annual plan cycle. The report maintained the familiar format but now included tags to help identify escalation metrics, ministerial priorities, and enabling actions from the planning framework.

In the area of prevention and population health, HE noted the inclusion of four ministerial priority metrics, three of which related to vaccination. She highlighted positive improvements in the Healthy Child Wales Programme, particularly in the eight-week checks.

Primary care performance showed a generally positive trend, with increased activity across a range of professional groups. Pharmacist-led prescribing consultations and the Common Ailments Scheme continued to perform well. However, challenges remained in weekend nurse contacts and emergency dental activity: the latter was under review to determine whether changes in contract reform had impacted urgent appointment availability.

Urgent and emergency care continued to present a mixed picture. While May saw the best performance in years for ambulance handover delays, June performance had worsened slightly. The Board was informed that July had seen a renewed focus on operational oversight, with early signs of improvement. The report also introduced a new metric tracking total hours lost to ambulance delays, offering a more accurate reflection of system pressure.

Twelve-hour waits in emergency departments improved in May, marking the best performance in four years. Pathway of care delays remained significantly reduced, with June figures showing 181 delays compared with 215 in June 2024. The transfer lounge was now operational and contributing to improved flow, though further optimisation was needed.

Cancer performance remained stable, with May's figure at 64.2%. The number of patients waiting over 62 and 104 days also remained steady. Task and finish groups continued to drive incremental improvements.

Planned care performance had exceeded expectations. Against a target of 345 patients waiting over 104 weeks by the end of Q1, the Health Board delivered 172. Most of these were in orthopaedics, with a few in ophthalmology and ENT. The report also noted strong performance DNA (Did Not Attend) rates, which stood at 6.6%.

Mental health services continued to perform well. Adult mental health Parts 1A and 1B had met standards for over six months. CAMHS 1A experienced a temporary dip due to staffing but had since recovered. CAMHS 1B remained on target. Psychological therapies continued to face challenges, and efforts were underway to apply learning from other areas. Neurodevelopmental services remained the best performing in Wales and were attracting national interest.

Board members acknowledged the significant progress made across multiple areas, particularly in planned care and mental health. Concerns were raised about theatre efficiency, and it was confirmed that a detailed paper was to be brought to the Finance and Performance Committee later in the month.

There was also a request for a briefing on Women's Health Hubs, a Ministerial priority, as some staff appeared unclear on the plans. Tracy Daszkiewicz (TD), Executive Director of Public Health, confirmed that a plan had been submitted to Welsh Government and that a paper would be brought forward to the Board.

The Board noted the report and commended the teams involved for their continued efforts in delivering improvements across a complex and pressured system.

1607/15

Financial Performance Report, Month 02

Rob Holcombe (RH), Director of Finance, Procurement & VBHC, presented the financial performance report for Month 02, covering the period up to the end of May 2025. The Health Board reported a year-to-date revenue deficit of £4.6 million, with a forecast to break even by year-end. The capital position showed £3.7 million spent of the £32 million allocation, with expectations to achieve balance.

The public sector payment policy target of 95% had been exceeded, with 97% of invoices paid on time.

RH highlighted that the revenue forecast was rated amber due to £7 million of identified financial pressures that would need to be mitigated

over the remainder of the year. These pressures included higher-than-expected prescribing costs, additional spending on discharge-to-assess cases, and the impact of timing differences in recognising mental health dispute benefits.

The report also noted that the Phase 2 budget delegations had not yet been reflected in the Month 02 schedules. Updated variance narratives would be provided in the Month 03 report.

Savings delivery was categorised into three tiers: £15 million of green-rated (identified and achievable) savings, £6 million amber (with a line of sight), and £14 million red (not yet identified). The amber category had improved by £4 million since the previous report.

RH emphasised the need for increased rigour in budget management and ownership, noting that while the Health Board had historically delivered savings, the remaining opportunities were increasingly complex and resource-intensive. He also raised concerns about the financial impact of national initiatives, such as the insourcing contract for waiting list reduction, where the infrastructure costs were not fully funded.

The Board acknowledged the challenges and the importance of maintaining financial control while balancing performance pressures. It was noted that difficult decisions might be required by the Board later in the year to ensure financial sustainability.

The Board NOTED the report.

1607/16

#### Strategic Risk Report, July 2025

Nicola Prygodzicz (NP), Chief Executive, presented the Strategic Risk Report for July 2025. She confirmed that there were no changes recommended to the current risk ratings or entries. The report maintained a focus on the six key sub-risks that remain outside the Board's risk appetite.

The most significant of these continued to be the risk to financial sustainability. NP noted that this risk remained high due to ongoing cost pressures, savings delivery challenges, and the need for rigorous financial control.

Other key risks highlighted included health and safety, business continuity, and the delivery of major service transformation programmes. NP acknowledged that while progress had been made in strengthening governance and oversight in these areas, continued focus was essential.

	<p>The Board agreed that the report clearly reflected the current risk landscape and that the organisation was maintaining appropriate oversight and mitigation efforts.</p> <p>The Board NOTED the report.</p>
1607/17	<p><b>CONSENT AGENDA</b></p> <p>The Board APPROVED the Draft Minutes of the Health Board Meeting, held on</p> <ul style="list-style-type: none"> <li>• 21<sup>st</sup> May 2025</li> <li>• 25<sup>th</sup> June 2025</li> </ul> <p>The Board APPROVED the Report on Sealed Documents and Chair's Actions.</p> <p>The Board APPROVED the Report on Joint Commissioning Committee:</p> <ol style="list-style-type: none"> <li>a) Highlight Report 20<sup>th</sup> May 2025</li> <li>b) Scheme of Delegation</li> <li>c) All Wales IPFR Policy</li> </ol> <p>The Board APPROVED the ABUHB Scheme of Delegation – Delegated Limits</p> <p>The Board NOTED the Board Action Log with Updates.</p> <p>The Board NOTED the Strategic Partnership Updates of the Regional Partnership Board and Public Services Board.</p> <p>The Board NOTED the Executive Committee Chair's report.</p> <p>The Board NOTED Key Matters from Committees of the Board.</p> <p>The Board NOTED the overview of Joint and Partnership Committee Activity of the Joint Commissioning Committee and NHS Wales Shared Services Partnership Committee.</p>
	<p><b>OTHER MATERS</b></p>
1607/18	<p>Any Other Business</p> <p>There were no further items raised for discussion.</p>
1607/19	<p>Date of the Next Meeting:</p> <p>Wednesday 24<sup>th</sup> September 2025</p>

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 September 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Governance Matters: Report on Sealed Documents and Chair's Actions
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	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 4<sup>th</sup> July and 10<sup>th</sup> September 2025.

The Board is asked to note that five (5) 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 4<sup>th</sup> July and 10<sup>th</sup> September 2025 six (6) 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. Five documents were sealed between the 4<sup>th</sup> July and 10<sup>th</sup> September 2025, as outlined below.

Date	Title
10/07/2025	Lease relating to dental accommodation at 19 Hills Health and Wellbeing Centre-282 Ringland Circle, Newport between ABUHB and James Daniel Cook
22/07/2025	SLA Early Years Services 1 <sup>st</sup> April 2025 to 31 <sup>st</sup> March 2026
23/07/2025	Agreement – Flying Start Health Visiting Services 1/4/25-31/3/26 Newport City Council
12/08/2025	JCT DB 2016 Design and Build Contract 2018
19/08/2025	Lease relating to 24 car parking spaces at Ty Gwent, Llantarnum Park

## 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 Action approved between 8<sup>th</sup> May and 3<sup>rd</sup> July are summarised below:

Date	Title
16/07/2025	Lift Replacements and upgrades at RGH and NHH: Funded through Welsh Government TEF funding. £1,745,000
23/07/2025	Asbestos Analytical & Consultancy Services: In accordance with The Control of Asbestos Regulations 2012, ABUHB requires an asbestos surveying and analytical contractor, accredited by UKAS to ISO 17020 and ISO 12025 standards, to undertake a variety of asbestos surveys, bulk sampling and analytical monitoring in accordance with current legislation.  Following procurement exercise, contract awarded to Environtec Ltd. £746,205.00 contract period 3/09/2025 to 2/09/2028 (optional extensions of up to 36 months)
24/07/2025	Digital Community – Mental Health & Learning Disabilities The existing 'CareDirector' system (WCCIS) will become end of life in January 2026 and a replacement technology is essential. The

	<p>solution will support the delivery of a digital tool to help health and social care professionals work together to provide care closer to people's homes. DHCW were looking to procure a national framework on behalf of NHWS Wales however due to a risk of this not being awarded in line with expected timelines, it was agreed a locally run procurement exercise was the best way forward for ABUHB.</p> <p>Contract awarded to Access UK Ltd for a period of five (5) years with the option to extend by up to another five (5) years. Contract start is at go live, expected between August-December 2026.</p> <p>Maximum contract value of £7,600,000 (ex VAT) over the maximum 10 year period</p>
06/08/2025	<p>Aberbeeg General Medical Services Contract: Aberbeeg Medical Practice is currently directly managed by the Health Board and a procurement process has been undertaken to return it to independent contractor status. The contract has been awarded to Cwm Calon Surgery.</p> <p>Annual Contract value £1,000,000.</p>
07/08/2025	<p>SCE Server Licensing – Trustmarque Solutions Ltd: ABUHB require the ability to utilise the NHS Wales Microsoft Reseller Provider Framework Agreement for Wales to protect itself against the rising cost of licensing.</p> <p>Annual Value of new contract £269,452.29 exc VAT. (3 years 01/10/2025-30/09/2028) Total Value £808,356.88 exc VAT, £970,028.26 incl VAT</p>
13/08/2025	<p>RAAC Management at Nevill Hall Hospital: This project consists of urgent remedial action, ongoing monitoring and mitigation measures required to manage structural risk associated with RAAC panels across the NHH site.</p> <p>Approved via Capital and Estates Board 28/7/25. Bid is being submitted to Welsh Government funding but Discretionary Capital sought in interim due to urgency of work.</p> <p>Total: £806,280</p>

### 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 4<sup>th</sup> July to 10<sup>th</sup> September 2025:

Number of Clinical Negligence Claims over £1m	Total value
1	Current financial reserve £13.5m £500k interim payment approved

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.

**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.  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

**Gwybodaeth Ychwanegol:**

**Further Information:**

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	None

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working  <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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 September 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Interim changes to NHS model Standing Financial Instructions
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Bryony Codd, Head of Corporate Governance

Pwrpas yr Adroddiad  
Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA  
SBAR REPORT

Sefyllfa / Situation

The Health Board approved its current Standing Financial Instructions in July 2023.

The Welsh Government has made amendments to the model documents issued in July 2023 to comply with the Health Services (Provider Selection Regime) (Wales) Regulations 2025 and the Procurement Act 2023 (and associated subordinate instruments).

Cefndir / Background

Standing Orders are designed to translate the statutory requirements set out in the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (S.I. 2009/779 (W.67)) into day to day operating practice, and, together with the adoption of a Scheme of Decisions reserved to the Board; a Scheme of Delegations to officers and others and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Local Health Board.

Asesiad / Assessment

WHC 2025 012: Interim Amendments to the Model Standing Financial Instructions Chapter 11 for Local Health Boards and NHS Trusts in Wales, and Chapter 12 for Health Education and Improvement Wales (HEIW) and Digital Health and Care

Wales (DHCW) provides a revised Chapter 11 for Local Health Boards – Procurement and Contracting - which replaces the existing chapter within the SFIs.

This Chapter has been included within the Health Board's Standing Financial Instructions, available on the following [link](#)

[Argymhelliad / Recommendation](#)

The Board is asked to ENDORSE the amendments to the Standing Financial Instructions.

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.  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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	None
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	None

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

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
17 July 2024	ABUHB 1707/14	Community Therapy MSK Transformation Update  An update report to be scheduled for 9 – 12 months' time	Secretariat	May /July 2025	Complete: Update included on the Board's agenda for September 2025 meeting.
26 November 2024	ABUHB 2611/15	Management of General Medicine Patients at the Grange University Hospital A Six-month review of the respiratory Medicine reconfiguration to be presented to the Board.	Action: Chief Operating Officer	May/July 2025	Not Yet Due – Deferred to November 2025

*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.*



Eich llais mewn iechyd | Your voice in health  
a gofal cymdeithasol | and social care

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

September 2025



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

# Accessible formats

This report is also available in Welsh.

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

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

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[www.llaiscymru.org](http://www.llaiscymru.org)

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# About Llais



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

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

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

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

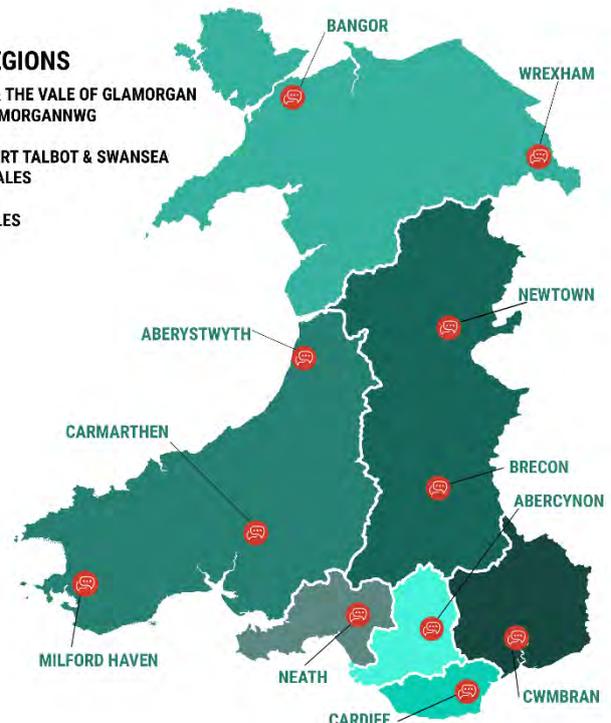
We also work with community and interested groups and in line with national initiatives to gather people's views.

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

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

## LLAIS REGIONS

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



# Introduction



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

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

# A National Conversation: Llais Strategic Plan 2024-2027



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

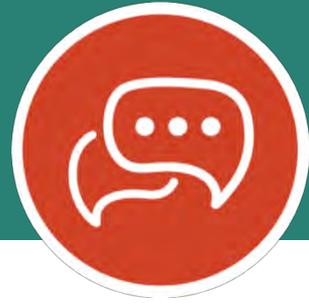
When this plan was being created, we thought about our legal duties and responsibilities such as the Quality and Engagement Act 2020, Equality Act 2010, The Well-being of Future Generations Act 2015, The Welsh Language Standards 2016, The Socio-Economic Duty, the Public Sector Duty, and national plans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

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

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

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

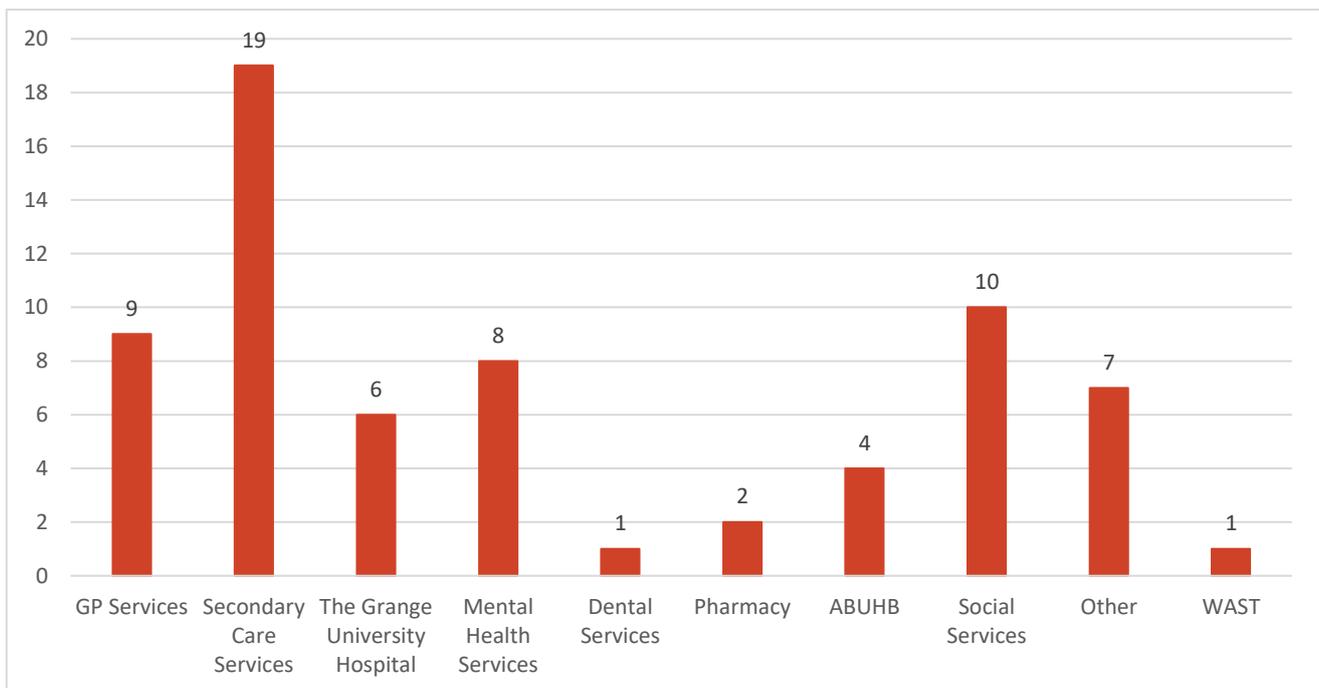


## Local activities and feedback:

### 1. Gwent Advocacy Service

There were 67 contacts between July and August. 23 were formal concerns and 44 were enquiries that required early resolution or where we are awaiting consent.

Of the 67 contacts, 20 have now been resolved and 47 are still active.



#### Key Observations:

- Secondary care services received the highest numbers of contacts (19), with concerns regarding accessing BSL services, cancellation of operations, excessive waiting times, lack of care and compassion.
- Mental Health and Social Care saw concerns around children's services, lack of care and support, and issues with care homes -

particularly safeguarding concerns and increased care needs post-discharge preventing return.

## 2. Service Change Spotlight

### Reconfiguration of Children's Services – Newport

Children's Services in Newport want to understand how they can improve. In order to do this, they would like people to tell them what matters to children, young people and their families.

We are working with Newport City Council to provide people with an independent voice and gather feedback about using children's services in Newport.

Have your say!

Service user feedback:



Stakeholder feedback:



## 3. Engagement in Gwent (July – August)

Throughout July - August Llais made sure to be present in the community so we could listen to people's experiences of health and social care. During this time, we spoke with 409 people through community outreach, public forum events and Llais Local.

### Community Insights:

#### Public Forum

On the 1<sup>st</sup> of July, we hosted a Public Forum at TogetherWORKS in Caldicot. We offered people the opportunity to plant sunflower seeds with us, symbolising the growth needed in health and social care. Whilst we were there, people also shared with us their experiences of accessing health and social care services:

*“I struggle to get an appointment at my GP Practice. I get told I will receive a call back, but I only have a landline, which means I am stuck in the house waiting for a call” – Grayhill Surgery*

## Llais Local – Torfaen

We focussed our “Llais Local” engagement in Torfaen, to strengthen community voice and experiences of health and social care services.

We heard concerns about access to GP, dental, and eye care — including long waits, digital barriers, poor signage, and delayed treatment — alongside gaps in mental health support, post-hospital care, and transport.

### Mrs A story

A member of the community shared her experience of being in hospital for a knee replacement. While the care she received in hospital was good, she was discharged without a care package. As she has a prosthetic leg, this left her unable to get into bed and caused her to fall at home without anyone there to help. Mrs A reached out to her GP for advice and was told to contact the ward she was discharged from to query the package of care. Mrs A was left feeling frustrated and still unable to get the help she needed.

### A Veteran story, Mr A

Mr A shared he has no nearby family and relies on others to check in while he waits for a financial assessment for a care package to be put in place. After a recent hospital stay, he’s now suffering seizures and fears he *will die alone and be undiscovered for days*.

A member of the support group is actively trying to help Mr A get a social worker, but after two months, there’s been no progress. She hand-delivered his financial assessment to their local civic centre, but it was misplaced. Instead of support, she was given a list of private care providers—yet without knowing what he can afford, they’re stuck.

You can read the full write up [here](#).

### On-site engagement at Ysbyty Ystrad Fawr

On Tuesday 5th and Thursday 7th August, representatives from Llais Gwent visited Ty Cyfannol Ward at Ysbyty Ystrad Fawr. The purpose of our engagement was to explore concerns we had received regarding patient safety.

Staff were open, transparent, and keen to work alongside Llais around sharing challenges and patient pathways to improve care. Llais spoke to

20% of people staying on Ty Cyfannol ward and following feedback received, we will continue to actively engage.

## On-site engagement at Residential and Care Homes

In July and August, we attended Belmont Residential Home and Cantref Care Home, both based in Abergavenny to speak with residents about their experiences of staying at the homes, as well as accessing health and social care services. Overall, residents expressed high satisfaction with their care, describing the home as a safe, engaging, and well-run place to live.

*“Activities keep us busy and our minds active”*

## Events

### a) Pride Caerfilli

On the 5<sup>th</sup> of July, we attended Pride Caerfilli to celebrate inclusion within our communities. We engaged with people to raise awareness about Llais and were grateful to hear people’s experiences of accessing health and social care services:

*“Health and Social Care Services need to work better together. For example, to solve issues such as bed blocking in hospitals”*

*“I can’t access mental health services. There is a 2-3 year wait. Whilst you wait, you don’t get any support or be signposted anywhere.”*

*“No continuity of care at GP Practice anymore. Locums don’t your history and you have to explain everything again. It feels like a business transaction – no patient centred care”*

### b) VIVA Fest

On the 11<sup>th</sup> of August, we attended VIVA Fest, hosted by Cwm Taf People First - an inclusive music festival for adults with learning disabilities. We engaged with people around the question: *“What matters most to you when accessing health and social care”*:

*“Being treated like a person with dignity, and being understood”*

*“Being listened too”*

*“For them [clinical staff] to be understanding”*

## Presentations

### ABUHB: “Keeping Well” Service

The focus of the presentation was about the health boards “Three P’s Waiting Well Programme”:

- Promote: Signposting patients to local and national resources
- Prevent: Encouraging lifestyle changes to avoid worsening health
- Prepare: Helping patients get ready for surgery and recovery, aiming to reduce hospital stays and improve outcomes

During the presentation, we made representations about the following areas:

- Impact of the programme
- Non-digital patients access to resources
- Communication between private and NHS hospitals
- Referrals adding pressure to other services
- Data

Full set of representations and responses available [here](#).

## 4. Upcoming Activities: September and October

**Public Forum:** On the 14<sup>th</sup> of October 2025, Llais Gwent Region will be hosting a presentation on the Aneurin Bevan University Health Board (ABUHB) Estates Strategy and Capital Planning. This session will provide an overview of the Health Board’s long-term vision for its estate, including current and future infrastructure developments, investment priorities, and how these plans aim to support the delivery of high-quality care across the region. If you would like to attend, please register, [here](#).

**Events:** Attending Coleg Gwent Fresher Fairs in Blaenau Gwent and Newport, and the Usk Show in Monmouthshire

## 5. Llais Gwent Quarter 1 Report

To learn more about our recent work, including community engagement, advocacy, and service change activity across the region, you can read our [Llais Gwent Quarterly Report for April – June 2025](#). The report highlights key themes from public feedback, outlines our representations to health and social care providers, and shares updates on our ongoing efforts to ensure people’s voices are heard.



## The Health and Social Care We Want

Too few people know their rights, what they can reasonably expect from services, or how they can play their own part in staying well and that is why Llais is leading The Health and Social Care We Want: a national conversation about creating clearer, fairer and more person-centred services.

Our Aim:

We want to make it easier for people to:

- Know and understand their rights
- Know what to expect from health and social care services
- Know the part they have to play in their own health and care

At the same time, we want to support services to better meet people's needs by listening to real experiences and using what they hear to make things better. It's about building trust, reducing confusion and creating services that work for everyone.

How you can help:

Your support is important in helping us reach communities, gathering view and understanding what's working, what's not, and what matters most.

You can get involved in a number of ways, including:

- Completing our **We Want survey**
- **Book a 1:1 conversation** with us
- Host your own conversation with your community or group with the help of our **self-facilitation pack**
- Attend a **Llais event**
- Contact us directly: [wewant@llaiscymru.org](mailto:wewant@llaiscymru.org)



Have your say!<sup>2</sup>

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<sup>2</sup> This survey is live until the 30<sup>th</sup> of September

# Thanks



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

## Feedback

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

## Contact details

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Facebook: @gwentllais  
twitter: Llais\_wales



The original business case:

- identified the deficiencies in regard to variation in access, capacity and service utilisation in the historical ABUHB pathway in comparison to the national best practice
- described a new integrated service to deliver value driven and evidenced based, redesigned pathway that will
  - improve efficiency of the MSK pathway by releasing GP time to assess and complete referral documentation, avoiding unnecessary referrals, investigations, time waiting for appropriate advice,
  - if used as single point to refer, have a downstream impact on orthopaedic outpatients by reducing the number of inappropriate referrals that require redirecting after 1<sup>st</sup> orthopaedic outpatient appointment, and
  - improve options for supporting self and supported self-management
- proposed a service integration of therapists into the Urgent Primary Care Centre (UPCC) and Minor Injuries Unit (MIU).

To note, the scale and profile of impact of this transformational change is dependent on:

- the volume of compliance by GPs, as the programme allows GPs the choice of continued direct referral into orthopaedics), and
- the timescale of the recruitment process.

Based on an estimated number of GP referrals via the new pathway, a series of proposed potential efficiency savings were identified, none of which were described as cash releasing, but for which were associated benefits/ efficiency improvement values using a 'calculated worth'. The business case was approved and recruitment into the service started.

These benefits have been converted into a set of KPIs to measure, monitor and evaluate the impact of the introduction of the Hub and the service integration of therapists into UPCC and MIU teams. Progress to date has been significantly positive and summarised in brief below:

KPI	Description	Status	Current	Further Improvement
1	Improved Patient experience	Being Achieved	User experience measured for website and request for help process shown in appendix A and B	To add NHS Experience measure with system maturity and opportunities to utilise CIVICA once individualised PREM available.
2	Improved patient outcomes	Being Achieved	PROMS collection launched as part of MSc research Paused due to rollout of new PROMPTLY system – aim for reintroduction across MSK systems Q3 2025/6	PROMPTLY system reintroduction across MSK systems Q3 2025/6
3	40% website contacts progress to self-management	Being Achieved	Google analytics for 2024/5 indicate that only 35% of active users visit the page to access request for formal referral 65% of visitors have not visited the MoveBetterGwent website for request for help  Over 250k individual website landing page views in 2024/25. With 37,000 new users identified.	Expectation was to reach the 40% KPI target by December 2024, once the website has embedded across the Health Board. Will need targeted investigation of data to monitor and refine the approaches to data capture. But initial data analytics indicate high redirection from traditional health interventions
4	Waiting time for MSK specialist advice	Being Achieved	<u>Primary Care demand to MSK Hub</u> <ul style="list-style-type: none"> <li>• Clinical Triage within max 72 hours</li> <li>• 26% of contacts have telephone/virtual discussion (increase 3%)</li> <li>• All people placing requests are signposted to information</li> </ul>	Increase opportunities for supported self-management within local communities across ABUHB ESCAPE Pain rollout to Caerphilly borough Continue with support to Good Boost programme in relevant boroughs Supporting Back pain assessment



			<ul style="list-style-type: none"> <li>ESCAPE Pain sessions rolled out into Newport</li> <li><u>Urgent Care MSK attendances</u></li> <li>Supporting MSK assessments within MIU</li> <li>Appropriate referral and signposting for T&amp;O soft tissue knee demand</li> </ul>	within MIU RGH as opposed to GUH ED
5	Equity of access	Being Achieved	Equitable access for population Next step to identify GP practices and borough utilisation for targeted approach if needed	Provided targeted support to GPs to increase utilisation of the hub where appropriate. Link with Primary Care and Community to appropriately support development of Place Based Care approach for MSK conditions
6	GP contacts avoided - releasing GP capacity to improve access to patients.	Being Achieved	FYE = minimum of 27,926 GP contacts avoided, or referrals not completed by GP's	Review practice utilisation by population to identify areas of good practice or requiring support Pilot Community health day to increase awareness of opportunities to access Direct support. Link with Primary Care and Community to appropriately support development of Place Based Care approach for MSK conditions
7	Therapy management of Urgent Primary care/ MIU attendances	Being Achieved	MSK Specialist physiotherapists working between MIU and UPC at Royal Gwent Hospital. Seven-day presence in MIU at RGH	Opportunities to rollout into YFF – look to pilot for 2 days a week for Winter 2025/6
8	Reduction in duplicated/inappropriate Diagnostic requests from GPs	Not in direct control of the service	Decision by Radiology Directorate to restrict the access for some clinical images by GPs in Sept/Oct 2023 changed parameters – to be reviewed	
9	Reduction in 'Referral redirection – other than listed for treatment' - from 1 <sup>st</sup> Orthopaedic OP appointment'	Not in direct control of the service	Impact of the MSK pathway will not be identified as T&O 1 <sup>st</sup> appointments are currently for patients already on extensive T&O waiting lists and primary care still referring to multiple teams.	Use of Community Health Pathway and subsequent audit to: Maximise opportunities for conservative management and escalation where clinically necessary through MSK Hub Expansion of MIU AHP cover to support stratification of patient attending with MSK conditions into soft tissue clinics
10	Increase in surgical conversion rates from 1 <sup>st</sup> Orthopaedic OP appointment.	Not in direct control of the service		
11	Referral redirect from T&O Triage	Not in direct control of the service	T&O maintain separate flow. Variation due to backlog in spinal triage Support T&O Spinal team pathway transformation – accepting redirection from T&O Spinal demand at initial and MDT triage	Provided targeted support to GPs to increase utilisation of the hub where appropriate. Link with Primary Care and Community to appropriately support development of Place Based Care approach for MSK conditions Increase opportunities for supported self-management within local community ESCAPE Pain rollout to Caerphilly borough Continue with support to Good Boost programme in relevant boroughs
12	Diagnostic assessment requests rejected from T&O at triage	Not in direct control of the service		
13	Diagnostic requests rejected by Radiology	Not in direct control of the service	Decision by Radiology Directorate to restrict the access for some clinical images by GPs in Sept/Oct 2023 changed parameters – to be reviewed	
14	Staff sustainability plan	Being Achieved	Positive response to recruitment and regular skill mix to increase throughput and deliver additional community self-management approaches	Continue to recruit within financial envelope. Ensure consolidation of MSK Transformation and Place Based Care opportunities in line with the forthcoming National Community MSK Service specification.

### Current position





Google Analytics indicate that only 35% of active users visit the page to access request for help. This would indicate approx 65% of people look for self-management advice. This would equate to just under 25,000 avoided health appointments.

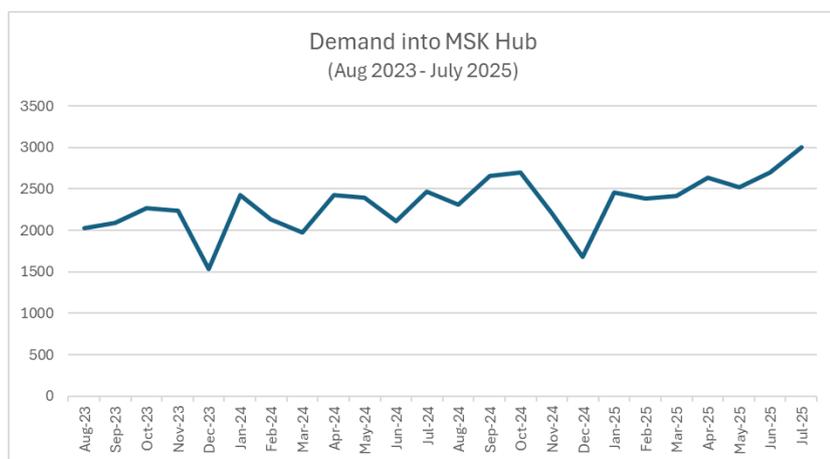
In 2024/25 there were over 250,000 visits on the main landing pages across all 4 websites. Of the 247 people who have given feedback on their user experience:

- 55% visited after signposting from GP receptionist or practice website (Increase 1%)
- 14% visited after searching for help on the internet (decrease 2%)
- 69% of people were likely to recommend the website to a family member or friend

Additional work is required to improve understanding and knowledge of website and self-help options within local communities through Place Based Care programme.

The team is currently working towards incorporating the MoveBetterGwent information into the ABUHB website to ensure better governance of the system and ensure full integration following improvements to the NHS Wales operating system.

### MSK Hub demand and activity



In the 12 months between April 2024 and March 2025, 27,926 referrals/requests have been managed through the MSK Hub. This equates to, on average over 110 requests for help per day (Mon-Fri). This recently peaked at 670 requests in a single week.

Figure 1: Total number of requests/referrals into MSK Hub

### KPI no. 4 – reduced waiting time for MSK specialist advice - BEING ACHIEVED

The pathway from request for help or referral through the triage process, demonstrates stratification and

- referral redirection to self-management wherever possible via brief advice call clinics and
- escalation and urgent assessment of MSK condition if required based on clinical risk whilst minimising the risk of delay for any referrals that should be passed directly to MSK therapy teams without delay.
- all requests/referrals are triaged within 72 hours

#### Referral redirection

- Brief advice calls
  - For people who do not want to attend for outpatient treatment or who do not need face to face assessment and where there are alternative management approaches within the community. People are offered a brief advice call as a self-management intervention to avoid the need for a health appointment
    - 61% of people discharged to self-manage following brief advice calls (approx 1,900 people in 2024/5).
    - The remaining 39% were identified following additional clinical information gained during the advice call and were referred to the appropriate clinical team to manage their concern, ensuring robust clinical governance practices.



- This proportion of people able to self-manage will increase as additional supported self-management options are developed in the local community
- MSc evaluation utilising historical Dr Doctor PROM data capture was completed. This investigated whether a single telephone consultation with a specialist physiotherapist, supported by educational resources and community signposting, could deliver measurable improvements in patient-reported outcomes.
  - The findings revealed statistically significant and clinically important improvements. The average MSK-HQ score increased by 14.82 points, with notable gains in mobility, usual activities, and pain reduction. The study provides preliminary evidence that this low-resource self-management can significantly improve outcomes for acute MSK conditions.
  - All staff completing M level training as part of advanced practice delivery are completing research that is focussed on service delivery and improvement.
- Good Boost pilot with local authority leisure teams
  - Successful pilot of direct access to water-based AI generated exercise programme for people with bone, muscle and joint concerns
  - Worked in partnership with leisure providers across Gwent.
  - Rolled out into Blaenau Gwent, Newport and Caerphilly leisure centres. Roll out stopped in Torfaen due to new operational company (Halo) but is being reviewed and Monmouthshire declined to continue with the pilot
  - People can access Good Boost at neighbouring leisure centres.
  - Very good patient feedback
  - For further information, please visit: [Good Boost – Move Better Gwent](#)
- ESCAPE Pain
  - ESCAPE-pain is a group rehabilitation programme for people with chronic joint pain blended approach of educational self-management and coping strategies with an individualised exercise programme
  - 2 programmes available - hip and knee and back pain
  - Aims to help people understand their condition, teaches simple things they can do to help themselves and takes them through a progressive exercise programme so they learn how to cope with pain better.
  - Previously only available in Blaenau Gwent. Rolled out into Newport and plans to develop in Caerphilly
  - Will form part of stratified approach to support spinal pain management plan for T&O
  - ESCAPEE session run in conjunction with NERS/Leisure at completion to continue activity/exercise following class
  - People can access via MoveBetterGwent or MSK Hub - For further information, please visit: [ESCAPE-Pain – Move Better Gwent](#)
- Food Mood and Move
  - New level 2 intervention for people who are identifying that they feel their weight is having a direct impact on their experience of their bone, muscle or joint concern
  - Initial pilot was 6 session over 12 weeks – high dropout rate therefore redesigned to single session with signposting and support to access ESCAPE Pain and Good Boost options for activity and virtual level 2 offer (Grohealth App) and Public Health Wales options for weight management/nutritional advice.



### *Urgent Primary Care*

- AHP's in UPCC
  - Located alongside UPCC team at RGH to:
  - support UPCC MSK assessment, instead of MSK conditions being 'sent back' to GPs for assessment and management
  - If a patient meets the criteria for a UPCC review, the aim is to achieve a same/ next day face-to-face assessment – approx. 5 per week
  - Some main aims are to:
    - Offer near immediate assessment and investigation for concerning MSK pathology (e.g. suspected Cauda Equina Syndrome outside of emergency timeframe/ myelopathy/ new frank weakness) (appendix C, case study 1).
    - Identify MSK vs non-MSK presentations where this is ambiguous from telephone triage (appendix C, case study 2).
    - Sub-acute MSK "events"/traumas outside of the 4-week MIU window which are likely to require urgent investigations alongside, or prior to commencing rehab, which may require onwards referral to secondary care (e.g. fracture clinic). Providing a safety net for sub-acute patients and direct pathway that was not available previously (appendix C, case study 3 and 4).
  - Initial findings: (109 in six months)
    - In recent audit:
      - 77% of service users were seen via a Self-referral ("Request for Help") route,
      - 23% were seen from a GP referral.
      - 72% were referred onto MSK outpatient departments following assessment.
      - 55% of cases did not involve any form of further investigation (e.g., XR/ MRI)
      - The average number of days taken from referral being processed to a service user being seen within UPCC was 4 days.
      - Spinal conditions made up 74% of overall service users seen within UPCC MSK. Prior to this development, these patients would have been signposted to Grange University Hospital (GUH) ED department for assessment and access to appropriate investigation and onward referral.
      - 52% were "downgraded" in terms of Urgency and/or Clinician banding from "theoretical" hub triage – improving efficiency within Therapy outpatient services

### *Minor Injury Units*

- AHP's present at MIU RGH
  - 7 days a week as part of MIU team, seeing people presenting with MSK conditions.
  - Aims:
    - Reduce the number turned away or asked to re-present to GPs to onward management
    - Streamline assessment and improve diagnostic conversion for T&O soft tissue and fracture clinics and improve early referral for rehabilitation
  - Example - Knee Audit MIU (6 months)
    - Reduced numbers going to Acute Knee Clinic (AKC)
    - 300 from ENP (Emergency Nurse Practitioner) and 16 from physio
    - Those that are referred have MRI prior to attending instead of waiting for T&O appointment, reducing the wait for appropriate investigation
    - Concurrently referred for rehabilitation rather than waiting for T&O appointment



Pathway comparison:

**Old ENP Pathway**



**New AHP Pathway**



NHS England. 2024. National Cost Collection for the NHS. Available at: <https://www.england.nhs.uk/costing-in-the-nhs/national-cost-collection/> [Accessed: 26/06/2025]

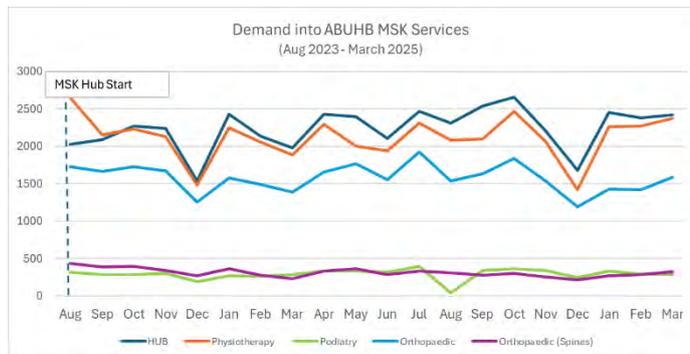
o Impact:

- Reduced time from initial appointment to diagnosis (12 weeks down to 6weeks – 50% reduction)
- Reduced number of consultant appointments suggesting a higher conversion rate to surgery from 1<sup>st</sup> appointment
- Cost effective when compared against traditional pathway

Next Steps:

- Recently launched new pathway for assessment of low back pain +/- leg pain by physiotherapists in MIU RGH as step down from the GUH to support ED attendances and flow.

Demand into Mainstream Therapy and Orthopaedics



There has been no significant increase into any therapy services following the introduction of the MSK Hub. (Figure 2) Review of referral rejection and redirection to therapies from T&O indicate that there is still a significant number of referrals that are going straight to orthopaedic services that could be more appropriately managed in therapy services first.

Figure 2: Demand into ABUHB MSK services

Any impact of the MSK Hub on T&O MDT triage cannot be correlated between Jan 2023 – March 2025 due to the variance in triage times for T&O waiting lists.

There is opportunity to further enhance impact of MSK transformation by GP's engaging/ referring directly into the MSK Hub where appropriate (instead of both MSK Hub and T&O, or just to T&O). The team is working closely with NCN and Place Based Care planning teams to maximise the benefits.

Conclusion



Development and implementation of this pathway as a core service has been held up as an exemplar for potential transformation of MSK Community pathways across Wales and positions the Health Board well to deliver future Welsh Government priorities.

The team have continued to achieve all the original aims and objectives of the project within our control as identified in the Board paper July 2022 and positive patient experience feedback for the website resources and the process of 'Request for Help'. Any potential consequences of pathway delivery have been monitored and has not shown any negative consequences.

In summary, over the next year, we aim to continue with the recruitment process and work with our stakeholders to:

- Implement new PROM capture process and evaluate PROM responses
- Implement the MSK Health Pathways within ABUHB and monitor the impact on referral flow
- Consider the outcomes of National NHS benchmarking
- Increase options available for supported self-management within the community, including opportunities for 'digital first' approach
- Engage with GP practices that have not yet embraced the new referral pathway to understand their position and support use of the pathway
- Identify MSK strategy for Placed Based Care that supports
  - stratification of demand across MSK Hub and First Contact approach
  - development of community events to improve community understanding of options available to manage MSK concerns
- Further support T&O by responding to the developments for support and management of patients referred to T&O with non-surgical spinal pain

Argymhelliad / Recommendation

The Board is asked to note the considerable achievements and work underway and the continuing developments in the service delivery to transform community therapy MSK services for the Health Board population.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3. Effective Care 5. Timely Care 4. Dignified Care 6. Individual care
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	Research, Innovation, Improvement, Value



<p>Amcanion cydraddoldeb strategol Strategic Equality Objectives</p> <p><a href="#">Strategic Equality Objectives 2020-24</a></p>	<p>Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse</p> <p>Choose an item. Choose an item. Choose an item.</p>
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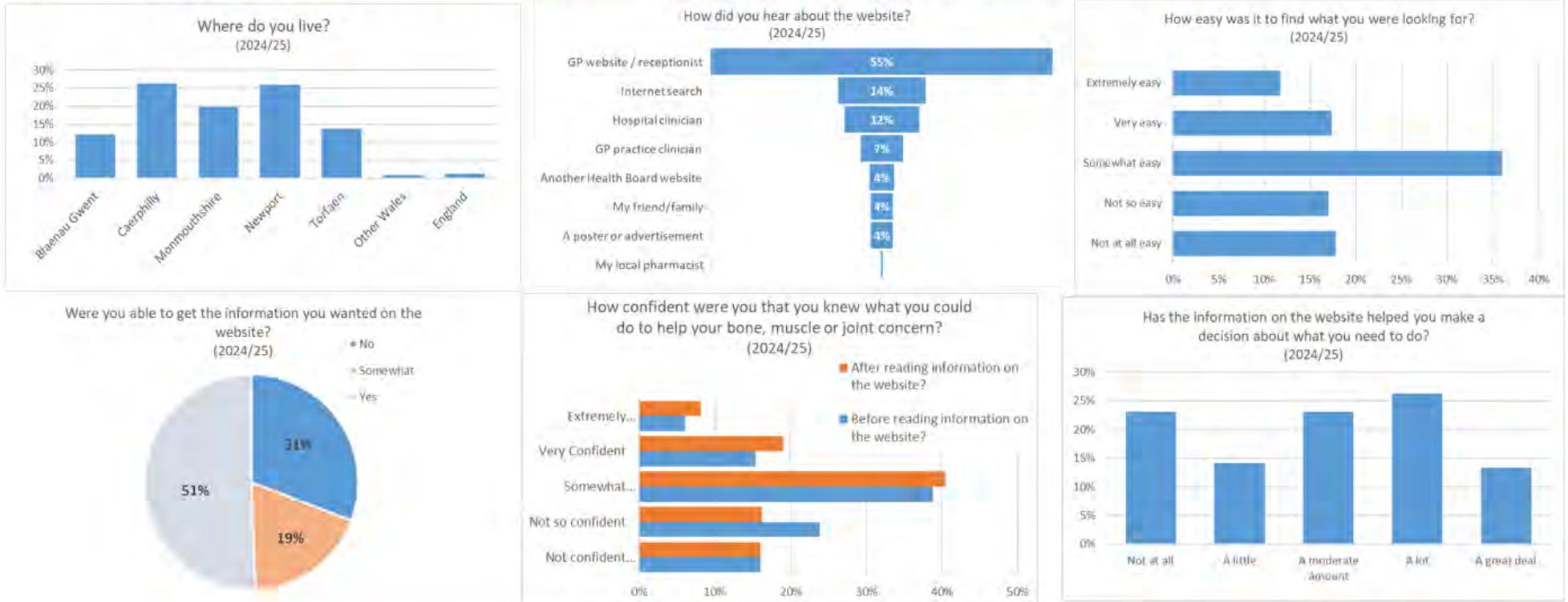
<p>Gwybodaeth Ychwanegol: Further Information:</p>	
<p>Ar sail tystiolaeth: Evidence Base:</p>	
<p>Rhestr Termau: Glossary of Terms:</p>	
<p>Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:</p>	

<p>Effaith: (rhaid cwblhau) Impact: (must be completed)</p>	
<p>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</p>	<p>Is EIA Required and included with this paper</p> <p>Choose an item.</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. 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>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</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>Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives</p>



SOURCE: MS Forms questionnaire link from website - Total n=247

# MoveBetterGwent – User Experience – 2024/25



## Top 4 reasons provided for lack of confidence:

- I just want to refer myself and am not interested in the additional information
- I could not find a way to get help for my problem
- The information on the website didn't fit with my problem/concern
- I think I need help from someone to plan my next steps



# Summary of comments about the MoveBetterGwent website (2024/25)



Excellent website, easy to navigate  
I appreciate the inclusion of exercise videos for specific goals – wasn't expecting that  
Very clear – helps me to help myself  
It's an excellent starting place advising people who are just beginning on a road to recovery

**"I was feeling abandoned and alone, consigned by my medical advisors to fade quietly away in a corner. The knowledge that help exists has made me feel much less defeatist and more inclined to try harder to get better!"**



Most older people are not familiar with modern technology  
I still prefer face to face conversation

Neutral and negative comments were regarding:

- Navigating the website when people were looking to self refer or had been told to by a clinician and were not interested in the information
- Perception of denied access
- Concerns that people were unable to speak to someone for help or that they could access treatment if clinically required



I don't agree with everything being moved online  
Confirmation that my form had been received would have been helpful  
Need it to be made simpler – too many questions

## ACTION:

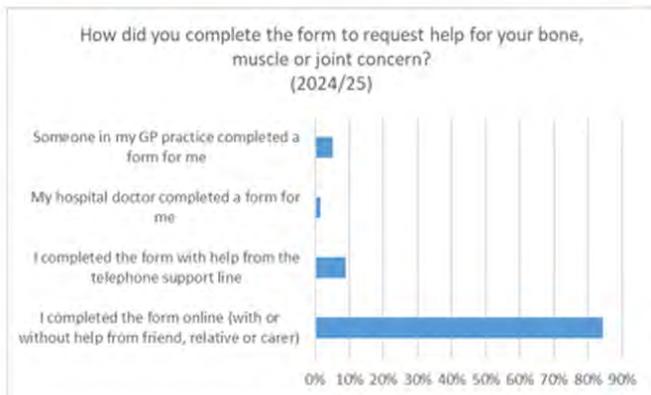
- Developing additional virtual self-help video resources
- Use of telephone support with information posted to home addresses as required



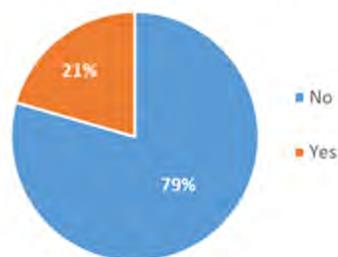
Appendix B  
User Experience – Request for Help process

SOURCE: MS Forms questionnaire link from email sent to people requesting help, Total n= 413

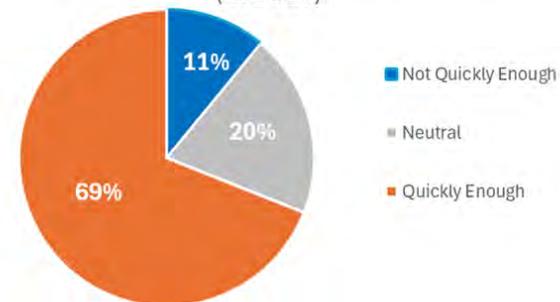
## Request for Help – User Experience – 2024/25



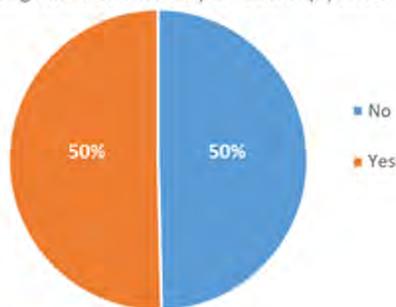
Did you know about the Move Better Gwent website before you completed your request for help?



How quickly did you have a reply from the team with information on options and your next steps? (2024/25)



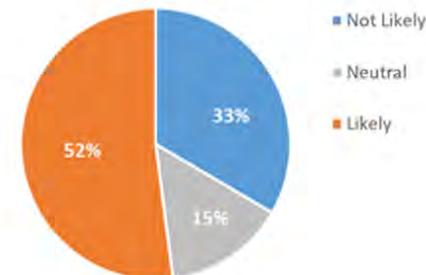
Were you given advice on how you could help yourself?



How would you rate the communication skills of the following staff?



How likely are you to recommend using the request for help form for a bone, muscle or joint concern to a friend or family member?



# Summary of comments about the Request for Help process (2024/25)



Form easy to complete and clear  
Fast response to my request for help  
Given a good choice of answers to the questions  
I didn't know I could self refer until my friend told me

**“The videos and help pages were very informative. Very happy with the service I have had. I have been treated for a shoulder and knee problems in the past and you are excellent!!!”**



Most older people are not familiar with modern technology  
I still prefer face to face conversation

Neutral and negative comments were regarding:

- Waiting times for intervention following triage
- The questions asked in the form
- Lack of acknowledgement email
- Understanding of process – feel GP's can't investigate or refer on
- Lack of advertising and knowledge



I don't agree with everything being moved online  
Confirmation that my form had been received would have been helpful

## ACTION:

- Ensured telephone support for people unable to complete form online
- Developed automatic email receipt to notify submission of request for help.
- Continuation of advertisement of request for help



## Appendix C

### Case studies for UPCC and MIU attendances

#### **Case study 1: Co-ordination of care**

68-year-old male self-referred for back and bilateral leg pain  
2 days later - Clarity call and booked for UPCC assessment due to some non-progressive cauda equina symptoms (mainly genital sensory changes)  
1 day later– assessment in UPCC. Has recently changed Crohn's medications and back pain worsening since then. Wakes at 3am with pain. Early morning back stiffness for 20-30 mins eased with movement. 6-8 weeks of altered sensation when using toilet paper. Reports sensation reduced to 90% globally in his left leg

#### **On assessment:**

Myotomes, reflexes and upper motor neurone testing NAD  
Referred for urgent MRI Lx. Email sent to rheumatology advice. Same day reply – for referral to Rheumatology.

12/6/25 – MRI:

L4-5 shallow posterior disc bulge and moderate facet arthropathy resulting in moderate degenerative canal stenosis with impingement of traversing L5 nerve roots.

#### **Action:**

Referred to MSK for input for greater trochanteric pain syndrome and low back pain  
Patient is currently awaiting Rheumatology review  
Patient is also under Urology and has been redirected to their service to discuss genital sensation changes

Example of appropriate screening and safety net for potential CES and appropriate pathway management for urology and rheumatology alongside rehabilitation

#### **Case study 2: MSK Masqueraders**

66-year-old male self-referred with 1–4-week history of left shoulder/upper arm and wrist/hand pain  
Stated on his self-referral that his symptoms were improving  
"Lost 'pier' in grip, unable to do up buttons or tie laces"  
Had not sought any medical intervention  
Expectation from self referral "Prognosis and support"  
Retired, Fit and Active, Lives with wife  
Medical history: Knee replacement 2014  
Recently stopped antidepressants

**Clarity call in MSK Hub triage** – patient reported 9-day history of non-traumatic left shoulder pain and reduced grip muscle strength. Reportedly dropping objects and struggling with ADL's with left hand. Denied neck pain. Denied P+N/numbness. Due to frank weakness and question regarding MSK or neurological symptoms, UPCC appointment was offered and booked for same day assessment.

**UPCC Appointment with wife.** Upon further questioning with wife's assistance, reports walking into doorframes and reduced co-ordination with left hand. Symptoms were worsening and not improving as stated on form. Recently stopped antidepressants following acute severe depression with no obvious trigger.

#### **Examination**

Presented with slightly altered walking pattern and slightly flexed left upper limb with mildly cupped hand.

Mixed reflex and upper motor neuron responses. Full active range of movement in his Neck/shoulders/ Elbow/Wrist. Slight increased left upper limb tone. No muscle wastage but an inability to spread fingers.

Due to his clinical presentation and reported functional changes (co-ordination/ recent sudden mood changes) suspicion was raised for a possible intracranial pathology.

#### **Actions:**

Discussed case with Doctor-In-Charge in MAU. Patient accepted under Medical Team in MAU RGH. Emergency CT Head revealing frontal lobe lesion with oedema.  
Subsequent CT Head with contrast – ring-enhancing frontal lobe lesion consistent with metastases.  
Patient now has ongoing input from Velindre and Urology Department

Example of use of senior clinician triage and combined neuro and MSK assessment of presenting conditions.

Appropriate follow up and escalation for additional diagnostic investigation.



### Case study 3: Suspected Cauda Equina Syndrome (CES) in MIU

**Summary:** 58 year old female with chronic low back pain had fallen and presented to MIU with acute flare up and new symptoms suggestive of CES. Would have been redirected to Grange ED from triage if Physiotherapy wasn't present in MIU.

**Patient Presentation:** This lady had fallen at home after losing her balance. She experienced immediate severe flare up of acute low back pain, new symptoms of bilateral leg pain and intermittent pins and needles. CES – reporting difficulty initiating and emptying bladder and struggling to reach the toilet in time when needing to empty bowels.

**Past History:** Spinal cord stimulator (SCS) managed by Cardiff. Normally self manages well with good knowledge of use of pain relief, home exercises and gentle exercise.

**Assessment:** Minimal active lumbar movement because of pain, altered sensation and muscle strength bilaterally. Difficulty sitting for any period of time, struggling to find any positions of ease.

**Outcome:** Due to presence of CES symptoms and severe levels of pain contacted on call T&O. This lady would struggle to sit in ED awaiting T&O review and due to SCS would be unable to have an MRI. There-fore wanted to discuss options of her management with T&O. It was agreed to investigate in MIU and liaise with T&O along the way.

**Management:** Full CES sensation testing done, x-ray done to exclude potential fracture by physiotherapist. Bladder scan to assess for retention by nursing team

**Final outcome:** CES ruled out with CES sensation checking, bladder scan normal, no fracture. T&O decided for review of pain relief with GP. No further action required. Lady was in MIU for a total of 6 hours, in that time she was fully assessed and CES excluded, management and reassurance given. If physio had not been present, she would have been redirected at triage and been sent to ED in GUH.

This would have resulted in a long delay before being assessed and then admitted to surgical assessment unit for a further wait to see T&O. Likely 15-24 hours before being sent home.

She was delighted with the care and the fact she was managed in MIU and didn't have to travel.

This a great example of how physios in MIU can support improvement in patient experience ensures patient centred care.

### Case study 4: Re-attender to MIU

33-year-old female attended MIU in Mid-May following a low-speed road traffic collision (RTC). She was the driver of the vehicle and was hit from the driver's side on a roundabout. Some immediate right shoulder pain symptoms but completely resolved by 40 mins post-RTC. Attended MIU for check-up. Was reviewed for cervical spine and shoulder – deemed to be soft tissue injury. No bony tenderness and normal neurological testing so discharged with advice to attend MSK if has ongoing issues.

Patient was seeing a private physio organised via car insurance, was advised to reattend MIU as concerned about ongoing pain/symptoms.

Re-assessed in MIU approx. 4-5 weeks after initial injury. Patient was reporting widespread arm pain with occasional pins and needles and feeling of weakness in arm. On examination, bony tenderness to C6/7 region. Varied neurological findings down her right arm. Subtle scapular, deltoid and triceps wasting with poor motor control of shoulder movements.

Given presentation, concern over possible cervical spine lesion/ brachial plexopathy. Discussed case with EPiC who agreed with concerns – physiotherapist organised emergency Csp MRI in RGH (rather than patient being transferred to GUH and waiting longer).

MRI showing:

At C6/7: There is no significant posterior osteophytic disc bar, but is slightly oedematous appearance of the perineural tissues in the exit foramen, and disorganised appearance to the foraminal C7 nerve root on the right which may reflect a proximal nerve root injury.

Following Csp MRI, it was felt that a brachial plexopathy could not be excluded and as such, following a discussion with the T&O on-call registrar, the patient was redirected to surgical assessment unit (SAU) in GUH for further assessment. She underwent an emergency brachial plexus MRI and shoulder XR.

The patient was discharged from A&E after conclusion of these further investigations. The patient is currently awaiting a T&O Spine appt and has also been referred for nerve conduction studies.

An example of where specialist MSK knowledge of neck/ brachial plexopathy presentations and detection of subtle wastage have made a vast difference to this patient's outcome. The relationship with the EPiC enabled trust to complete the emergency Csp MRI whilst the patient was in RGH which sped up the process of the patient being accepted by T&O for further assessment.





**CYFARFOD BWRDD I ECHYD PRIF YSGOLN ANEURIN BEVAN**  
**ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 September 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Social Partnership Duty Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Jo Gubbings, Assistant Director of Workforce and Organisational Development

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
 SBAR REPORT**

Sefyllfa / Situation

Aneurin Bevan University Health Board is committed to fostering a culture of transparency, collaboration, and mutual respect through strong social partnership arrangements. This report provides an overview of how these arrangements support staff and service delivery.

The Social Partnership and Public Procurement (Wales) Act 2023 provides the legislative foundation for how the Health Board engages with its workforce in shaping decisions that impact them, particularly in areas of policy, service change, and workforce strategy.

In line with the requirements of the Act, this is the first year that the Health Board has been required to publish a formal report on how it is achieving the principles of Social Partnership within the organisation.

The report has been developed in partnership through engagement including a workshop on the requirements of the Duty with Trade Union Partnership Forum (TUPF) and Local Negotiating Committee (LNC) colleagues. During these workshops, all members were given the opportunity to provide comment and evidence of how the Health Board meets the Duty to inform our report.

The Board is asked to approve the report prior to publication. The report will also be reviewed by members of the Social Partnership Council in November 2025, feedback received and there will be opportunities for learning as we progress through the next 12 months and beyond.

### Cefndir / Background

The Health Board operates under a partnership model with recognised Trade Union Representatives. Both the Health Board and the Trade Unions have a common objective in ensuring the effective delivery of high-quality health services to patients.

The Health Board's Trade Union Recognition and Partnership Agreement provides a framework within which the Health Board and Trade Unions work together to achieve this objective.

### Asesiad / Assessment

The Social Partnership and Public Procurement (Wales) Act came into force in 2023; however, the Health Board has already been operating in accordance with the principles set out in the Act through its established Partnership approach and infrastructure.

#### Governance and Engagement Structures:

The Health Board operates a well-established framework for social partnership engagement:

- Trade Union Partnership Forum (TUPF): Held bi-monthly with co-chairing arrangements in place.
- Divisional Partnership Forums: Held regularly across divisions with co-chairing arrangements in place.
- Local Negotiating Committee (LNC): Strategic forum for workforce-related discussions with trade unions for matters related to our Medical and Dental workforce.
- Equality, Diversity & Inclusion Advisory Groups: Includes union and staff network representation.
- Workforce and OD Policy Group: Co-produces, consults and jointly approves workforce policies.
- Equality Impact Assessment (EQIA) Panel: A monthly panel which consists of Managers, Human Resources and Trade Union Representatives to receive and comment on all EQIA's undertaken within the Health Board.
- People and Culture Committee: an assurance committee attended by Independent Board Members, including the recognised Trade Union Board Member, to seek assurance (on behalf of the board), on the delivery and effectiveness of the health board's objectives, priorities, systems and processes.
- Regular engagement through staff-side representatives on key programme boards and working groups.
- The Board: With a Recognised Trade Union Board Member, the board is responsible for the Health Board's overall system of governance and control, which includes robust risk management, and therefore must seek and be

provided with assurance on the effectiveness of the systems and processes in place for meeting the Health Board's strategic objectives.

The outlined framework for collaborative working, specifically our TUPF, provides the formal mechanism for consultation, negotiation and communication between Trade Unions and management and is part of the Health Board's commitment to consider staff views through representation.

The TUPF and LNC enables regular and formal dialogue between the Health Boards Executives and Trade Unions on matters relating to strategic matters, service plans as well as operational issues for the Health Board. It also provides early engagement opportunities for Trade Union input into a range of issues including those affecting staff, service delivery and impact on our population health needs. The forums facilitate decision making in partnership, where appropriate, for matters such as organisational change, long term strategy, service development plans, service reviews, new ways of working, clinical governance, as well as operational and financial performance.

#### Evidence of Collaborative Working:

There are a number of examples of collaborative working that have taken place within the organisation that evidences the principles of the Social Partnership Duty, these are outlined below:

#### a) Strategy Development, Workforce Planning and Transformation

- Llais - is the national, independent body in Wales established to give people a stronger voice in health and social care services and our Trade Unions are actively engaged through the Service Transformation and Estate Reconfiguration programmes to ensure that the voices of both the public and the workforce are heard. Llais brings forward the views and experiences of the people of Gwent, while Trade Unions represent the perspectives of staff, helping to shape decisions that lead to better, safer, and more sustainable health services. Examples of significant service change such as Nevill Hall development and Stroke Services, public and staff engagement and consultation, is a critical step in the process to ensure both Health Board staff and the public it serves can provide their views to the proposed changes.
- Nursing, Midwifery, SCPHN Workforce Strategy 2023 – 2026 – a collaborative approach between Workforce, Corporate Nursing and Operational Nursing Teams to deliver ambitious recruitment and retention actions. Over the course of the strategy, through close partnership working and with a sharp focus on staff development, we have reduced Registered Nurse (RN) vacancies from 376 WTE with anticipated RN vacancies to reach zero by the end of 2025 and Nursing turnover reduced from 10.2% to 6.05%.
- Values and Behaviours Framework – We have recently undertaken an exercise to review and refresh our Health Board's Values and Behaviours Framework. As part of this work, there was Trades Union representation on the Values & Behaviours working group, and consultation through all planned phases of the work. Regular updates were taken to TUPF, providing an opportunity for collaboration on all actions and decision-making.

- We have recently developed our Long-Term Strategy and Trade Union members were actively engaged in the development through regular presentations at TUPF and LNC and membership of the engagement sub-group. All Trade Union members were invited to the design workshops held and given the opportunity to shape the contents of the strategy as it evolved.
- The Health Board Integrated Medium-Term Plan (IMTP) has recently been updated, and Trade Union members were actively engaged in the development through regular presentations at TUPF and LNC at key stages. In addition, a dedicated Trade Union development session to shape the IMTP has been held for the past two planning cycles.
- Partnership working is a core principle of the NHS Job Evaluation Scheme, and it is essential for ensuring fairness, transparency, and consistency in how roles are assessed and evaluated at the Health Board.
- NHS job planning is a collaborative process within the Health Board, where management works with staff and the British Medical Association (BMA) to agree our approach to planning and implementing work patterns for senior medical and dental staff.

#### b) Health & Wellbeing

- Agile Working – There is Trade Union representation on the Agile Programme Board and involvement in guidance and frameworks to support implementation.
- A programme of work commenced in 2023 in partnership with our Trade Union colleagues, to review and reduce the number of unnecessary disciplinary investigations taking place in the Health Board by focusing on more restorative approaches. This work to date has resulted in a 71% reduction in investigation cases post intervention, an estimated 3,308 sickness days averted annually and estimated annual savings of £738,133 (based on direct savings and costs averted).

#### c) Recruitment and Retention

- Royal College of Nursing (RCN) Cadet Scheme – this scheme supports young people aged 16 to 25 develop their skills for a career in Nursing. The scheme provides 60 hours of training which includes 20 hours of observation experience within the health board. Once completed, cadets receive a certificate, module transcript and a special alumni pin. Learners who complete the course are guaranteed an interview for a role as a healthcare support worker. In the first two cohorts, 36 learners undertook the programme, with 20 learners currently on the third cohort.
- The Future Nurse Academy – This was introduced to support people into entry level roles and promote a 'grow our own' approach which has been extremely successful with staff choosing to pursue qualifications in Nursing to become 'Future Nurses'. Between 2023 – 2025, 39 individuals completed the Level 2 qualifications and 78 Level 3, via ACT Training. In addition, 92 have completed Level 2 training.
- Trade Union involvement and engagement via the LNC and BMA in development of two significant medical workforce policies last year – Autonomous Practice and Portfolio Pathway to Specialist Registration. Both

policies support and enable the development of Speciality Doctors and facilitates career progression within governance frameworks which ensure safe practice and patient care. In addition, a Medical Observership Policy and Framework was developed to support International Medical Graduates to gain experience of the NHS environment and hopefully go on to obtain successful employment within the Health Board.

- In December 2023 the Health Board rolled out its Integrated Schools Programme, which is a partnership approach between Health, Social Care and Education. The aim of the programme is to visit secondary schools across Gwent to highlight to students the broad and varied professions that sit with the Health and Social Care Sector. The session is delivered by practitioners who provide hands-on interactive activities for the students to explore and learn about the different roles. To date we have delivered 8 sessions and interacted with over 1500 students. The feedback from students, teacher and practitioners has been overwhelmingly positive.

#### d) Equality, Diversity and Inclusion

- We have dedicated protected hours for Equality, Diversity and Inclusion for one of our Trade Union Representatives to work on key projects and programmes of work. As a result of this, in December 2024, the Health Board rolled out a new Health and Well-being Passport for use by all staff and managers to support conversations around health and caring needs in the workplace, primarily for staff with protected characteristics but available to all.
- Within the Health Board there are 7 Staff Diversity Networks which are organised by staff for staff and provide a space for staff to reach out to colleagues outside of the Health Board's support services. The networks provide staff who identify with a protected group or who have specific interests, with a safe, welcoming and practical platform. The networks provide an opportunity for staff to input into services, policy and support as needed. Feedback from these networks is then shared through the specific Advisory Groups which has Trade Union representation as well as through the TUPF.
- We have a partnership approach to Equality, Impact Assessments (EQIAs) with a monthly panel consisting of HR, Managers and Trade Union Representatives. The EQIA panel plays a key role in supporting our social partnership by embedding fairness, inclusivity, and transparency into decision-making, particularly around workforce, policy, and service change.
- Launched in July 2024, our Reverse Mentorship pilot connects Black, Asian, and Ethnic Minority staff with Executive and Board Members. With six participants (three partnerships), including two Executive Directors and one Board Member who represents our Trade Unions. The pilot ran for 12 months until July 2025 and a full evaluation is due in September 2025.
- The Health Board launched the Aspiring Board Members Pilot Programme as a six-month strategic initiative aimed at supporting leadership development, enhancing Board diversity, and creating a pipeline of future Independent Members (IMs). The programme specifically focused on succession planning for the Trade Union IM role, as it was designed for employees and this is the only IM role that can be held by a current employee.

#### e) Digital Transformation and E-Systems

- Trade Union representatives are engaged in the Digital Transformation Programme Board, ensuring staff voice in the design, roll-out, and evaluation of new systems. As part of the procurement process for the recently introduced Medical E-Systems, Trade Union members were invited to attend all demonstration sessions.
- Equality Impact Assessments are undertaken for all major digital changes, with Trade Union input, to ensure accessibility for staff with different needs (e.g., language, disability, flexible working).
- Staff feedback shows that new e-rostering functionality has supported agile working, reduced administrative burden, and improved work-life balance. Trade Union representatives continue to monitor the impact on staff wellbeing.
- The Health Board will strengthen partnership working around emerging technologies, such as Artificial Intelligence and automation, with Trade Union representation embedded in governance and decision-making groups.
- Our digital initiatives support the Well-being of Future Generations Act by improving prevention, efficiency, and staff involvement, and are aligned with the national NHS Wales Digital Strategy.

#### f) Policy Development and Consultation

- Within the Health Board we apply a partnership approach to the approval of new and amended policies through the Workforce and Organisational Development Policy Group. The panel consists of HR, managers and Trade Union Representatives, to review, provide comment and approve workforce policies and procedures. This inclusive approach ensures a rounded and holistic approach to ensuring the well-being of staff and patients, as well as quality and governance is at the core of policy development.
- The Medical and Dental workforce is represented at Policy Group and policies relevant to all staff are circulated to LNC members for comment. The requirement to engage with the medical workforce and LNC has been included in the guidance for policy developers. We worked with the Chair of LNC and BMA representative to agree this. Policies that apply exclusively to Medical and Dental staff are subject to detailed discussion at the LNC, which retains responsibility for final approval of these policies.

#### g) Welsh Language Promotion

- Promotion of the Welsh Language Standards and the "Working Welsh" scheme with support from Trade Union representatives and external partners through the Gwent Workforce Board in line with the "Active Offer".
- Engagement in ensuring recruitment and service materials meet Welsh Language Standards.

## h) Decarbonisation Programme

- We have dedicated Trade Union representation to support the Health Board's decarbonisation programme in line with Welsh Government Decarbonisation Strategy.
- As part of this work, we developed a joint funding bid with Powys Teaching Local Health Board on biodiversity in 2023/24 and we have 5 site reports completed to aid decision making with regards to site development. In addition, we have also promoted a green community garden in Trethomas and an orchard at Trethomas Health Centre.
- A presentation on adaptation planning will be delivered at the next TUPF meeting in September 2025. The Health Board are also in the process of establishing a task and finish group to progress the National Adaptation Toolkit, which forms part of a collaborative initiative involving all 13 NHS organisations in Wales, aligned with government plans introduced earlier this year.

## i) Social Procurement

The Health Board has embedded social procurement into its approach to commissioning, ensuring that contracts deliver not only clinical outcomes but also wider social value for communities. Notable examples include the establishment of a co-production evaluation panel, where individuals with lived experience of mental health and learning disabilities directly assess and influence contract awards, embedding user voice into procurement decisions.

In addition, the Health Board is transitioning towards an alliance-based commissioning model with third sector partners, prioritising collaboration and citizen outcomes over competition and cost. Its tender pipeline for mental health and learning disability services demonstrates a strong focus on social value, with planned lots covering areas such as advocacy, welfare rights, creative arts, and nature-based activities.

Complementing this, the Health Board has undertaken extensive community engagement, meeting over 4,500 residents across 216 venues to ensure procurement decisions reflect local needs and priorities. These initiatives reflect a clear alignment with the Public Services (Social Value) Act 2012 and highlight the organisation's leadership in leveraging procurement to deliver broader social, cultural, and environmental outcomes across Gwent.

Importantly, the Health Board ensures that procurement decisions are assessed not only on cost and technical quality but also on the potential for long-term social impact, sustainability, and measurable benefits for citizens and communities, with social value embedded as a core criterion in tender evaluation.

### Challenges:

There are a number of challenges and areas for development to further progress our delivery of the principles of Social Partnership.

- Balancing national policy implementation with local flexibility is an on-going challenge for local public sector organisations.

- Capacity constraints for Trade Union colleagues to attend all relevant forums where planning under the guise of Social Partnership takes place. However, our TUPF and LNC will have dedicated time on the agenda for the Social Partnership Duty and our wellbeing objectives and we will collectively prioritise actions as undoubtedly expectations will increase over time.

Future Actions and Priorities:

Although the Health Board's Partnership Agreement provides a strong foundation to meet the requirements of the Duty, we acknowledge that there is more we can do to further strengthen our approach and over the next 12 months the organisation will be committing to the following actions:

1. To undertake a self-assessment with our Trade Union Colleagues to assess specific actions for development.
2. Inclusion of a standing agenda item on Social Partnership on our TUPF and LNC.
3. Strengthening partnership working in areas of digital transformation and Artificial Intelligence.
4. Embedding social partnership principles into procurement decision-making.
5. Continue to grow representative voices in strategic forums.
6. Expanding partnership approaches into decarbonisation and net zero plans.
7. Consider a Social Partnership Champion Initiative.

Argymhelliad / Recommendation

The Board is asked note the work in support of social partnership duty and to approve this report prior publication. The report will also be reviewed by members of the Social Partnership Council in November 2025, feedback received and there will be opportunities for learning as we progress through the next 12 months and beyond.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business are a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <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 Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services 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

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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	BMA - British Medical Association EQIA's – Equality Impact Assessments IM - Independent Member IMTP - Integrated Medium-Term Plan LNC – Local Negotiating Committee RCN – Royal College of Nursing RN - Registered Nurse WTE – Whole Time Equivalent
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

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



CYFARFOD BWRDD I ECHYD PRIFYSGOL ANEURIN BEVAN  
ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 September 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Welsh Language Annual Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Geraint Scott, Head of the Welsh Language Unit

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

Er Sicrwydd/For Assurance

The Welsh Language Annual Report addresses the statutory duty of the Health Board to provide an annual account to the Welsh Language Commissioner on compliance with its Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

ADRODDIAD SCAA  
SBAR REPORT

Sefyllfa / Situation

The Welsh Language Standards Annual Report, *Appendix 1* addresses the statutory duty of the Health Board to provide an annual account to the Welsh Language Commissioner on compliance with the Welsh Language Standards under the Welsh Language (Wales) Measure 2011. The report has been prepared in accordance with Welsh Language Standard 120 and highlights the improvements and progress made by the Health Board during this reporting period.

The Board is asked to note the improvements and progress made in the last year, to support the next steps highlighted in this paper and approve the report for publication.

Cefndir / Background

Welsh Language Standards – Welsh Language Annual Report  
On 20 March 2018, Assembly Members voted in favor of the Welsh Language Standards [No7.] Regulations 2018 (the ‘Regulations’). The two key principles that underpin the Regulations are:

- In Wales, the Welsh language should be treated no less favorably than the English language; and
- Persons in Wales should be able to live their lives through the medium of Welsh language, if they choose to do so.

In July 2018, the Commissioner issued a draft Compliance Notice to all Welsh Health organisations. After a twelve-week consultation period, responses on the reasonableness and proportionality of implementing each standard were submitted to the Commissioner by all Welsh health organisations. Final compliance notices were issued in November 2018.

The Standards have provided the Health Board with the impetus to ensure the delivery of quality, equitable bilingual public services. Addressing the challenge of mainstreaming the Welsh language and increasing the use of Welsh and bilingualism in the provision of services and within our administrative functions has been the key focus for the reporting period.

### Asesiad / Assessment

The report, *Appendix 1*, outlines the Health Board's continued and sustained progress in relation to service delivery through the medium of Welsh for the reporting period April 2024 to March 2025. Some key successes include:

- Generating and publishing the Health Board's new 5-year plan for increasing the number of clinical consultations undertaken through the medium of Welsh. Working closely with the Welsh Language Commissioners office, as well as the service identified to undertake the plan, to ensure it meets our statutory obligation, and increases our Welsh language offering to our service users.
- 68 staff participating in the confidence building Welsh language course.
- Sessions delivered to over 500 members of staff through the Health Care Support Worker clinical induction pathway and the Leadership Development Programme.
- Engagement with over 750 students in both Welsh and English medium secondary schools delivering sessions on careers within the Health Board, emphasising the importance of the skill they have of speaking Welsh.
- Development of the 'Syrjeri Sgiliau' programme to create a resource that can be delivered independently by schools thus increasing its reach.
- Delivery of workshops around the *More Than Just Words* plan to all students studying Health and Social Care at both Coleg Gwent and Coleg y Cymoedd.
- A roadshow in collaboration with our Equality, Diversity, and Inclusion colleagues across Health Board sites engaging with front line staff.
- Compliance increased with staff recording their language abilities on-line reaching 86%, and compliance with the mandatory *More than Just Words* training module reaching 83%.
- Staff engaging with a broad range of learning courses to improve their Welsh language abilities including 3 members of staff attending the funded immersive Welsh language sessions in Nant Gwrtheyrn.

- Engagement in the development of a 'Health and Care Strategic Plan' by the National Centre for Learning Welsh to ensure that learning is appropriate and matches the needs of both the learner, and the Health Board.
- Further strengthening our translation service increasing our capacity and offering good value for money for the Health Board.
- Working closely with our Digital, Data and Technology colleagues on digital applications and programmes engaged with by our service users to ensure all offered are compliant with Welsh language standards.

Some key data:

- 86% of staff recording their language abilities in ESR an increase from 81% in the last reporting period and from 51% in 2020.
- An increase in the percentage of jobs advertised with Welsh language as essential, desirable, or needed to be learnt. Increasing from 94% in 2023-24 to 96% in 2024-25
- Translation increasing by 8% with internal translation increasing by 20%



Within the report we have also noted our key actions and vision for the next year. These in part are born out of challenges and risks we have identified.

- Following the finalisation of the 5-year plan to increase the offering of clinical consultations, work will be undertaken with the Physiotherapy service to map the target outcomes and to draw up action plans and standard operating procedures to realise these.

- We will be working with our colleagues in Digital, Data and Technology division to develop a tool for recruitment managers to assess the language needs required for new and vacant roles.
- We will ensure that the new Cwrs Croeso developed to achieve the target of “courtesy level” Welsh within our workforce, is widely shared and attended by staff.
- We will be looking at patient feedback obtained from the Promptly platform to understand the experiences of our Welsh speaking patients in order to share this with our colleagues and support them, where needed, to improve outcomes.

### Argymhelliad / Recommendation

The Board is asked to note the improvements and progress made in the last year, to support the next steps highlighted in this paper and approve the Welsh Language Standards Annual Report.

### Amcanion: (rhaid cwblhau)

### Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	CRR0021 - Current score 12
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 4. Dignified Care 6. Individual care Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Every Child has the best start in life Adults in Gwent live well healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services

### Gwybodaeth Ychwanegol:

### Further Information:

Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termiau: Glossary of Terms:	Not Applicable

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Welsh Language Strategic Group Local Stakeholders in the Welsh language community

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	The Welsh language is a cross-cutting issue and is relevant to all objectives of the Well-being of Future Generations Act. Theme 7: A Wales of vibrant culture and thriving Welsh language is particularly relevant.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Cymraeg

# WELSH LANGUAGE STANDARDS ANNUAL REPORT 2024 / 2025



# FOREWORD



I am pleased to share with you Aneurin Bevan University Health Board's Welsh Language Standards Annual Report for 2024-2025.

We as a Health Board strongly believe that the Welsh language should not be a stand-alone target, but rather something that is embedded in all aspects of our work and believe that this report shows that ambition. Communication is key to delivering the best health care, and we strongly believe that delivering Welsh language services is vital for our Welsh speaking service users.

I hope you enjoy reading about our progress to date as well as our vision for the future.

Diolch

NICOLA PRYGODZICZ  
CHIEF EXECUTIVE

# FOREWORD

It gives me great pleasure to present the Welsh Language Standards Annual Report for Aneurin Bevan University Health Board for 2024-2025. Our commitment to providing the best Welsh language services to our communities remains unwavering.



You will see from this report that our focus within this work is not solely compliance with the Welsh Language Standards, but rather a wider holistic approach to ensure we are meeting the needs of our population in Gwent.

Through working in partnership with our staff and collaboration with partners and stakeholders including Welsh Government and the Welsh Language Commissioner we deliver the priorities of More Than Just Words and the Welsh Language Standards. We hope you enjoy our report.

SARAH SIMMONDS,  
DIRECTOR OF WORKFORCE & ORGANISATIONAL  
DEVELOPMENT

A handwritten signature in dark ink that reads "S. Simmonds".

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# INTRODUCTION

Our annual report highlights the work undertaken by the organisation to facilitate and deliver Welsh-medium services to both patients and service-users within the area serviced by the Health Board.

In line with the Welsh Language Standards, the report provides an annual summary to both the public and the national regulator, the Welsh Language Commissioner. The reporting period is April 1st 2024 to March 31st 2025.

Internal monitoring of Welsh language targets is outlined within the Health Board's People Plan, and externally reported to the Welsh Government in accordance with the More Than Just Words national strategy.

The More Than Just Words plan is Welsh Government's strategy document for delivery of Health and Social Care services in the medium of Welsh. The current plan as well as the detailed actions associated can be found [here](#).

We are pleased to report that we have made progress against the objectives laid out in the previous report. Our language mapping is at an all-time high, we have made significant inroads in relation to our digital services, and our strategy to increase clinical consultations has been developed and is in-progress. All of the above will be expanded on further within this report. While we still face significant challenges in our ability to provide Welsh language services to the local population, we are on the right path.

In line with Standard 120, this report also describes specific information in a number of key areas. This data includes:

- The Welsh language competency levels of our staff,
- The training we offer through the medium of Welsh,
- The number of complaints we have received in relation to the Welsh language,
- The level of Welsh competencies we require on any vacant and new posts advertised during the reporting period.



# MANAGEMENT, ADMINISTRATION OF AND COMPLIANCE WITH THE WELSH LANGUAGE STANDARDS

## **Accountability, Governance and Assurance**

The responsibility for the Welsh language portfolio sits under the remit of the Executive Director of Workforce and Organisational Development, within the Health Board, while the organisation as a whole has the responsibility to ensure compliance with the Welsh Language Standards imposed on the Health Board by the Welsh Language Commissioner.

## **Welsh Language Unit (hereon referred to as the WLU)**

The WLU is within the Health Board's Workforce and Organisational Development directorate, and includes staff working at a strategic, managerial, and language planning and policy level. Its main function is to advise the Health Board in both compliance with national legislation and the delivery of services through the medium of Welsh.

The WLU reports to the Welsh Language Strategic Group on a quarterly basis, in which the WLU will provide updates on the work currently being undertaken by the Unit and Health Board as a whole.

## **Welsh Language Strategic Group (WLSG)**

The WLSG is the Health Board's internal cross-organisational governance group which approves the work of the WLU.

The primary purpose of the WLSG is to provide the Health Board with advice and assurance in its responsibilities to comply with its statutory obligations regarding the provision of Welsh language services to the local population.

The WLSG reports through the Health Board's People and Culture Committee, which is accountable to the Board.

The WLSG submits an Annual Monitoring Report to the Executive Team of the Health Board, confirming compliance with its terms of reference and key responsibilities, as well as providing the assurances to the relevant committees mentioned above.

## **Risk Management**

The Welsh Language is formally recognised as a strategic priority within Aneurin Bevan University Health Board and is currently registered on the Risk Registers. This inclusion ensures that the Health Board maintains a robust governance framework around Welsh Language compliance and development, in line with the Welsh Language Standards.

# ANNUAL SUMMARY

The Standards, which have been applied to the Health Board under section 44 of the Welsh Language (Wales) Measure 2011, are contained in the [Compliance Notice](#) which can be found on our website.

We continue to increase our knowledge of the Welsh skills of our workforce allowing us to greater understand where our current skills are within our workforce and where to target appropriate support such as Welsh learning and our successful Welsh tutor programme to raise confidence of those with Welsh language skills.

Our work to increase the Welsh speakers within our future workforce has been developed further over the last year. In our previous report we referenced our Syrjeri Sgiliau programme inspiring and educating primary school children about the possibilities within health. We have further developed these sessions to be able to be delivered independently by schools.

Digital tools and platforms continue to progress at pace with innovations in this area being developed across many of the Health Boards areas of service. We work closely with our colleagues both in the Digital Data and Technology division and the clinical divisions directly delivering these services to ensure all new technologies can function fully for our Welsh speaking service users.

In line with standard 110, we have developed and published our 5-year plan to increase the number of clinical consultations undertaken through the medium of Welsh. The physiotherapy service has been identified as the first service for the implementation of these targets.

In line with this new target, we are working with our colleagues to build on the generic resources generated in order to create new specialised resources that further the vocabulary skills of our staff,, giving our colleagues the additional words/phrases to support them when caring for our Welsh speaking service users.

We have continued to develop mechanisms for engaging with and supporting our staff, including sessions in key organisational development programmes as well as a newly designed workshop programme for key divisional managers.



# SOCIAL MEDIA PRESENCE



We are, once again, pleased to report that throughout this period, all communications produced by the Communications and Engagement Team have remained fully bilingual. The number of followers on our Welsh-medium accounts have remained consistent over this period, with the exception of our X account. It's important to note that the decrease in followers on both X accounts are likely due to a general decrease in users across the platform.

Channel	Medium	Number of Followers 2023/24	Number of Followers 2024/25
	Welsh	327	328
	English	109,238	112,193
	Welsh	252	240
	English	26,456	25,600
	Welsh	155	186
	English	13,349	14,405

## Our Campaigns

As part of Diwrnod Shwmae this year, we showcased the work of one of our bereavement midwives, Louise, who was inspired to secure Welsh versions of baby memory boxes after completing an entry-level course to learn the language herself and realising the value of language in the grieving process.



“When it comes to grief, it's vital for people to be able to communicate in their mother tongue. Completing my Welsh learner course reinforced the importance of having these memory boxes in Welsh for our Welsh-speaking population, so I was really passionate about securing them for our families.”



In support of the Welsh Language Commissioner's Office's 'Defnyddia dy Gymraeg' campaign, we promoted the public's rights to access our services in Welsh, as well as encouraging people to use Welsh in their everyday lives by sharing our staff's favourite Welsh words. On Dydd Gwyl Dewi, we celebrated our littlest patients, who are already proud to be Welsh.

# ENGAGEMENT WITH OUR FUTURE WORKFORCE

We have continued to work closely with local schools and colleges to raise awareness and understanding of how important it is for our Health Board to be able to offer Welsh services across all of our sites to Welsh speaking patients and service users.

## **Secondary Schools**

We have visited Welsh and English Medium Secondary schools this year. The unit has engaged in many careers day activities including speed networking and presentations to secondary students. The Welsh Language Unit were invited to Cardiff's annual Careers event held at Cardiff Student Union. This event is for sixth form students from all Welsh medium schools across South Wales. In total we have engaged with over 750 students.

## **Colleges**

We continue to work closely with Coleg Gwent and Coleg y Cymoedd to raise awareness of the importance of Welsh within Healthcare. We have delivered these sessions to over 100 students in these sessions.



## **Work Experience**

Following the Cardiff Careers Day, we have had requests from students looking to complete a period of work experience through the medium of Welsh within the Health Board.

Syrjeri Sgiliau is our programme for primary school children designed to engage, challenge and inspire primary school children about careers in health.

The Syrjeri Sgiliau programme has been well received by all students and staff in the schools delivered to, however its reach is limited due to the staffing resource needed for delivery. We have also discovered that many schools are unable to allow external providers in to deliver sessions to the children.

With this in mind we have worked closely with qualified and experienced teachers to develop a resource that will allow schools to deliver the sessions independently. The material has been set up as step by step lessons plans. The lessons are aligned with the curriculum for Wales and note which elements of the curriculum can be covered by delivering the lesson. The lessons are fully resourced and the activities included have been differentiated to ensure they can be delivered to the different levels of ability found within a class environment.

This new offering has been formally launched at both the Urdd and national Eisteddfods in May and August 2025. The hope is that the resource can then be utilised by Primary schools throughout Wales.

**FFOCWS Y WERS**  
Gwers 1  
Rolau yn y GIG

**GEIRFA**  
• Meddyg  
• Nyrs  
• GIG -  
• Cwasanaeth  
• Iechyd Cwladol  
• gwisg

**ADNODDAU**  
• PPT 1 Anweiddiaid 1 Dod o hyd i'r swydd yn y GIG yn yr adnodd  
• Ffoniad  
• GIG  
• Cwestiynau  
• Sgwyrddi  
• Tafel Wath 1,2,3,4,5  
• Cystawiliaeth Tafel Wath  
• Bla ac Llo - Meddyg a Nyrs  
• Cwll

**AMCAN/AMCANION**  
• Er mwyn deall beth yw'r GIG.  
• Deall y gwahanol rolau o fewn y GIG.

**PEDWAR DIBEN**  
Dinasyddion Egyddorol Cwybodus

**CWRICWLWM I CYMRU**  
**Iechyd a Lles - PS3**  
• Callaf atyn am help pan fydd ei angen arnaf gan bobl rwy'n ymddiried ynddynt.  
**Dyniaethau - PS3**  
• Callaf ddisgrifio sut mae rhai nodweddion gwahanol cymunedau a chymdeithasau wedi newid, o fewn ac ar draws cyfnodau o amser, yn fy ardal leol ac yng Nghymru, yn ogystal ag yn y byd ehangach.  
• Mae gen i ddealltwriaeth o sut mae ffactorau yn y gorfennol i'r presennol wedi slopio fy nghymunedau.

**Worksheet 1.1a: Doctor and Nurse**

Doctor ← Characteristics/Skills → Nurse  
kind

**Task/Tag:** Draw a picture of a doctor and nurse. Use these words to match up the skills and qualities that each person would need. Add two more of your own.

kind confident healthy cheerful courageous determined organised ambitious

**Worksheet 1.1b: Doctor and Nurse**

**Characteristics/Skills**  
Is your picture of a **doctor** male or female?  
Is your picture of a **nurse** male or female?  
Can doctors be male or female?  
yes no maybe  
Can nurses be male or female?  
yes no maybe

equality  
equal opportunities  
discrimination  
fairness

**Task/Tag:**  
• Challenging Gender Stereotypes  
• Think about why you have made your choice of a doctor and nurse to be male/female  
• Are you now beginning to think differently about the jobs that males and females can do in the NHS?

# STAFF ENGAGEMENT

We recognise that an essential part of our work is ensuring that we continue to raise awareness of staff regarding the importance of offering Welsh services to our service users. We continue to work closely with our Health Board staff ensuring that they are aware of their duties and the valuable roles that they play when it comes to patient care in Welsh.

## ***Roadshows***

The unit has taken part in 'Roadshows' across our sites this year. The sessions have proven to be a great way to interact with staff from various job roles. The emphasis has been on raising awareness of the importance of offering a Welsh service, the 'Active Offer' and what opportunities there are for staff training. These sessions have also proven to be an excellent opportunity to distribute Welsh resources to support our staff.

## ***Leadership Development Programme***

We continue to support with the Leadership Development Programme, these sessions are for new or aspiring leaders from all aspects of the Health Boards work and include both clinical and non-clinical staff. The sessions have allowed us to focus on our requirements as a Health Board to deliver services in Welsh, the importance and impact Welsh services can have on our patients and service users and the roles our staff play in ensuring we are offering Welsh services to all that need them. Throughout the reporting period of this report we have delivered to 268 participants on this programme.





## ***Healthcare Support Worker (HCSW) clinical pathway***

The HCSW's who work across our sites play a vital role in the care of our patients. They are usually the staff that have the most contact with our service users, we therefore recognise the importance of ensuring that our HCSW have an understanding and appreciation of the importance of offering Welsh services to our patients and service users. These sessions give us a great opportunity to spotlight how we can support our staff with Welsh Language, our duties as a Health Board and also what courses are available for them. Throughout this reporting period 244 staff were engaged with in these sessions.

## ***Conferences***

We have attended numerous internal conferences this year which has enabled us to link in with staff from all areas of our Health Board. These days are an excellent opportunity for us to continue raising awareness of the importance and need to offer our services in Welsh. They are also a great way to distribute resources and continue the support we offer our staff.

## ***Welsh Language Workshop***

The Welsh Language Unit ran the Health Board's first workshop as part of the Welsh Language Strategic Group. The purpose of the voluntary workshop was to gauge staff's current understanding of the Health Board's responsibilities, where they believe they currently are in relation to that, and where they'd like to be (including creating their own action plan on how to reach that point). Feedback received has been positive and we will be liaising further with participants to ensure they receive our full-support in implementing their plans.

Following the workshop, we were approached by leads from the School Nursing and Looked After Children services to provide a bespoke Welsh Language Awareness session to their staff, highlighting the benefits of the above workshops. The session was well received by staff, and we were able to provide resources to staff (such as badges, lanyards etc.), raise awareness around learning opportunities, and highlight members within the service who were Welsh-speakers. Our plans for future reporting periods will be to build on this progress.

# STAFF RESOURCES AND TRAINING

The unit continues to support staff with all aspects of Welsh learning. We have had a steady flow of staff actively enrolling onto Welsh Language courses this year. Learners have been directed to Coleg Gwent, Nant Gwrtheyrn, the SSiW app and the 'Croeso' Beginners Welsh course. We have had many staff complete confidence building sessions with our two Coleg Gwent tutors and the tutors are now about to start the new Welsh Taster Sessions.

## ***Caffi Cymraeg***

We have held several 'Caffi Cymraeg' sessions this year. Staff joined our Coleg Gwent tutors for a 'cuppa and chat' in the medium of Welsh. The sessions were a great opportunity for staff with different levels of Welsh to come together and practice using their skills. We took this opportunity to distribute learning resources for staff to use in their places of work to help build confidence when using their Welsh skills with patients and service users.



In partnership and collaboration with training providers such as 'Say Something in Welsh' and the 'Canolfan Dysgu Cymraeg' we continue to provide varied learning opportunities to all staff within the Health Board but have some new specific strategies for 2025-2026. These will further utilise the resource we have through our Coleg Gwent Welsh tutors. Some of these programmes are underway but have been linked in a Welsh Government's - **Health and Care Strategic Plan For Welsh Learning**.

For 2025-26, there will be 4 specific work streams for staff:

- 1. Building Confidence** - 1:1 session's with a Coleg Gwent tutor for a period of 12 weeks
- 2. Aftercare Sessions** – sessions for individuals who have completed a Confidence Building course but want to continue receiving support. These more infrequent sessions will be a boost for them to continue using their Welsh at work.
- 3. Welcome Workshops 1.5 hours** - one-off workshops with a tutor to assist organizations with the national target More Than Words to ensure that all their staff have a polite level of Welsh by 2027
- 4. Welcome Courses for All 10 hours** – a learning path that bridges between the 1-hour Welcome session and Entry Level Lessons

### **Staff at Nant Gwrtheyrn**

The 'Using Your Welsh with Confidence' course held at Nant Gwrthern is for NHS staff in Wales who have Welsh language skills but would like to practice with the support of specialist tutors in an immersive environment.

A number of staff attended the 5-day immersive confidence building course this year. Some staff were past Welsh speakers who had lost confidence in using their skills while others were learners looking to improve their Welsh skills further. Staff were able to practice using their Welsh skills in a 'safe' non-judgmental environment with learners from different areas of NHS Wales. The course gave them the opportunity to use their Welsh in everyday life while staying at the retreat but also when they were out visiting different activities and attractions.





## Case Study Doug Evans - Nant Gwrtheyrn

Learning a language has never quite stuck for me until now. I grew up in Pembrokeshire where learning Welsh as a child was not nurtured at the time I grew up in and I've always struggled to hold a good connection to learning Welsh as a language.

For me, after travelling abroad I came home to realise how important it was to me to be able to speak the language of our country. I also felt like it would be very useful. In my line of work in communications and engagement, the ability to translate English to Welsh is a sought-after skill in Wales.

I have already been attending a weekly 1-to-1 chat with a Coleg Gwent Welsh tutor thanks to the ABUHB Welsh Language Unit.

Nant Gwrtheyrn was an unforgettable experience that I feel that even if it was the only time I attend an intensive course, it'll be a time that changed my Welsh learning experience for the better. The language learning site is based in a historical North Wales mining settlement nestled by steep cliffs and an open sea. We stayed within the renovated mining houses, living and breathing the Welsh language.

They taught us the importance of learning key parts of the language, how important it was to understand it as a flowing spoken language and that you only get better by trying, making mistakes and keeping on going. The difference from Nant compared to other learning I had done so far was immersion.

If anybody's thinking about doing it, I'd say ewch amdani or go for it!



# DIGITAL PLATFORMS

The use of digital platforms by the Health Board, and our service users, is becoming more and more commonplace. Ensuring that all platforms are fully available in Welsh is of the utmost importance to the Health Board

## **Digital Patient Communication**

The previous report highlighted the procurement of a system which would allow service users to receive various correspondence from the Health Board digitally. We are pleased to report that the system is developing well, and the system will be available entirely in Welsh, including the interface and the correspondence, upon its launch. All letters have been translated by qualified translators, and are routinely proof-read to ensure accuracy.

## **Promptly**

The Health Board have procured a new patient feedback platform which will allow patients and service users to provide feedback digitally via Patient-Reported Outcome Measures. All feedback forms will be available in Welsh and have been proofread by the WLU to ensure accuracy.

More broadly, we continue to improve our understanding of the language skills of our service users. While we already provide bilingual communication, our goal is to map these language preferences more accurately and identify individuals who wish to receive services in Welsh. This will enable us to proactively implement the necessary measures to deliver services in Welsh, using the resources currently available to us, and plan our workforce of the future.

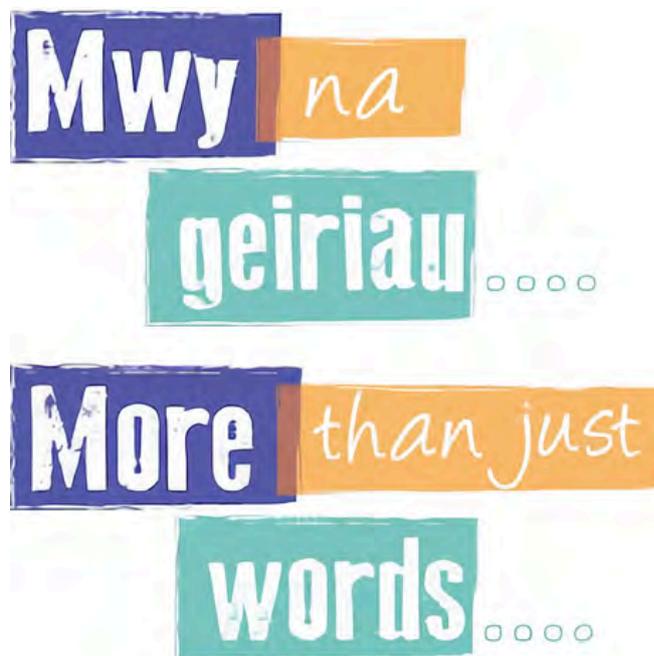
By working closely with the teams developing new software and systems for the Health Board, we can ensure that emerging technologies and platforms are fully accessible and functional for users who wish to use them in Welsh. The WLU would like to extend their thank you to the Digital, Data and Technology department for their continued commitment to the Welsh language agenda. We are also engaging actively with the Welsh language Commissioners office on developments in Artificial Intelligence and expect their report this year.

# COLLABORATIVE WORKING

Recognising that collaboration assists in achieving collective goals, we ensure that where the opportunities arise for collaborative work, we work together with partners sharing with, and learning from others.

The Health Boards head of Welsh language unit chairs the Gwent More Than Just Words forum. Collaborating with colleagues from across Health and Social Care in Gwent. The forum includes representatives from each local authority as well as representatives from Coleg Gwent, Coleg y Cymoedd and Menter Casnewydd.

The Welsh language leads from across all NHS Wales organisations meet regularly. Within this group we share best practice and work together on national projects. One example of this would be the NHS stall at the Urdd and National Eisteddfod.



# EQUALITY IMPACT ASSESSMENTS AND SITE VISITS

## Equality Impact Assessment (EQIA)

We continue to work with our Equality, Diversity and Inclusion team to ensure that the Welsh language is fully considered throughout the Health Boards robust Equality and Impact Assessment process. A member of the Welsh language unit attends each EQIA panel in order to ensure that appropriate questioning takes place prior to any assessment being accepted.

## Site Visits

As part of our assurance work, we organise regular visits across Health Boards sites. We audit our sites for both areas of good practice as well as areas for development. We work with all our sites to develop local action plans and ensure they have the resources to enact the action plans developed.

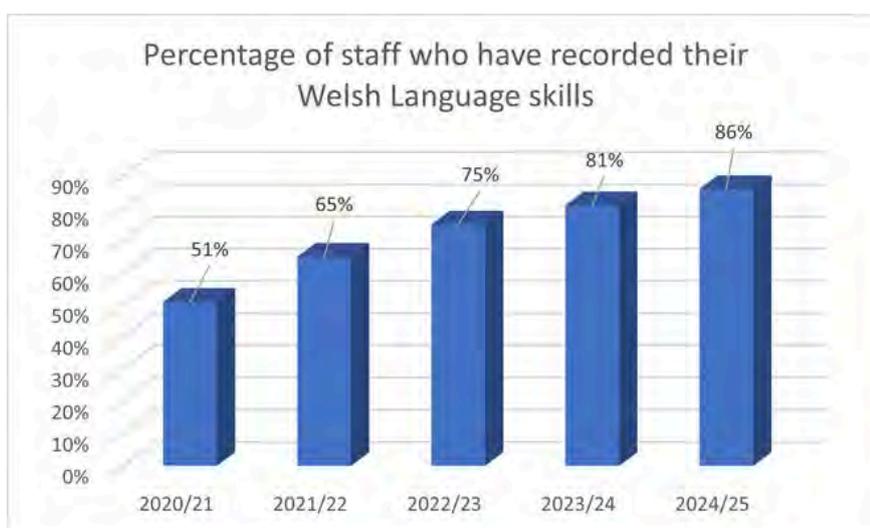
With several new sites being opened by the Health Board, the Welsh language unit are working closely with the planning team to ensure that the Welsh language unit are fully engaged at the appropriate time within the planning process to ensure that compliance issues are considered and addressed. The Welsh language unit then visit all new sites for assurance.



# PERFORMANCE INDICATOR DATA

## 'Employee skills

The percentage Staff who have recorded their Welsh language skills on ESR has reached 86% a rise of 5% from last year and a rise of 48% since 31st of March 2020.



## 'More Than Just Words' Awareness Training

The mandatory training module developed at an all-Wales level has been well received and gives staff a good general understanding of the principles of More Than Just Words. In the second year for this training to be active, we have reached 83% compliance, up 9% on the previous year.

## Recruitment Skills Data

The data around the number of roles advertised with Welsh skills as essential, desirable or needing to be learnt shows the Health Boards continued commitment to employing staff with the ability to communicate in Welsh. The data shows that 96% of the roles advertised by the Health Board in for the year 2024-2025 fell into one of these categories. With the support of our colleagues in the Digital, Data and Technology division we are working to develop an app for use by recruitment managers which will better assess the language needs required for each job advertised.

# WELSH COMPETENCY LEVELS OF OUR STAFF

(BASED ON LIVE ASSIGNMENTS)

Listening and Speaking	2022/23	2023/24	2024/25
Level 0	9063	9528	10940
Level 1	2045	2038	2052
Level 2	434	415	439
Level 3	161	166	178
Level 4	151	139	150
Level 5	277	249	250
Non-Compliant	4146 -22% from previous year	2882 -30% from previous year	1939 -33% from the previous year

Reading	2022/23	2023/24	2024/25
Level 0	9412	9731	11159
Level 1	1850	1799	1817
Level 2	434	398	422
Level 3	146	147	155
Level 4	141	132	148
Level 5	291	267	264
Non-Compliant	4003 -25% from previous year	2943 -26% from previous year	1983 -32% from the previous year

Writing	2022/23	2023/24	2024/25
Level 0	9723	10102	11565
Level 1	1530	1467	1475
Level 2	418	397	418
Level 3	131	131	133
Level 4	116	104	122
Level 5	268	247	239
Non-Compliant	4091 -25% from previous year	2969 -27% from previous year	1996 -32% from the previous year

# WORKFORCE PLANNING: RECRUITING TO VACANCIES 2024 - 2025

Total Number of Vacancies Advertised as:



# TRANSLATION

The Health Board's Welsh language translation services continue to be a success. We believe an element of this is the ease of access to the service itself, as well as being free-of-charge. Over the financial year 2024 to 2025, the Health Board translated:

- 632055 words internally; up from 528052 the previous financial year
- 332094 words externally through the service level agreement; down from 368254 the previous financial year
- 964149 words total; up from 896306 the previous financial year



# COMPLAINTS

In the past year we have received 4 service user complaints that relate to Welsh Language delivery. All of these have been dealt with through the Health Boards Putting Things Right process.

We have also received one investigation by the Welsh Language Commissioners office. The investigation related to non-compliance with standard 45 which relates to publications on social media specifically:

When you use social media you must not treat the Welsh language less favourably than the English language.

The Health Boards Communication and Engagement team, in collaboration with the Welsh Language Unit, put together an action plan to ensure full compliance and greater governance. The action plan was submitted and subsequently accepted by the Welsh Language Commissioners office closing the investigation.



# CONCLUSION AND VISION FOR 2025- 2026

We recognise that the use of digital platforms will become increasingly important and continue to grow over the coming years, and that the Welsh language versions of those platforms will need to develop simultaneously. As such, we will continue to aid in the development of suitable digital platforms and mechanisms for use by the public by working closely with our colleagues in the Digital, Data and Technology department, ensuring that the Welsh language is fully embedded in any future plans. Additionally, we await further guidance from the Welsh Language Commissioner's Office on the use of AI through the medium of Welsh, and we will update accordingly.

With a focus on sharing the experiences of our service users with our staff, we are looking at patient stories. Working with our communities to shine a light on good service and recognise areas of development.

We will look to extend the 'Syrjeri Sgiliau' programme further inspiring and educating the Primary school pupils in the Welsh medium schools with our new toolkit for use throughout Wales. sharing information about the opportunities there will be for future employment.

We will continue our routine work of site visits, mystery shopper and spot checks across our services and sites as an internal quality assurance measures.

Taking advice from the Welsh Language Commissioners office we will be commencing with a pilot in one service area with a view to understand how localised plans will be able to demonstrate a greater impact for patients and give an approach that can identify areas of development as well as examples of best practice that can be replicated across other areas.

An area of focus over the next year for the WLU, and the Health Board, is year 1 of our 5-year plan to increase the number of clinical consultations through the medium of Welsh, in-line with Standard 110 as mandated by the Welsh Language Commissioner's Office. The plan, which will be published on the Health Board's corporate website, is a data-driven, targeted approach aimed at providing equitable services to those who need, or want, clinical services through the medium of Welsh. We will be working closely with the Physiotherapy department to implement the plan.

We look forward to working with our colleagues within the department over the next 5 years.

We are pleased to have further developed our positive working relationship with the office of the Welsh Language Commissioner and look forward to the model of coregulation that their office has now moved towards.

We continue to drive for excellence in our Welsh Language Service Delivery and are grateful for the direction and guidance provided by the Welsh Language Standards as well as the More Than Just Words plan. With the Health Boards new People Plan currently in development we will continue to embed the Welsh Language into all aspects of our work.

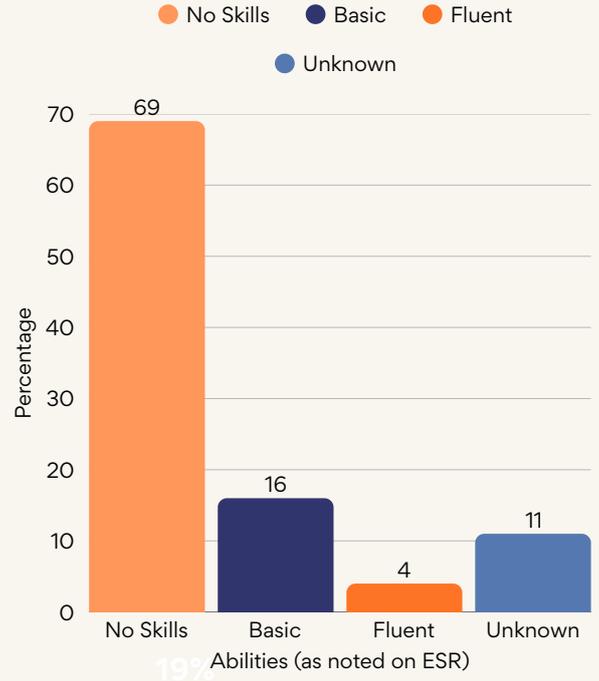


# DATA AT A GLANCE

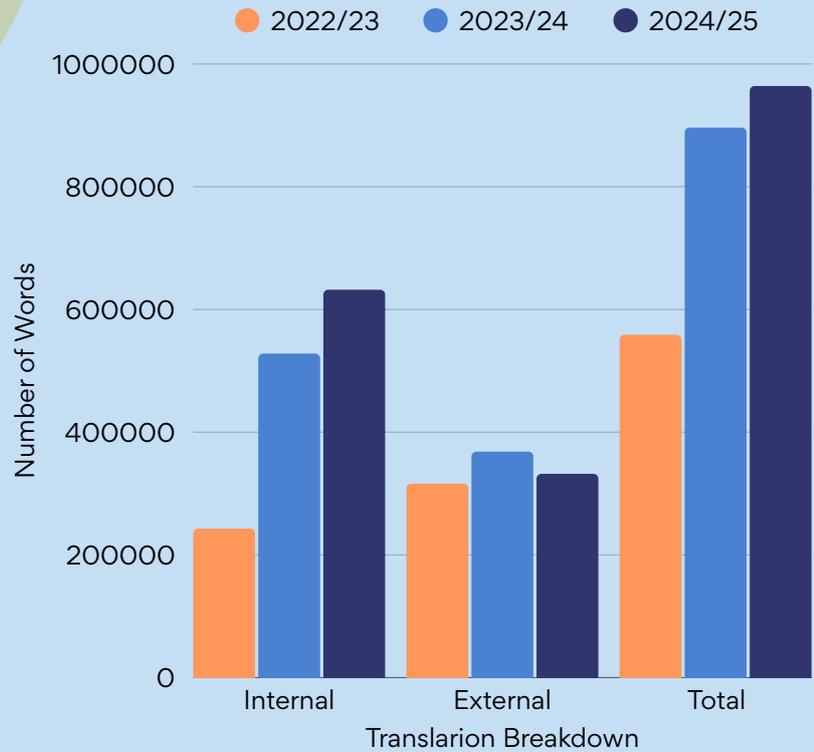
## Welsh Skills in Job Adverts (as a %)



## Welsh Language Skills of Workforce (as a %)



## Translation



## % Staff Recorded Welsh Skills



DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 September 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Regional Partnership Board Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans – Executive Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Christopher Dawson-Morris – Deputy Director of Strategy, Planning and Partnerships Amy Dolben – Assistant Director of Partnership and Integration

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

Er Gwybodaeth/For Information

## ADRODDIAD SCAA SBAR REPORT

### 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.

### 2. Cefndir / Background

This report is provided to the Board for information in order to ensure consistent messaging and updates between the RPB and the Health Board.

### 3. Aseiad / Assessment

#### 3.1. Welsh Government updates

##### 3.1.1. Integrated Community Care System

In December 2024, Welsh Government issued a position statement for the Regional Integration Fund (RIF), the Housing with Care Fund (HCF) and the



Integration and Rebalancing Care Fund (IRCF) and proposed Integrated Community Care System (ICCS). Welsh Government's vision for an ICCS is to build a healthier Wales through: integrating health and social care systems; and building capacity for people to receive the care and support they need at or closer to home.

Proposals around the ICCS have progressed at pace in 2025. Welsh Government has created an ICCS 'blueprint' and has developed a new governance framework for RPBs around the ICCS – this new governance framework will become operational in September 2025. The Blueprint is included in Appendix 1.

### 3.2. Gwent RPB Development Session

The RPB held a Development Session on 5 August 2025. This session focussed on three key areas:

- i. Reviewing the RPB's priorities
- ii. Exploring mechanisms to deliver these priorities
- iii. Considering future decision-making and ways to support mature and transparent conversation across organisational boundaries.

Following this Development Session, the RPB will refine its priorities. An update will be provided to the Board following confirmation of the RPB's renewed priorities.

### 3.3. Revenue Portfolio

#### 3.3.1. Neurodivergence Improvement Programme

On 23 June 2025, Welsh Government issued an award letter for the 2025/26 Neurodivergence Improvement Programme (NDIP). The late notification impacted service continuation and created uncertainty for services in receipt of the fund.

The award outlined in the letter was significantly less than previously (i.e. £352,961 compared with £945,726 in 2024/25) with a prescribed focus on maintaining under 52-week waiting times for children's diagnostic assessments only. As a result of the reduction in funding and the prescribed area of focus, the NDIP cannot be used to support adult provision, nor third sector support for children or adults.

The RPB has agreed to: (i) award the full amount to the Health Board's children's ND service; (ii) write to Welsh Government to highlight the significant risk to adult service provision.

#### 3.3.2. Impact Assessments

The RPB has previously undertaken impact assessments across its revenue portfolio to inform decision-making around resource allocation. All RIF projects were subject to an impact assessment in 2024. 18 were identified as 'Red' or 'Amber' under a RAG-rating and were subject to a deeper-dive evaluation to inform decision-making on future funding. As per previous reports, four Health Board projects related to discharge were awarded funding for Quarters 1 and 2 2025/26, pending a review of the discharge portfolio. Whilst this review is ongoing, RPB is considering continuing funding for the remainder of the financial year – this



will be subject to final decision-making at the meeting of the RPB in September 2025.

Following the completion of the initial tranche of impact assessments, the projects funded as part of the System Resilience Plan were also impact assessed as the Plan drew to a close in Quarter 1. Decisions were made on whether to continue funding these schemes in Quarter 2 and beyond. All Health Board projects have been awarded funding for the full financial year.

The impact assessment process for this financial year commenced in September 2025 – this process will inform funding decisions for 2026/27, which is the final year of the Regional Integration Fund (RIF). The impact assessment process for this financial year is notably different than in previous years, with a focus on: (i) strategic alignment with key RPB priorities; and (ii) impact achieved for the population of Gwent. By contrast the previous process focussed on quality of reporting. The following table outlines the intended timeline for this year’s impact assessment process.

September 2025	Commence impact assessment for all projects within revenue portfolio.
December 2025	Review of all impact assessments at extraordinary Strategic Partnership meetings to validate assessments and make recommendations for funding in 2026/27.
January / February 2026	Review of SP recommendations at Regional Leadership Group (RLG) / RPB to make final decisions on funding for 2026/27.
February / March 2026	Issue financial award letters at earliest opportunity. Collate project impact assessments and undertake impact assessment at programme-level to inform post-RIF plans.

### 3.3.3. 2025/26 Non-Recurrent Investment Plan

At the end of Month 1, there was £993,000 in declared in-year slippage and underutilised funds from 2024/25. Additionally, £83,000 was made available from the stepping-down of two local authority-led System Resilience Plan projects at the end of Quarter 1. Therefore, a non-recurrent investment plan was required to ensure appropriate utilisation of the £1.076 million RIF monies.

Strategic Partnerships were asked to identify priority areas for investment and which were considered by RLG in August 2025. On this basis, RLG has developed an Investment Plan to be approved by RPB in September 2025.

## 3.4. Capital Portfolio

### 3.4.1. Annual Portfolio Funding

The following table outlines the funding streams available to support capital developments in 2025/26.

Funding Stream	Funding Allocation
IRCF	£70 million across Wales, on a first-come-first served basis
HCF	£11.609 million for Gwent (Objective 3 Minors: £1.161m, Objective 3 DFG: £0.581m)



As of Month 4, the HCF programme is £6.16 million under-programmed across Objectives 1 and 2, and £0.56 million under-programmed for Objective 3. The RPB is proactively considering ways to address the current challenges in utilising the full allocation, including expediting approval processes via virtual approvals.

### 3.4.2. Strategic Capital Plan

The RPB is required to submit a Strategic Capital Plan (SCP) to Welsh Government on an annual basis. The most recent SCP identified a significant gap in provision for mental health and learning disabilities, and older people:

- There remains a challenge in delivering the required number of LD and ND placements, but there are plans to reduce the gap in LD and ND supported housing in 2025/26
- There are significant challenges in delivering the requirements for older people, with only 9 additional deliverable residential units in 2025/26.

In order to address these gaps in provision, the RPB is hosting a series of workshops focussed on specific population groups. The first workshop focussed on dementia, and was held on 7 July 2025 at Severn View Care Home.

### 4. Argymhelliad / Recommendation

The Board is asked to note the updates included in this report.

## Appendices

Appendix 1: ICCS Blueprint

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

<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:</p>	
<p>Safon(au) Gofal ac Iechyd: Health and Care Standard(s):</p>	<p>All Health &amp; Care Standards Apply Choose an item. Choose an item. Choose an item.</p>
<p>Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a></p>	<p>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</p>



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.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	HCF Housing with Care Fund IRCF Integration and Rebalancing Care Fund RPB Regional Partnership Board RIF Regional Integration Fund RLG Regional Leadership Group
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

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



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

Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives  
Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs  
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



**Trefniadau newydd ar gyfer 2025/26**

**Model llywodraethu ddrafft y System  
Gofal Cymunedol Integredig (ICCS)**

**New arrangements for 2025/26**

**Draft Integrated Community Care  
System (ICCS) governance model**



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**Llywodraeth Cymru  
Welsh Government**

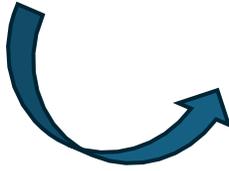
# Esblygiad tuag at System Gofal Cymunedol Integredig i Gymru Evolution towards an ICCS for Wales

RIF

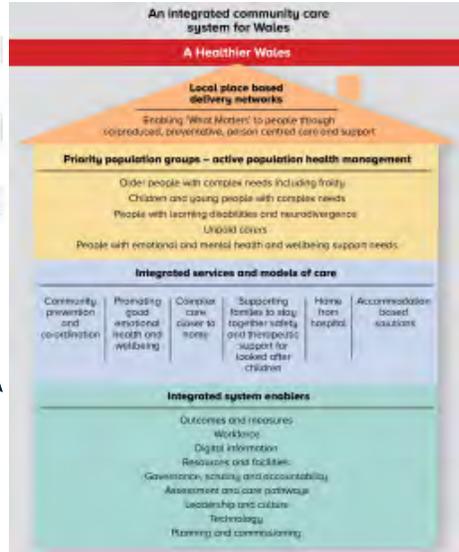
Fig. 1 – National models of care for the RIF



2022



ICCS Blueprint v1



2023



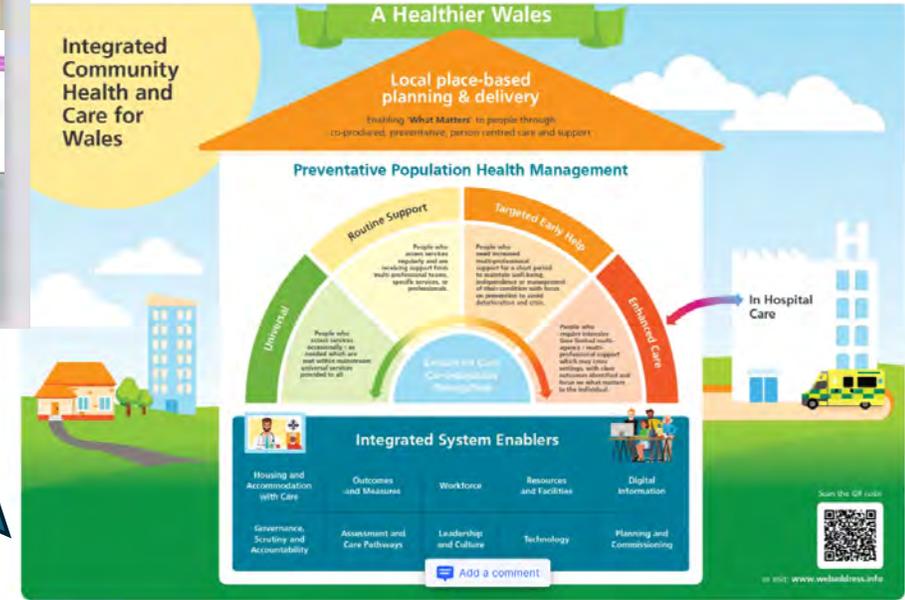
ICCS Blueprint v2  
Alignment with 6  
Goals and SPPC  
Programmes



2024



2025  
ICCS Blueprint V3



# A Healthier Wales

## Integrated Community Health and Care for Wales

### Local place-based planning & delivery

Enabling 'What Matters' to people through co-produced, preventative, person centred care and support

### Preventative Population Health Management



### Integrated System Enablers



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## Aneurin Bevan University Health Board Key Issues Report

Board Date:	24 <sup>th</sup> September 2025		
Period of:	17 <sup>th</sup> July 2025 to 1 <sup>st</sup> September 2025	Report of:	The Executive Committee

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 quarterly Clinical Futures Board, 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 17<sup>th</sup> July 2025 – 1<sup>st</sup> September 2025 the following matters were some of the issues considered by the Executive Committee.

1	Quality, Safety and Culture	<p>Quality and Safety Briefings: At each weekly meeting, the Executive Committee receives a Safety Briefing which includes a summary of recent Patient Safety Incidents, Complaints, Never Events, and Injurious Falls. The Committee also continues to maintain a focus on the performance of the urgent and emergency care system, including ambulance handover delays and red release requests to ensure that the level of risk in the community is balanced across the entire system. A weekly overview of hospital deaths and hospital boarding is also reported weekly as part of the safety briefing.</p> <p>Core Learning Committee: The Committee received a proposal from the Core Learning Committee recommending the addition of a new course for staff: National Early Warning Score 2 (NEWS2) Acute. The Committee approved the adoption of the course, recognising its relevance to clinical safety and staff development.</p> <p>Executive Team Engagement: The Committee agreed a revised approach to enhance Executive Team visibility across the Health Board. It was agreed that, on a quarterly basis, Executive Team members would participate in:</p> <ul style="list-style-type: none"> <li>• One shadowing or 'Back to the Floor' session;</li> <li>• One service visit (including Patient Safety Visits, which will be counted as service visits);</li> <li>• One drop-in session at a site to engage directly with staff.</li> </ul> <p>The Committee agreed that engagement activity would be reviewed quarterly to ensure effectiveness.</p> <p>Welsh Language Standard 110 – 5 Year Plan for Increasing Clinical Consultations in Welsh: The Committee received a proposal outlining a 5-year plan to increase clinical consultations through the medium of Welsh, in line with Standard 110 of the Welsh Language Standards. The Committee noted the expiry of the previous plan (2019–2024) and supported the development of a new plan, including a pilot within Physiotherapy services. The Committee endorsed the Welsh Language Unit's implementation of the plan to</p>
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meet statutory duties and improve service delivery for Welsh-speaking service users.

**COVID-19 Vaccination Programme – Occupational Health Offer:** The Committee received an update on the COVID-19 vaccination programme for Health Board staff for the 2025–26 season. The Committee was informed that the Joint Committee on Vaccination and Immunisation had advised against a routine staff offer due to limited evidence of benefit. Public Health Wales confirmed that routine vaccination was not recommended. The Committee agreed that emphasis should be placed on vaccinating vulnerable individuals, promoting effective use of PPE, enhancing infection prevention and control measures, and encouraging symptomatic staff to remain at home. The Committee was assured that effective staff communication would be implemented.

**Digital, Data & Technology Organisational Change Process:** The Committee received an update on Phase 1 of a staff restructure within the Digital, Data & Technology. The Committee acknowledged the importance of aligning the digital structure with the Health Board’s strategic ambitions, particularly in light of savings targets and the need to support digital transformation.

**Patient stories: An Organisational Collaborative Approach:** The Committee approved a revised framework for managing patient stories across the Health Board. It was noted that the current approach lacked coordination, posed risks around consent management, and limited the potential for stories to drive meaningful change. A tiered model was proposed, ranging from locally led reflective stories to high-impact narratives for executive and board-level presentation. The Committee agreed on the importance of understanding the intended destination of a story before collection and welcomed the new organisational approach.

**Consideration of the Future Body Store at Chepstow Community Hospital:** The Committee received a proposal regarding the future of the Body Store at Chepstow Community Hospital. The Committee noted that the facility was small,

		<p>infrequently used, and had recently transferred from the Private Finance Initiative to the Health Board. The Committee approved the closure of the Body Store and agreed to implement the same transfer protocols used at other community hospitals.</p> <p>SBUHB Review of Maternity and Neo-Natal Services: Gap Analysis: The Committee received a report outlining the Health Board's position against ten recommendations from a Health Inspectorate Wales review into maternity and neonatal services at Swansea Bay University Health Board. The Committee was assured by the Division's strong governance procedures, robust senior clinical oversight, uniform triage contact point aligned with Birth-rate Plus standards, trauma-informed care initiatives, and improvements in staffing levels and guideline development.</p>
2	Delivery, Performance and Efficiencies	<p>Standing Financial Instructions, Self-Assessment Report: The Committee received a Self-Assessment Report undertaken in response to Audit Wales recommendations. The Committee considered the findings and noted three areas of non-compliance:</p> <ul style="list-style-type: none"> <li>• First Financial Duty – Break-Even Duty;</li> <li>• Budget Setting;</li> <li>• Prepayments – Payments on Account and Grant Funding, including Corporate Principles underpinning Grants Management.</li> </ul> <p>The Committee was assured that work would proceed to reform all non-compliant areas in line with the recommendations.</p> <p>Priority Programme Cancer Report: The Committee received assurance and an update on progress to date in relation to the Cancer Services Priority Programme. The Committee noted the continued development of the programme and its alignment with strategic objectives.</p> <p>St Woolos Hospital – Building Conditions: The Committee received an update on the condition of St Woolos Hospital, specifically the significant deterioration of D Block. The Committee was advised of the impact on three key areas and agreed the need to relocate services to Casnewydd. It was noted that affected facilities staff would be redeployed to vacant</p>

roles at the Royal Gwent Hospital and that a wellbeing space would be created to support staff during the transition.

**Symphony & Open Eyes Revenue Costs:** The Committee received an update on the revenue requirements for two Welsh Government priority programmes: Symphony Version 3.1 and Open Eyes Implementation.

- **Symphony Version 3.1:** Capital funding had been secured for procurement and revenue funding for 2025/26; however, ongoing revenue investment was required to support extended use. The Committee noted projected annual revenue costs:
  - 2026/27: £72,301
  - 2027/28: £73,833
  - 2028/29: £75,678
  - 2029/30: £77,570
- **Open Eyes:** Revenue funding had been provided for 2025/26, but no allocation had been confirmed for 2026/27 onwards. The Committee noted the Health Board's share of commissioning costs as £67,292.45.

The Committee approved the revenue investment required to support both programmes, recognising their strategic importance.

**Workforce Establishment Controls:** The Committee received assurance on the implementation of interim workforce establishment controls. The Committee noted successful piloting within the Primary Care Division and noted that rollout had commenced across other divisions, with timelines in place for those yet to begin implementation.

**Remuneration Arrangements for Medical Leadership/Management Posts:** The Committee received a proposed framework for the remuneration of medical leadership and management roles. The Committee was advised that a Task and Finish Group would be established, comprising representatives from Workforce & OD, Finance, Medical Leadership, and Operational Management. The Group will review the remuneration matrix and develop a consistent and transparent framework. The Committee noted that the framework would be returned for review and approval.

3	Strategic Planning and Service Development	<p>Increased risk of meningococcal disease following travel to Saudi Arabia/Men ACWY vaccination: The Committee received assurance following a Public Health Wales briefing regarding increased risk of meningococcal disease associated with travel to Saudi Arabia. The Committee noted the sub-optimal uptake of the MenACWY vaccine within the routine schedule, with current Health Board uptake at 62.3%. The Committee was assured by the Health Board's response, which included targeted action by the School Nursing Team to improve uptake among school-age children across Gwent, and a vaccination offer for individuals undertaking pilgrimage, delivered in collaboration with Muslim Doctors Cymru.</p> <p>ABUHB Local Elimination Plan - Eliminating Hepatitis B &amp; C as a Public Health Threat in Gwent: Three-Year Action Plan 2025-2028: The Committee received a report for information on the draft three-year Local Elimination Plan (2025–2028) aimed at eliminating hepatitis B and C as public health threats by 2030. The Committee was advised that Welsh Government had reviewed the draft plan and provided positive feedback. The Committee was further advised that a detailed work plan would be developed and that progress would be reported to the Committee on a regular basis.</p> <p>Royal Gwent Hospital Network Upgrades: The Committee received a proposal outlining the urgent need to upgrade the digital infrastructure at Royal Gwent Hospital due to ageing systems and associated risks to clinical services. The Committee noted the upgrade plan, which aims to improve network resilience and eliminate single points of failure across critical clinical areas, including floors 5 to 7 in D and E blocks, operating theatres, the hospital sterilisation and decontamination unit, and pathology laboratories. The Committee was assured that business continuity plans were in place and emphasised the importance of clinical engagement to ensure safe implementation. The Committee supported the proposal and requested a final implementation plan, including mitigation strategies and timelines, to be brought back for approval.</p>

**Population Health Management Report:** The Committee received an update on the implementation of Population Health Management (PHM) across the Health Board. The Committee noted ongoing efforts to embed PHM as a system-wide approach to improving health outcomes and reducing inequalities. The Committee was informed of renewed engagement with Mount Pleasant Surgery in Ebbw Vale, identified as a proof-of-concept pilot site, with the pilot scheduled to commence in January 2026. The Committee was assured that data was being used to inform targeted interventions and resource allocation, ensuring services are aligned with population needs.

**Urgent Care Proposal:** The Committee received a proposal to address challenges in the Urgent and Emergency Care Unit and ensure compliance with the ministerial mandate for 45-minute ambulance handovers. The Committee noted the proposal included a mandated Immediate Patient Handover policy, aiming for a 15-minute standard to support the 45-minute target. The Committee was assured that the policy would be supported by a consistent communication strategy and a dedicated turnaround team deployed to the Emergency Department for a six-week sprint period to drive implementation and monitor progress.

**ED Extension Implementation Plan:** The Committee received a presentation on the updated Emergency Department Extension Implementation Plan at The Grange University Hospital. The Committee noted the phased approach to reconfiguration, with Phase 1 scheduled for completion by 19 September 2025 and Phase 2 by 12 December 2025. The Committee discussed interim arrangements and logistical challenges and was assured by plans for robust staffing, dynamic resource use, and the utilisation of the transfer lounge to support patient flow. The Committee was further assured that a detailed data session would inform operational decisions and support a Plan-Do-Study-Act improvement cycle to optimise space and staffing across time periods.

**IMTP 2026-29 Approach:** The Committee noted the approach for developing the Integrated Medium-Term Plan (IMTP) for the 2026–2029 cycle. The Committee was informed that the planning process had

		<p>commenced, with governance arrangements and key milestone dates established. It was noted that the IMTP would be shaped by the Health Board's overarching strategy and would focus on aligning operational priorities with financial planning. The Committee agreed that the IMTP should reflect both immediate operational requirements and longer-term transformation ambitions.</p>
4	Strategic Partnership Arrangements	<p>RPB Opportunities: The Committee received an update following Month 3 reporting and noted that £1.142m of unallocated RPB revenue funds remained available for non-recurrent investment in 2025/26. The Committee was assured that the Health Board's Divisions had submitted bids for funding and noted the timeline and criteria established to guide investment decisions.</p>
5	Other Formal Business	<p>As standing agenda items, the Executive Committee receives:</p> <ul style="list-style-type: none"> <li>• Quality and Safety Performance Report</li> <li>• Workforce Performance Dashboard</li> <li>• Financial Performance Report</li> <li>• Activity &amp; Performance Report, including Ministerial Priorities</li> <li>• Escalation Levels</li> <li>• Welsh Health Circulars and Ministerial Directions</li> <li>• Audit Reports</li> <li>• Audit Recommendations Tracking</li> </ul> <p>In this reporting period, the Executive Committee has also considered development of papers ahead of Board and Committee consideration, including:</p> <ul style="list-style-type: none"> <li>• Patient Experience Story</li> <li>• Winter Plan 2025/2026</li> <li>• Performance Management and Accountability Framework</li> <li>• Regional Planning: Llantrisant Health Park OBC; Orthopaedic Plan; Endoscopy Plan; Regional Joint Committee Terms of Reference</li> <li>• Update on Community Therapy MSK Transformation Programme</li> <li>• Maternity and Neonatal Services Annual Report</li> <li>• Diabetes Service Annual Report</li> <li>• Partnership Reports: RPB Update and Public Services Board Update</li> <li>• Integrated Performance Board</li> </ul>

- People Plan 2025-2028
- Welsh Language Annual Report
- Quality Reporting: Annual Quality Report and Annual PTR Report
- Social Partnership Duty Report
- Dental Services Reform Update
- Ombudsman Annual Letter 2024-2025
- General Medicine Services Report

#### System Leadership Group

The Executive Team established monthly System Leadership Group (SLG) meetings in 2023, which have continued throughout 2024 and 2025 with leaders from across the Health Board. The Executive Committee subsequently agreed to review and streamline SLG membership to include only Executive Directors, Divisional Triumvirates, and one nominated Deputy Director or Assistant Director-level representative, to ensure meetings remain focused and aligned to strategic intent. Broader topics will be addressed through cross-divisional days. A full-day SLG session has been scheduled for September 2025, with a dedicated focus on leadership and team development and strategic planning.

<b>DYDDIAD Y CYFARFOD:</b> DATE OF MEETING:	24 September 2025
<b>CYFARFOD O:</b> MEETING OF:	Board
<b>TEITL YR ADRODDIAD:</b> TITLE OF REPORT:	Key Matters from Committees of the Board
<b>CYFARWYDDWR</b> <b>ARWEINIOL:</b> LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
<b>SWYDDOG ADRODD:</b> REPORTING OFFICER:	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:

- Finance and Performance Committee – 31<sup>st</sup> July 2025
- Mental Health and Learning Disabilities Committee – 9<sup>th</sup> September 2025
- Remuneration and Terms of Service Committee (this is a confidential meeting given the nature of its business) – 3<sup>rd</sup> September 2025

## 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  <a href="#">Strategic Equality Objectives 2020-24</a>	Choose an item. Choose an item. Choose an item. Choose an item.  Not applicable

Gwybodaeth Ychwanegol: Further Information:	
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

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

Board Date:		24 September 2025	
Date of Committee		31 July 2025	Report of: Finance & Performance Committee
Quoracy met:		Yes	
1	Agenda and papers	<a href="http://abuhb.nhs.wales/files/key-documents/finance-and-performance-committee/fpc-20250731-final-boardbook-pdf/">abuhb.nhs.wales/files/key-documents/finance-and-performance-committee/fpc-20250731-final-boardbook-pdf/</a>	
2a	Matters referred to the attention of the Board	<p>Performance and Management Escalation Report</p> <p>The Committee received an update on the escalation levels both within the Health Board and nationally as of July 2025. The report highlighted:</p> <ul style="list-style-type: none"> <li>• Mental Health Progress: The Mental Health Division has been de-escalated from Enhanced Monitoring to Normal Arrangements, reflecting sustained improvements—particularly in the implementation of Mental Health Act measures. However, the division continues to be subject to Enhanced Monitoring for Quality and Safety due to ongoing concerns, including recent incidents and a contravention notice issued by the Health and Safety Executive. Internal escalation reviews are conducted biannually, with the flexibility to reassess and adjust the escalation status at any time in response to emerging issues.</li> <li>• Financial Escalation: Only Facilities &amp; Estates and Urgent Care Divisions are under Normal Arrangements, with all other divisions under Enhanced Monitoring for financial performance. Special budgetary reviews are in place to monitor the situation.</li> <li>• National escalation monitoring: The Health Board has been de-escalated from Level 4 (Targeted Intervention) to Level 3 (Enhanced Monitoring) for Strategy and Planning, reflecting notable progress in the delivery of strategic plans and the approval of a balanced financial plan. In relation to Urgent and Emergency Care, progress is being closely monitored through weekly internal meetings and monthly</li> </ul>	

		<p>escalation meetings with Welsh Government. To reinforce leadership focus, the Chief Executive now chairs one internal meeting each month.</p> <ul style="list-style-type: none"> <li>• Integrated Performance Report: The Committee received the Integrated Performance Report and noted several key developments. There has been a notable reduction in both the number of delayed patients and the total delay days, indicating improved patient flow across the Pathway of Care. In Mental Health, sustained improvements—particularly in the delivery of Mental Health Act measures—have led to the de-escalation of the Mental Health Division from Enhanced Monitoring. Performance in Planned Care has also exceeded expectations for quarter one, especially in relation to 104-week waits, reflecting strong management of planned care services. Despite these positive developments, a number of challenges remain. Urgent and Emergency Care continues to show inconsistent performance metrics, with ongoing concerns around ambulance waits and 12-hour breaches. Psychological Therapy Services also remain under pressure, although an improvement plan is in place and progress is anticipated in the coming months.</li> </ul>
2b	Assurance	<p>Theatres Efficiency Work</p> <p>The Committee received assurance on the progress of Theatres Efficiency work. This included a detailed overview highlighting the current landscape, Welsh Government measures, local measures, and improvement initiatives, emphasizing the complexity and importance of maximizing theatre utilisation.</p> <p>In addition, the Committee noted that elements of the efficiency work undertaken in theatres - such as the 642 model - could be replicated across other areas of the Health Board. Outpatients were identified as a particular area where this approach could be implemented to support service improvement.</p> <p>Digital, Data and Technology Group</p>

		<p>The Committee received assurance from the Digital, Data and Technology Group on the progress of various digital programmes. Key projects included the implementation of the OpenEyes ophthalmology system, the procurement of a digital dictation system, and the pilot of Care Flow Connect.</p> <p>Monthly Financial Performance Report The Committee received assurance in respect of the financial performance of the Health Board. The Committee noted a year-to-date deficit of £7million, with additional cost pressures and the need to find £40 million in savings. The Committee further noted the Month 3 financial position was approximately £1.5 million worse than forecast, placing the Health Board behind its planned trajectory for the year and in addition, the Committee noted that a cost pressure of £2 million had arisen in relation to the National Insurance increase despite Welsh Government providing £14 million in funding, the actual cost to the Health Board was £16 million. The Committee was assured that the focus remained on maintaining a balanced approach to performance and financial management.</p>
2c	Review of Risks	<p>Committee Risk Register The Committee did not receive the Risk register at this month's meeting, however risks were considered within each substantive agenda update.</p>
2d	Sharing of Learning	<p>Efficiency Opportunities The Committee received a report on the 2024/25 annual review, which identified £28.6 million in efficiency opportunities—an increase from £20 million in 2023/24. This analysis is now being used internally to support discussions with services across the Health Board.</p>
3	Matters to be shared to other Committees	There were no items to be brought to the attention of other Committees

Aneurin Bevan University Health Board  
Key Issues Report

Board Date:		24 <sup>th</sup> September 2025	
Date of Committee		9 <sup>th</sup> September 2025	Report of: Mental Health and Learning Disabilities Committee
Quoracy met:		Yes	
1	Agenda and papers	<a href="http://abuhb.nhs.wales/files/key-documents/mental-health-and-learning-disabilities-committee/mhldc-09092025-board-book-final-pdf/">abuhb.nhs.wales/files/key-documents/mental-health-and-learning-disabilities-committee/mhldc-09092025-board-book-final-pdf/</a>	
2a	Matters referred to the attention of the Board	<ul style="list-style-type: none"> <li>• Chief Operating Officer Update Report - Mental Health Bill: The Committee acknowledged the potential impact of the upcoming new Mental Health Bill on hospital managers. The Committee recognised the need for targeted training and development for staff to support implementation. Assurance will be sought through ongoing updates and a timeline to ensure preparedness.</li> <li>• Mental Health Services related Performance and Outcomes Report: The Committee received assurance in respect of the following:             <ol style="list-style-type: none"> <li>a. assessment and therapeutic intervention targets (within 28 days) are being met, with compliance above 80%. Waiting lists have decreased due to various initiatives, including the use of robotic process automation (RPA), though recent IT changes have temporarily affected RPA functionality.</li> <li>b. Ongoing validation has removed patients who no longer require intervention, improving the accuracy of waiting lists.</li> <li>c. Compliance with Care and Treatment Plans (CTPs) is improving, with July data at 86% and a target to return to 90% by August/September. There is also a focus on the quality of CTPs.</li> <li>d. The waiting list for higher-intensity psychological therapies is on an upward trend, with 56% of patients seen within 26 weeks (target is 80%). The Directorate aims to reach 60% by year-end and eliminate waits over one year. Challenges</li> </ol> </li> </ul>	

		<p>include resource constraints and the need for clearer national rules on waiting list management.</p> <p>The committee discussed the need for comparative data with other health boards to better understand performance, as current reporting mainly compares against internal historical data. The Committee was assured that plans are in place to engage with other NHS bodies for benchmarking.</p> <ul style="list-style-type: none"> <li>•</li> <li>• Dementia Standards Assurance Report: The Committee commended staff achievements in dementia care and acknowledged the positive impact of current initiatives. The Committee noted the need for continued focus on securing sustainable funding beyond the expiry of the regional integrated fund in 2027 and will seek ongoing assurance in this area.</li> </ul>
2b	Assurance	<ul style="list-style-type: none"> <li>• Mental Health Act Compliance: The Committee received assurance that legislative compliance with the Mental Health Act has been maintained. Detentions under the Act remained within normal variation, use of Section 4 halved, and rectifiable errors decreased by 78% following enhanced scrutiny and training. The Committee was further assured that over 80% compliance with 28-day assessment and intervention standards was sustained through focused process improvements and automation within the Division.</li> <li>• CAMHS related Performance and Outcomes Report: The Committee received assurance in respect of the following: <ul style="list-style-type: none"> <li>a. Performance exceeds the 80% target for both assessment and first intervention, with waiting lists reduced to manageable levels after a focused recovery plan.</li> <li>b. Care and Treatment Plan compliance is high at 96%, with no significant issues reported.</li> <li>c. For the Neurodiversity Pathway, 80% target achieved for seeing patients within 26 weeks, being the only health board in Wales to do so at year-end. Current performance is in the 70% range due to increased demand and limited additional funding. The longest wait is just over 42</li> </ul> </li> </ul>

		<p>weeks, with an ambition to keep all waits under 26 weeks.</p> <p>d. Circa 50% of referrals are accepted for diagnostic assessment (autism/ADHD), with the rest directed to alternative support. It is anticipated that increased referrals are attributed to greater awareness, not a rise in prevalence.</p> <ul style="list-style-type: none"> <li>• Overview of Quality Improvement: The Committee noted the launch of a divisional Quality Improvement Plan in July 2023, operating under Executive Committee oversight.</li> </ul>
2c	Review of Risks	<p>The following risk emerged from the Committee's meeting which will be considered through the Health Board's risk management framework:</p> <ul style="list-style-type: none"> <li>• Dementia Standards: The Committee noted a risk regarding the uncertainty of funding sustainability for dementia services beyond 2027, following the expiry of the regional integrated fund. The Committee acknowledged that this poses a risk to maintaining current standards and innovations in dementia care without confirmed future resource allocation. Assurance will continue to be sought on long-term funding strategies.</li> </ul>
2d	Sharing of Learning	<p>The following aspects were identified as areas of learning and improvement:</p> <ul style="list-style-type: none"> <li>• Right Care, Right Person Implementation: The Committee noted that monthly operational meetings under the Right Care, Right Person framework continue to review real-life cases to support multi-agency learning. The Committee acknowledged that this approach is strengthening collaboration between Police and Health Board staff in responding to crisis situations.</li> <li>• Ward Management: The Committee noted that mock inspections across wards and community teams are ongoing. These inspections are designed to share best practice and enhance leadership visibility, contributing to continuous improvement in service delivery.</li> <li>• Rectifiable Errors Mental Health Act Compliance: The Committee noted that enhanced scrutiny and targeted training within the Division has resulted in a 78% reduction in rectifiable errors under the Mental Health Act. The Committee acknowledged this as evidence</li> </ul>

		of the value of rigorous case review and continuous staff development.
3	Matters to be shared to other Committees	There were no matters identified to be shared with other Committees that are not already scheduled through the Board's cycle of business.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 September 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	NHS Wales Shared Services Partnership Committee (NWSSP) Update Report – July 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	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 17<sup>th</sup> July 2025 and the papers for 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 30<sup>th</sup> September 2025. 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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Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working  <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

Reporting Committee	Shared Services Partnership Committee
Chaired by	Professor Tracy Myhill OBE, NWSSP Chair
Lead Executive	Neil Frow OBE, Managing Director, NWSSP
Author and contact details	Roxann Davies, Corporate Services Manager and James Quance, Assistant Director of Corporate Services
Date of meeting	17 July 2025

Summary of key matters including achievements and progress considered by the Committee and any related decisions made

**Chair's Report** - The Chair updated the Committee on activities since the last meeting, including:

- attending recent Chairs' meetings, including a face-to-face session at Velindre University NHS Trust in May 2025. At this session, Jonathan Webb, NWSSP's Head of Safety and Learning, delivered a comprehensive presentation on the Welsh Risk Pool, which received positive feedback and engagement from attendees;
- regular meetings with the NWSSP Managing Director and NWSSP Senior Leadership Group;
- meeting and corresponding with Simon Dean regarding the Governance and Accountability Review;
- meeting with Judith Paget, Director General for Health, Social Services & NHS Wales Chief Executive and Donna Mead, Chair of Velindre, focusing on hosting arrangements and relationships;
- ongoing discussions with Judith Paget and Velindre University NHS Trust colleagues to support and strengthen relationships between NWSSP and the host organisation;
- attending the Early Years Programme session, linked to the Anti-Racist Wales Action Plan which highlighted valuable learning from experience and the benefit of attending alongside the Chair of a differently governed arrangement; and
- sharing positive feedback arising from the Cabinet Secretary's recent visit to IP5, which was well received.

The Committee NOTED the Chair's Report.

Managing Director Update - The Managing Director presented his report, which included the following updates:

- The Welsh Risk Pool Committee on 21 May 2025 ratified 297 cases totalling £20.6m in reimbursements. Progress was noted regarding digital consent, the All-Wales Venous Thromboembolism (VTE) Strategy, Maternity and Neonatal Education and Training Wales (MoNET), and legal service improvements at BCUHB. NHS indemnity was approved for WAST's Call Prioritisation Streaming System (CPSS) and a Symptom Checker system.
- NWSSP achieved a balanced year-end position, returning £3.6m to health boards. The current year also starts in balance, although the impact of changes to National

Insurance presents a challenge which remains under review. Risk pool pressures and emerging costs are being discussed with Directors of Finance.

- Audit Wales raised no issues regarding NWSSP in the audit of the Velindre University NHS Trust accounts, and the Head of Internal Audit Opinion provided reasonable assurance, supporting the Annual Governance Statement for 2024–25 and reflecting strong internal controls.
- A positive Joint Executive Team (JET) meeting with Welsh Government confirmed no performance concerns, with encouraging feedback on NWSSP’s savings and initiatives. Formal feedback on the submitted Integrated Medium-Term Plan (IMTP) is awaited.
- The enabling works for the South-East RadioPharmacy were completed, with cleanroom installation underway and go-live scheduled for April 2026. Medicines and Healthcare products Regulatory Agency (MHRA) engagement continues, with thanks extended to Swansea Bay and Cardiff & Vale University Health Boards for their continued support.
- A site selection workshop for the South-West Hub development reduced the longlist from six, with strategic considerations including storage and regional collaboration. Engagement continues with Hywel Dda and Swansea Bay UHBs.
- Investment in the Laundry Service has driven significant progress, with plans in place to manage plant shutdowns without disruption and cost-saving opportunities through workload redistribution being identified.
- The Medical Examiner Service has aligned performance metrics with English regions. Additional resources are improving case handling, with further work underway on practitioner engagement and winter resilience planning.
- Welsh Government have confirmed their PPE Stockholding policy, which NWSSP is implementing with PHW support on fit testing.
- Recent infrastructure projects include solar PV installation at Matrix House and EV charger deployment at IP5. All TEF bids for 2025/26–2026/27 were successful, with further estate upgrades underway.
- The Cabinet Secretary’s visit to IP5 on 4 June was positive, highlighting NWSSP’s regional capacity and the impact of approved business cases, supporting future capital bids.
- Executive-level engagement continues with Cwm Taf Morgannwg, Swansea Bay and Aneurin Bevan University Health Boards, with plans to extend engagement to all Health Boards and Special Health Authorities.
- NWSSP won Best Sustainability Network for the Welsh Health Environmental Forum (WHEF) at the NHS Wales Sustainability Awards and has submitted further nominations for national and UK-wide recognition.

The Committee NOTED and DISCUSSED the Managing Director’s Report.

#### Deep Dive

Operational Planning for the Central Procurement of Flu Vaccines – The Committee received a comprehensive update on NWSSP’s preparations for the 2025 flu vaccination programme, delivered through a co-ordinated approach involving Pharmacy, Procurement, and Supply Chain Logistics and Transport (SCLT). The approach has previously been reported to the Committee and this deep dive provides an update on implementation and assurance over operational plans. The programme aligns with the Welsh Government’s 2022 commitment to centrally procure flu vaccines under the National Immunisation Framework, aiming to reduce waste, ensure equitable access, and achieve financial efficiencies through a Once for Wales procurement model.

A total of 912,000 vaccine doses have been procured for distribution to 1,083 sites across

Wales. Two vaccine types have been secured: adjuvanted trivalent (aTIV) for individuals aged 65 and over, and trivalent cell culture (TIVc) for those aged 18–64, including pregnant women and frontline staff.

Operational milestones are on track and orders were validated in spring to ensure appropriate fridge capacity and minimise waste. The first inbound delivery to IP5 is scheduled for early August, with four phased deliveries planned through to mid-September. All sites will receive stock in readiness for the campaign start date of 1 October 2025.

To support delivery, two modular cold rooms have been installed at IP5 with validated temperature control (2–8°C), which are designed for outdoor use. A minor roof leak has been addressed through additional sealing and contingency storage is available on the second floor. The packing capacity enables processing of up to 50 site orders per day, with outbound storage prepared for dispatch.

Delivery prioritisation has been structured to ensure timely access for high-priority cohorts. Health Board occupational sites will receive stock first, followed by BCUHB (due to geographical spread), HDUHB and then South Wales sites. All deliveries are scheduled to be completed by mid/end September.

Additional logistics resources have been secured, including dual-zone refrigerated vans and increased staffing across relevant NWSSP teams. Delivery routes have been optimised to reduce unnecessary mileage and improve environmental efficiency, with 65% of deliveries to be made using electric vehicles.

All recipient sites have confirmed fridge capacity and delivery preferences. Amendments to orders are not permitted post-submission, although cancellations are accepted. In the event of technical issues, sites are advised to liaise with their respective Health Boards.

The Committee was assured that the cold storage infrastructure is fit for purpose and that robust, scalable processes are in place under NWSSP's Wholesale Dealers Authorisation. Extensive temperature mapping and validation has been undertaken to ensure full regulatory compliance. Building on NWSSP's successful delivery and management of over 10.3 million vaccines to date, the programme benefits from experienced teams, MHRA-regulated service, and enhanced operational capacity to support successful implementation.

The Committee DISCUSSED the Deep Dive of Operational Planning for the Central Procurement of Flu Vaccines and SUPPORTED

#### Items for Approval

Transforming Access to Medicines Service (TrAMs) Programme Board Terms of Reference (ToR) - The revised ToR were presented, with key updates including broader representation from Health Boards and Trusts and the introduction of a quorum. These changes support the accelerated implementation of the new RadioPharmacy Service. Feedback highlighted the need for clearer distinction between governance structures, improved clarity on roles and decision-making and consideration of trade union representation. Further refinement is underway, with approval deferred to September 2025. The current ToR remain in effect until superseded.

The Committee resolved to DEFER APPROVAL to the Committee's next meeting on 30 September 2025.

NWSSP Student Awards Services' Service Level Agreement (SLA) 2025 – The SLA formalises the arrangement with Health Education and Improvement Wales (HEIW) following an internal audit recommendation. Originally established before HEIW's formation, the service will now be governed under a recurring review framework. HEIW confirmed support and is working with NWSSP to improve validation of bursary tie-in conditions. While not directly affecting the SLA, this aims to streamline post-qualification employment tracking. The importance of aligning student output with workforce needs was also reaffirmed.

The Committee APPROVED the NWSSP Student Awards Services' SLA 2025.

#### Items for Noting and Discussion

NWSSP Decarbonisation and Adaptation Activity Update - The Committee received an update on NWSSP's progress against the NHS Wales Decarbonisation Strategic Delivery Plan, which targets a 16% carbon reduction by 2025 and 34% by 2030. The programme, spanning six strategic workstreams, is currently amber-rated, with Welsh Government assessing performance as green/amber. Key achievements include solar photovoltaic (PV) installation, electric vehicle (EV) infrastructure rollout, increased uptake of low-emission vehicles and a pilot heat recovery system. A procurement initiative is projected to deliver significant cost and carbon savings. Challenges persist around transport infrastructure, procurement pressures and limited capital. Planned actions focus on risk adaptation, review of logistics, EV strategy development, energy feasibility studies and promoting sustainable supply chains.

The Committee NOTED the NWSSP Decarbonisation and Adaptation Activity Update.

#### Finance, Performance, People, Programme and Governance Updates

NWSSP Annual Review 2024-25 – The Committee received the NWSSP Annual Review 2024-25 for noting and endorsement, subject to minor post-drafting amendments. The document serves as an important mechanism for providing assurance to customers and partners by reflecting NWSSP's activity over the reporting period and is a non-statutory requirement. The document incorporates Committee feedback, offering a more balanced narrative that includes lessons learned, challenges and areas for improvement. Committee Members welcomed the enhanced format and presentation, particularly the inclusion of partner feedback and acknowledgement of operational challenges.

Committee Members resolved to ENDORSE the NWSSP Annual Review 2024-25, save for Velindre who opted to NOTE the document, pending the outcome of the ongoing Welsh Government Accountability and Governance Review.

Finance Report – The financial position to the end of June 2025, was reported as a surplus of £1.741m, primarily due to recruitment delays in vaccination programmes. £0.744m of this is required to offset the shortfall in funding for increased Employers National Insurance Contributions, which remains a recurrent pressure. The financial position is subject to confirmation of £10.438m in pay award funding for 2024/25 and 2025/26, representing a significant risk to the financial plan. Capital expenditure totals £0.584m against a limit of £8.094m, with £5.5m allocated to the RadioPharmacy project. Discretionary capital has been reduced due to NWSSP's 30% contribution to eight approved Targeted Estates Funding schemes.

Welsh Risk Pool expenditure is £11.187m, down from £18.981m last year, but revised

forecasts suggest costs may rise to £187.5m, requiring a £78m contribution. This reflects a rise in high-value claims, including six over £5m. The financial risk remains unconfirmed, and forecasting is under review. Committee Members affirmed that continued monitoring and consistency in approach across organisations will be required as the risk evolves.

People and Organisational Development Report – The Committee received the latest workforce update to 31 May 2025 and the key messages detailed in the overarching report were:

- Sickness absence remained stable overall and reported consistently below the NHS Wales sickness rate, with NWSSP reporting the third lowest rate in comparison to similar sized NHS Wales organisations.
- Headcount remained static (excluding SLE) and decreased slightly overall, with increases anticipated in August and September due to onboarding of trainees under the Single Lead Employer model.
- Turnover decreased to 9.04% (excluding SLE) and 21.19% overall, reflecting ongoing retention efforts.
- Statutory and mandatory training compliance remains high at 92.65% (excluding SLE) and PADR compliance, whilst slightly reduced, remains strong at 82.10%, which will be a key focus in upcoming quarterly divisional reviews. Both metrics saw NWSSP reporting the second highest rate in comparison to similar sized NHS Wales organisations.
- Strong recruitment performance was highlighted with NWSSP ranking second highest in NHS Wales for both metrics and time to hire improving significantly to 54.4 days, with five of seven recruitment KPIs now being met.
- Bank usage has decreased and agency spend remains at zero for the second consecutive month.
- Staff experience activity focused on improving induction compliance, embedding development programmes and promoting psychological safety. Key initiatives included Compassionate Cultures training, Speaking Up Safely rollout, and the launch of “Supporting You” Roadshows. Work on the Employee Value Proposition progressed through enhanced employer branding and widening access initiatives.

Performance Information Report - Key Performance Indicators (KPIs) from February to May 2025 were reported and there were no significant areas of concern to be brought to the Committee’s attention. The Report indicated a stable and positive position with 38 of 40 high-level indicators achieving target, which were explained in detail in the overarching report. Professional influence benefits generated by NWSSP amounted to £19m at the end of May 2025, reflecting NWSSP’s continued impact across procurement, estates, legal and financial services. Quarter 1 performance reports will be shared with partners at the end of July 2025, followed by discussions to review service delivery, exchange feedback and address any issues or compliments.

Outcome Measures Report – The report focused on outcomes aligned to NWSSP’s strategic objectives across services, people and value. It continues to demonstrate progress in evidencing NWSSP’s impact, with high levels of customer and employee satisfaction, positive professional influence and contributions to decarbonisation and the foundational economy. Measures such as procurement savings, internal promotions and electric vehicle usage show sustained positive trends. A ‘Voice of the Customer’ has been introduced to capture feedback from quarterly engagement with NHS Wales Directors of Finance and Workforce., informing service improvements and highlighting key themes for review by the Senior Leadership Group. Areas for development include benchmarking, system improvements, and enhancing qualitative feedback.

Transformation Management Office Update Report – The Committee received an

update on the Transformation Management Office, following its rebranding to reflect a combined focus on project delivery and service transformation. The overarching report indicates a stable position, with 24 initiatives currently being tracked, of which 18 are rated green, 5 amber and 1 red. The Primary Care Workforce Intelligence System (PCWIS) has progressed from red to amber status, with implementation now underway across all primary care sectors. The TrAMS Programme remains the only red-rated initiative due to ongoing regulatory, resourcing and infrastructure challenges. Overall, 75% of projects are rated green, with several nearing completion, reflecting steady progress across the transformation portfolio.

NWSSP Corporate Risk Register – The position was reported as stable and the Register continues to be scrutinised regularly at each Senior Leadership Group meeting. The latest position identifies 17 risks for action, comprising four red, twelve amber and one yellow-rated risk. In addition, four risks are recorded for monitoring, including one amber and three yellow. The overarching report also outlines four emerging risks currently under consideration.

NWSSP Annual Governance Statement 2024-25 – The Statement was presented to the Committee in its finalised version, for noting, having previously received a draft of the document for comment at its May meeting. It provides an overview of the governance, risk management and internal control arrangements in place throughout the year. The document confirms that NWSSP continues to operate within a robust governance framework under its hosting arrangement with Velindre University NHS Trust, and in alignment with NHS Wales standards. It is issued by NWSSP Managing Director, as **NWSSP's Accountable Officer**, and has been produced consistently for the past 14 years. Guidance from Judith Paget was reiterated, confirming that current arrangements should continue unchanged and Committee Members reaffirmed the importance of the Statement in providing assurance.

NWSSP Head of Internal Audit Opinion and Annual Report 2024-25 - The Committee received the Opinion and Annual Report, confirming Reasonable Assurance over **NWSSP's governance, risk management and internal controls**. During the year, 14 audit reviews were completed, including 3 with Substantial Assurance, 5 with Reasonable Assurance, 1 with Limited Assurance, and 5 advisory reviews. The Limited Assurance review related to Capital Equipping Procurement (Swansea Bay and Cwm Taf Morgannwg UHBs), with actions agreed to address identified weaknesses. The service remains fully compliant with Public Sector Internal Audit Standards and the audit plan was delivered in full. The Opinion supports the NWSSP Managing Director in forming his Annual Governance Statement and reflects a continued commitment to assurance, improvement, and transparency across NWSSP.

NWSSP Audit Committee Annual Report 2024-25 – The Committee received the Annual Report which outlines the scope and outcomes of assurance activity over the year, confirming compliance with NHS Wales guidance and its Terms of Reference. Oversight was maintained across internal and external audit, counter fraud and risk management. Positive assurance was noted from Audit Wales and Internal Audit. Internal Audit issued 12 reports, with the majority receiving Substantial or Reasonable Assurance. Governance effectiveness was supported by regular updates and a member survey, which endorsed strong leadership and recommended appointing a third Independent Member. Going forward, the Committee remains focused on enhancing governance, risk oversight, and value for money.

The Committee DISCUSSED and NOTED the above Reports.

## Papers for Information

The following items were provided for information only and the Committee NOTED the reports:

- Finance Monitoring Returns (Month 2 of 2025-26).
- Personal Protective Equipment (PPE) Report – May and June 2025.
- SSPC Forward Plan 2025-26.

In addition, the Committee received the following Annual Reports, for information:

- NWSSP Concerns and Complaints Annual Report 2024-25.
- NWSSP Conflicts of Interest Declarations, Gifts, Hospitality and Sponsorship Annual Report 2024-25.
- NWSSP Information Governance Annual Report 2024-25.
- NWSSP Welsh Language Annual Report 2024-25.
- NWSSP Local Counter Fraud Services Annual Report 2024-25.

## PRIVATE – PART B AGENDA

The Part B agenda included four items for approval and three items for noting, which were considered by the Committee.

Transforming Access to Medicines Service (TrAMs) Outline Business Case (OBC) – The TrAMs OBC was considered and discussed in detail, and approval was sought to submit the OBC to Welsh Government and then progress to completion of the Full Business Case (FBC) stage. The programme has received broad support from Committee Members, subject to resolution of caveats, which have been formally received and acknowledged with commitments to address prior to FBC submission. A recent workshop helped identify common themes and risks, which have been captured in an executive summary and will be addressed through further engagement and modelling work. Welsh Government indicated support for the programme. The Committee approved the OBC, subject to the caveats being addressed prior to submission of the Full Business Case.

The Committee APPROVED the TrAMs OBC, subject to the caveats outlined being addressed, prior to the submission of the Full Business Case.

IP5 Roof Over Cladding Business Justification Case (BJC) – The BJC was considered for roof and gutter repairs at the IP5 facility and the Committee was asked to approve the investment, with final endorsement to be sought if there were material changes via Chair's action in August 2025. The facility, which houses warehousing, laboratories and key services including TrAMS and RadioPharmacy, has experienced roof leaks impacting operations. Tender analysis is underway and will inform the final BJC submission and Welsh Government has indicated support, subject to review of final costs. Velindre Trust Board approval is also required, with Chair's action necessary due to governance timelines.

The Committee acknowledged the urgency and governance challenges and APPROVED the IP5 Roof Over Cladding BJC, subject to Chair's action being clearly recorded where appropriate.

NWSSP Charnwood Court Lease Renewal – The proposal to renew the lease for NWSSP's Headquarters lease at Charnwood Court, Nantgarw, was considered. Following Committee approval, the lease requires execution under the common seal of Velindre as a deed. Committee Members sought assurance on timely actioning of governance processes, particularly given the holiday period and imminent departure of Chair and Vice Chair of Velindre.

The Committee APPROVED the NWSSP Charnwood Court Lease Renewal, with confidence expressed in the arrangements to ensure continuity and timely execution.

All Wales Supply of Energy (Gas and Electricity) - Proposed Transition to NHS England (NHSE) Basket Strategy – The proposal to transition to the NHSE Basket Strategy was considered by the Committee. In addition to financial benefits, improved risk management and the approach being tailored to NHS operational needs, NHS Wales will gain representation on the trading board, enhancing its influence. The change does not alter administrative structures but aligns purchasing with NHS-specific patterns. The recommendation was supported by the Welsh Energy Group.

The Committee APPROVED the proposal to proceed with joining the NHS England basket by no later than 2028–29, with flexibility to join earlier if agreed by the Welsh Energy Group.

The following items were noted by the Committee:

- Employee Relations Update;
- Letter from Judith Paget regarding All Wales Influenza Vaccination Programme; and
- NHS Wales Emergency Planning, Resilience and Response (EPRR) Annual Report 2024-25.

In addition, the Committee received the Draft Welsh Energy Group Minutes of the meeting held on 15 May 2025, for information.

#### Papers for Information

Draft Welsh Energy Group Minutes of Meeting Held on 15 May 2025 - The Committee received the Draft Welsh Energy Group Minutes of the meeting held on 15 May 2025, for information.

#### Any Other Business (AOB)

Autumn Committee Development Day – 10 October 2025 - It was confirmed that the Autumn Committee Development Day is scheduled for Friday 10 October 2025 and suggestions for agenda items were welcomed.

Rescheduled Meeting – 30 September 2025 - Committee Members were reminded that next meeting has been rescheduled from Thursday 18 September to Tuesday 30 September 2025.

#### Matters requiring Board/Committee level consideration and/or approval

The Board is asked to NOTE the work of the Shared Services Partnership Committee.

#### Matters referred to other Committees

No further matters were referred to other Committees.

Date of next meeting

Tuesday 30 September 2025, 10.00am to 12.00pm