Aneurin Bevan University Health Board Public Board Meeting

Wed 16 July 2025, 09:30 - 13:00

Conference Centre, St Cadoc's Hospital

Agenda

1. PRELIMINARY MATTERS

PB20250716_Board Consent Agenda.pdf (3 pages)

1.1. Welcome and Introductions

Oral *Chair*

1.2. Apologies for Absence for Noting

Oral *Chair*

1.3. Declarations of Interest for Noting

Oral *Chair*

2. CONSENT AGENDA BUSINESS

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

3. KEY UPDATES

3.1. Update from the Chair

Oral *Chair*

3.2. Update from the Chief Executive

Oral *Chief Executive*

4. PATIENT EXPERIENCE AND PUBLIC ENGAGEMENT

4.1. Patient Experience Story

Presentation *Director of Nursing*

4.2. Report from Llais, Gwent Region

Attachment *Regional Director, Llais*

PB20250716_Agenda Item_4.2_Report from Llais, Gwent Region.pdf (15 pages)

5. ITEMS FOR DECISION

5.1. Long Term 10-Year Strategy

Attachment *Director of Strategy, Planning and Partnerships*

PB20250716_Agenda Item_5.1_Long Term 10-Year Strategy.pdf (8 pages)
PB20250716_Agenda Item_5.1_Long Term 10-Year Strategy_Appendix 2.pdf (20 pages)
PB20250716_Agenda Item_5.1_Long Term 10-Year Strategy_Appendix 1.pdf (36 pages)

5.2. Values and Behaviours Framework

Attachment *Director of Workforce & OD*

PB20250716_Agenda Item_5.2_Values and Behaviours Framework.pdf (7 pages)
PB20250716_Agenda Item_5.2_Values and Behaviours Framework_Appendix 2.pdf (14 pages)
PB20250716_Agenda Item_5.2_Values and Behaviours Framework_Appendix 1.pdf (10 pages)

5.3. Phase 2 Budget Setting, 2025/26

Attachment *Director of Finance and Procurement*

PB20250716_Agenda Item_5.3_Phase 2 Budget Setting.pdf (10 pages)

5.4. Transforming Access to Medicines South-East Wales Hub, Outline Business Case

Attachment *Chief Operating Officer*

PB20250716_Agenda Item_5.4_Transforming Access to Medicines South-East Wales Hub, Outline Business Case.pdf (7 pages)
PB20250716_Agenda Item_5.4_Transforming Access to Medicines South-East Wales Hub, Outline Business Case_Appendix A.pdf (98 pages)

6. ITEMS FOR DISCUSSION

6.1. Public Engagement on the Development of Nevill Hall Hospital

Attachment *Director of Strategy, Planning and Partnerships*

PB20250716_Agenda Item_6.1_Public Engagement on the Development of Nevill Hall Hospital.pdf (6 pages)
PB20250716_Agenda Item_6.1_Public Engagement on the Development of Nevill Hall Hospital_Appendix A.pdf (7 pages)
PB20250716_Agenda Item_6.1_Public Engagement on the Development of Nevill Hall Hospital_Appendix B.pdf (21 pages)

6.2. Winter Plan 2024/25 Review

Attachment *Director of Strategy, Planning and Partnerships*

PB20250716_Agenda Item_6.2_Winter Plan 2024-25 Review.pdf (16 pages)
PB20250716_Agenda Item_6.2_Winter Plan 2024-25 Review_Appendix A.pdf (19 pages)

6.3. Communications and Engagement Annual Report 2024/25

Attachment *Chief Executive*

PB20250716_Agenda Item_6.3_Communications and Engagement Annual Report 2024-25.pdf (4 pages)
PB20250716_Agenda Item_6.3_Communications and Engagement Annual Report 2024-25_Appendix A.pdf (15 pages)

6.4. 2024/25 Performance Reporting

Attachment *Executive Leads*

a. Integrated Performance Report (Interim)

b. Financial Performance Report, Month 02

PB20250716_Agenda Item_6.4a_Integrated Performance Report.pdf (6 pages)
PB20250716_Agenda Item_6.4a_Integrated Performance Report_Appendix a.pdf (55 pages)
PB20250716_Agenda Item_6.4b_Financial Performance Report, Month 02.pdf (24 pages)
PB20250716_Agenda Item_6.4b_Financial Performance Report, Month 02_Appendix A.pdf (23 pages)

6.5. Strategic Risk Report, July 2025

Attachment *Chief Executive*

PB20250716_Agenda Item_6.5_Strategic Risk Report, July 2025.pdf (7 pages)
PB20250716_Agenda Item_6.5_Strategic Risk Report, July 2025_Appendix A.pdf (44 pages)

7. CONSENT AGENDA

7.1. FOR APPROVAL

7.1.1. Draft Minutes of the Health Board Meeting, held on:

Attachment *Chair*

Draft Minutes of the Health Board Meeting, held on:

a. 21st May 2025

b. 25th June 2025

PB20250716_Agenda Item_7.1.1a_Draft Minutes of Public Meeting Held on 21 May 2025.pdf (14 pages)
PB20250716_Agenda Item_7.1.1b_Draft Minutes of Public Meeting Held on 25 June 2025.pdf (3 pages)

7.1.2. Report on Sealed Documents and Chair's Actions

Attachment *Chair*

PB20250716_Agenda Item_7.1.2_Report on Sealed Documents and Chair's Actions .pdf (4 pages)

7.1.3. Joint Commissioning Committee

Attachment *Director of Corporate Governance*

a. Highlight Report 20th May 2025

b. Scheme of Delegation

c. All Wales IPFR Policy

PB20250716_Agenda_Item_7.1.3_Joint Commissioning Committee.pdf (4 pages)
PB20250716_Agenda_Item_7.1.3a_Joint Commissioning Committee.pdf (7 pages)
PB20250716_Agenda_Item_7.1.3b_Joint Commissioning Committee.pdf (8 pages)
PB20250716_Agenda_Item_7.1.3b_Joint Commissioning Committee_Appendix 1.pdf (3 pages)
PB20250716_Agenda_Item_7.1.3b_Joint Commissioning Committee_Appendix 2.pdf (2 pages)
PB20250716_Agenda_Item_7.1.3c_Joint Commissioning Committee.pdf (6 pages)
PB20250716_Agenda_Item_7.1.3c_Joint Commissioning Committee_Appendix 1.pdf (31 pages)

7.1.4. ABUHB Scheme of Delegation – Delegated Limits

Attachment *Director of Corporate Governance*

PB20250716_Agenda Item_7.1.4_ABUHB Scheme of Delegation – Delegated Limits.pdf (5 pages)
PB20250716_Agenda Item_7.1.4_ABUHB Scheme of Delegation – Delegated Limits_Appendix a.pdf (6 pages)

7.2. FOR NOTING

7.2.1. Board Action Log with Updates

Attachment *Chair*

PB20250716_Agenda Item_7.2.1_Board Action Log.pdf (1 pages)

7.2.2. Emergency Planning Resilience and Response Annual Report 2024/25

Attachment *Director of Strategy, Planning and Partnerships*

PB20250716_Agenda Item_7.2.2_Emergency Planning Resilience and Response Annual Report.pdf (4 pages)
PB20250716_Agenda Item_7.2.2_Emergency Planning Resilience and Response Annual Report_Appendix A.pdf (16 pages)

7.2.3. Strategic Partnership Updates

Attachment *Director of Strategy, Planning & Partnerships / Director of Public Health*

a. Regional Partnership Board

b. Public Service Board

PB20250716_Agenda Item_7.2.3a_Regional Partnership Board.pdf (7 pages)
PB20250716_Agenda Item_7.2.3a_Regional Partnership Board_Appendix 1.pdf (3 pages)
PB20250716_Agenda Item_7.2.3b_Public Service Board.pdf (5 pages)

7.2.4. Executive Committee Chair’s report

Attachment *Chief Executive*

PB20250716_Agenda Item_7.2.4_Executive Committee Chair's Report.pdf (10 pages)

7.2.5. Key Matters from Committees of the Board

Attachment *Committee Chairs*

PB20250716_Agenda_Item_7.2.5_Key Matters from Committees of the Board.pdf (27 pages)

7.2.6. An overview of Joint and Partnership Committee Activity

Attachment *Chief Executive*

a. NHS Wales Shared Services Partnership Committee

PB20250716_Agenda_Item_7.2.6a_Shared Services Partnership Committee Update Report.pdf (3 pages)
PB20250716_Agenda_Item_7.2.6a_NHS Wales Shared Services Partnership Committee_Appendix A.pdf (5 pages)

8. OTHER MATTERS

8.1. Any Other Business

8.2. Date of the Next Meetings

24th September 2025

BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

MEETING OF THE BOARD

AGENDA			
Date and Time		**Wednesday 16th July 2025 at 9.30 am**	
	Venue	**Conference Centre, Headquarters, St Cadoc's Hospital**	
Item	**Title**	**Format**	**Presenter**
1	**PRELIMINARY MATTERS**		
1.1	Welcome and Introductions	Oral	Chair
1.2	Apologies for Absence for Noting	Oral	Chair
1.3	Declarations of Interest for Noting	Oral	Chair
2	**CONSENT AGENDA BUSINESS**		
2.1	The Chair will ask if there are any items from the Consent Agenda (Item 7) that Board Members wish to bring forward to the Main agenda for discussion		Chair
3	**KEY UPDATES**		
3.1	Update from the Chair	Oral	Chair
3.2	Update from the Chief Executive	Oral	Chief Executive
4	**PATIENT EXPERIENCE AND PUBLIC ENGAGEMENT**		
4.1	Patient Experience Story	Presentation	Director of Nursing
4.2	Report from Llais, Gwent Region	Attachment	Regional Director, Llais
5	**ITEMS FOR DECISION**		
5.1	Long Term 10-Year Strategy	Attachment	Director of Strategy, Planning and Partnerships
5.2	Values and Behaviours Framework	Attachment	Director of Workforce & OD
5.3	Phase 2 Budget Setting, 2025/26	Attachment	Director of Finance and Procurement
5.4	Transforming Access to Medicines South-East Wales Hub, Outline Business Case	Attachment	Chief Operating Officer
6	**ITEMS FOR DISCUSSION**		
6.1	Public Engagement on the Development of Nevill Hall Hospital	Attachment	Director of Strategy, Planning and Partnerships

6.2	Winter Plan 2024/25 Review	Attachment	Director of Strategy, Planning and Partnerships
6.3	Communications and Engagement Annual Report 2024/25	Attachment	Chief Executive
6.4	2024/25 Performance Reporting: a. Integrated Performance Report (Interim) b. Financial Performance Report, Month 02	Attachment	Executive Leads
6.5	Strategic Risk Report, July 2025	Attachment	Chief Executive
7	**CONSENT AGENDA**		
7.1	**FOR APPROVAL**		
7.1.1	Draft Minutes of the Health Board Meeting, held on: a. 21st May 2025 b. 25th June 2025	Attachment	Chair
7.1.2	Report on Sealed Documents and Chair's Actions	Attachment	Chair
7.1.3	Joint Commissioning Committee: a) Highlight Report 20th May 2025 b) Scheme of Delegation c) All Wales IPFR Policy	Attachment	Director of Corporate Governance
7.1.4	ABUHB Scheme of Delegation – Delegated Limits	Attachment	
7.2	**FOR NOTING**		
7.2.1	Board Action Log with Updates	Attachment	Chair
7.2.2	Emergency Planning Resilience and Response Annual Report 2024/25	Attachment	Director of Strategy, Planning and Partnerships
7.2.3	Strategic Partnership Updates: - a. Regional Partnership Board b. Public Service Board	Attachment Attachment	Director of Strategy, Planning & Partnerships and Director of Public Health
7.2.4	Executive Committee Chair's report	Attachment	Chief Executive
7.2.5	Key Matters from Committees of the Board	Attachment	Committee Chairs

7.2.6	An overview of Joint and Partnership Committee Activity a. NHS Wales Shared Services Partnership Committee	Attachment	Chief Executive
8	**OTHER MATTERS**		
8.1	Any Other Business		
8.2	Date of the Next Meetings: • 24th September 2025		
9.	**PRIVATE/IN COMMITTEE SESSION**		
	Motion to Exclude Members of the Public and the Press There may be circumstances where it would not be in the public interest to discuss a matter in public. In such cases the Chair shall move the following motion to exclude members of the public and the press from the meeting: "Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest." *Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960*		

LLAIS

Eich llais mewn iechyd a gofal cymdeithasol | Your voice in health and social care

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

July 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

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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.

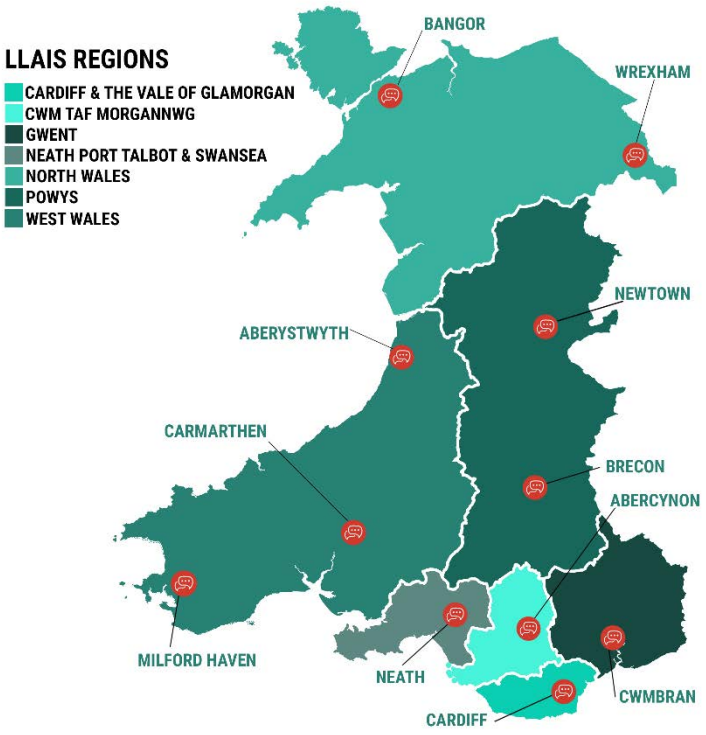
We seek out both good and bad stories so we understand what works well and how services may need to get better. And we look to particularly talk to those whose voices are not often heard.

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.



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:[1]

1) Drive a national conversation about the future of health and social care services

2) Push for services that meet everyone's needs.

3) Work together better.

4) Help people and services to use technology in ways that work for them.

5) Grow and improve as an organisation.

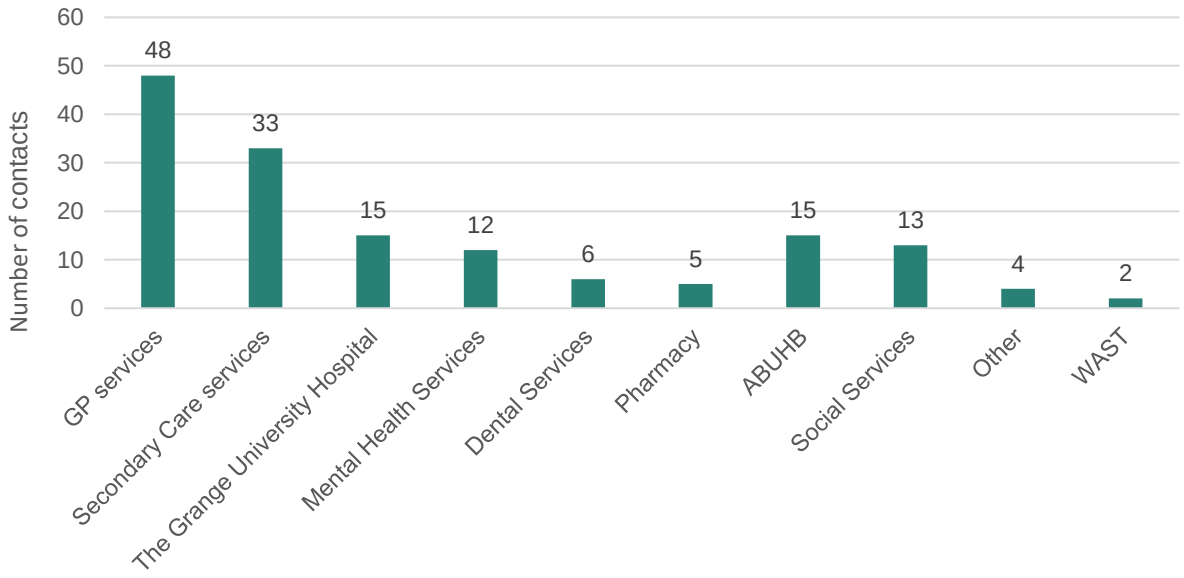
[1] https://www.llaiswales.org/about-us/national-conversation-llais-strategic-plan-2024-2027

Local activities and feedback:

1. Gwent Advocacy Service

There were 153 contacts between April and June. 50 were formal concerns and 103 were enquiries that required early resolution or where we are awaiting consent.

Of the 153 contacts, 56 have now been resolved and 97 are still active.



Key Observations:

- GP services received the highest number of contacts (48), with concerns focused on access, staff attitude, prescriptions, and BSL services.
- Secondary care services and ABUHB complaints handling also saw significant engagement.
- Mental health and social services reflect ongoing concerns around support, care quality, and systemic gaps.
- Lower contact volumes in dental, pharmacy, and ambulance services still highlight persistent access and service delivery issues

2. Service Change

Llais plays an important role in health and social care service change arrangements in Wales by ensuring that the voices of the public are meaningfully represented in decisions that affect them.

Throughout April – June, Llais were made aware of the following service changes:

a) Newport – Reconfiguration of Children's Services
b) General Practices - Practice Closure
c) ABUHB Level 3 Weight Management
d) Future Planning for Thyroid Surgical Services
e) Nevill Hall Hospital – Future Plans 'Go live engagement on principles'
f) Pharmacies

Pharmacies spotlight - Community feedback highlights growing concerns around pharmacy services:

- **Stock Issues:** Medications often unavailable in full, requiring return visits with "owing notes" issued.
- **Delays:** Patients report waiting several days for stock to arrive, not just short delays.
- **Substitutions:** Particularly problematic for older adults using pill dispensers, leading to confusion and risk of error.

Additionally, more pharmacies are reducing supplementary opening hours.

Llais are working with the Community Pharmacy Service to:

- Ensure patients receive **at least one month's notice** of changes
- Support clear communication through **Llais posters** displayed in pharmacies.

3. Engagement in Gwent (April - June)

Throughout April – June 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 614 people and carried out the following engagements:

Outreach

Below is a list of events we attended that were hosted by organisations across Gwent:

- Coleg Gwent Health & Wellbeing Roadshows at, Crosskeys, Usk & Torfaen Campuses.
- Spring Wellbeing Event hosted by Platfform
- "Celebrate your next steps!" hosted by Coleg Gwent, to encourage young people to volunteer with Llais.
- Sight Life in Newport
- Carers Awareness Event hosted by Newport City Council

Driving Early Intervention Through Collaboration

On the 7th of May 2025, Llais facilitated the Gwent Regional Partnership Board's Third Sector Forum, engaging with 60 participants from organisations delivering health and social care services.

We heard from Aneurin Bevan University Health Board about their new strategy and approach to third sector engagement. GAVO and TVA also led an insightful roundtable discussion on early intervention and prevention, focusing on how to evidence and report these efforts. Impact report to be shared with the Regional Partnership Board.

Llais Local – Newport

We focussed our "Llais Local" engagement in Newport, to strengthen community voice and experiences of health and social care services.

We attended the following venues:

- Duffryn Community Centre
- Beechwood Surgery
- The Hive, Family Hub
- The Salvation Army, Assertive Outreach Project

Insights:

People shared a range of both positive and negative experiences when accessing health and social care services.

A member of the community spoke about her husband, who had been diagnosed with both Dementia and Parkinson's disease. She expressed feeling abandoned following his diagnoses, saying had been "left on her own" without any guidance or support.

We spoke with people at Beechwood Surgery and the majority of those we engaged with shared positive experiences:

"All staff are patient, understanding and professional. They go out of their way to help you in every aspect. I cannot thank them enough for looking after us"

Llais Local Spotlight

During our engagement with the team at The Salvation Army's Assertive Outreach Project, we explored the significant challenges faced in supporting individuals experiencing homelessness, rough sleeping, or living in temporary accommodation to access healthcare.

We also had the valuable opportunity to hear directly from people with lived experience, who shared their personal journeys navigating the healthcare system.

Early insights revealed several barriers within General Practice, including difficulties completing registration forms, limited access to home visits, constraints faced by support workers, experiences of stigma and dismissal, and a general lack of flexibility in service provision.

In secondary care settings, individuals reported challenges registering at Minor Injury Units and Emergency Departments, alongside feelings of being judged or unwelcome.

These insights highlight systemic issues that are not isolated to one area but are shared across Wales. In response, a series of representations will be made to ensure that the voices of those with lived experience are heard and that meaningful improvements are pursued in healthcare access and delivery for people experiencing homelessness.

Events

a) Abergavenny Pride

On the 28th of June, we attended Abergavenny Pride to celebrate inclusion within our communities. We engaged with attendees to raise awareness about Llais and were grateful to hear people's experiences of accessing health and social care services.

The majority of the feedback we received related to Mental Health Services:

"Help comes too late"

"Communication between professional services is very poor and impacts patients"

"Adult mental health services are dire"

"The wait for mental health services is very bad. I paid to go private and then the private diagnosis was not recognised in the NHS. You're then put back to the bottom of the waiting list. I'm still without support and spending my own money but it's the only way to get help"

Llais Forum

Regional Ophthalmology - The story so far

On the 22nd of May, we heard from Aneurin Bevan University Health Board's (ABUHB) Regional Ophthalmology Team, who provided an overview of what has been happening to improve waiting times for cataract surgery.

During the presentation, we made nine representations to the health board regarding the following areas:

- Patient Transport
- Waiting Lists
- Specialist Workforce and Recruitment
- Wider Impact
- Capacity and Funding
- Equality and Diversity
- Specialist Lenses

Full set of representations and responses available here.

Welsh Ambulance Services NHS Trust (WAST), Improving Care Closer to Home:

WAST spoke to us about how they're improving care for people in the community.

During the presentation, we made three representations to WAST regarding the following areas:

- Communication with families before discharge
- Paramedic availability for ambulances
- Changes impacting other areas of WAST's work

Full set of representations and responses available here.

ABUHB: Falls, Education and Training:

The focus of the forum led an active discussion and update on education, training, and a new escalation framework to support care home staff and patients.

During the presentation, we made representations about the following areas:

- Conveyancing from Care homes to hospitals for falls
- Support Services for Carers, Care home staff
- Uptake in relation to the new escalation framework
- Sharing of falls, education, and training with unpaid carers

Full set of representations and responses available here.

4. Upcoming Activities: July and August

Public Forum: Hosting *Help Llais Grow Your Voice* in Caldicot to spark national conversations on health and social care through symbolic seed planting.

Llais Local – Torfaen: Community engagement across Torfaen to gather insights for service improvement.

Llais Forums: WAST performance, sepsis management, and joint hospital flow initiatives between Health and Social Care.

Events: Attending Pride Caerfilli and VIVA Fest 2025

National Work

All Wales Representations

1. Experiences of maternity and neonatal services

Listening to parents: Llais published our report on maternity experiences in Swansea Bay. This report shares the voices of over 500 people and highlights the need for continued cultural, clinical, and leadership improvements in maternity care.

While some families described compassionate and professional care, many others told us they felt unheard, unsupported, or unsafe at different stages of their journey: especially during labour, after birth, or when trying to raise concerns.

You can read the full report, here

Llais submitted representations across Wales, which are currently pending response on the following:

1) **Reflection on key findings:** Reviewing the report and considering what learning can be drawn from its key elements
2) **Public Feedback:** Tell us how you gather public feedback and how insights from people's experiences are used to inform and improve maternity and neonatal services
3) **Key Themes:** Provide an overview of the Public Feedback received to date, noting key themes.
4) **Performance Monitoring:** Indicate whether you use Key Performance Indicators (KPIs) in these services, and if so, explain how these are monitored and reported.
5) **Framework Implementation:** Outline your plans for implementing the commitments outlined in the All-Wales Perinatal Engagement Framework.

2. Sepsis

Following the launch of the ABUHB Sepsis Campaign – aimed at ensuring staff, patients and the wider community are better informed about the signs, risks, and urgent actions needed to tackle this life-threatening condition – Llais is seeking to understand the current position across Wales.

To support this, the following representations have been submitted to health boards across Wales and are currently pending response:

1) Sepsis Awareness and Training:
    a. What actions are you taking to promote public awareness of sepsis?
    b. What training is provided to staff to help them recognise the signs of sepsis?
2) Implementation of National Early Warning Score (NEWS2)
    a. What steps are you taking specifically to prepare for the introduction of the NEWS2?

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

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	16 July 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Strategy 2035: Final Draft
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Hannah Evans, Director of Strategy, Planning & Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Chris Dawson-Morris, Deputy Director of Strategy, Planning & Partnerships Marie-Claire Griffiths, Head of Strategic Planning

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

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

1. Sefyllfa / Situation

The Health Board has developed a new strategy to build upon the Clinical Futures with a ten-year plan from 2025 to 2035. A Midpoint Review of the first ten weeks of engagement was undertaken in July 2024. Subsequently an engagement summary report was produced following the completion of the 20-week engagement period. On 18th December a dedicated Board development session was held on the strategy to shape the draft strategic framework and aims.

The strategic aims have been tested further through Planning, Population Health and Partnerships committee and more widely with strategic partners. This resulted in a series of workshops focusing on each Strategic Aim to ensure partner and staff buy in and the generation of tangible actions for collective commitment over the next ten years. During the workshops a long list of values and behaviours were tested to understand which were the most meaningful to participants. In parallel a cross organisation working group has developed draft outcome statements so the Health Board can measure the longer-term impact of the Strategy and the actions it contains.



Further to the Board discussion on the first draft of the Strategy in May it was shared with over 400 stakeholders; comments from the Board and Stakeholders have been incorporated into the Final draft.

The Board are asked to;

- **Approve** the final draft of the Strategy
- **Note** the proposed approach for Strategy Launch
- **Note** the development of supporting delivery plans

2. Cefndir / Background

Clinical Futures

Clinical Futures is the Health Board's current strategy. This strategy was the driving force for large-scale service reconfigurations, including the opening of the Grange University Hospital; the formation of the Enhanced Local General Hospital network; and developments in community services.

A new strategy

The health and care landscape in Gwent is changing rapidly. The COVID-19 Pandemic and Cost of Living Crisis have exacerbated pre-existing health inequalities; in 2024, women in Monmouthshire can expect to live 14 more healthy life years than women in Blaenau Gwent. In addition to this, there are now more people over the age of 65 living in Gwent than ever before – and fewer young people. This pattern is set to continue in the future which will have a significant impact on healthcare provision and the overall healthcare workforce over the coming years.

Science and technology will also affect how healthcare is delivered. For example, artificial intelligence reads x-rays, remote monitoring offers peace of mind to caregivers, and pacemakers can be adjusted remotely. Furthermore, advances in genetics make curing diseases possible, and new treatments like cell therapies tackle cancers that were once considered untreatable. The Health Board needs to be able to adapt to these technological changes.

It is timely that the Health Board considers a new long-term strategy which articulates its joint commitments with the population of Gwent through to 2035. The development of a new strategy provides a unique opportunity to look to the future with communities in order to determine: what matters to them; and how the Health Board can work in partnership to improve wellbeing through place-based care.

A set of design principles were agreed by the Board to provide a framework for which this work should be held to account:

- **People at the heart of everything we do.**

We will take time to learn about the whole person and design the system based on need.

- **Design with data.**

We will let data and evidence drive decisions, learning from what has come before.

- **Prevention is best.**

Start with prevention. Everyone to make the most of their capabilities and control their own lives.

- **Make use of what we have**

Use the resources available within our financial means to best effect so the NHS can have a long future.



- **Act with focus to improve outcomes.**

Do what only the Health Board can do and create the conditions for success.

- **Do the hard work to make it simple.**

Make it simple and easy to use even if complex behind the scenes.

- **Make things open, it makes things better.**

Absolute transparency about challenges, opportunities and decisions. Regularly share learning and share our work.

- **Continuous Feedback.**

We will test early and continue to refine. We said, we did, we need help with; not a singular process.

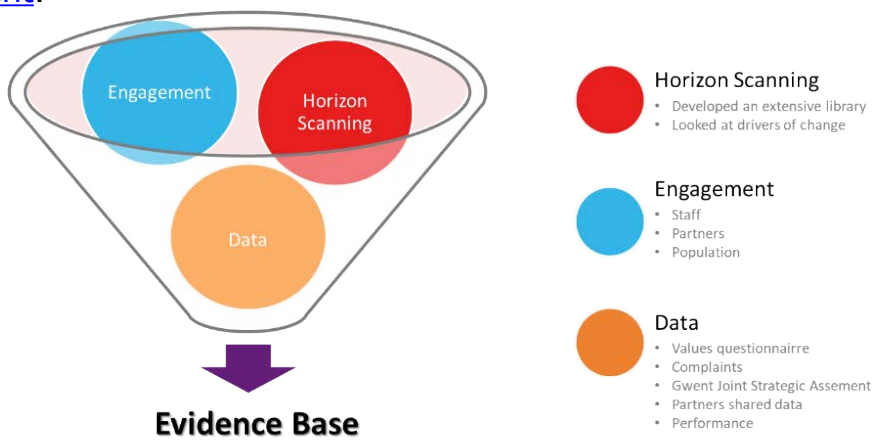
- **Be consistent not uniform.**

Use the same models but apply them to the context promoting equity across Gwent.

- **This is just the start.**

We are not done, this does not finish.

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



The first draft of the Strategy was discussed in Public Board in May and the comments received have been incorporated into the final draft and an initial design has been undertaken by an external design company.

3. Asesiad / Assessment

3.1. Final Draft of the Strategy

The first draft of the strategy was sent to over 400 stakeholders that included;

- Trade Union Partnership Forum
- Everyone who registered for a Strategy co-design workshop (held in April & May)
- Regional Partnership Board members
- Public Service Board members
- Leisure Trusts
- Gwent Police
- Community Voluntary Councils
- Local Authority Partners
- Third Sector Forum

A summary of the comments received and the responses provided are below;

Comment	Provided by	Response
Digital inclusion to be a key consideration in relation to Digital, Innovation & Technology and be included in the strategy explicitly.	Digital Communities Wales: Digital Confidence, Health and Well-being programme	Amendment to be made to digital key for success under better lives that explicitly draws out digital inclusion
We would recommend that you ensure the language of the new Welsh Government Mental Health Strategy, open access, is bedded into the strategy	Platfform (Third Sector Mental Wellbeing)	Amendment to be made to reflect the language of open access
Strengthen the reference to research in the strategy reflecting the Health Board as a research active organisation	ABUHB Research Team	Amendment to be made to reflect the language of being a Research Active organisation.
Health inequalities in there - front and centre, this is really promising.	Institute of Health Equity	Thank you for positive response, no action required
Request to change Later time period to 6-10 years	ABUHB Staff Member	Accepted and changed in document.
Language requests to be changed Be prepared to see a different professional other than a doctor" to "be prepared to see the professional appropriate for you and your needs" Deliver a sustainable model for GP services" to reflect "consistent and equitable". Please change "waiters" to "the people who are waiting the longest".	Chair of Gwent Citizens Panel	Language amended as requested in document

An important part of the strategy development has been reviewing the values which define the way in which we deliver the strategy through our behaviours. Through extensive analysis of staff and population engagement, nine important values with supporting behaviours statements were developed. These were further socialised, tested and refined to three values based on staff and stakeholder input.;

- Kindness
- Integrity
- Respect

An external design company was commissioned to undertake the design of the final document. The initial design including branding for the Strategy has been included in **Appendix 1**. The final design will be ready following any comments from Board members and will be circulated to all Board members prior to publication on the website.

3.2. Strategy Launch



Publication of the Strategy will be supported by a series of videos that incorporate the voices of citizens. The proposed videos are a Main launch video with individual videos on how the strategy was developed, the values and each of the three aims individually.

There will be one large launch event that includes Board, partners and citizens followed by five local roadshows in each of our localities. It is proposed that the launch event be scheduled for a Board briefing session in September or October. All events will be held in local community venues building on the strategy engagement approach.

Launch Event	• Ask attendees to make a pledge • Invite people to tell stories how this will make a difference for them e.g. school children and people from community groups we met throughout strategy engagement • Invite people from across Gwent we wish to celebrate who contribute to our local communities and make them healthier places to live. Consider using approach as in Wiltshire where local community champions were given Bee badges
Local Roadshows	• What does this mean for you area, workshop activity • Invite people from local area we wish to celebrate and present them with badges that signify they are a community champion

In addition to the main strategy document there will be a number of supporting documents to aid engagement across our communities;

- Easier Read Strategy (pamphlet)
- Easy Read Strategy
- Co-produced document with Children and Young People

3.3. Delivery of Strategy

The work to date through co-creation workshops and engagement with partners will be reflected at a more granular level in the Strategy delivery plan: making it happen. It will be written aligned to the Integrated Medium-Term Plan (IMTP) cycles articulating what will be delivered throughout each period. Each IMTP produced will outline commitments achieved and what is required over the next three year period.

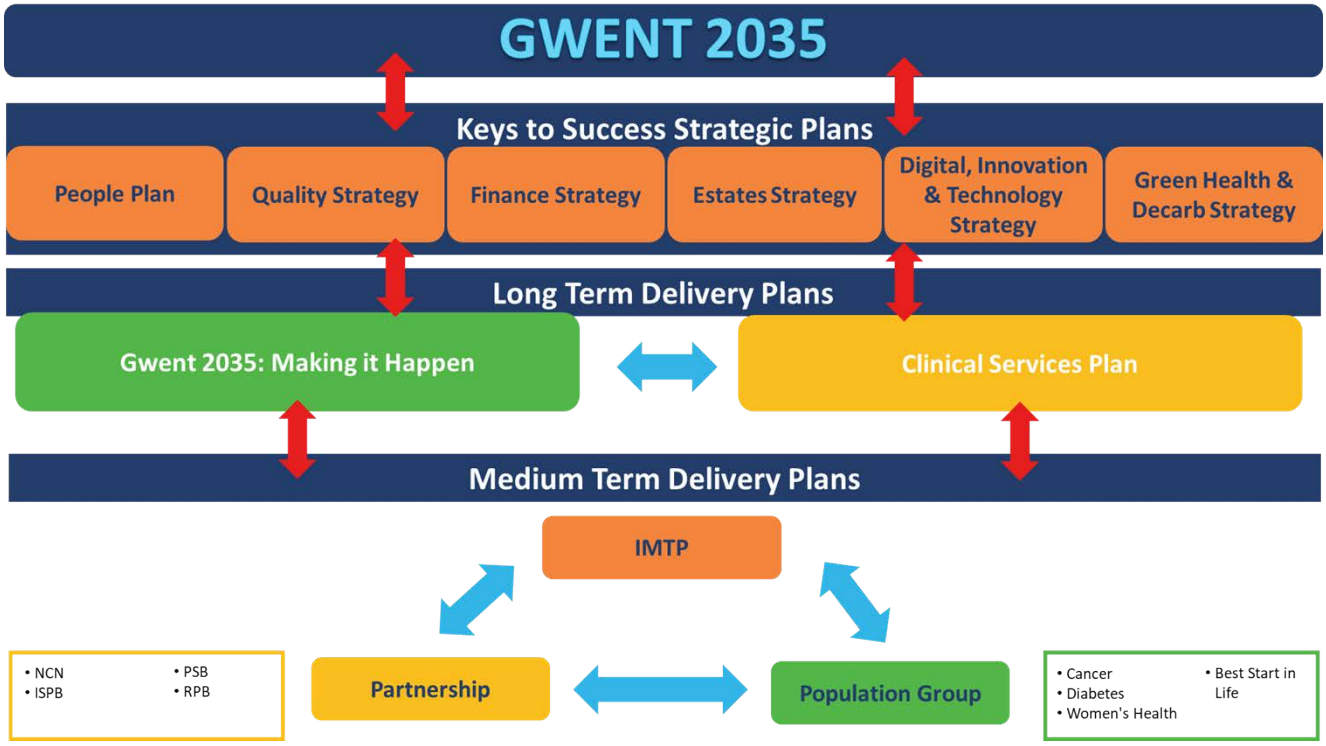
In addition, the delivery plan will;

- Set out the required steps to develop and implement a clinical services plan
- Reflect the ongoing work to accelerate place based care
- Align with key plans in development e.g. Best start in life and Women's Health
- Highlight what we can do to deliver on our own and what we need from our partners



Each of the six keys to success will have their own supporting documents setting their direction; some of these documents are in existence, some require development and some are being refreshed. These elements will be developed in partnership with the organisational leads for these areas.

Its important to embed the strategy into the Health Board with a clear framework of how all organisational strategic plans and delivery plans align to it. The below diagram summarises this;



3.4. Next Steps

The key next steps include;

- Finalisation of design to be shared with Board members mid July
- Creation of videos that will be published on the Health Board website
- Agreement of date and venue for main launch event
- Planning of five roadshows to be held in each local authority area
- Development of supporting documents
- Outcome measure development and framework to be presented at September Board
- Development of delivery plan: making it happen

4. Argymhelliad / Recommendation

The Board are asked to;

- **Approve** the final draft of the Strategy
- **Note** the proposed approach for Strategy Launch
- **Note** the development of supporting delivery plans

Appendices	
Appendix 1	Gwent 2035: Better Health, Better Care and Better Lives
Appendix 2	Equality Impact Assessment



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):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	• 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
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	• Experience Quality and Safety • Partnership First • Research, Innovation, Improvement, Value
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	• Work in partnership to reduce all hate crime • Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers • Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers • Improve patient experience by ensuring services are senstivie 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 • Improve the experience of lesbian, gay, bisexual and trans (LGBTQ+) service users and staff

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	



Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	**Yes Attached** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	1. Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs 2. 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 3. 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 4. 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 5. Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

Integrated Impact Assessment	
Ref no:	
Name of the policy, service, scheme, or project: **Finalising and implementing the new Health Board Strategy 2025 - 2035**	Service Area **Corporate**

Our Values are....









Mae ein Gwerthoedd yn.....









Preparation	
The purpose and aims of the policy, procedure, strategy or decision required Please include; • the overall objective or purpose • the stated aims (including who the intended beneficiaries are • a broad description of how this will be achieved • the measure of success will be • the time frame for achieving this • a brief description of how the purpose aims of the policy are relevant to equality and intended beneficiaries.	The Health Board is developing and implementing a new strategy for the next 10 years, with the following key aims:- • To give us a common vision, purpose and goals • To help the people of Gwent, our partners and our staff see clearly where they fit in and how we will work together to achieve our goals • To be transparent on the principles we will use to make decisions A number of issues have driven the need to develop a new strategy:- • System pressures continue to grow and we need to adapt our services to ensure a healthy NHS over the next 10 years and beyond • A lot has changed for our population, including the Covid pandemic and cost of living increases • The climate crisis is worsening and we are contributing to this

	• Technology and science are changing all the time • We have an ageing population who have multiple chronic conditions • We need to adapt to the changing nature of medicine and focus on preventing ill-health • We have a changing workforce with increasing numbers due to retire and fewer people filling roles • We are experiencing financial challenges in Gwent and across NHS Wales The strategy will drive our regular planning / IMTP priorities, and will be informed by Welsh Government guidance, national policies, recognised best practice and feedback from a comprehensive range of stakeholders as part of a public engagement exercise. Reducing existing levels of health inequality in our population is central to the strategy, with particular emphasis on patient groups whose voice is seldom heard. Metrics to assess progress in this regard will form a key measure of our success in implementing the strategy over the coming months and years. Having concluded the formal engagement phase of the strategy development, this EQIA has been revised and updated to cover the implementation phase of the final strategy Gwent 2035; Better Health, Better Care, Better Lives.
Who is the Executive Sponsor?	None of the above required Hannah Evans, Executive Director of Strategy, Planning & Partnerships
We have a legal duty to engage with people with protected characteristics under the Equality Act 2010 identified as being relevant to the policy. • What steps will you take to engage and consult with stakeholders, (internally and externally)?	The emphasis has been on co-design / production of the strategy, engaging with a wide range of internal and external stakeholders and informed by advice from Llais. The engagement has resulted in contact / engagement with over 1% of the population of Gwent, encompassing many diverse stakeholder groups. Comprehensive engagement has been supported by the

• How will people with protected characteristics be involved in developing the policy, procedure, strategy and or decision from the start? • Outline how proposals have/will be communicated? • What are the arrangements for engagement as the policy/procedure/strategy or decision is being implemented?	Health Board's engagement team, who maintain contact with many community groups, including those representing people with protected characteristics. We intend to continue this level of engagement when testing our conclusions and draft strategy. Equality of health and service access forms a central theme of this, and we will continue to take into account the needs of people with protected characteristics. Having achieved successful engagement during the initial development stage, we are committed to maintaining this as details are finalised, reaching those whose voice is seldom heard e.g. through targeted engagement, good accessibility practices, diverse language translation etc. Once approved, the strategy will be publicised widely both internally and externally, and via a wide range of formats and platforms.
Does the policy assist services or staff in meeting their most basic needs such as; • Improved Health • Fair recruitment etc.	The improvement in the health of our population is fundamental to the strategy, and will form a key element of future success criteria, particularly in reducing the existing health inequalities across the Health Board area and testing our service improvement metrics to ensure that these apply across the whole population, rather than just some discrete groups. We also recognise that little or none of the progress we wish to make can be achieved without the commitment and support of a motivated and sustainable workforce. The strategy will incorporate support to our staff to make and maintain healthy lifestyle choices and good work / life balance – one key measure of success will be that staff consider us to be a desirable, progressive and supportive employer.
Who and how many (if known) may be affected by the policy?	Every member of staff, internal / external partners, stakeholders, community groups, and all residents within the Health Board.
In review of the Well-being of Future Generations Act Which Well-being Goals does this contribute to and how? Please select from drop down box, if multiple, please list. If none, how will it be adapted to contribute to one?	**A Healthier Wales** The strategy has a heavy emphasis on population health, encouraging our local population to live well and to use NHS services appropriately when they need them. **A More Equal Wales** The strategy has a strong emphasis on the continuous reduction in health inequalities across all areas of the Health Board

	A Wales of Cohesive Communities The strategy considers the needs of people and communities with diverse and protected characteristics. **A Globally Responsible Wales** The strategy will include priorities for effective use of resources, waste minimisation and decarbonisation in our activities, ensuring a responsible environmental approach.
Evidenced used/considered Your decisions must be based on robust evidence. What evidence base have you used in support? Evidence includes views and issues raised during engagement; service user or citizen journeys, case studies, or experiences; and qualitative and experience-based research, not just quantitative data and statistics. Please list the source of this evidence; • Identify and include numbers of staff, broken down by protected characteristics and other relevant information • What research or other data is available locally or nationally that could inform the assessment of impact on different equality groups? Is there any information available (locally/nationally) about how similar policies/procedures/strategies or decisions have impacted on different equality groups (including any positive impact)? Do you consider the evidence to be strong, satisfactory or and are there any gaps in the evidence?	The evidence used to develop the strategy has been gathered from a variety of sources, including: • ongoing engagement with community groups and diverse communities • Information and feedback received from Llais • Public equality data in the Gwent Regional Partnership Board's 'Population Needs Assessment' - Population Needs Assessment - Gwentrpb • staff engagement through drop-in sessions and the Intranet; • staff equality data available in the Health Board's Annual Equality Report - abuhb.nhs.wales/files/key-documents/equality-and-diversity/approved-annual-equality-report-2020-21-employee-monitoring-english-pdf/; • regular meetings and joint working with the Welsh Language Unit; • comments received through email and social media • Website accessibility audits and feedback from users with protected characteristics. The principles of the strategy have been guided by a variety of best practice from many organisations' policies and frameworks, including: • The National Principles for Public Engagement in Wales • Children's Participation Standards • Equality and Human Rights Act 2010 • The Gunning Principles • All Wales Standards for Accessible Communication and Information for People with Sensory Loss • NHS All Wales Social Media Policy • Welsh Language Policy and Welsh Language Standards • Equality and Diversity Policy • GDPR • NHS Wales Guidance on Engagement and Consultations





Does the policy/area of work align with our values? Please explain why.	**People First** – implementing the strategy will require full and ongoing engagement with our staff and everyone living in Gwent. We will work closely with our communities by listening to their views and use these to inform the delivery and development of our services. **Personal Responsibility** – the strategy makes it clear that best practice in healthcare delivery cannot exist without the commitment of our workforce, and that all of our staff have a responsibility to care for patients with compassion, dedication and professionalism. **Passion for improvement** – the strategy will provide a guide and toolkit for the Health Board to build on recent achievements and strive for continuous improvement and excellence in our services, recognising the challenges that exist in a rapidly changing environment. **Pride in what we do** – we intend that our strategy will enable us to deliver the best possible healthcare and health outcomes for our population. Achieving this consistently will require us to maintain excellent communication and engagement, based on the following principles: • Openness and honesty • Meaningful two-way dialogue with our community and our workforce • Clear and accessible communication, avoiding jargon, technical terms and acronyms; • Willingness to listen and learn from feedback, and reflect good practice internally and externally; • Ensuring equitable access to our communications

Does this policy/area of work impact on the Armed Forces Covenant? The new Duty requires the NHS to consciously consider the Armed Forces Community when developing policy and making decisions in the specified policy areas, taking the three principles set out below into consideration. 1. Recognizing the unique obligations of, and sacrifices made by, the Armed Forces. 2. That it is desirable to remove disadvantages arising for service people from membership, or former membership, of the Armed Forces. 3. That special provision for Service People may be justified by the effect on such people of membership, or former membership, of the Armed Forces.	This policy is already in place and will not be affected by the new strategy. The implementation phase will continue to honour the Covenant Duty through inclusive communication, awareness of veteran-specific barriers, and signposting in service redesign.
The Health Board published its Strategic Equality Objectives in 2020 for the period 2020-24. Does this policy/ area of work meet the objectives?	
Objective 1: Work in partnership to reduce all hate crime.	Not directly
Objective 2: Work in partnership to reduce the incidence of domestic abuse, 'honour' based violence and elder abuse	Not directly
Objective 3: Work in partnership with carers to continue awareness raising, provide information, and improve practical support for carers.	Yes, the strategy will include reference to social care and the importance of collaborative planning with all stakeholders, of which carers form an important element
Objective 4: Improve the wellbeing and engagement of our staff.	Yes – the strategy covers a range of workforce considerations, recognising the key importance of staff welfare, wellbeing and morale. Staff engagement will be pivotal to the finalisation of the strategy
Objective 5: 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.	Yes – this is intrinsic to our strategy and the need for it to be informed by patient experience and feedback.

Objective 6: Improve the access, experience and outcomes of those who require Mental Health and Learning Disability services.	Yes – we are very conscious of the critical nature of mental health and wellbeing, and how these have been affected in recent years for our population and our workforce. Mental health is central to our strategy, and will inform a significant element of our engagement plan.
Objective 7: Improve the experience of lesbian, gay, bisexual and Trans (LGBTQ+) service users and staff.	Yes – the Health Board communicates and engages positively with staff and service users with these characteristics, promoting equality at all times.
Objective 8: Gender and Pay – Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this.	Not directly
Who is involved in undertaking the EQIA	Marie-Claire Griffiths, Head of Strategic Planning David Hanks, Head of Service Planning Amy Brunnock, Head of Engagement

This section of the form is completed by the policy/ work area lead prior to attending the EQIA group meeting. If you need support in completing this section please email ABB.EDI@wales.nhs.uk

Equality Duties, Sustainable Development Principles

Does the policy/procedure, strategy, e-learning, guidance etc meet • Public Sector & specific duties - Equality Act 2010 • Welsh Language Standards (2011) • Sustainable Development Principles?	Protected Characteristics									Additional		WBFG Principles				
	Race	Sex/Gender	Disability	Sexual orientation	Religion and Belief	Age	Gender reassignment	Pregnancy and Maternity	Marriage/ civil Partnerships	Welsh Language	Carers	Long Term	Collaboration	Involvement	Prevention	Integration
To eliminate discrimination and harassment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Promote equality of opportunity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Promote good relations and positive attitudes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Encourage participation in public life	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
In relation to disability only, should the policy/service/project or scheme take account of difference, even if involves treating some individuals more favorably?			✓													

Key	
✓	Yes

x	No
-	Neutral

Human Rights Based Approach – Issues of Dignity & Respect

The Human Rights Act contains 15 rights, all of which NHS organisations have a duty. The 7 rights that are relevant to healthcare are listed below.			
Consider is the policy/service/project or scheme relevant to:	**Yes**	**No**	**N/A**
Article 2: The Right to Life	✓		
Article 3: the right not to be tortured or treated in a inhumane or degrading way			✓
Article 5: The right to liberty			✓
Article 6: the right to a fair trial			✓
Article 8: the right to respect for private and family life	✓		
Article 9: Freedom of thought, conscience and religion	✓		
Article 14: prohibition of discrimination	✓		

Measuring the Impact

Reason for your decision (including evidence used). Include details of how it might impact on people from this group and how opportunities to advance equality and good relations have been maximised.	
Protected Characteristics & Other Areas	**Impact – operational & financial**
Race **Sex** **Disability** **Sexual orientation** **Religion belief & non belief** **Age** **Gender Identity** **Pregnancy & maternity** **Marriage & civil partnership** **Carers**	**Age** The strategy caters for staff, stakeholders, and members of the public of all ages, and seeks to engage with / seek feedback from people of all ages, from young children to older people. There is a higher proportion of digitally excluded people in older age groups. Only 41% of people over 75 have basic digital skills, compared with 87% of 16–49-year-olds. Older adults are not, however, a homogenous group. Internet use is increasing among older adults. 61% of people aged 65-74 have all five basic digital skills. (Digital inclusion in Wales - gov.wales). The Strategy lays out our commitment to work collaboratively with stakeholders and partners to better understand these barriers within our communities and to develop services that best meet the needs of our diverse communities. **Gender Identity** In implementing the strategy, we will continue to engage with all parts of our population and workforce, irrespective of their gender identity. However, particular consideration will be given to the individual needs of gender diverse people and equality promoted at all times. We will use inclusive language and inclusive images to ensure appropriate representation, and will seek guidance where needed to ensure content is inclusive. **Disability** Particular consideration will be given to the individual needs of disabled people and all reasonable efforts will be made to ensure our communications and engagement are fully accessible. We are committed to working collaboratively with all stakeholders and partners to better understand barriers faced as a result of disability within our communities.

Race
The emphasis on equity within our strategy will require us to further develop our ability to reach wider and more diverse audiences with important population health and service information, developing communications driven by insight. We regularly seek advice to ensure that our cultural communication styles are appropriate and meet the needs of our diverse communities, many of whom have voices that are seldom heard. We will communicate and engage in different languages where appropriate, with guidance and support from our partners.

We will also remain cognisant of the evolving guidelines about inclusive language in our communication.

Sex
No specific gender issues have been identified; however, the new strategy will promote gender equality in all of the Health Board's services and activities.

Sexual Orientation
No specific sexual orientation issues have been identified; however, the new strategy will promote equality in all of the Health Board's services and activities.

Marriage and Civil Partnership
No specific issues have been identified; however the new Health Board Strategy will support the implementation of flexible service models that recognise carer requirement for next-of-kin,

Religion or belief
No specific issues have been identified, but religion and belief have formed part of the formal communications and engagement phase. Our delivery of healthcare services should take account of the scale and capacity of different faith and belief organisations.

Carers
The strategy includes reference to social care and the importance of collaborative planning with all stakeholders, of which carers form an important element.

Pregnancy and Maternity

	No specific issues have been identified, although the strategy will cover the maternity and obstetric services that we provide. The new Health Board Strategy will support the implementation of flexible service models that support new parents. **Cost of Living / Lower income individuals:** We recognise the impact of economic pressure on our population, both in terms of their access to healthcare and their ability to communicate / respond to engagement activities. During the formal engagement phase, we sought to ensure that activities and methods did not inadvertently exclude any groups e.g. those less likely to use the internet or to have access to electronic devices and connectivity. These safeguards will remain in place through the implementation phase.
Welsh Measures	Please show how the proposal addresses the core objectives of the Welsh Language Measure 2011.
Ensure an environment that enables patients to choose to live and receive services through the medium of Welsh	The strategy supports this and all public communications is offered bilingually (except in very urgent, or emergency situations).
Encourage staff to use Welsh in the workplace and to have opportunities to learn and improve their Welsh	N/A
Encourage new staff and students to take up Welsh language learning opportunities and to appreciate the socio-economic and cultural context of Wales	N/A
Act as a catalyst for cultural awareness, understanding, activity and integration	The strategy will be supportive of this and will emphasise our commitment to communicating and engaging bilingually, which helps to increase cultural awareness and understanding.

NOTE: As you complete this tool you will be asked for **evidence to support your views**. When you formulate a new policy, or review or revise an existing policy, you must consider what effects, if any (whether positive or adverse), the policy decision would have on (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language. The tool should allow you to identify whether any changes resulting from the implementation of the recommendation will have a positive or negative effect on the Welsh language. Data sources include for example:

- *Welsh Language Standards requirements for the department / service*
- *Welsh Language skills data for staff*
- *Welsh Language skills data for service users*
- *Welsh medium recruitment*
- *Welsh medium training provision*
- *Welsh medium administrative provision*

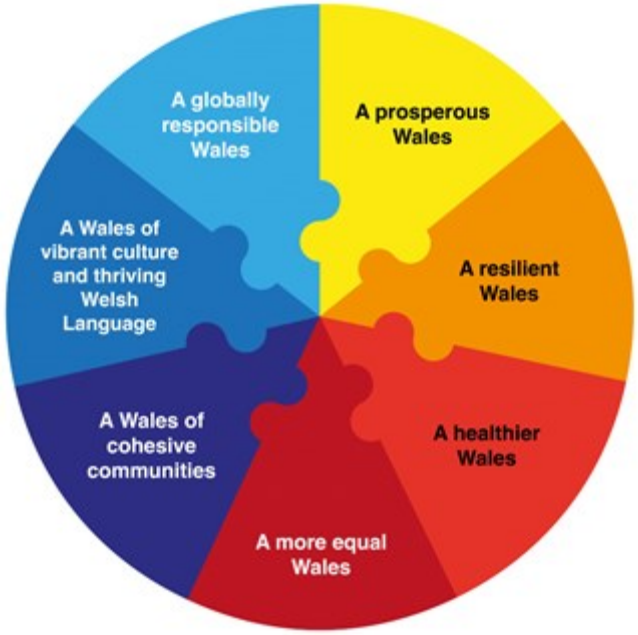
Welsh Language Impact Assessment *In this section you need to consider the impact, the evidence and any action you are taking for improvement. This is to ensure that the opportunities for people who choose to live their lives and access services through the medium of Welsh are not inferior to what is afforded to those choosing to do so in English, in accordance with the requirement of the Welsh Language Measure 2011.*				Describe why it will have a positive/negative or negligible impact on the Welsh language.	What evidence do you have to support this view?	What action(s) can you take to mitigate any negative impacts or better contribute to positive impacts?
Will the proposal be delivered bilingually (Welsh & English)? e.g. *Will the proposal increase or decrease the opportunities for people to receive information or access information in Welsh?*	Yes	No		*The strategy will be available to staff in Welsh and English to set an example to staff of the HB's commitment to the Welsh Language.*	Strategy being translated and made available in Welsh. Will be supported with welt language publicity materials to promote the Strategy.	N/A
	✓					
Will the proposal have an effect on opportunities for persons to use the Welsh language? e.g. *Will the proposal alter the linguistic nature of the department?* *What opportunities does the proposal provide to develop Welsh language skills within the department?*	Yes	No	No impact/ Negligible			
			✓			
Will the proposal increase or reduce the department/division's ability to deliver services through the medium of Welsh? e.g. *Will the proposal ensure that people can access services in their preferred language, Welsh or English?* *Will the proposal increase or reduce the opportunity for*	Increase	Reduce	No impact/ Negligible			
			✓			

persons to use the Welsh language within the workplace? *Will the proposal impact on the number of Welsh speaking staff within the service?* *Will the proposal increase or reduce the opportunity for staff to improve their Welsh language skills or access training via the medium of Welsh?*						
Will the proposal treat the Welsh language no less favourably than the English language? e.g. *How will the proposal ensure that Welsh speakers receive services to the same standard as those who access the same services through the medium of English?*	Yes ✓	No	No impact/ Negligible			

Wellbeing Goals

How does the policy/procedure, strategy, e-learning, guidance etc. embed, prioritise the Well-being Goals and Sustainability Development Principle of the Well-being of Future Generations (Wales) Act 2015?

Please describe and provide evidence below of how the 5 ways of working have been met, inclusive of the 7 well-being goals, to maximise the social, economic, environmental and cultural wellbeing of people and communities in Wales.



It is intended that the new strategy will help the Health Board to meet the following well-being goals:

A Healthier Wales
The strategy will have a strong emphasis on population health, encouraging our local population to live well and to use NHS services appropriately when they need them.

A Wales of vibrant culture and thriving Welsh language
The strategy will commit the Health Board to adhering to the Welsh Language Standards through all its activities and communications.

A More Equal Wales
Reducing inequalities in health and access to healthcare is at the heart of our new strategy and will be central to our plans over the coming years

A Wales of Cohesive Communities
The strategy will consider and respond to the needs of people and communities with diverse and protected characteristics.

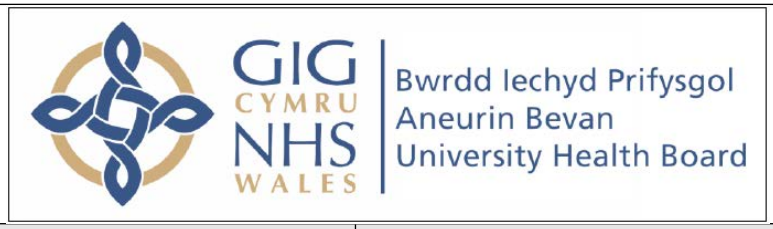
A Globally Responsible Wales
The strategy will address our obligations towards decarbonisation, both in respect of direct service delivery and in respect of our administrative and communication practices, thereby ensuring that waste and carbon use will be minimised.

Sustainable Development Principles	
 Balancing short term with long term needs	The new strategy will recognise the current circumstances of the Health Board and any urgent short-term actions required to address these, but will then emphasise the most appropriate longer-term measures that can be put in place to ensure high quality sustainable services for our population in the years to come.
 Working together to deliver aims and objectives.	The new strategy will be developed in collaboration with a wide range of internal and external stakeholders / partners. We recognise that our future strategy cannot be developed in isolation, and will be heavily based on collaborative planning.
 Involving those with an interest and seeking their views	Development of the new strategy was informed by a major public engagement programme with staff, partner organisations and stakeholders. We will ensure that this continues to be the case through the implementation phase, so that everyone wishing to be involved has the opportunity to let us know their views and help influence and shape our future service plans.

 Putting resources into preventing problems occurring or getting worse	In considering the actions needed to ensure robust and sustainable services for our population, the strategy will set out actions that address both current service delivery issues and anticipated future challenges. In addition, the strategy will emphasise public / population health, setting out measures enabling people to stay healthy and therefore less likely to need to rely on NHS services.
 Considering impact on all wellbeing goals together and on other bodies	The strategy aims to improve the collective wellbeing of staff and residents of Gwent through efficient and effective healthcare delivery and strong collaborative working with other organisations who influence health and wellbeing.
Socio -economic Impact	**Impact – Operational & Financial**
The Socio-economic Duty came into force in Wales on 31 March 2021. It improves decision making and helps those who are socio-economically disadvantaged. The Socio-economic Duty gives us an opportunity to do things differently in Wales. It puts tackling inequality at the heart of decision-making and will build on the good work public bodies are already doing. If this policy/decision etc is a Strategic Decision, it will also need to go through a specific Socio-economic Assessment	Additional Assessment NOT needed

How does the policy/procedure, strategy, e-learning, guidance etc. ensure transparent and effective measures to address the inequality of outcome that result from socio-economic disadvantage? Examples of inequality of outcome might include for example, education attainment, employment and earning potential, health and mental health access to services and goods, opportunity to participate in public life, housing.	As indicated above, the reduction in inequity of access to healthcare services is at the heart of the new strategy, and its success will be defined through measurable improvements in this respect.
Positive Action	**Impact – Operational & Financial**
If the policy, procedure, strategy and or decision is intended to increase equality of opportunity through positive action, does it appear to be lawful? Positive action is defined as voluntary actions employers can take to address any imbalance of opportunity or disadvantage that an individual with a protected characteristic could face.	N/A

Outcome report

Equality Impact Assessment: Recommendations Please list below any recommendations for action that you plan to take as a result of this impact assessment				
Action Required	Potential Outcomes	**Time-scale**	**Lead Officer**	**Resource implications**
1				
2				
3				

Risk Assessment based on above recommendations – if policy is approved in original format refer to grading in Annex 1

Recommendation	**Likelihood**	**Impact**	**Risk Grading**
1			

Reputation and compromise position	**Monitoring Arrangements**
Training and dissemination of policy	

Is the policy etc. lawful?	**Yes** ☐	**No** ☐	**Review date**
Does the EQIA group support the policy be adopted?	**Yes** ☐	**No** ☐	
Signed on behalf of Trust Equal Impact Assessment Group		Signed	
Date:		Date:	

Annex 1

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

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

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

GWENT 35
Better health | Better care | Better lives
Iechyd gwell | Gofal gwell | Bywydau gwell

Aneurin Bevan University Health Board

10-year strategy (2025-2035)



The voices of Gwent children and their hopes for the future.....

Dear future Gwent,

My name is Emily and I am 12 years old. Last year my mum had a stroke, and the NHS were very helpful as it affected my entire family's mental health. I am writing this letter because I have big dreams for what Gwent could be like in 2035.

I hope Gwent will be a place where everyone is happy and healthy. I want there to be lots of parks and green spaces where kids can play safely and families can have picnics. I recently started the Junior Park Run by my house. I want to make sure every child can learn new things and make new friends, even if sport isn't their thing!

In 2035, I want Gwent to be a place where everyone cares about the environment. It would be awesome if we had more electric buses and bikes so we can travel around without polluting the air. I hope that everyone has access to the internet so we can all stay connected and learn new things.

By 2035, I will be 22 and a grown up. I sometimes struggle with my mental health because I care for my mum. I hope that there is lots of support for me so I can have good wellbeing. I hope that I will be able to have a job that makes me happy, and I can afford good things for myself. Also, I want all my family to be around me as much as possible – my mum might be worse by then, but I know she is happiest when she is at home.

Lastly, I hope Gwent will be a place where everyone feels safe and included, spreading kindness with an infectious smile. It would be wonderful if there were more community events where people of all ages can come together and have fun.

Thank you for reading my letter. I believe that if we all work together, we can make Gwent an amazing place to live by 2035.

Best Wishes, Emily

(n.b. this letter was compiled using the views from several different children living in Gwent.)

About us

Aneurin Bevan University Health Board (ABUHB) is the local health board of NHS Wales for Gwent in the south-east of Wales. We cover five communities – Monmouthshire, Blaenau Gwent, Newport, Torfaen, and Caerphilly – serving a population of about 600,000 people.

Our purpose is to improve the health of everyone who lives in Gwent. We are dedicated to providing high-quality care to all our communities. We work with local partners including charities, schools, local authorities, and leisure services to keep people healthy. Our 15,682 staff and volunteers help us deliver a range of healthcare services through GP practices, hospitals, clinics, and community health services.

We believe that we need to design our future together with the people of Gwent. We are committed to listening and acting on what our communities, our staff, and our partners say. This is why we spoke to nearly 7,000 people asking the question: What's important for you to feel healthy? The feedback and insight gathered has enabled us to understand where our focus should be over the next 10 years and, ultimately, has helped to create this strategy.

By listening to what's important to people in Gwent, and learning from research, we have set three key aims (see page 5) that will help us ensure everyone has the best healthcare, environment, and lifestyle to be healthy. This strategy document sets out what we want to achieve so that by 2035 everyone in Gwent can have the same chance to live a long and healthy life.

On any given day in Gwent there can be:

more than
13,500
GP appointments



just over
1,300
district nurse visits



and nearly
3,500
outpatient appointments





Our purpose

Improve the health of our population achieving equity for all

Our values



Kindness In How We Care



Integrity In How We Act



Respect In How We Connect

Our ambition

By 2035 we want everyone across Gwent to have the same chance to live a long, healthy life and have an improved healthy living expectancy.

To help us achieve this we have three aims:

Better health:
Together we will support people to be healthy, active, and happy.

Better care:
Together we will deliver what matters to people. Support our staff to thrive and achieve quality, kind, and sustainable care.

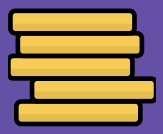
Better lives:
Together we will create strong, safe, and connected communities.

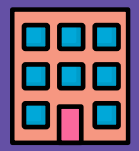
The key to our success

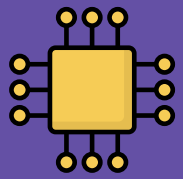
We have identified the following areas as key to our success:


Our people


Quality


Finance


Our buildings


Digital, innovation, and technology


Green health

These are explained further in the 'Our aims' section on page 21

Health in Gwent

The population across Gwent continues to change.

We have seen a rapid ageing of our population since 2011 with a 20% increase in the number of people aged 65 and over. From 2023 to 2043 the population aged 65 or older will increase by 26% – while the number of younger people (under 18s) will remain mainly the same. As 80% of our staff are from Gwent, it means more people will require our support but there will be fewer working age adults to support them.

If the situation doesn't change, the number of people needing our services could completely overwhelm the resources we have to offer – which could bring the NHS to breaking point. However, there is hope – a large number of conditions and diseases experienced by people across Gwent are actually preventable.

Cancer

Between 30% and 50% of cancers are preventable. Six people per 1,000 living in Gwent were diagnosed with cancer in 2021. Over a three year period (2019–2021), 44% of cases were diagnosed at a later stage (stages 3 or 4).

Liver disease

Now the most common cause of death in the UK of people aged between 35 and 49 – deaths from liver disease have doubled in the past 20 years. Excessive alcohol consumption and obesity remain the common causes of liver disease. Of Gwent residents aged 16 and over, 17% reported drinking above the low risk drinking guidelines of no more than 14 units a week.

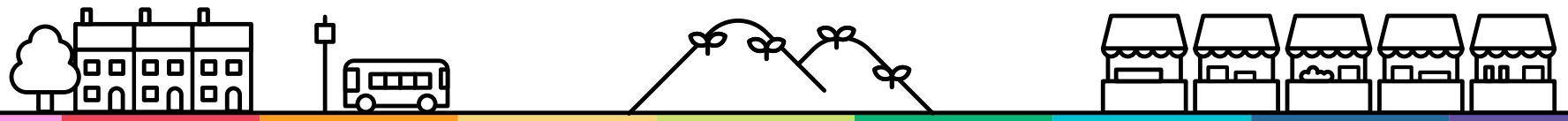
Heart disease

Currently impacts around 63,000 people in Gwent, with obesity being the key risk factor. 65% of people aged 16 and over living in Gwent are overweight, obese, or severely obese.

Diabetes

Approximately 1 in 13 people in Wales are living with diabetes, which is the highest rate compared to England, Scotland, and Northern Ireland[1]. In 2021–22, there were 43,704 people in Gwent registered as having this condition. The risk of type 2 diabetes can be reduced by up to 53% by making lifestyle changes. For example, increasing physical activity and making changes to your diet.

[1]Diabetes UK. Diabetes in Wales. Available at: www.diabetes.org.uk/support-for-you/diabetes-uk-in-your-area/wales/diabetes-in-wales



People can experience poor health for a number of reasons – it can be due to people's behaviours or their relationships. A fact we find upsetting is that Gwent has the highest rate of recorded domestic abuse related crimes in England and Wales. We know that this will have a lasting impact on the health of those affected and the children who may live in those homes.

The number of adults in Gwent who are physically active for at least 150 minutes of moderate intensity activity a week – as recommended by the NHS – is also concerning. There are many benefits to physical activity for both your physical and mental health but 36% of people living in Gwent (aged 16+) were active for fewer than 30 minutes the week before being surveyed by us.

Eating a balanced, healthy diet also helps us stay healthy but 76% of Gwent residents (aged 16+) reported eating none or less than five portions of fruit and vegetables – as recommended by the NHS – the previous day.

Gwent Marmot Region

What is a Marmot Region?

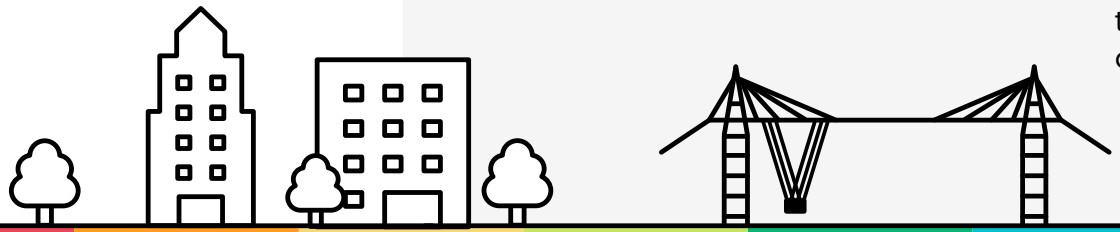
It is a network of local stakeholders e.g. local councils and health bodies who are committed to tackling inequity through action on the social determinants of health – the non-medical factors that influence our health.

Together with the NHS, local authorities, and other partners, Gwent committed to "changing the story" in 2022 by coming together as a Marmot Region to tackle health inequalities across its communities to build a fairer Gwent for all.

As part of this work, we adopted the eight Marmot Principles:

1. Give every child the best start in life
2. Enable all children, young people, and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention
7. Tackle racism, discrimination, and their outcomes
8. Pursue environmental sustainability and health equity together

This pledge is a sign of our long-term commitment to reducing health inequalities, improving health outcomes, and changing the story for people in Gwent. The Marmot Principles help us understand the actions we need to take to respond to the problems we face across Gwent.



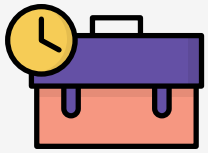
Gwent population health timeline

Here we have provided a snapshot of some of the health, social, and economic conditions in Gwent across a person's lifecycle from our Joint Strategic Assessment, which we were the first in Wales to develop, bringing together lots of data to really understand the people of Gwent.



Early years

670
mothers smoking at birth (2022)



Working age

3.6%
unemployment rate (2022–23)

169
conceptions by under 18s (2021)

1,229
people diagnosed with chlamydia (2022)

85.9%
pupils eligible for free school meals achieving level 1 in key stage 4 (2018/19)

96.2%
pupils not eligible for free school meals achieving level 1 in key stage 4 (2018/19)

£31,303
average gross earnings (2022)

1,279
Adult and juvenile reoffenders (2018/2019)

96.7%
economically active 16–64 year olds in employment (2022)

45%
predicted households in fuel poverty (April 2022)

15%
estimated to be living in material deprivation (2022/23)

51%
adults met physical activity guidelines (2021/22)



Older people

81.7
years of life expectancy for females born between 2018–2020

78.1
years of life expectancy for males born between 2018–2020

4,375
living with dementia (2021/22)

60.1
years of healthy life expectancy for males born between 2018–2020

58.9
years of healthy life expectancy for females born between 2018–2020

248
killed or seriously injured on roads (2022)

24,505
children in low income families (2022)

92.8%
uptake of 6-in-1 vaccine (July-Sept 2023)

89.7%
uptake of 4-in-1 pre-school booster (July-Sept 2023)

88.8%
uptake of MMR vaccine 2 doses (July-Sept 2023)

25.9%
children aged four to five overweight or obese (2021/22)

5.5%
absenteeism rate in schools (2018/19)

79
juvenile first time offenders (2021)

3%
adolescents reported smoking at least once a week (2021)

21.3%
adolescents aged 11-16 reported trying vapes (2017-21)

15.1%
adolescents met physical activity guidelines (2021/22)



Teenage years

23.1%
pupils with special educational needs (2021/22)

29.3%
working age adults with healthy weight (2021/22)

16.8%
adults drinking above the low risk alcohol guidelines (2021-22/2022-23)

297
deaths partially attributable to alcohol (2015-2017)

11.8%
smoking prevalence in adults (2016-2018)

3,091
deaths directly attributable to smoking (2016-2018)

65
suicides (2022)

21,947
living with coronary heart disease (2021/22)

100,819
living with hypertension (2021/22)

3,722
diagnosed with a new cancer* (2019)

914
adult first time offenders (2021)

26,689
domestic abuse related incidents (2021/22)

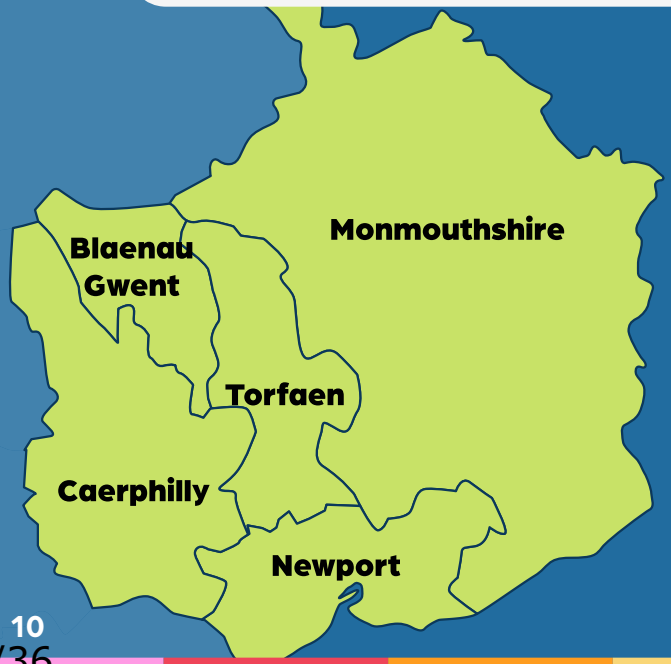
96
estimated sleeping rough (2019/20)

15.3%
people feeling lonely (2021/22)

*excludes non-melanoma skin cancer

Our communities

Across the five communities in Gwent there is inequity that's just not fair. One way this is seen is in life expectancy (how long people are expected to live) and healthy life expectancy (predicted years in healthy life at birth). Males from the least deprived areas are expected to live 6.6 years longer than those in the most deprived areas. Females from the least deprived areas are expected to live 6.4 years longer than those in the most deprived areas. Males from the least deprived live 12.8 years longer in a healthy life state than males in the most deprived areas. Females in the least deprived areas are expected to live 20.5 years longer in a healthy state compared to females in the most deprived areas. It's important that we do all we can to close the gap over the next 10 years.



Here are some facts across the five communities.

Monmouthshire

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

6%
population increase in 20 years

3%
of people are from an ethnic minority background

95%
are satisfied with their local area as a place to live

44%
of working age adults with a healthy weight

80 yrs
life expectancy for males (healthy life expectancy 66 yrs)

84 yrs
life expectancy for females (healthy life expectancy 66 yrs)

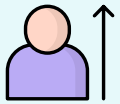
17%
of males aged 11 to 16 who have tried vaping

23%
of females aged 11 to 16 who have tried vaping

7%
of adults smoke

Blaenau Gwent

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



0%
population increase in 20 years



2%
of people are from an ethnic minority background



69%
are satisfied with their local area as a place to live



19%
of working age adults with a healthy weight



76 yrs
life expectancy for males (healthy life expectancy 57 yrs)



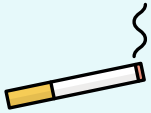
79 yrs
life expectancy for females (healthy life expectancy 55 yrs)



22%
of males aged 11 to 16 who have tried vaping



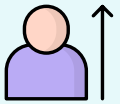
33%
of females aged 11 to 16 who have tried vaping



16%
of adults smoke

Newport

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



11%
population increase in 20 years



15%
of people are from an ethnic minority background



79%
are satisfied with their local area as a place to live



34%
of working age adults with a healthy weight



78 yrs
life expectancy for males (healthy life expectancy 58 yrs)



82 yrs
life expectancy for females (healthy life expectancy 57 yrs)



22%
of males aged 11 to 16 who have tried vaping



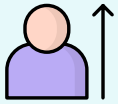
33%
of females aged 11 to 16 who have tried vaping



14%
of adults smoke

Torfaen

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



4%

population increase in 20 years



3%

of people are from an ethnic minority background



91%

are satisfied with their local area as a place to live



35%

of working age adults with a healthy weight



78 yrs

life expectancy for males (healthy life expectancy 59 yrs)



81 yrs

life expectancy for females (healthy life expectancy 53 yrs)



18%

of males aged 11 to 16 who have tried vaping



26%

of females aged 11 to 16 who have tried vaping

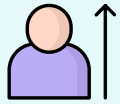


16%

of adults smoke

Caerphilly

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



1%

population increase in 20 years



2%

of people are from an ethnic minority background



88%

are satisfied with their local area as a place to live



28%

of working age adults with a healthy weight



77 yrs

life expectancy for males (healthy life expectancy 59 yrs)



80 yrs

life expectancy for females (healthy life expectancy 58 yrs)



27%

of males aged 11 to 16 who have tried vaping



33%

of females aged 11 to 16 who have tried vaping



14%

of adults smoke

A day in the life of ABUHB

In a typical 24 hours in the Gwent area the following activity can take place....

15
babies born

194
consultations with pharmacists as part of the common ailments scheme

373
111 calls

222
999 calls

1,591
diagnostic tests

99,285
staff hours

26
volunteer hours

200
school vaccinations

1,316
district nursing visits

7,155
meals served

13,518
GP appointments

3,413
outpatient appointments

18
face-to-face community engagements

261
minor injury unit attendances

242
accident and emergency attendances

83
social media clicks

150
Melo wellbeing website visits

182
maintenance tasks completed within our hospitals and GP surgeries

Our guiding principles and evidence base

Guiding principles

We have 10 guiding principles that have helped us shape what we need to deliver for our communities over the next 10 years:

1. People at the heart of everything we do: we will take time to learn about the whole person and design based on need. People, patients, carers, families, and staff

2. Design with data: we will let data and evidence drive decision-making, learning from past activity

3. Prevention is best: start with prevention. Everyone to make the most of their capabilities and control their own lives

4. Make use of what we have: use just the resources available within our financial means, to best effect, so the NHS can have a long future

5. Act with focus to improve outcomes: do what only the Health Board can do and create the conditions for success

6. Do the hard work to make it simple: make it simple and easy to use even if complex behind the scenes

7. Make things open, it makes things better: absolute transparency about challenges, opportunities, and decisions. Regularly share learnings and our work

8. Continuous feedback: we will test early and continue to refine. We said, we did, we need help with – not a singular process

9. Be consistent not uniform: use the same models but apply them to the context promoting equity across Gwent

10. This is just the start: we are not done – this does not finish



Evidence base

We have looked at a wide range of research about what improves the health of communities. Here is what we found:

Strategy evidence base

Horizon scanning
- Extensive library
- Drivers of change

Engagement
- Staff
- Partners
- Population

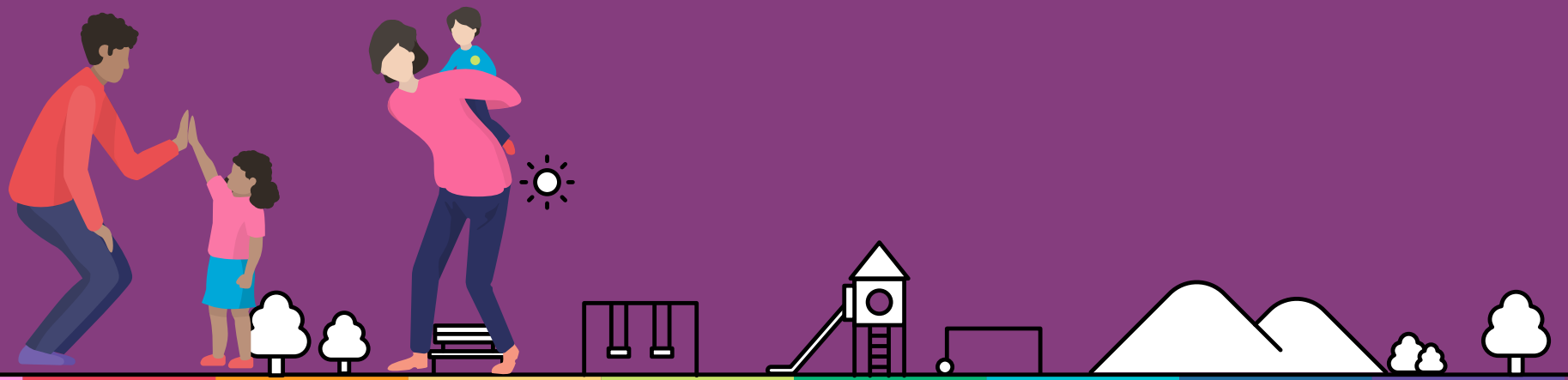
Data
- Activity and performance
- Complaints
- Joint strategic assessment
- Partners' shared data

What does a strong community look like?		
I can access some nature	I can meet and talk to people	I am able to get around
I can buy good food	I live in a warm, damp-free home	I can find fairly paid work
I feel safe	I can find ways to keep active	It is clean



Between May and October last year we asked nearly 7,000 people in Gwent the question:

What's important for you to feel healthy?



What you told us

Around 30 events were held in each community and surveys were sent to more than 2,000 people. We spoke with all sections of society in Gwent including women's groups, refugees, people with mental ill-health, and our partners.

Responses included wanting to have meaningful conversations with their healthcare provider and be treated with dignity, to the importance of ensuring that everyone of all needs and abilities can easily access Health Board sites and services. People also said they wanted their healthcare provider to understand and respect their personal background and circumstances – and the importance of accessing care as soon as possible in order to prevent further problems.

2,140
people via surveys



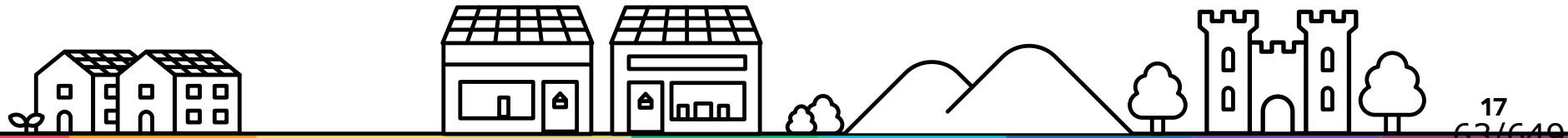
Other responses included:

- The importance of health education in supporting positive health outcomes
- The challenges currently experienced around the cost and accessibility of gyms and leisure facilities, and buying high-quality food
- Wanting to access care within their local area, potentially in buildings which have not typically been used for healthcare in the past
- The difficulties people encounter when travelling across Gwent
- The positive impact that being in nature has on their physical and mental health
- Wanting safe, warm, and affordable housing in their area as well as opportunities for fairly-paid work and vibrant high-streets
- The importance of good social networks and a strong sense of community

We found that people from different areas, and with different backgrounds, were more concerned with some things than others. For example, people of all ages wanted good GP services in their community, but it becomes more important to people as they get older. Carers tended to place more importance on mental health and wellbeing services than non-carers, and people aged between 25 and 44 placed more importance on family support than any other age group. Additionally, people living in rural areas often reported feeling isolated and wanted better transport options to help them travel across Gwent.

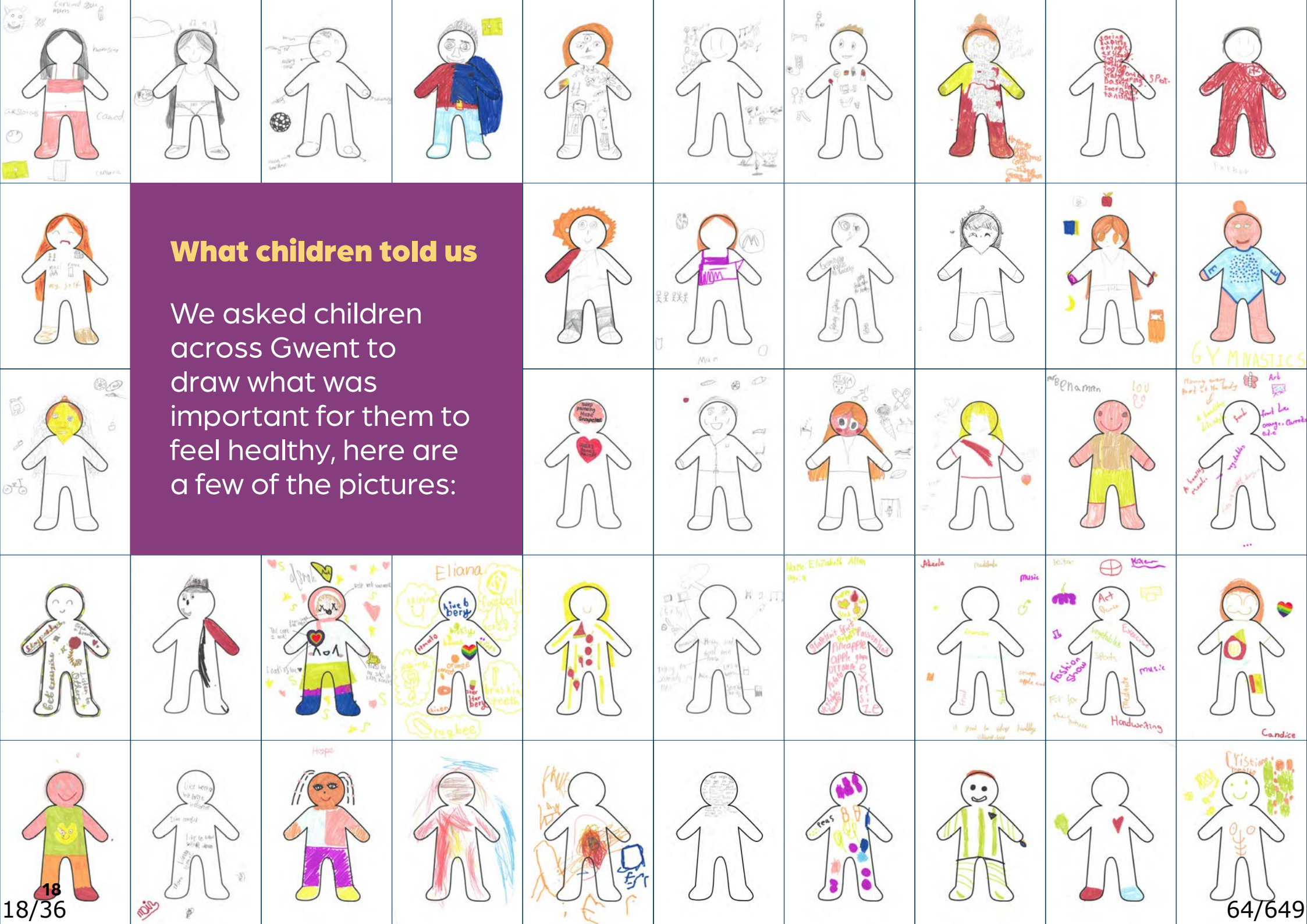
4,690
people across
225 events

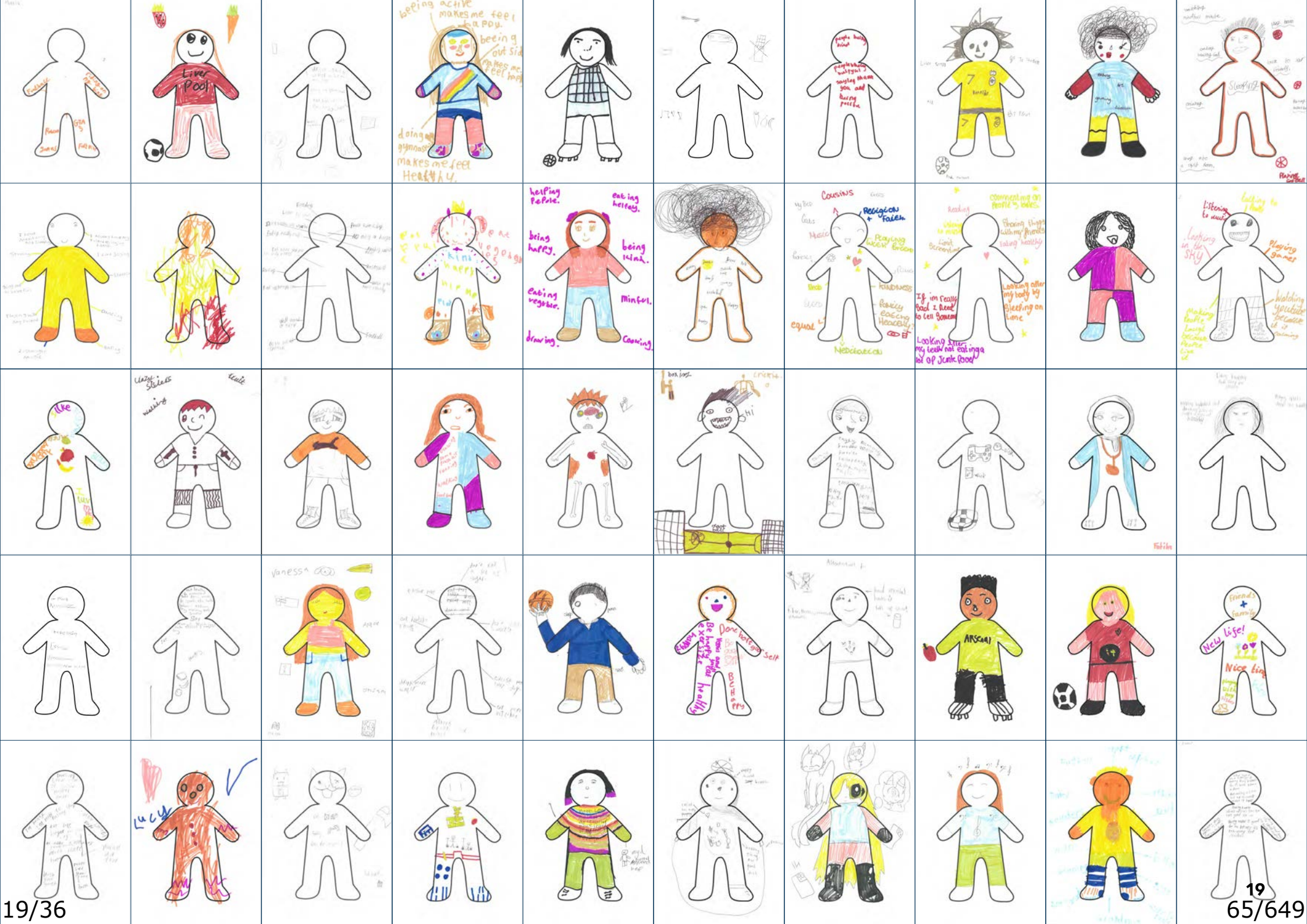




What children told us

We asked children across Gwent to draw what was important for them to feel healthy, here are a few of the pictures:




being active makes me feel happy.
being outside makes me feel happy
doing gymnastics makes me feel Healthy
Liverpool
helping people.
eating healthy.
being happy.
being kind.
eating vegetables.
Mindful.
drawing.
Cooking.
Cousins
Religion + Faith
Playing with my brother
KINDNESS
Looking after my body by sleeping on time
Looking after my body not eating a lot of junk food
Playing games
Watching youtube because it is calming
Like
Hi
Vanessa
Be kind
Be happy
Be safe
Be healthy
Done homework self
ARSENAL
Friends + family
New life!
Nice ring
Lucy

What is important to be healthy

The healthcare a person receives is just one part of the picture in how someone feels healthy – responses from our survey showed 23% related to healthcare and 77% about background and environment, your home and lifestyle. When breaking it down into four key areas, the Gwent community told us the following things were important to them:

Health services

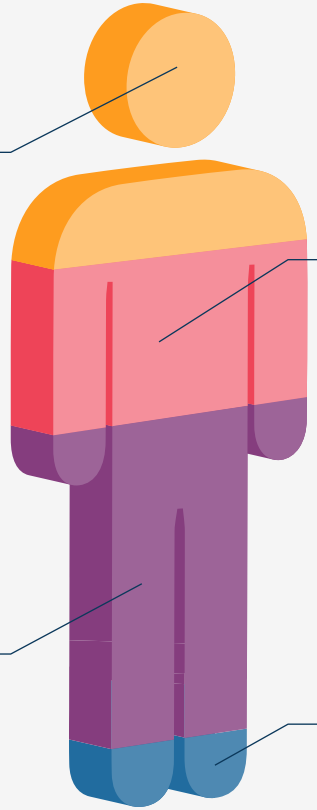
20%

- Care for older people
- Support from GP
- Community-based services
- Access to quality services
- Shorter waiting times

Health behaviours

30%

- Affordable lifestyle classes
- Keeping a healthy weight
- Keeping active
- Gardening
- Sleep
- Hobbies
- Volunteering
- Mindfulness
- Knowing how to cook
- Advice on being healthy



Socio-economic factors

40%

- Being safe
- Clean and tidy community
- Better wages
- Able to socialise
- Family
- Feeling part of a community
- Places for young people to hang out

Physical environment

10%

- Facilities to cook good food
- Clean water
- Help to stay living in my own home

Our aims

After listening to what is important to the people of Gwent, and learning from research, we developed three aims to help us ensure everyone has the best healthcare, environment, and lifestyle to be healthy. We want everyone to have: better health, better care, and better lives.

The next section explains how we need to work together to achieve our ambitions. We have provided detail on what we and our partners need to do but also what we need from you, the Gwent community, so that by 2035 everyone can have the same chance to live a long and healthy life.



Better health

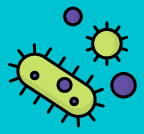
Together we will support people to be healthy, active, and happy.



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

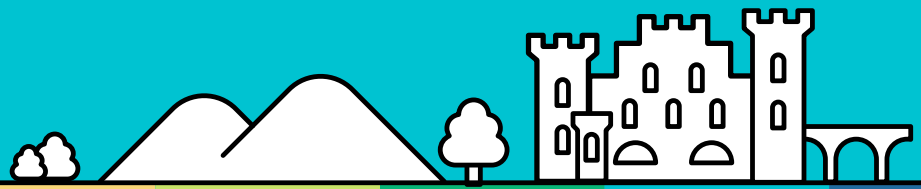


There will be more people who are a Healthy Weight



There will be a reduction in preventable diseases

Our role is to make it as easy as possible for individuals to do the right thing – whether it's accessing vaccines, receiving advice, or getting support for mental health. We must also recognise when our actions inadvertently hinder people and communities. By acknowledging that we are not always the experts in knowing what works best, we can better collaborate with those who are. This approach will help us facilitate effective health interventions and support systems that truly meet the needs of the community.

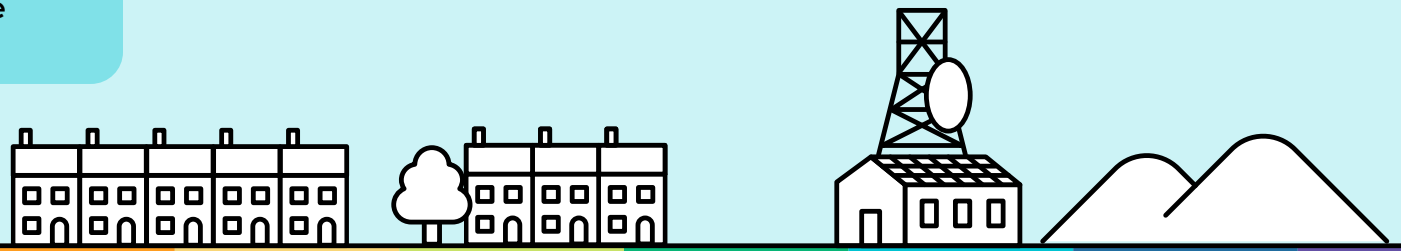


Our commitment

- Remove the barriers experienced by our communities to improve their health
- Ensure every child has the best start in life, focusing on supporting families and carers
- Ensure services are in place to support mental health and wellbeing
- Focus on mental health and wellbeing for our children and young people
- Use our data to ensure the right support to stay healthy is in the right place
- Take every opportunity to give people advice on a healthy lifestyle and proactive health information
- Implement health protection through health screenings and vaccinations
- Take action to support individuals to quit smoking
- With others, enable accessible ways to keep active
- Champion access to affordable healthy food

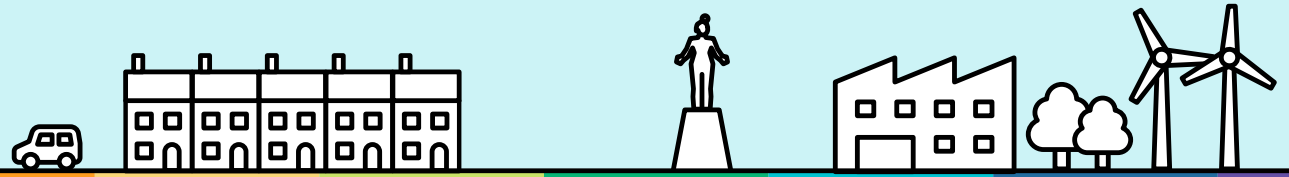
Your commitment

- Do what you can to improve your own health and wellbeing
- Talk to your children about their wellbeing and their emotions
- Encourage your children to build healthy habits and do healthy activities together
- Access, and support others to access, health screenings and vaccinations that are offered
- Support each other to have healthy relationships at home
- Take actions to stop smoking
- Support your children to avoid vaping
- Take steps to support being a healthy weight
- Seek out opportunities to be active and don't be afraid to try new places, hobbies, and activities that will support your health



What will we do to achieve this?

Now (1–2 years)	Next (3–5 years)	Later (6–10 years)
Deliver health screenings and vaccinations in more places	Share success stories of people trying new things to stay healthy, so others can learn from them	There are known and trusted community spaces that are shared with different organisations and provide information and support on health and wellbeing
Be the balanced view on health, providing information and guidance	People are confidently delivering health and wellbeing advice to their communities	Health and leisure services work seamlessly together to keep people well
Provide training and health information to people in our communities	Health and wellbeing services are delivered through leisure providers to improve access	Our health and wellbeing offer with wider partners has grown and become the norm, delivering the best health outcomes for people
Work with leisure providers to help Gwent move more and feel better	Deliver new ways to keep people healthy in their community by working with wider partners	All Gwent partners are routinely using shared data with purpose to improve people's wellbeing
Reach out to partners to see what we can do together to keep people healthy	Data is shared regularly between all Gwent partners to help people stay well	
Use our data to help people understand the signs they need to do more to stay well, especially young people	Social prescribing is the norm, and all healthcare providers have the confidence to refer to community interventions	
Improve data between all partners so we can work together to keep people healthy, active, and happy		
Create and spread widely a social prescribing framework so communities can access things locally to be healthy, active, and happy		



Our keys to success

Our people	Quality	Finance	Our buildings	Digital, innovation, and technology	Green health
Be an employer that advocates fair work and opportunities to support the health and wellbeing of our staff	Develop and deliver a Quality Management System across all levels of our organisation	Get the balance right so we can keep people well and invest in children and young people's futures	Look outside our own buildings to deliver healthcare in a community setting	Use digital, innovation, and technology to provide tools to support a healthy thriving Gwent with connected communities	Promote active travel and support good public transport to our services



Better care

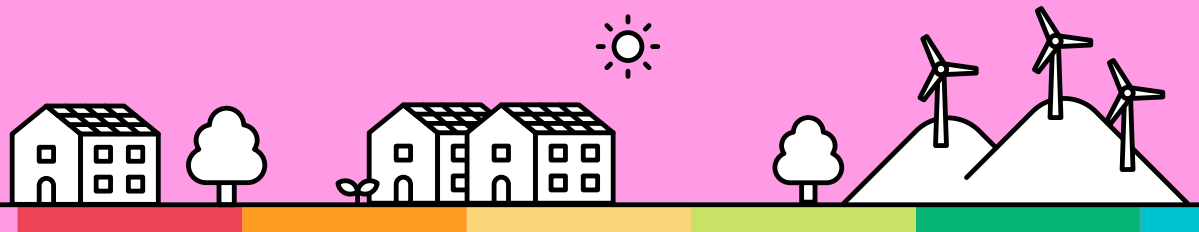
Together we will deliver what matters to people – supporting our staff to thrive and achieving quality, kind, and sustainable care.

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

People will have more Healthy Days at Home

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

Quality care begins with focusing on what truly matters to individuals and prioritising their unique needs and preferences. By concentrating on interventions that keep people well within their communities, we can create a care system that not only addresses immediate needs but also promotes lasting health. This approach will help us to be efficient and sustainable for the future, enhancing the wellbeing of those we serve.

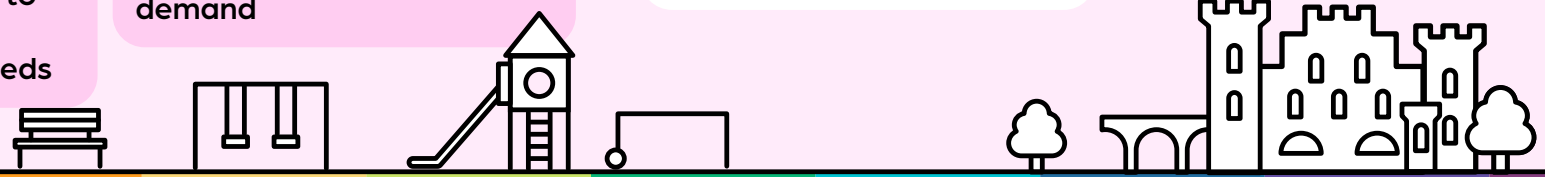


Our commitment

- Deliver what matters to individuals
- Embed a culture of listening and understanding that recognises people are experts in themselves
- Make sure our services can be accessed by the people who need them
- Deliver more care and shift our resources into community settings in order to keep people well
- Organise our services to deliver best value and deliver care that is sustainable for the future
- Make accessing our services simple and reduce the time it takes to be seen by the right professional for your needs
- Be respectful and kind to those who need our support
- Communicate clearly and effectively with people about their healthcare
- Ensure we act on and are adding to evidence –based changes in medical technology and science
- Be a research active organisation so our communities have access to innovation, and undertake more research on how we can reduce the inequity across our communities
- With others, deliver regional services where one organisation cannot meet population demand

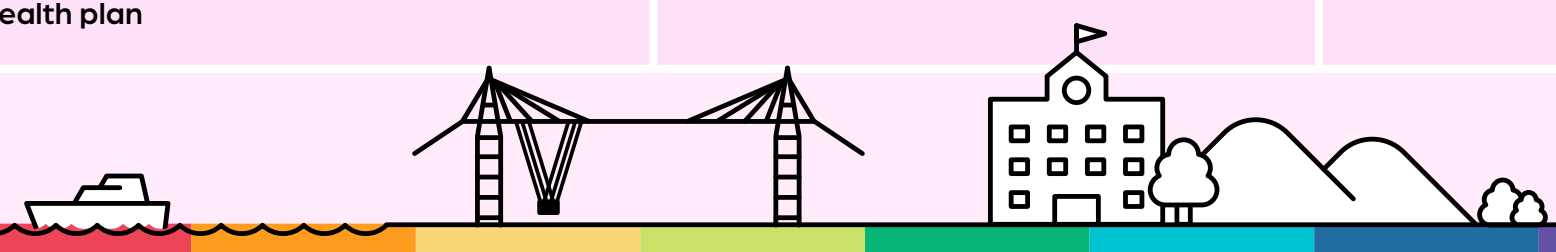
Your commitment

- Think about what matters to you and let us know when we are discussing care options with you
- If you need our services, be honest about the things you love and if anything is concerning you
- Tell us if you provide care for someone and make sure you prioritise your own wellbeing too
- Support your loved ones at home when they need to be discharged from hospital
- If you no longer need an appointment or medicines let us know so we can reduce waste
- Be respectful and kind to our staff when they are supporting you
- Be proactive when you need support with your health and choose the right healthcare for your needs
- Be prepared to see the professional appropriate for you and your needs who may not be a doctor
- Be prepared to travel where we have needed to consolidate services for sustainability and let us know if you need support getting there

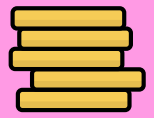
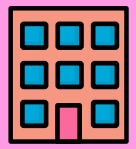
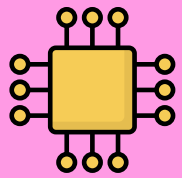


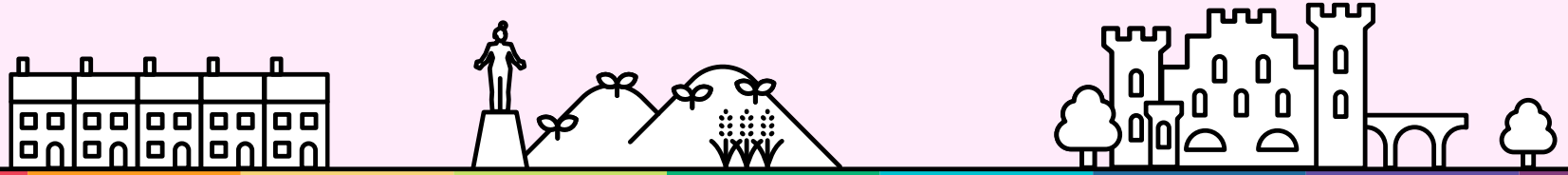
What will we do to achieve this?

Now (1–2 years)	Next (3–5 years)	Later (6–10 years)
Develop/start implementing our Clinical Services plan to organise our services to deliver best value	Fully implement our Clinical Services plan	Widely available services in community settings that keep people well and are first choice for all referrals
Improve patient experience in Emergency department – increased staff and space	Staff are confident referring people to community services as the first choice	Understanding a child's health throughout their early years is the norm, so preventable ill health is reduced in adulthood
Deliver sustainable, consistent, and equitable model for GP services. Expand care and support in communities	More care delivered in community settings to keep people well, and further improve access to GP services	People can live well at home through prevention, choice, wellbeing, and independence
People wishing to remain at home at the end of their life are supported to do so	More health checks offered to children to aid better health as adults	If you need our services our care is connected and coordinated – reducing the number of appointments needed
Reduce waiting times for those waiting the longest	Services supporting people to remain at home when very unwell, or at the end of their life, delivered as standard	Health services are seen as preventing ill health rather than fixing people when ill
Our Keeping Well Service provides health and wellbeing advice to those waiting for our services	Accessing our services is simple, and waiting times further reduced for those waiting the longest	
Under 18s get the right support, at the right time, and easily transition into adult services	Greater support for mental health and wellbeing is available in the community	
Improve women's health focusing on their specific needs through our women's health plan	Our services are digitally enabled – with a wide range of online services, reducing the need for appointments	



Our keys to success

					
Our people	**Quality**	**Finance**	**Our buildings**	**Digital, innovation, and technology**	**Green health**
Help our staff experience their work as meaningful and rewarding. Support them with awareness of cultural values	Improve patient experience and continue our commitment to Care Aims Principles to embed a person–centred approach	Focus on value and efficiency across all services to achieve the best outcomes sustainably	Ensure we have the right estates in place to deliver our Clinical Services plan to the best of our ability	Ensure our services have good digital infrastructure and people can be supported at home through technology	Deliver Carbon Neutral targets through services that model green health and maximise our green spaces



Better lives

Together we will create strong, safe, and connected communities.



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

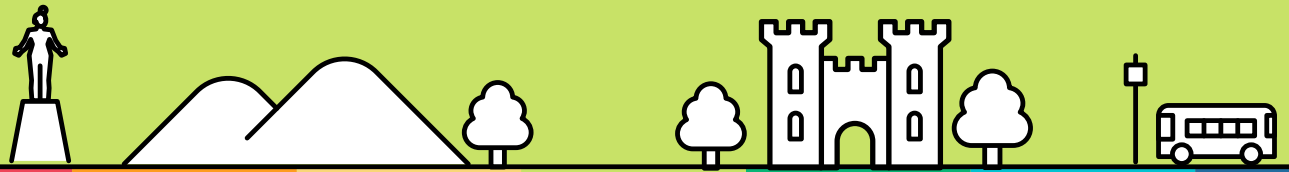


Our budget spent on services in the community will have increased across Gwent



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

Our current approach focuses too heavily on fixing individuals rather than preventative measures to support people to live well within their communities. To foster better lives, we must shift our spending priorities. By creating jobs within the public sector, and empowering organisations such as housing associations, we can release the power needed to build resilient communities. Investing in community growth and wellbeing will ensure that our efforts help communities thrive, not just survive.

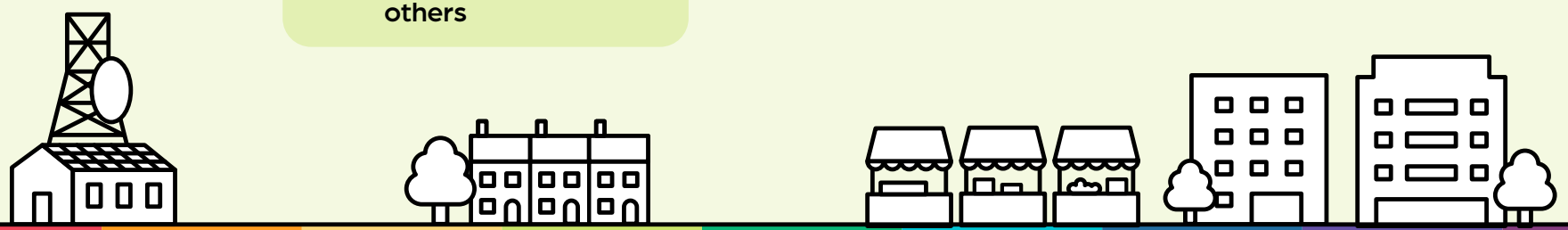


Our commitment

- With others, grow and connect our community assets to support people's wellbeing
- With others, support local community groups to thrive and publicise them
- With others, inspire people in Gwent to have careers in care
- With others, support better housing so we don't return people to the conditions that made them ill
- With others, ensure better transport connections and organise our services so it's easier to travel to them
- With others, make our communities and homes safe places that support healthy lives
- With others, enable access to pleasant green spaces
- Influence partners to support healthy choices and healthy environments
- Be respectful in our communication to others

Your commitment

- Access the opportunities in your community to stay connected, and share with others when you find something good
- Be our eyes and ears in your community – if you are concerned about someone tell us so we can help
- Look out for those that don't have a family support network around them or those who might be vulnerable and afraid to speak up
- Get involved to make our communities nicer places to live and take pride in your community where possible, keeping it clean and tidy
- Take up opportunities to learn new things or skills where you can
- Take up opportunities to volunteer within your local area where you can
- Be respectful in your communication to others



What will we do to achieve this?

Now (1–2 years)	Next (3–5 years)	Later (6–10 years)
Be the voice of health when decisions made for our communities	Continue to be voice of health when decisions made for our communities	Communities are developed in ways that support people to be healthy due to our influence
Closer working with schools – embedding health prevention in children's learning	Closer working with schools so families have the tools to stay well, and have safe and caring relationships	Health and education work is seamless, and all families can stay well and have positive relationships
Increase chances for those with lived experience to support each other	Further develop education and promotion of care as a positive career option	Wide range of education, volunteering, and job opportunities in care
Continue to train/support people from our communities into care careers	Further develop our volunteering opportunities with partners	There's lots of green spaces to enjoy, and we work with local partners to ensure they are well looked after
With local partners develop volunteering opportunities supporting people into paid work	Work with others to increase our community green spaces and ways to connect through nature	Community assets are thriving, and people know where to go to feel connected
People have the tools needed for safe and caring relationships	With partners we are delivering a support package to unpaid carers to further meet their needs	Active and sustainable travel across Gwent is the norm
Champion our green spaces and support more community green spaces	Working with local partners so community assets have support needed to thrive	
Support community groups by opening up our buildings	Active and sustainable travel across Gwent is promoted	
Further understand the needs of unpaid carers and support we can provide them with partners		
Better coordination of public transport and work with charities who can transport people		

Our keys to success

Our people	Quality	Finance	Our buildings	Digital, innovation, and technology	Green health
We will have shared values and ways of working with partners that connect our communities	Be an open, learning organisation that provides our people with the skills they need to continually improve	Do our best to spend our money in Gwent and ensure it helps our communities	Our buildings that promote wellbeing, are open to communities to use and are shared with the public sector	Equip people in our communities with the access, skills, and confidence to engage with digital services	Communities across Gwent are able to connect through nature

Gwent in 2035

Designing our future together

We want everyone living in Gwent in 2035 to have the same chance to live a long, healthy life. But this cannot be done in isolation. It will take a collective effort to achieve our ambitions.

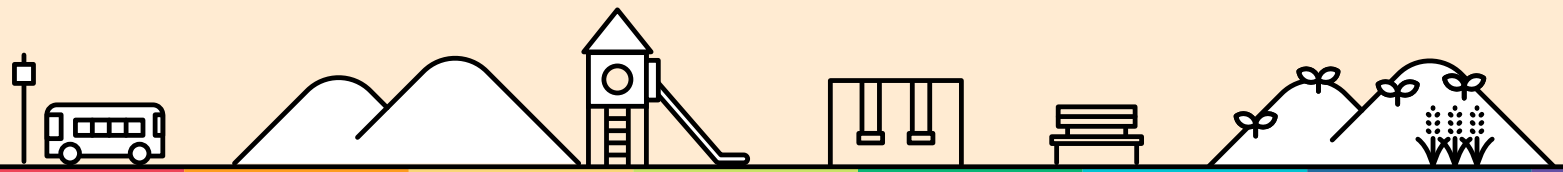


Our commitment by 2035

- Remove the barriers experienced by our communities to improve their health
- Ensure services are in place to support mental health and wellbeing
- Ensure every child has the best start in life, focusing on supporting families and carers
- Focus on providing interventions that keep people well in their local community as far as possible
- Make accessing our services simple, and reduce the time it takes to be seen by the right professional for your needs
- Communicate clearly and effectively with you about your healthcare
- With others, grow and connect our community assets to support your wellbeing
- Work with our local partners to develop shared responsibility on actions we will deliver

Your commitment by 2035

- Do what you can to improve your own health and wellbeing
- Talk to your children about their wellbeing and their emotions
- Encourage your children to build healthy habits and do healthy activities together as a family
- If you no longer need an appointment or medicines let us know so we can reduce waste
- Be respectful and kind to our staff when they are supporting you
- Be proactive when you need support with your health and choose the right healthcare for your needs
- Access the opportunities in your community to stay connected and share with others when you find something good
- Look out for those that don't have a family support network around them or those who might be vulnerable and afraid to speak up



GWENT 35

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

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Agenda Item:

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	16 July 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Review of Aneurin Bevan University Health Board's Values and Behaviours Framework
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sarah Simmonds, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: **REPORTING OFFICER:**	Matthew Bidgood, Senior Organisational Development Practitioner

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

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper outlines the approach, progress, and plans to embed a new Values and Behaviours Framework to support alignment with the desired organisational culture, strategic priorities and the Health Board's Long-Term Strategy 2035. The paper was considered and supported by the Executive Committee on 03 July 2025 and the proposed framework has been updated.

Extensive work has been undertaken to review and develop the proposed Framework which have resulted in the outcome of three core values co-produced with staff and stakeholders: Kindness, Integrity and Respect.

This paper also presents a proposed revised Values and Behaviours Framework, ***Appendix 1***. As the development of the Framework has been an iterative process, please note the final document as shown will outline 3 words as values:

Kindness
Integrity
Respect

This will ensure simplicity, relatability in messaging. In addition, the final document will include an emphasis on describing kindness as linked to personal wellbeing with proposed wording amended as outlined below:

Kindness is at the heart of how we care for our patients, each other, and ourselves. It means showing empathy and compassion, and placing the needs and experiences of ourselves and others at the heart of all we do.

This has been amended following the draft version aligned with the draft long term strategy paper also included in Board papers.

A clear visual framework helps everyone in the Health Board to understand, embody, and uphold our core values. It is more than words on a page – it is a practical tool that drives high-quality care, healthy teams, and a compassionate culture we can all be proud of.

The Board is asked to provide comments, approve the proposed Framework and provide views in support of future work.

Cefndir / Background

The Health Board's current Values and Behaviours Framework was developed in June 2016. In collaboration with the Planning team as part of the Health Board's Conversation for a Healthy Future Strategy 2035, Workforce and Organisational Development undertook a review of our current organisational Values and Behaviours Framework, see Figure 1 below.



Figure 1. Health Board's values

Through this engagement, 6,930 people provided feedback (2,240 survey responses and 4,690 responses at 225 events). These insights were analysed thematically and formed the development of a revised Values and Behaviours Framework, ***Appendix 1*** to serve us into 2035 and beyond.

Asesiad / Assessment

A multi-disciplinary Values and Behaviours Working Group was established to discuss, consult and shape the work. A multi-methodology inclusive approach was taken to ensure our people were provided with an opportunity to contribute. Consequently, throughout the Health Board's long term strategic plan engagement events with our local communities and staff, we asked whether our current Values and Behaviours Framework was working effectively to support a healthy workplace culture in our organisation, and how we can improve this for our people in the future. This engagement also questioned whether people 'see, know, feel and demonstrate' our values and behaviours, how connected they feel and what is missing to support the organisation in to 2035 and beyond.

The revised Values and Behaviour Framework was the output of a phased delivery plan as described below.

1. Listening Phase - May 2024 – April 2025

Community and organisational wide engagement to hear feedback on what is important to people in relation to being healthy and to share their views on the effectiveness of our current Values and Behaviours Framework.

This was achieved by:

- Wider strategy survey.
- Face-to-face events.
- Virtual events.
- Values Based Questionnaire.
- Drop-in sessions across the Health Board.
- People Manager's Values Engagement Pack.
- People Manager's One-Page Values Engagement Briefing.
- Sign-posting Colleagues to the Values 2035 intranet Hub.

Key Insights from Listening Phase

- People knew there were 4 x Ps but couldn't always state what they were.
- People were not familiar with the Values and Behaviours Framework.
- When shown, people felt the current Values and Behaviours Framework was a lot to remember and burdensome.
- The number one thing missing from the current Values and Behaviours Framework is staff.
- 67% of people said our organisational values do shape how we work in the organisation.
- The overall score (out of 5) in relation to connection to our current organisational values was 3.34.

From the engagement outputs, there were 9 clear values that were significant to people, ***Appendix 2, slide 8***.

2. Co-Creation - April – June 2025

Phase 1 – April – May 2025 - To present outputs from the listening phase and to propose a revised Values and Behaviours Framework. A series of Co-Creation workshops were co-hosted by Planning and Organisational Development colleagues to present insights from analysis and hear feedback. These were available for staff, key stakeholders, partners, cross-Divisional Meeting. Several in person sessions (with 2 virtual options) were held throughout April and May.

Insights from Co-Creation Workshops are in ***Appendix 2, slide 7***.

Phase 2 - June 2025: Test the revised Values and Behaviours Framework widely across the organisation in existing forums (e.g. Executive Committee, Trade Union Partnership Forum, People and Culture Committee, Divisional Team Meetings, Values and Behaviours Working Group, Cross Divisional Meetings, Systems Leadership Group, Staff Networks and existing learning and development forums).

3. Launch Phase (to follow) – July 2025

Agree, publish and launch our revised Values and Behaviours Framework in conjunction with the launch of the Health Board's Long-Term Strategy.

4. Embed Phase (to follow) - July 2025+

Embedding our values into our systems, policies and processes and enabling people to engage with our values and behaviours at a much deeper level and start the process of integrating them into everyday interactions. This will involve Values Based Workshops with leaders and teams across the organisation and support teams in understanding what the values and behaviours mean for them, engendering local ownership and empowering people to fully embrace our behavioural Framework and role model our values.

Measurement will take place via a bespoke evaluation criteria and progress can be measured through existing mechanisms such as the NHS Wales Staff Survey.

Furthermore, the embed phase will include:

- Developing a professional visual identity for the values and behaviours, with supported communications and engagement assets that can be shared with staff;
- Developing a brand / internal visual identity that can be used by the Health Board to embed values-led behaviours into employees' day to-day work, processes, systems, decisions and governance – across the employee life cycle;
- 16 October 2025: World Values Day Celebration Event.

Once launched, the design and production of values-based assets (e.g. posters, pens, lanyards, Teams backgrounds, e-mail signatures, roller banners) will enable people to see the new Framework and allow our values to be part of everyone's daily work.

5. Reinforce Phase

The longer-term ambition as part of this work is sustainable results in behaviours and measurable changes in team effectiveness, organisational health, and ultimately patient care, specifically:

- Employees across the organisation are empowered to live by our values and behaviours.
- Ways of working needed for the future are adopted across the organisation.
- Staff behaviour reflects the organisational values.
- Staff are proud to be advocates of the organisational values.
- The organisational culture supports openness and honestly at all levels within the organisation.
- Patients experience our organisational values in action.

Three Values Options

There were three stand out values culminating from the analysis of the feedback: Kindness, Integrity and Respect. The three options are designed to be memorable and help bring the values to life.

Following consideration and approval, staff stories will be added for each theme to bring to life the work outlined in the embed and reinforce phases supporting the sentiment of the document to come to life.

Argymhelliad / Recommendation

The Board is asked to provide comments, approve the proposed Framework and provide views in support of future work.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Board's assurance framework.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	6.3 Listening and Learning from Feedback 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Not Applicable
Partïon / 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 and Performance**	Not Applicable
• **Financial**	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements**

	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	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. 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.

Reviewing the Effectiveness of our Organisational Values

SLG

13th June 2025

This Session

- Share insights and analysis from Strategy and Values development
- Provide feedback from recent Co-Creation Workshops
- Test the draft Values with SLG
- Consider how they can positively influence the system

Strategic Framework

Our Purpose → Improve the health of our population achieving equity for all

Our Ambition → By 2035 everyone has the same chance to live a long healthy life

Our Aims → Better Health, Better Care, Better Lives (Our Wellbeing Objectives)

Our Values → Defining the way in which we deliver the strategy, through our behaviours

Our Outcomes

Y 10 MLYNEDD NESAF

THE NEXT 10 YEARS

VALUES AND BEHAVIOURS CULTURAL CHANGE PHASES

LISTENING

Contents
Values questionnaire, listening sessions, values based storytelling

Description
To talk about what it's like to work at the health board and to identify the drivers of that experience, and to identify desired values and behaviours.



CO-CREATION

Contents
Analysis from listening & engagement events, % employee voice

Description
To hear the insights from listening phase surveys and sessions – and to propose a view of priorities to act on. To view the draft values and behaviours, and provide feedback; Along with a series of co-creation workshops designed to inform embed phase



EMBED

Contents
Team workshops, virtual cafes, leadership workshops, Values Based processes (appraisal, recruitment)

Description
In the embed phase the emphasis is on enabling staff to engage with our values and behaviours at a much deeper level and start the process of integrating them into their everyday interactions. There is generally no time limit on this phase.



REINFORCE

Contents
Wider culture workshops, values based leadership workshops, survey, Values Based Decision Making, Evaluation surveys

Description
It is a crucial phase where we start to look for sustainable results in behaviours and measurable changes in team effectiveness, organisational health, and ultimately patient care





Values Based Engagement & Listening

Values Questionnaire

Drop-In Sessions

In-Person Sessions

Virtual Sessions

1230

Values Hub Developed with promo materials

Attendance at Team Meetings

Senior Endorsement Publications

Manager Pack and Promo Materials







GDS | WOD
Grŵp Mewnwelediad DS
OD Insights

People First

Personal Responsibility

Passion for Improvement

Pride in What We Do





Values Engagement - Key Insights

People knew there were 4 x Ps, but couldn't always state what they were

People were not familiar with the current behavioural framework

When shown, people felt the current behavioural framework was a lot to remember and burdensome

The number one thing missing from the current Values and Behaviours framework is STAFF

67% of people said our organisational values do shape how we work in the organisation

The overall score (out of 5) in relation to connection to our organisational values was 3.34

Values & Behaviours Specific Insights

Compassion
- Listen attentively to understand the needs & concerns of others
- Offer support and assistance to colleagues & patients in need
- Show empathy in all interactions, recognising the emotions and experiences of others

Innovation
- Encourage creativity & new ideas to improve services
- Embrace change & adapt to new technologies & methods
- Support continuous improvement through feedback & learning

Integrity
- Be honest & transparent in all communications and actions
- Admit mistakes and take responsibility for correcting them
- Uphold ethical standards in decision-making & behaviour

Collaboration
- Work together towards common goals & shared successes
- Share knowledge & resources to support team efforts
- Celebrate team achievements & recognise collective contributions

Respect
- Treat everyone with dignity and value their contributions
- Encourage open dialogue and appreciate diverse perspectives
- Address conflicts constructively and professionally

Responsibility
- Take ownership of tasks & follow through on commitments
- Be accountable for actions & their outcomes
- Promote a culture of responsibility where everyone contributes to success

Kindness
- Perform small acts of kindness to brighten someone's day
- Acknowledge and appreciate efforts of others
- Create a supportive environment where everyone feels valued

Inclusivity
- Celebrate diversity and promote equal opportunities for all
- Foster an inclusive environment where everyone feels welcome
- Address biases and ensure fair treatment for all staff and patients

Wellbeing
- Promote work-life balance and respect personal time
- Provide resources for mental and physical health support
- Recognise and address burnout and stress among staff

Insights from Co-Creation Workshops

Compassion		
Listen attentively to understand the needs and concerns of others	Offer support and assistance to colleagues and patients in need	Show empathy in all interactions, recognising the emotions and experiences of others
25	6	**66**

Integrity		
Be honest and transparent in all communications and actions	Admit mistakes and take responsibility for correcting them	Uphold ethical standards in decision-making and behaviour
67	12	18

Respect		
Treat everyone with dignity and value their contributions	Encourage open dialogue and appreciate diverse perspectives	Address conflicts constructively and professionally
68	25	4

Collaboration		
Work together towards common goals and shared success	Share knowledge and resources to support team efforts	Share knowledge and resources to support team efforts
73	17	7

Innovation		
Encourage creativity and new ideas to improve services	Embrace change and adapt to new technologies and methods	Support continuous improvement through feedback and learning
51	18	28

Responsibility		
Take ownership of tasks and follow through on commitments	Be accountable for actions and their outcomes	Promote a culture of responsibility where everyone contributes to success
19	20	**58**

Kindness		
Perform small acts of kindness to brighten someone's day	Acknowledge and appreciate the efforts of others	Create a supportive environment where everyone feels valued
17	14	**66**

Inclusivity		
Celebrate diversity and promote equal opportunities for all	Foster an inclusive environment where everyone feels welcome	Address biases and ensure fair treatment for all staff and patients
18	**65**	14

Wellbeing		
Promote work-life balance and respect personal time	Provide resources for mental and physical health support	Recognise and address burnout and stress among staff
68	17	12

Output: Values and Behaviour Framework example

worked up example showing how each value has three subsets, each with descriptors of behaviours





SEE

I can see a change in behaviours



KNOW

I know the importance of values



FEEL

I feel connected to the values



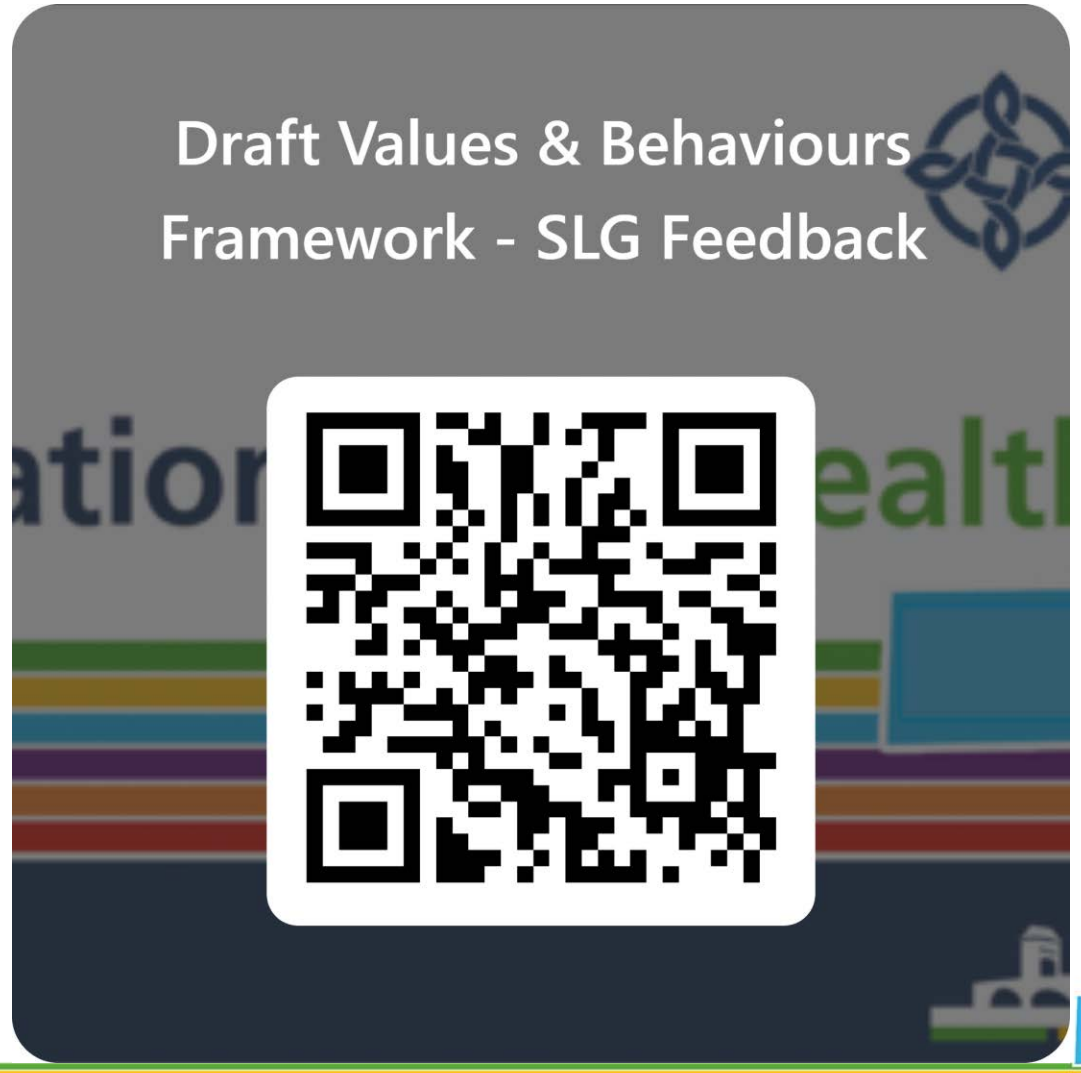
DO

I am regularly demonstrating the behaviours

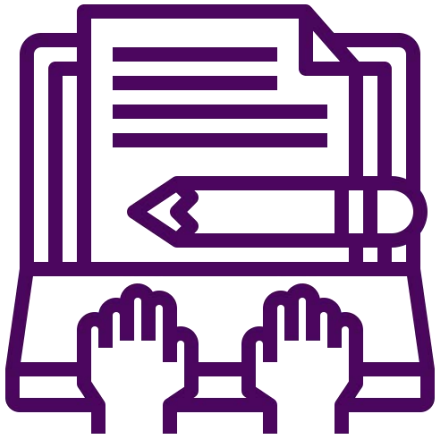
Your thoughts?

- Consider the draft Values Framework
- Share your feedback
- Views on next steps to support embedding the final product

- *How would you apply the values to effect system leadership?*


Draft Values & Behaviours
Framework - SLG Feedback

Timeline



Develop First Draft

Dec



Test First Draft

Jan until April



Agree Actions

Jan until April



First Draft

May



Final Draft

July

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

ONE AB
Everyone Together

Values and Behaviours Framework

Our Values shape how we care and how we work. They help us build a culture of Kindness, Integrity and Respect – for each other and those we serve.

Doing What's Right, Together

At Aneurin Bevan University Health Board, we take responsibility for our actions and the care we provide. We support one another to be open, to learn, and to always act with kindness, honesty and fairness.







Our values are not optional. They are essential to everything we do — from bedside to boardroom. Together, we do what's right for our patients, our colleagues, and our communities.



Kindness

DEFINITION:

Kindness is at the heart of how we care for our patients, each other and ourselves. It means showing empathy and compassion and placing the needs and experiences of ourselves and others, at the heart of all we do.

Key Behaviours:

- Listen attentively and respond with empathy.
- Offer timely support and practical help.
- Be patient and reassuring, especially in distressing situations.
- Recognise and acknowledge the emotions of others, whilst also being aware of your own and knowing when to prioritise your own wellbeing.
- Tailor your approach to meet individual needs with thoughtfulness and creativity.

How to Demonstrate:

- Greet people warmly and personally.
- Take time to understand someone's concerns before responding.
- Offer help without needing to be asked.
- Use calm and reassuring language.
- Listen to truly understand the views and needs of others, while staying aware of your own.

What it is not:

- Dismissing someone's distress or concerns.
- Being abrupt, impatient, or indifferent.
- Failing to act when someone is clearly in need.
- Using cold, impersonal, or unkind language.
- Merely listening to respond or listening with preconceived views.
- Neglecting or putting aside your own well-being.





Integrity

DEFINITION:

We act with honesty, fairness, and transparency — doing the right thing, taking responsibility, and earning the trust of others. We hold ourselves and each other accountable for our actions and decisions.

Key Behaviours:

- Communicate honestly, openly, and respectfully, ensuring your communication is consistent and transparent.
- Take personal responsibility by acknowledging mistakes, reflecting on their causes, and seeking opportunities to improve.
- Uphold policies, procedures, and ethical standards, and support others to do the right thing.
- Be curious, open to change, and lead by example in driving improvement and innovation

How to Demonstrate:

- Take responsibility for your actions, honour commitments, be accountable, and always aim to improve.
- Think before you act, consider the impact of your decisions on others.
- Speak up and learn from mistakes. Raise concerns constructively and support others to do the same, with a focus on learning and improvement.
- Be fair, consistent, and trustworthy. Apply shared standards and values in all decisions and actions.
- Be open to ideas and feedback. Listen to others, share your ideas, and take steps to improve services and experiences

What it is not:

- Avoiding accountability or shifting blame
- Being dishonest or withholding important information
- Ignoring rules or ethical responsibilities
- Acting differently depending on who is watching
- Failing to take ownership for the impact of your actions
- Just doing things because it is the way it's always been done




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Aneurin Bevan
University Health Board



Respect

DEFINITION:

We treat everyone with dignity and fairness, celebrating diversity and creating a culture where everyone feels seen, heard, and valued.

Key Behaviours:

- Speak to everyone with courtesy and consideration
- Encourage inclusive and open dialogue
- Recognise and celebrate contributions
- Respond to conflict calmly and constructively
- Encourage creativity, collaboration and shared learning
- Respect ideas and perspectives that challenge your own

How to Demonstrate:

- Listen openly and without judgement, giving others space to share their views and avoiding interruption.
- Use inclusive and respectful language, avoiding assumptions and valuing difference.
- Support others to speak up and contribute by encouraging everyone to share what matters to them.
- Value and appreciate others by thanking people for their efforts and recognising their achievements.
- Challenge unhelpful behaviours constructively by reflecting on your own actions and helping others to work in more positive ways.

What it is not:

- Speaking over others or dismissing views.
- Putting your own views or opinions over what matters to others.
- Using judgemental, biased, or discriminatory language.
- Ignoring others' input or achievement.
- Reacting with blame, aggression, or avoidance.





Research across NHS systems, shows that organisations with **strong values-led cultures** have **better CQC ratings**, **improved health outcomes**, **fewer incidents of avoidable harm**, and **stronger leadership** at all levels.

Our values are not optional. They are essential to delivering **safe**, **effective**, **compassionate care** — and to creating a **workplace where staff thrive**. They underpin **everything** we do, from **bedside** to **boardroom**. **Together,** we do what's right — for our **patients**, our **colleagues**, and our **communities**.

ONE AB

Everyone Together

This framework is for everyone working across the Health Board and supports:

- Recruitment and induction

- Appraisal and personal development

- A positive, values-driven workplace

- Resolving concerns and modelling behaviour



GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	16 July 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Finance Report – Budget Delegation Phase 2 Proposal 2025/26
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Rob Holcombe - Director of Finance & Procurement
SWYDDOG ADRODD: **REPORTING OFFICER:**	Suzanne Jones – Interim Assistant Director of Finance

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

The Board is asked to approve the proposed budget delegations, including:

- Phase 2 revenue budgets to be delegated for the 2025/26 financial year, and
- Those budgets to be held in reserve – both in terms of planned commitments and uncommitted reserves.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Health Board is required to set budgets prior to the beginning of the financial year, which are in accordance with the aims and objectives of the Integrated Medium-Term Plan. Specifically, this means preparing and setting budgets within available funds.

Initial 'Phase 1' 2025/26 delegated budgets were approved by the Board at its meeting in March 2025.

Further work was required to finalise delegated budgets in order to recognise the need to deliver a £40m savings plan to achieve financial balance in line with the 2025/26 IMTP financial plan and to delegate reserve funding to best achieve this ambition.



This equates to an available resource limit to support expenditure of £1.857bn. Phase 1 (updated for in year directed funds at month 2) delegated £1.815bn, Phase 2 delegates the balance of £40m with a £1.9m reserve.

This paper sets out the principles and proposed approach to the second phase of delegating funding for the 2025/26 financial year.

The annual financial plan is based on applying the principles, thus the focus has been on developing a budget strategy that:

- Ensures budget delegations reconcile with allocation funding & income.
- Budget allocations are in line with WG & ABUHB planning priorities.
- Reserves are established pending finalisation of some anticipated allocations.
- Budget holders should operate & deliver within delegated budgets.
- A £1.9m 'development/risk' reserve is established at this phase 2 stage.
- A 2.2% CIP (equivalent to the saving target of £40m) has been universally applied to IMTP plan spend forecasts for all budget holders, with some minor adjustments based on a potential to improve beyond 2.2%.
- All other risks & pressures will need to be pro-actively managed & mitigated.

The Board is asked to approve the proposed Phase 2 budget delegation 2025/26.

Cefndir / Background

The financial provisions and obligations of the Health Board are set out under Sections 174 to 177 of the National Health Service (Wales) Act 2006 (c. 42) (Schedule 8 of the Act). The Board as a whole and the Chief Executive in particular, in their role as the Accountable Officer for the organisation, must ensure that the Health Board meets its statutory obligation to perform its functions within its available financial resources.

The Health Board has two statutory financial duties, the basis for which is section 175 of the National Health Service (Wales) Act 2006, as amended by the National Health Service Finance (Wales) Act 2014. They are as follows:

- First Duty - A duty to secure that its expenditure, which is attributable to the performance by it or its functions, does not exceed the aggregate of the funding allotted to it over a period of 3 financial years.
- Second Duty - A duty to prepare a plan to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The details and requirements for the two duties are set out in the Welsh Health Circular "WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts."

To be successful in meeting these targets the Health Board is required to set budgets, prior to the start of the financial year, and these should be in accordance with the aims and objectives of the Integrated Medium-Term Plan (Annual plan for 2025/26). Specifically, this means preparing and setting budgets within available funds and delegating them in line with the Health Board's Standing Financial Instructions (SFIs) and financial policy on budgetary control.

The Health Board has a well-established budgetary control procedure that describes delegation and accountability plus a revised Accountability Framework launched in 2023/2024. The budget strategy and planning principles are concerned with how the amount delegated to individual areas is determined.

Asesiad / Assessment

The Minister has issued confirmed allocations to the Health Board in a letter to Chairs received in December 2024 (summarised in the Allocation letter briefing to the Board). Further in year allocations are continually received by the Health Board.

Phase 1 budget setting was based on an income level of £1.853bn.

Phase 2 budget setting is based on an income level of £1.857bn as a revised starting budget for delegation for 2025/26. This will be further updated as allocations and income updates are received eg. National insurance and pay awards.

The Health Board has a recurrent allocation baseline to enable the planning of core services. The Health Board receives in year allocations from WG usually for specific areas of spend. These are delegated to the most suitable service area following agreement from the CEO and are listed in the Board finance reports. The delegation is reflective of whether the allocation is recurrent or non-recurrent.

Methodology for phase 2, 2025/26

The Methodology is based on the following:

- Phase 1 based on rollover recurrent budgets
- Phase 2 distribute balance of allocation funding and 'likely' anticipated income - £1.857m
- Spend Plan - £40m above income
- Issues - £40m savings plan not fully confirmed & need to create a balanced budget plan using available funding.

Options around distribution:

- Several options/methods considered
- Various CIP options considered

- Potential to save (Benchmarking) – created significant acute focus & achievability concerns with regard to 'ownership' by budget holders
- Discussion on 'fair' application of budget v. break even challenge v. ability to reduce & avoid costs/increase efficiency

Executive Committee considered and recommended:

- Apply 2.2% CIP to all delegated budget IMTP planned spend forecasts
- Additional 'flex' adjustments to manage high risk areas
- Revised Budgets based on the above principles providing a consistent and equitable approach

Recommended Budget Delegation by Division / Executive Area

Budget delegation Phase 2	Month 2 Budget £000	Phase 2 Budget setting £000	*Adjusted Budget Phase 2 proposal £000*
Operational Divisions:-			
Primary Care and Community	306,473	312,761	*6,288*
Prescribing	116,139	125,632	*9,493*
Community CHC & FNC	69,865	74,509	*4,643*
Mental Health & Learning Disabilities	145,875	148,631	*2,756*
Total Primary Care, Community and Mental Health	638,352	661,533	
Surgery	146,582	148,297	*1,715*
Clinical Support Services	132,351	133,270	*919*
Medicine	170,601	172,345	*1,743*
Urgent Care	40,756	41,886	*1,130*
Family & Therapies	142,302	144,559	*2,257*
Estates and Facilities	97,574	96,119	*(1,455)*
Chief Operating Officer	10,592	8,843	*(1,749)*
Total Chief Operating Officer	740,759	745,319	
Corporate / Exec budgets:-			
Finance & Performance	6,314	5,892	*(422)*
Workforce & OD	8,861	8,632	*(229)*
Nurse Director	7,715	7,887	*172*
Chief Executive and non officer members	6,411	6,317	*(94)*
Planning	21,658	21,128	*(529)*
Digital, Data & Technology	29,932	31,977	*2,046*
Therapies	1,672	1,632	*(40)*
Corporate Governance	1,236	1,209	*(27)*
Public Health	6,545	6,469	*(75)*
Medical Director	4,367	4,217	*(150)*
Litigation	2,234	3,107	*873*
Total Corporate Divisions	96,943	98,469	
Specialist Services			
WHSSC	141,893	149,127	*7,234*
EASC	41,760	42,256	*496*
Total Specialist Services	183,653	191,383	
External Contracts			
External Commissioning - LTAs	107,183	110,746	*3,563*
External Commissioning - Access Plans'	966	945	*(21)*
Total External Contracts	108,149	111,691	
Capital Charges	47,301	47,260	*(41)*
Total Capital Charges	47,301	47,260	
Total Delegated Position	1,815,157	1,855,654	
Centrally held Reserves:-			
Total Reserves	42,359	1,861	*(40,497)*
Assumed Income	1,857,516	1,857,516	(0)



Once Approved by the Board & in line with ABUHB governance, delegation letters will be issued to ensure clarity of responsibility and accountability. The letters will also include a summary of how the budget total is established and any specific areas that have been funded along with wider performance expectations.

The budget holder will be expected to ensure that any conditions for funding received are met, including reporting appropriate expenditure and ensuring all 'directed' funding is maximised.

Argymhelliad / Recommendation

The Board is asked to approve the proposed Phase 2 budget delegation and reserve proposal.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Financial sustainability
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources Governance, Leadership & Accountability All Health & Care Standards Apply Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	ABUHB efficiency compendium Financial and Other systems data Service plans



Rhestr Termau: Glossary of Terms:	A&C – Administration & Clerical A&E – Accident & Emergency A4C - Agenda for Change AME – (WG) Annually Managed Expenditure AQF – Annual Quality Framework AWCP – All Wales Capital Programme AP – Accounts Payable AOF – Annual Operating Framework ATMP – Advanced Therapeutic Medicinal Products B/F – Brought Forward BH – Bank Holiday C&V – Cardiff and Vale CAMHS – Child & Adolescent Mental Health Services C/F – Carried Forward CHC – Continuing Health Care Commissioned Services – Services purchased external to ABUHB both within and outside Wales COTE – Care of the Elderly CRL – Capital Resource Limit Category M – category of drugs CEO – Chief Executive Officer CEAU – Children's Emergency Assessment Unit CTM – Cwm Taf Morgannwg D&C – Demand & Capacity DCP – Discretionary Capital Programme DHR – Digital Health Record DNA – Did Not Attend DOSA – Day of Surgery Admission D2A – Discharge to Assess DoLS - Deprivation of Liberty Safeguards DoF – Director(s) of Finance DTOC – Delayed Transfer of Care EASC – Emergency Ambulance Services Committee ED – Emergency Department EDCIMS – Emergency Department Clinical Information Management System eLGH – Enhanced Local general Hospital EFAB – Estates Funding Advisory Board ENT – Ear, Nose and Throat specialty EoY – End of Year ETTF – Enabling Through Technology Fund F&T – Family & Therapies (Division) FBC – Full Business Case FNC – Funded Nursing Care



	GDS – General Dental Services GMS – General Medical Services GP – General Practitioner GWICES – Gwent Wide Integrated Community Equipment Service GUH – Grange University Hospital GIRFT – Getting it Right First Time HCHS – Health Care & Hospital Services HCSW – Health Care Support Worker HIV – Human Immunodeficiency Virus HSDU – Hospital Sterilisation and Disinfection Unit H&WBC – Health and Well-Being Centre IMTP – Integrated Medium Term Plan INNU – Interventions not normally undertaken IPTR – Individual Patient Treatment Referral I&E – Income & Expenditure ICF – Integrated Care Fund LoS – Length of Stay LTA – Long Term Agreement LD – Learning Disabilities MH – Mental Health MSK - Musculoskeletal Med – Medicine (Division) MCA – Mental Capacity Act MDT – Multi-disciplinary Team MMR – Welsh Government Monthly Monitoring Return NCA – Non-contractual agreements NCN – Neighbourhood Care Network NCSO – No Cheaper Stock Obtainable NI – National Insurance NICE – National Institute for Clinical Excellence NHH – Neville Hall Hospital NWSSP – NHS Wales Shared Services Partnership ODTC – Optometric Diagnostic and Treatment Centre OD – Organisation Development PAR – Prescribing Audit Report PCN – Primary Care Networks (Primary Care Division) PER – Prescribing Incentive Scheme PICU – Psychiatric Intensive Care Unit PrEP – Pre-exposure prophylaxis PSNC –Pharmaceutical Services Negotiating Committee PSPP – Public Sector Payment Policy PCR – Patient Charges Revenue PPE – Personal Protective Equipment PFI – Private Finance Initiative



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

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



	If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

Agenda Item:

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	16 July 2024
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Transforming Access to Medicines (TrAMs) Outline Business Case
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Leanne Watkins Chief Operating Officer (COO)
SWYDDOG ADRODD: **REPORTING OFFICER:**	Jonathan Simms, Clinical Director of Pharmacy

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA / SBAR REPORT

Sefyllfa / Situation

Pharmacy Technical Services (PTS) are critical to ensure the most vulnerable patients receive the benefits of increasingly sophisticated approaches to diagnosis and therapy. The provision of systemic anticancer therapy (SACT), parenteral nutrition (PN) and nuclear medicine all rely on the aseptic preparation and manipulation of medicines by PTS.

The Transforming Access to Medicines (TrAMs) Programme is an NHS Wales initiative aimed at establishing a shared PTS for Wales. The Programme Business Case (PBC) received endorsement by the Cabinet Secretary for Health and Social Care in March 2021. The case details the transformation required to deliver PTS on a national level, moving away from the traditional local approach, to a regional/national one, allowing the NHS to capitalise on the emerging benefits of automation to build capacity and resilience, and unifying patient and clinician experience.

The Outline Business Case Version 1.1 (OBC) was issued on the 9th June 2025, following a workshop with stakeholder organisations, which included representatives from pharmacy, finance and workforce. This workshop identified a range of risks

that need to be addressed within the Full Business Case (FBC). These have been outlined within the Executive summary of the OBC.

The risks include

- Retained staff risk.
  The OBC does not identify the cost of the retained pharmacy staff necessary for the ordering, receipt and issue of medicines once the South East Wales hub becomes operational. The estimate stated is between £1.1m - £1.6m.

- Residual Cost Risk.
  There may be an element of residual staff costs for those staff that do not transfer to the new service and cannot be deployed to other pharmacy roles. Further work is required to determine this level of risk with a commitment to review the Workforce Principles document to determine the mitigations. In addition, an element of residual non pay costs may not be immediately realised following transfer of the service.

- Baseline staffing and medicines expenditure.
  The OBC uses a baseline from 2023/24 for the procurement of medicines and staffing costs. The FBC will be updated to 2024/25 costs to account for any changes in staffing and medicines procurement, which may impact on financial benefits.

- Clinical trials remain in scope for the programme, but the resources required and the regulatory compliant model for the provision of services is yet to be determined. This will be addressed within the FBC.

The OBC requires formal approval from all stakeholder organisations prior to approval from the Shared Services Partnership Committee on the 17th July 2025. The intention is then to submit to Welsh Government to release funding for the preparation of the FBC and the associated detailed design, with the final investment decision on the FBC being made by Welsh Government in April 2026.

It should be noted that the risk of not proceeding with the case will be the failure to supply systemic anti-cancer therapy to our patients. This is due to the increase in demand for treatments together with a lack of capacity, failing infrastructure within the aseptic estate across NHS Wales and the requirement to achieve heightened regulatory and Good Manufacturing Practice standards essential for quality and patient safety.

The Board is asked to approve the OBC, noting that further work is required to address the risks identified prior to submission of the FBC.

Cefndir / Background

The Cabinet Secretary for Health and Social Services endorsed an investment of £67 million in the TrAMs service on March 17, 2021. The programme will create a national service with three integrated regional facilities in North, South West, and South East Wales.

The location of the South East Wales hub has been identified as the IP5 Warehouse in Newport. It is anticipated that the hub will go live during 2027/28 and will provide the following services.

- Preparation of Injectable Systemic Anti-Cancer Therapy (SACT)
- Preparation of Intravenous Parenteral Nutrition (PN)
- Preparation of other Injectable Medicines (other CIVA)
- Expertise in Quality Assurance including testing and verifying medical gases.

Whilst originally in scope as part of the PBC, it has become necessary to expedite the provision of Radiopharmacy services. This has been subject to separate funding approval and is expected to be operational in April 2026.

The strategic case for change for the TrAMs programme recognises that the existing services that health boards provide are no longer sustainable. A summary of the reasons for this is as follows, with further detail available within the OBC.

- Rising demand for SACT with an 11% increase per annum.
- The current supply model lacks the capacity to meet this growth, relying on the outsourcing of products to commercial suppliers at a premium cost.
- Service capacity will have been reached at a national level by the end of 2026/27 with no guarantee that commercial suppliers will be able to absorb the additional demand for outsourced medicines.

  For context, a recent external inspection of the ABUHB pharmacy production unit, aligned to the Sterile preparation of medicine in NHS Wales (WHC/2024/004) | GOV.WALES, has resulted in an escalation of the overall risk of the production unit from 'low' to 'medium', as a direct result of breached capacity. This limits the ability to maintain Pharmaceutical Quality Systems essential for the assurance of patient safety.

- Capital investment to maintain business as usual will be required across all organisations in the next five years. This will be greater than the proposed investment for the hub model and, irrespective of investment, local units remain constrained by size and would fail to meet the anticipated capacity demands.

- Staffing resilience remains a challenge within this specialist area of pharmacy. Regional consolidation of staff and delivery of services via MHRA licensed units provides an opportunity to revise skill mix and reduce the demand on pharmacy registrant staff.

Asesiad / Assessment

A commitment has been provided by the project team to work with stakeholder organisations to resolve the risks identified in preparation for the FBC. A series of workshops have been organised between August and December 2025, with the aim of issuing the FBC to health boards for approval in February / March 2026.

The medicines procurement values and staffing profile within the OBC are all based on 2023/24 values and will be recalculated as part of this work. Therefore, the service costs and financial implications for ABUHB are likely to alter, given changes that have occurred in the baseline staffing and the profile and volume of medicines procured.

Revenue Funding Model.

Based on the information included in the OBC, using the 2023/24 values, the operating costs of the hub identify a saving of £61k between our business-as-usual model and the preferred venue funding model for TrAMs.

Summary of Preferred Revenue Funding Model	Service Model	AB
		£'000s
Baseline Year 2023/24	BAU	13,233
Preferred Revenue Funding Model	TrAMs	13,172
Cost Variance of Models		(61)

It should be noted that these costs include the Velindre share of medicines spend, which has been reallocated to the commissioning health boards based on an agreed historical share basis.

The preferred revenue model calculates an operating cost charged to each organisation based on a fair share principle. Effectively this means that organisations pay a % of the operating costs based on the % share of medicines purchased by that organisation.

The pay and non-pay costs for ABUHB using this fair share principle is £376k higher than our baseline cost. This higher operating cost is recognised in the case and is due to the resource required to manufacture medicines at a larger scale to meet the clinical demand. However, the higher operational costs are offset by the cash releasing opportunities identified for outsourced medicines within the case. This has been identified as £225k for ABUHB based on 2023/4 activity.

Retained staff risk.

When the South East Wales hub is operational, there will need to be pharmacy staff retained by the health board to co-ordinate, order, receive, dispense, check, and distribute SACT, PN and other injectable products for ABUHB patients. Due to the existing service model this needs to be replicated across the Grange, Nevill Hall and the Royal Gwent sites. It is recognised that the additional number of sites will require a greater level of retained staff than other organisations.

A proposed staffing structure for ABUHB, based on this service model has previously been discussed with the Executive Committee prior to submission to the TrAMs programme. However, the retained staffing element was not included in the OBC, due to the preferred funding model chosen for the operational costs of the hub using the fair share principle. Therefore, further work is required to understand the impact of the retained staff model and any associated cost pressure that may result. In addition, it has also been noted that the cost of the retained staffing model for Velindre needs to be apportioned to the commissioning health boards.

Residual Cost Risk

Until further information is available regarding the staffing structure of the hub it is not possible to determine the number of staff that are in scope to transfer. Once known there may be several staff that do not move or cannot be matched to revised roles with the health board which would result in a cost pressure.

Argymhelliad / Recommendation

The Board is requested to approve the OBC, which will allow the funding to be sought from Welsh Government for the detailed design and FBC preparation.

The Board is asked to note that the case is predicated on building capacity, contingency and quality into the provision of medicines supplied by Pharmacy Technical Services in Wales. The risk of not proceeding will mean that NHS Wales may not be able to supply anti-cancer medicines to our patients due to increasing demand and capacity constraints within existing services.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.6 Medicines Management 3.1 Safe and Clinically Effective Care 5. Timely Care 7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well Every Child has the best start in life
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Regional Solutions
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	TrAMs Outline Business Case V1.1
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team Pre-Investment Panel Primary Care, Community Services, and Complex and Long Term Care Divisional Senior Leadership Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy

	development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Yes, outlined within the paper
• **Service Activity & Performance**	
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Not applicable to this report

Transforming Access to Medicines Programme

South East Wales Hub Project

Outline Business Case

Change Control

Version	Date	Change
0.1	15/04/25	New Draft
0.2	08/05/25	Baselined for review by NWSSP Directors
0.3	11/05/25	Final Draft
1.0	13/05/25	Approval
1.1	09/06/26	Added Executive summary of Risks

Approval Status

Body	Nature of Approval	Version	Date	Status
South East Hub Project Board	Endorsement that document is fit for purpose and can be escalated to the next stage	1.1	12/6/25	Planned
TRAMs Programme Board	Endorsement that document is fit for purpose and can be escalated to the next stage	1.1	16/6/25	Planned
Shared Services Partnership Committee	**Binding approval** in principle of the revenue funding commitment to the new service, subject to future confirmation at FBC and at point of Transfer of Service.	1.1	17/7/25	Planned

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Preface

The Transforming Access to Medicines (TRAMs) Programme was established in June 2021 following approval of the Programme Business Case (PBC) version 1.2 by the Shared Services Partnership Committee (SSPC) in January 2021, and Endorsement by the Cabinet Secretary for Health and Social Care, in March 2021.

Within the TRAMs Programme, a Project was established to select sites, prepare Business Cases and deliver the investment required in a Medicines Preparation Hub for South East Wales. Other projects within the Programme deal with Organisational Change, Education and Training, and Digital Systems, and the Programme is taking a national approach to developing its Supply Model and Scope of Service. The programme is transformational in terms of the delivery and workforce model for preparation of medicines in NHS Wales, and the provision of new capital facilities are only one aspect of the change.

In November 2023 Welsh Government directed that separate Business Cases were to be prepared for Radiopharmacy in South East Wales, due to the cessation of the service provided through Cardiff & Vale UHB, and for other aseptic injectable medicines in South East Wales. Subsequent to that an investment was approved for the Radiopharmacy for South East Wales, and this facility is currently being constructed. Concept Design for the remainder of the South East Wales Hub was funded at the same time as the Radiopharmacy, and this design work was completed to Royal Institute of British Architects (RIBA) Stage 02 by April 2024.

Over the winter of 2024/5 the project actively engaged with Health Board and Trust Finance and Pharmacy leads to define certain key aspects related to Scope of Service, Operational Pharmacy Supply Model, and Revenue Funding. On 15 March 2025 the members of the Finance Reference Group recognised in principle the methodology of a funding model as representative of the “Fair Shares” principle. For transparency this also set out the Velindre University NHS Trust commissioning shares that relate to the hub. The associated Scope of Service and Operational Pharmacy Supply Model has also been recognised by a reference group consisting of key service stakeholders, and the Directors of Pharmacy of the respective organisations.

The resources, equipment, and workload of the South East Hub as declared in this OBC currently does not include the preparation of materials for aseptic clinical trials. The Project Team need to evaluate and propose the future delivery model for aseptic preparation of clinical trials for South East Wales. This needs to be developed in partnership with Health Boards, Trusts and HCRW, recognising the considerable opportunity they represent and the ambition of the clinical services in this regard. Identified resources connected to clinical trials need to be added to the South East Hub Case at the FBC stage. Alternatively, a separate provision for preparing materials for clinical trials could be made in a separate Business Case within the TRAMs Programme, or elsewhere, once the best way forward for clinical trials is determined though this must align to the FBC timeline. Whilst clinical trials remain in scope for the South East Hub portfolio the workload and resources within this OBC does not consider clinical trials which represent 1.4% of the total current product output from the South East Hub acknowledging the ambition to grow clinical trials hosting in Wales. However, there is a need to determine a sustainable and regulatory compliant model for clinical trials provision, managing the current production risks relating to the NHS estate, given the increasing regulatory requirements, aging infrastructure, increasing complexity, short shelf lives of trials materials, and the distance of the hub from trials sites.

This Outline Business Case combines the estates deliverables from the concept stage with the revenue funding model and associated Service Scope and Operational Pharmacy Supply Model, so that the case as a whole can be formally approved via the mechanism of the Shared Services Partnership Committee (SSPC).

It is recognised that because the proposal involves a commitment in principle to a transfer of service and potential transfer of staff between NHS Organisations in Wales, and a commitment in principle to revenue funding of the new service, then the Health Boards and Trust impacted by the change will need to follow their own standing orders and governance processes in assessing how to review and consider this paper, in order that their own representative on SSPC can be empowered to approve it on their behalf.

The capital funding for the project is being sought directly from Welsh Government, and no capital or infrastructure approvals are being sought from SSPC members from their own capital allocations.

The following are **not included in this OBC**, and are or will be subject to separate approvals:

1. **South East Radiopharmacy** investment, which was subject to a separate Business Justification Case, which was approved by SSPC in July 2024.
2. **Classical Manufacture**, which remains part of Programme scope, and may in future be subject to separate Business Cases within the TRAMs Programme.
3. **Final Approval of Transfer of Service** including the transfer date, the number of staff to transfer, and any other impacts arising from the Organisational Change Process. Approval for these will be sought from the impacted organisations once these impacts are known, after the Organisational Change Consultation, and before the proposed transfer takes place.
4. **Final amount of the budget contributions** – This paper is based on Financial Actuals from the 2023/2024 financial year. Once the date of service transfer is known, the budget contributions will be recalculated using up to date actuals, in accordance with the methodology and principles requested for approval in this paper. This paper therefore asks for approval in principle of the method of calculation, and the figures provided are for illustration of that method.
5. **Clinical Trials -** An appropriate approach is being developed with key stakeholders to take into account their requirements with regard to clinical trials which may need to be delivered outside of the hub setting .

Executive Summary

The proposed Scope of Service constitutes a Technical and Professional Service, which falls within the competency of NWSSP to deliver.

The South East Wales Hub Project Board, the TRAMS Programme Board, and the Shared Services Partnership Committee are sequentially requested to **approve** the following:

1. That the concept designs for 15 Aseptic Isolators in 5 Classified Production Cleanrooms meet the service scope, and that investment should be sought from Welsh Government on that basis.
2. That in the event of Welsh Government funding the build of the TRAMS South East Wales Hub, with this scope, the Health Boards and Trusts will fund the revenue costs of the associated service on a "Fair Shares" basis according to the shares set out in table 4.5 and mechanism set out within Section 4.4 of this paper.
3. That once the service opens the participating Health Boards and Trust will purchase medicine in accordance with the Scope of Service contained in Appendix 2 of this paper, and as may be updated and modified to meet the needs of the service through the stated change control mechanisms.

The participating members of SSPC are further requested to take the necessary actions within their own organisation, to satisfy their own organisation's standing orders in respect of these approvals, such that they empower their representative to approve on behalf of their organisation, when SSPC meets.

Investment of £19.1m in a medicine's preparation facility in the IP5 Warehouse in Newport is sought from Welsh Government, without impact on the capital allocations of the member organisations of SSPC.

Future approvals will be sought at a later date in the form of:

- A **Full Business Case** combining the Revenue and Capital aspects of the proposal. This will be done once the detailed design has been completed to RIBA Stage 4.
- **Transfer of Service** Papers for each organisation, once the number of staff and date of transfer are known, which will be after OCP consultation has been carried out, and the site build is sufficiently advanced to confirm the transfer dates.

Executive Summary of Risk

On reviewing version 1.0 of this Outline Business Case, the regional stakeholder organisations (ABUHB, CAVUHB, CTMUHB, VUNHST) identified the following risks, and it has been agreed with the Project Team that these will be addressed within the Full Business Case, having been assessed, quantified, and mitigations designed by the Project Team, working in close partnership with the Health Boards and Trusts:

- **Retained Staff Risk**. The regional stakeholder organisations will all need to retain some staff on a planned basis, to order and receipt the product. This cost is currently not visible within the Economic Case. Initial estimates give a cost range (depending on how many staff are retained on each site) of between £1.1m - £1.6m for this cost. Further work is needed to validate and confirm what the cost will be, based on process design around the new digital system which will support ordering, and development of how each product will be ordered, received, and dispensed. This work will be carried out in partnership before FBC, and the outcome included in the Economic Case.

- **Residual Cost Risk.** The regional stakeholders will have the responsibility after service transfer to identify and eliminate costs associated with delivering the old service. Depending on how successful they are in doing this there may be elements of 'residual cost' that remain for a time and offset the benefits of the case until they can be resolved. In particular:

    - **Residual staff cost.** If some of the staff identified as in scope to transfer do not in fact move, and cannot be matched with either revised clinical or dispensary roles that are funded within their department, then there may be a cost pressure until these staff can be redeployed, or seek alternative employment themselves. The organisations will work in partnership with the Project Team to quantify this risk (what the estimated exposure is for each organisation) and review the Workforce Principles document to identify and optimise mitigations, which will be included within the FBC.

    - **Residual non pay cost.** This may relate to estate or service and maintenance costs that for contractual or other reasons cannot be 'turned off' immediately after the selected transfer date.

- **Evolution of the Baseline** from 2023/24 to 2024/25. The OBC is currently baselined on 2023/24 revenue figures. For the FBC the baseline will be rolled forward to 2024/25. If there were significant changes in any organisation in either the procurement of medicines or the staffing establishments, then these will need to be incorporated in the economic and financial cases. Depending on what is found, there may be an impact on benefits, including financial benefits.

- **Materials for Clinical Trial.** Further work is needed to identify the way forward for preparing materials for clinical trials, and potential synergies with the preparation of other Advanced Therapies, which although not in project scope, have similar requirements. Depending on the solutions proposed, and the funding model from Trials income, there is a potential for a cost impact on the case. This work needs to be completed and included in the FBC, and a working group is in place to undertake it.

All of the above risks have the potential to either add cost or undermine the benefits of the case, if not properly analysed and mitigated. There is one over-arching risk that acts in the counter direction:

- The Risk of not proceeding is that the NHS in Wales may become **unable to supply Anti-Cancer medicine to our patients**, impacting the time to treatment, and driving further cost into the service as we seek alternatives and mitigations for that. As established in the Programme Business Case improved quality and resilience are essential, and the operating environment has deteriorated significantly since the case was endorsed by the Cabinet Secretary for Health in March 2021.

This strategic risk needs to be borne in mind above all, and on that basis we recommend the Health Boards and Trusts to **approve** the case, to enable development work on the FBC to proceed.

1. Strategic Case

1.1 Strategic Context

The strategic context is as set out in the TRAMs Programme Business Case (PBC) v1.2, which has been approved by the Shared Services Partnership Committee and Endorsed by the Cabinet Secretary for Health and Social Care in March 2021

1.1.1 Patient Context

Pharmacy Technical Services are a Professional and Technical service that supports patient care by Health Boards and the Trust. From a strategic point this is a national service of which the South East Hub is only part of the intended overall service for the following areas of scope:

- Preparation of Injectable Systemic Anti-Cancer Therapy (SACT)
- Preparation of Intravenous Parenteral Nutrition (PN)
- Preparation of other Injectable Medicines (other CIVA)
- Expertise in Quality Assurance including testing and verifying medical gases

Accepted as a speciality within the pharmacy service, Technical Services are responsible for the development, preparation and supply of bespoke patient-centred medicines. This is undertaken in collaboration with traditional patient-facing clinical roles to ensure safe and efficacious medicines are supplied. As a collaborative partnership the clinician and clinical pharmacist provide therapeutic decision making and clinical verification of prescribed medicines, whilst technical services provide the requested medicines in a presentation verified to be of the highest quality and safety. This relationship provides clear delineation with regard to the clinical and technical responsibilities in relation to patient care. All clinical decisions with regard to patients will be made by an approved prescriber at the Health Board or Trust.

1.1.2 Professional Context

The traditional organisation has placed Technical Services within the Pharmaceutical Profession. The overall responsibility for medicines management and medicines safety in each Health Board and Trust lies with the Chief Pharmacist (or Director of Medicines Management or Directors of Pharmacy Services), and Technical Services lies within their professional responsibility. This is true even where the operations management responsibility sits elsewhere. For instance, Radiopharmacies report to Nuclear Medicine in some Health Boards, but the Professional responsibility for their medicine's preparation work remains with the Chief Pharmacist. Where local resource and capacity restraints require, some technical services products are outsourced from commercial suppliers. In this case the Chief Pharmacist (delegating to their staff), exercises their responsibilities as a responsible buyer, considering the MHRA License of the supplier to indicate the quality of the product.

While the contractual right of the buyer to audit the supplier's Quality System and procedures exists, it is in practice rarely exercised, both through the reluctance of commercial organisations to admit outsiders to their premises, and the absence of NHS resource to carry out such audits. Usually, the first notice of any problem with a supplier, is when the MHRA regulator imposes a constraint on their ability to supply. As noted in the case studies below, these unexpected constraints can have serious patient impacts.

There is a need for Technical Services to re-design its workforce to increasingly focus on recruiting and developing people with the necessary skill sets for Technical Services roles. This will move some recruitment away from Pharmacy professionals where legislation permits. The current training strategy for Pharmacy professionals is shifting to more patient facing roles, therefore, appropriate training programmes and qualifications will need to be developed, working in partnership with HEIW, to support this re-design of the workforce. Pharmacy professionals where appropriate should still have the opportunity to train and work in Technical Services roles.

Pharmacy Technical Services can be undertaken within an organisation under two distinct mechanisms.

1. Services operating under **Section 10 Exemption** of the Medicines Act 1968 are the responsibility of the Director of Pharmacy Services (previously known as Chief Pharmacist) and the Accountable Pharmacist, as these services lie within the Medicines Management portfolio. Where local Service capacity constraints apply, organisations can engage with commercial suppliers to procure outsourced items for patient supply. It is the responsibility of the Director of Pharmacy Services and Accountable Pharmacist to ensure suppliers adhere to regulatory licences and adherence to Good Manufacturing Practice (GMP). However, the Sec 10 ordering model of small quantities with short shelf lives leads to reactive management of quality issues, which can result in medicine shortages and a poor patient experience.
2. Alternatively Technical Services can operate under an **MS (Specials) license** issued by the Medicines and Healthcare products Regulatory Agency (MHRA). While this requires external inspections and imposes certain conditions on how the facility can be run, it also allows a wider range of staff to be recruited and employed, and for longer shelf lives to be assigned to the manufactured product. It also allows routine supply of product across organisational boundaries, and manufacture of product in batches in advance, not just for specific named patients.

1.1.3 Legislative framework

Below is a list of the core legal and professional standards that govern Pharmacy Technical services:

- Medicines Act 1968 – https://www.legislation.gov.uk/ukpga/1968/67
- Human Medicines Regulations 2012 – http://www.legislation.gov.uk/uksi/2012/1916/contents/made
- Misuse of Drugs Act 1971 – https://www.legislation.gov.uk/ukpga/1971/38/contents
- The supply of Unlicensed Medicinal Products (“Specials”) MHRA Guidance Note 14 – https://www.gov.uk/government/publications/supply-unlicensed-medicinal-products-specials
- Quality Assurance of Aseptic Preparation: Professional Standards 2016 – https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Quality%20Assurance%20of%20Aseptic%20Preparation%20Services%20%28QAAPS%29/rps---qaaps-standards-document.pdf
- The Royal Pharmaceutical Society document for the Professional Standards for Hospital Services – Optimising patient outcomes from Medicine (England, Scotland and Wales) Version 3 December 2017 – https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Professional%20standards%20for%20Hospital%20pharmacy/Hospital%20Standards-2017.pdf?ver=2017-12-21-132808-697

- **Duty of Quality** in Healthcare – introduced by the Health and Social Care (Quality and Engagement) (Wales) Act 2020, and Statutory Guidance 2023.
- **Wellbeing of Future Generations** Act 2015 – Places a duty on organisations to consider the long-term consequences of their investment decisions.

The resource requirements of maintaining compliance with these regulations, in the form of a Pharmaceutical Quality System (PQS) are ever increasing. The replication of multiple PQS across each hospital and organisation in Wales, while undoubtedly beneficial to patient safety, is an ever increasing administrative and financial burden on the service, and the service consequently needs to explore cost effective options for achieving the necessary standards

1.1.4 Regulatory agencies

The external inspection and audit requirement will depend on the specialist services provided from each site:

- Internal audit (NHS audit) WHC 2024/004 Sterile Preparation of Medicine in NHS Wales of Section 10 Units - https://www.gov.wales/sterile-preparation-medicine-nhs-wales-whc2024004
- General Pharmaceutical Council (GPhC)– if the Health Board or Trust has Registered Premises
- Medicines and Healthcare products Regulatory Agency (MHRA) – if the hospital holds a Manufacturing Licence (MIA), Specials Licence (MS) or Wholesaler Dealer Authorisation (WDA)
- Home Office – if Controlled drugs are supplied under a WDA.
- Health & Safety Executive for radiation safety (IRR & IRMER)
- Natural Resources Wales for environmental considerations including waste management
- Transport Regulations (Carriage of Dangerous Goods 2009)

All inspection visits require a significant evidential portfolio of compliance to the regulatory requirements and standards. The service needs to consider whether there is an opportunity to deliver fully compliant and high-quality medicines and associated pharmacy services in a more efficient and sustainable way with a strategic service redesign approach.

1.2 Strategic Case for Change

The underlying justification for the TRAMs Programme is based on service risks currently held within the existing Pharmacy Technical Services operated by the Health Boards and Trusts.

Mitigation of these risks is at the heart of the TRAMs Programme, and the proposed investment should be seen in the light that Business as Usual of each organisation seeking to mitigate its risks separately is not a sustainable option for any of the participating organisations.

The current service risks can be categorised as follows:

1.2.1 Rising Demand for Medicine

There is a rising trend in demand for all medicines, but in particular for Systemic Anti-Cancer Therapies (SACT), which before COVID (up to 2020) was increasing at 6% p/a, year on year. The demand for patient doses is driven by increasing numbers of patients presenting with cancer indications, and the expanding indications for use of existing therapies. Since 2020 the rate of growth is increasing with Welsh Cancer

Network and local aseptic services data suggesting **11% per annum increase**. These run rates continue to be monitored and will be updated in the FBC based on 2024/5 data.

The challenge to all the Health Boards and Trusts in Wales is how to meet this demand, which can be expected to continue increasing year on year. Sensitivity analysis within this paper will use the range of between 6% and 15% p/a for growth in demand for SACT, with the median of 11% growth being used in the core analysis. The current 'Business as Usual' product supply model lacks the capacity to grow to meet this demand and is evidenced by the quality reporting of local unit capacity from SE services into the National Lead for Pharmacy Quality Assurance. This results in a significant reliance on outsourcing to meet growth. In a number of Health Boards and Trust the service capacity is already fully committed, and it is anticipated that by the end of 26/27 service capacity will be reached nationally and that any future demand without service investment will need to be met by commercial suppliers, at a premium cost and with no certainty of ability to supply.

Meeting this projected demand growth, which is already causing challenges to the service today, is the key issue which this Business Case seeks to address. Put simply, if we cannot source sufficient cancer medication, then we will not be able to treat our patients.

1.2.2 Facilities

Facilities for Pharmacy Technical Services require replacement for a variety of reasons. Some are in poor structural condition due to age, some have electrical and mechanical defects, some have layouts that prevent them from complying with Quality and Regulatory standards. Some have already closed during the life of this project. As of April 2025, the position is as follows:

Site	Organisation	Products made	Regulatory model	Status
University Hospital Llandough	CAVUHB	SACT and other CIVAs	MHRA MS Specials & Sec 10 Exemption	Poor structural and M&E condition, due to close in 2025.
St Mary's Pharmaceutical Unit	CAVUHB	SACT and PN	Sec 10 Exemption	Poor layout, M&E deteriorating, water ingress
Royal Gwent Hospital	ABUHB	SACT	Sec 10 Exemption	Constrained by size
Royal Glamorgan Hospital	CTMUHB	SACT	Sec 10 Exemption	Poor layout, M&E deteriorating
Velindre Cancer Centre	VUNHST	SACT	Sec 10 Exemption	Constrained by size and capacity plan. Site due for closure. Plan to re-provide at same scale and capacity.
IP5 Medicines Unit	NWSSP	CIVAs	MHRA MS Specials	Constrained by capacity, no air extract for handling cytotoxic products

Overall, there are 21 isolators or work stations nominally available in existing units for preparing the products that are in scope. Each unit has a formal capacity plan as part of their quality and regulatory documentation, limiting the amount of medicine they can safely produce.

Existing plans and re-investments to address fabric or regulatory challenges make no change to staffing or the Operational Pharmacy Supply Model and will lead to no increase in capacity.

1.2.3 Staffing resilience

Each of the six facilities are separately managed and each must fill certain key roles with highly skilled highly graded staff (Typically band 8B), just in order to stay open. Each of these roles represents a single point of staffing fragility, and the pool available to cover within each organisation is very small. Where the Sec 10 Exemption is used it is limited only to certain Pharmacists and Pharmacy Technicians with relevant professional experience. The production staffing in each unit is equally fragile with small teams which become unable to manufacture if just one or two key personnel are absent.

1.2.4 Staffing Skill Mix

The project has undertaken resource mapping of the existing service in partnership with Health Boards and Trusts, in order to understand the existing staffing models. As a result of the resilience challenge outlined above, the teams become 'top heavy' in terms of grading, with high graded staff who need to be present for the facility to be open, actually spending large amounts of their time doing tasks that lower graded staff should do, just to balance out their working days and keep the unit's operating.

In terms of education and training the Pharmacy Profession is no longer producing Pharmacists or Pharmacy Technicians with the skills and experience to operate a Sec 10 Technical Services Unit. If no action is taken to broaden the scope of recruitment to include Health Scientists and Technicians, then the existing staffing construct will in time fail. This proposal has the "future proofing" of the appropriate staffing model at its core.

1.2.5 Outsourced Supply

The service across South East Wales has a heavy reliance on outsourced suppliers to supplement its in house manufacturing capacity.

Table 1.1 Percentage of Outsourced Supply, 2023/2024 data

	ABUHB	CAVUHB	CTMUHB	VUNHST	SOUTH EAST
Total Items Supplied	16,643	30,776	11,887	37,381	96,687
Medicines Made	7,196 (43%)	20,266 (65%)	3,157 (27%)	21,054 (56%)	51,633 (53%)
Medicines Outsourced	9,447 (57%)	10,510 (35%)	8,730 (73%)	16,327 (44%)	45,014 (47%)
Total Cost (£'000)	2,493	4,236	5,763	23,783	36,275
Medicines Made (£'000)	2,003	3,815	1,557	12,518	19.893
Medicines Outsourced (£'000)	490	421	4,206	11,265	16,382

The main outsource suppliers are:

- Bath ASU
- ITH Pharma
- Baxter
- Quantum Aseptic

In terms of cost exposure, the recent (24/25) All Wales Contract prices for Aseptic Medicine have been compared with the full costs of in-house production. Analysis on the products outsourced to commercial suppliers across Wales for the baseline 23/24 year indicate that with the adoption of efficient practices, utilisation of semi-automated processes, and the manufacture of campaigns/batches where shelf life allows, products can be manufactured on average 18% cheaper across Wales than commercial suppliers (20% cheaper if looking at South East Wales alone). This differential represents the commercial suppliers' overhead recovery, cost of capital and profit margins. The percentages above are an average, and sometimes the individual outsourced product can still be cheaper. The "make or buy" decision needs to be made in an agile way in response to market conditions and should ideally be done "Once for Wales" rather than repeated in each individual organisation or site procurement team.

There are several issues with reliance on these suppliers including:

- Issues with the quality of the product, with only a percentage being quality checked before leaving the supplier.
- Short notice inability to supply orders, resulting in poor patient experience, potential cancellation, or preparation within the local aseptic unit with little notice increasing risk of errors. The project is keeping a log of reported manufacturing errors by commercial suppliers, which will be used as a baseline for benefits measurement in the future.
- Cumulative effect of the cost of outsourcing compared to manufacture in house by the NHS.
- Suppliers selectively identifying products to manufacture based on profitability, therefore cannot be relied on to supply the products in demand if not part of profitability model.

With the anticipated trend growth of 11% p/a in SACT there remains serious doubt that the growth in the outsourced supply market will keep pace with demand. Unless the NHS also develops its capacity to manufacture, we risk being unable to source key products at critical times, the outcome being a poor patient experience and or delay in treatment with potentially life-threatening complications.

1.2.6 Regulatory

Supply of aseptically prepared medicines within the South East is subject to varying regulatory mechanisms specific to whether products are supplied under Section 10 Exemption of the Medicines Act 1968 or an MHRA "Specials" Licence. Regulatory guidance and standards, irrespective of regulatory mechanism, are constantly updated and developed to ensure that patients receive only the highest quality medicines. Services have a legal responsibility to these standards to ensure adherence to Good Manufacturing Practice, essential for patient safety. Regulatory requirements are evolving to require:

- Stringent requirements in relation to facilities design and utilisation.
- Increasing demands for physical and environmental monitoring of facilities
- An extensive programme of ongoing validation of people, process and equipment
- Regulatory cap on manufacturing capacity utilisation for the output of products

- Increasing minimum dedicated time requirements associated with setting up and operating the Pharmaceutical Quality System (PQS)

Although subject to different regulatory mechanisms both the Sec 10 Units and the MHRA Licensed Units are subject to ever increasing regulatory pressures, which have a common cause: the desire to mitigate risk to patients from contamination or errors with medicine.

This expresses itself through:

- Ever increasing requirements to validate equipment, processes, and people
- Ever more stringent requirements for layout, separation, and space
- Ever more demanding requirements for air plant, monitoring, recording, and review

The net effect of these regulatory demands are to place a functional ceiling on compliance in situations where:

- Physical site constraints in the existing service prevent addressing layout concerns, there is a lack of space for the creation of additional lobbies, rooms, and functional classified spaces
- Increasing the minimum viable size of a team, to cover separation of production and quality assurance roles, and to address the increasing requirement for quality management needed to support safe manufacture

Unless addressed these issues inevitably lead to unit closure, even where there is no accompanying issue of deteriorating or life expired fabric to be addressed.

It is important to emphasise that none of the existing units fully comply with the MHRA Annexe 1 and so cannot be licensed for MS Specials in their present condition. Addressing these issues just in the South East region will also add to national resilience, as the same issues of fragility and sustainability of the service are present nationally, and will be addressed by future cases within the Programme.

1.2.7 Product Supply Model

All of the factors above combine to make the current product supply model unsustainable.

The current supply model within the South East is based on traditional manual drawing up of injectable medicines on receipt of a prescription, for a specific patient, commonly to be delivered and injected the same day or the next. This is undertaken under Section 10 Exemption of the Medicines Act 1968. This Exemption places stringent controls on when and how medicines can be prepared and supplied. These are summarised below:

- Products must use sterile licensed starting materials only
- Preparation must only use “closed systems”
- Must occur under the supervision of an Accountable Pharmacist
- Finished products must have a **maximum of 8 days shelf life**
- Preparation must be carried out under NHS Standards as detailed in the Quality Assurance of Aseptic Preparation Services Handbook

In light of the regulatory and supply model pressures the local models of patient supply are driven by staffing, regulatory Section 10 Exemption restrictions and demand volume which drives increasing reliance on the commercial sector.

Staffing challenges within the South East services have multiple impacts on the model of supply. Quality data submitted to the National Lead for Pharmacy Quality Assurance via the iQAAPS reporting tool highlight services are frequently over the regulatory compliant cap on manufacturing/preparation capacity utilisation. The consequence of this is that less time is dedicated towards quality management activities that are essential for assurance of patient safety. Given the previously highlighted facilities restraints and the resultant inability to significantly grow the workforce, services are driven to engage the commercial sector for supply, increasing the costs of patient supply whilst reducing the quality of service and patient experience.

The decentralised nature of current aseptic services is not in line with the principles of prudent healthcare. The small quantities of medicines required locally do not allow batch or campaign manufacturing that reduce waste, the capped shelf life prevents forward planning and stock management, and by operating under Section 10 demand across organisations cannot be combined.

These issues were highlighted in the report by Lord Carter of Coles [Review of Operational Productivity in NHS Providers 2015], in which he recommended that Technical Services is among those services best consolidated at a regional level. There are several regional programmes currently underway across NHS England providing a similar solution to Aseptic services as is being proposed in our OBC

1.3 Spending Objectives

The main spending objectives, aligned to the PBC, are as follows:

- **Regulatory compliant provision of unlicenced medicines:** Supply of medicines from regulatory compliant MHRA licenced services will result in improved quality and safety. The creation of a suitable workforce model and "quality by design" manufacturing processes will ensure that regulatory compliance and patient safety is prioritised.
- **Service Continuity** – The manufacturing hub is designed to ensure there is resilience in both staffing and facilities to minimise supply chain issues inherent in commercial outsourced services. As an MHRA "Specials" manufacturer the service can provide extended shelf-life products, manufactured in batched to maximise resource utilisation and allow storage at stakeholder sites, closer to patients to facilitate agile supply.
- **Meeting Demand Growth –** Current demand growth for aseptic products is at 11%, meaning that by 25/26 current services within Wales will have reached capacity and rely solely on commercial providers for unlicenced aseptic medicines. The service model within this business case ensures we can meet the rising demand, in particular for Systemic Anti-Cancer Therapies (SACT), by providing a resilient workforce, regulatory compliant facilities capacity and by maximising the use of medicines.
- **Long Term sustainability -** especially of the staffing model, including skill mix, right grading, and ensuring a pipeline of future staff to key 'pinch point' roles. The current staffing model provides adequate resilience for approximately 5 years after hub opening and focuses investment on operational manufacturing staff.
- **Product Supply Model efficiency –** providing medicines from an MHRA licenced facility maximises the opportunity for benefits realisation. Centralised manufacture improves value and resource utilisation of medicines, offsetting potential medicines shortage issues, preserves capacity of the hub through modelling of medicines manufacturing schedules.

2. Economic Case

The Economic Case analyses the options that exist to address the issues identified in the Strategic Case, and analyses their costs and benefits, to identify a Preferred Way Forward.

2.1 Scope

The Scope as originally allocated to the South East Hub by the PBC included four elements:

- South East Radiopharmacy
- South East Aseptic Hub
- Wales Classical Manufacture
- Supporting Labs, Offices, Stores, and other ancillary spaces

An initial concept design cycle based on this Version 1 (V1) scope was carried out in 2021, with IP5 Warehouse as the emergent preferred site.

Based on the results of this work, Programme Board in 2022 authorised a refinement in Project Scope, with Classical Manufacturing being taken out of project scope, and retained at Programme Level for further review, which is ongoing.

In November 2023 Welsh Government requested Radiopharmacy for the South East be progressed in a separate Business Justification Case, which was approved by SSPC in July 2024, and for which the investment decision was made, and construction is ongoing.

The remaining project scope is therefore focussed on the Aseptic Preparation Hub, with a reduction in the overall square metres estimated for the project from the 5,000m2 studied in the first design cycle to 2,400m2, including ancillary spaces. This decision was based on considerations of value and affordability, in line with the overall Programme funding estimate endorsed in the PBC.

Because the regional product supply model was already selected as preferable by the PBC, site selection work has focussed around delivering this model. Accordingly, no sites have been selected, or site-specific capital costings developed, for reinvesting the Business-as-Usual Product Supply Model of separate provision by the Health Boards and Trusts. For the purposes of the Economic Case, a pro-rata re development cost has been assessed for BAU, and the process by which this was done is described below.

2.2 Critical Success Factors

The following critical success factors arise from both the Spending Objectives, and from the early survey and design work that has been completed in association with each candidate site:

- Location must be suitable for access for **logistic delivery** to the 9 major hospitals and cancer centres in South East Wales.
    - University Hospital Llandough
    - University Hospital Wales
    - Royal Gwent Hospital
    - Grange University Hospital
    - Nevill Hall Hospital
    - Royal Glamorgan Hospital

    - Prince Charles Hospital
    - Princess of Wales Hospital
    - Velindre Cancer Centre

  As a benchmark delivery times need to be kept **below 60 minutes** to these hospital sites. Practically this defines a locality centred along M4, between junctions 28 and 32, in order to meet the delivery constraint.
- The South East Hub site needs to be **accessible to existing staff.** Anonymised post code mapping has been carried out which reveals staff to be centred around Cardiff, Newport, and the South Wales valleys. Practically this drives the same locality constraint as logistic delivery for the central M4 corridor between J28 and J32. In the table 2.1 Summary site shortlist, below the two requirements are therefore combined.
- The site must have sufficient **electrical power** available. Many warehouse and office sites do not have the power margin available to accommodate air plant on the scale needed. Arising from the concept design cycle, a benchmark figure of 600KVA has been established for the Aseptic Hub cleanrooms.
- The site must have sufficient **indoor space** for the required clean room, storage areas, and production offices. This has been benchmarked as 2,400m2 for the purposes of site search.
- The site must have sufficient **outside space** for a service yard and car park. A benchmark figure of 3,000 sq metres of outside space has been used.
- Existing buildings must be in **good condition**, ideally not requiring major renewals or structural work. Subject to surveys, building life from 0-25 years is preferred.
- The site must have **vacant possession** and be otherwise ready to develop.
- The **commercial terms** must be acceptable
- **No other issues** including ecology, drainage, flood risk etc.

2.3 Site Search and Longlist

Site search was led by NWSSP Specialist Estates surveyors, and involved direct engagement both with land agents, and with other public sector bodies in South East Wales across an 18-month period from Jan 2022 – June 2023. A long list of sites was studied, and a selection workshop was held in May 2022 attended by key stakeholders from the service, which produced an initial long list. Since that date site research has continued and the long and short lists updated accordingly.

Longlisted sites analysed and discounted during the process included sites in

- Llanwern
- Port of Cardiff
- Newport Road Cardiff
- Merthyr Tydfil
- Adjacent to the Grange University Hospital

Reasons for discounting sites included: lack of sufficient power supply; insufficient space; inaccessible location for existing and future staff; unacceptable delivery time to major hospitals in the region.

2.3.1 Site Shortlist

Four sites were shortlisted, having been assessed as suitable to deliver the benefits assigned to the South East Hub under the PBC. Work on developing the benefits is reflected below. As these benefits are **not site specific**, they are not material to site selection.

The four sites shortlisted, are as follows:

Imperial Park Building 5 (IP5)

This building, for which NWSSP acquired in the name of VUHNST a 250-year lease in 2019, is a 30-year-old warehouse on the western edge of Newport, near Junction 28 of the M4.

The primary role of the building is as the NHS Wales National Distribution Centre. The 5,000 m2 at the eastern end of the building was initially allocated to TRAMS, and costings for the V1 scope were developed before development work was paused in November 2021. The site remains on the short list for the Scope V2, on which the Hub Design is now based. Around 2,400 sqm is now identified to the Hub concept design.

Office accommodation and lab space within the IP5 building have also been assigned to the TRAMS programme and have been developed and brought into use in a cost-effective way outside the scope of the South East Wales project, assisting with control of scope. This space will be retained regardless of which site is selected for the production facilities of the South East Wales Hub.

This site also enjoys an existing transport infrastructure as a main operating location for NHS Wales Health Courier Service, who have an existing expertise in medicines logistics connected to vaccine programmes and the NWSSP Medicines Unit.

Imperial Park Building 6 (IP6)

This site is adjacent to IP5 and is a new build opportunity. The park owner has indicated that he is prepared to assign the requested power margin as part of negotiating the new lease.

The site is offered as a straight lease for a bare warehouse which the owner proposes to build himself, for NHS led clean room fit out.

The size of the warehouse that the owner proposes to build is quoted as 50,000 square feet (4,671 m2).

The site is vacant and still available as at May 2025. As a square of mown grass on an active Business Park, it is not anticipated that there will be any issues of ecology or flooding to deal with, but surveys have not been commissioned.

Pioneer Coryton

This new build site in the Cardiff Edge Science Park appears suitable in principle and we negotiated actively to try and agree terms from July – December 2022. Although initially confident of success the park freeholder (Pioneer Group) was not able to secure vacant possession of the site. As such the decision was taken in February 2023 by the Programme SROs in consultation with Welsh Government not to proceed with site surveys.

The site owner talked positively about offering freehold transfer options as part of a lease agreement, but at the time of breaking off negotiations had not yet made a substantive offer. As such the indicative costings for this option are based on a straight lease.

Cytiva Coryton

This site is adjacent to Pioneer but has a different freeholder. The building, originally a warehouse and around 30 years old, was developed in 2021-2023 as a clean room facility by Cytiva, part of US based Danaher Group. In early 2023 due to a change of strategy by Danaher Group, the operation was closed and the staff made redundant.

The facility comprises of a complete set of clean rooms developed to ISO7 standard, which is aligned with the MHRA Grade C that our User Requirements demand, plus storage, staff support, and office areas. The clean rooms are however much larger than we would need and would have to be subdivided and reclassified in order to bring them into use, and to control operating cost. The facility would still need production equipment buying and commissioning, as well as clean room alterations, to meet our needs.

Negotiations took place with Danaher Group, and with the freeholder London Metric, from March to June 2023. London Metric were prepared in principle to sell the Freehold, but we were not able to agree terms with Danaher Group to assign the remaining 8 years of their lease. Accordingly, surveys of the site were not instructed. The main question to be resolved by surveys would be over the condition of the roof, which is the original one, but which was said to have been given a new covering with a 10-year guarantee in the 2022 refurbishment.

This site was the only freehold purchase option we had been able to identify for the shortlist but was effectively taken off the market by Danaher Group and cannot now be progressed.

Summary of Shortlist

The shortlisted sites were assessed against the Critical Success Factors with the outcomes summarised in the table below:

Table 2.1 Summary site shortlist

Site	Location	Power	Space	Condition	Vacant?	Commercial Terms
IP5 Newport	Yes	Yes	Yes	Roof	Stores	NWSSP long lease in place
IP6 Newport	Yes	Yes	Yes	New build	Yes	Lease discussed
Pioneer Coryton	Yes	Yes	Yes	New build	No	Lease discussed
Cytiva Coryton	Yes	Yes	Yes	Good tbc	No	No Longer available
Business As Usual	No sites studied					

Commentary on issues noted in the above table is as follows:

Power at IP5

The initial design cycle for IP5 raised concern over the power available to meet the requirements of the V1 Scope. In particular the requirement for electrically powered steam boilers for the Classical

Manufacturing Suite drove a high demand for power, which the site could not supply. When Programme Board removed the Classical Manufacturing suite from Project Scope (but retained it within the Programme for further review), this objection to the site was removed.

The power requirements for the V2 Scope were studied at the concept design phase and the Hub power requirement for 600KVA, can be met from the existing site margin as follows:

Table 2.2 Power at IP5

Usage	Power
Existing warehouse and vehicle charging	300KVA
Radiopharmacy per detail design to RIBA Stage 4	400KVA
Hub as per Concept Design to RIBA Stage 2	600KVA
Remaining Margin for growth and other projects	200KVA
Total for site	**1,500KVA**

(In addition, solar power developments on site are planned to mitigate the cost of power. But these do not impact on the maximum capacity required, which may be reached on a dark winter morning or evening when solar generation is zero.)

IP5 Newport: Condition: Roof

As part of the recent Radiopharmacy investment the roof over the whole TRAMs area, including the Hub development site, has been over clad with new panels. Work was completed in May 2025, and is now rated for a further 30 years, with a warranty from the roof system manufacturer

IP5 Newport: Vacant? Stores Rated Yellow

IP5 has been developed as NHS Wales National Distribution Centre. Development for TRAMs would now entail a reduction of pallet spaces for stores use and the dismantling and storing of 2-year-old racking. Liaison is ongoing to identify alternative locations for the stock and beneficial redeployment of the racking.

IP6 Newport: Commercial terms – Rated Yellow

No issues identified; no binding offer yet in place. Welsh Government directed that it was unlikely that a new lease would be approved, unless the already leased site at IP5 were categorically ruled out. Accordingly, no surveys were instructed.

Pioneer Coryton: Vacant? – Rated Red

This otherwise suitable site has an issue that part of it is leased to another tenant of the park. Although not currently in use by that tenant, the landlord has not been able to agree terms to secure vacant possession. In that circumstance, Programme Board chose not to proceed with surveys of the site, so there may be unknown factors associated with ecology, flood risk, etc.

Cytiva Coryton: Vacant?/Commercial terms – Rated Red

It has not been possible to agree commercially acceptable terms with Cytiva for the assignment of the remaining 8 years of their lease. In addition, they wish one of their group companies to remain as a sub tenant taking up around 10% of the building. This is acceptable in principle indeed it comes with

financial advantages to us, but Cytiva's proposed space allocation for them is not acceptable to us on operational and regulatory grounds. As such no fees have been expended on site surveys, leaving a question mark in particular over the roof, which is original at around 25 years of age.

The freeholder London Metric had indicated that they were prepared to sell us the freehold for a value we assessed as reasonable. However, the time taken to negotiate with Cytiva over the remaining 8 years of their lease, has led London Metric to accept in principle another offer for the freehold. The identity and intentions of the potential new freeholder are not known. There is however, limited value in pursing the freehold with anyone if terms with Cytiva to assign their lease cannot first be agreed.

2.4 Emergent Preferred Way Forward

Based on the above assessment against Critical Success Factors, and after discussion with Welsh Government Capital Team and Programme Board, two options are carried forward for Economic Assessment:

- The TRAMs Hub Option is IP5 Warehouse, Newport.
- The Business-as-Usual Option, for which no sites have been selected.

2.5 Economic & Financial Baseline

This section sets out the baseline financial position of how the NHS Organisations in the South East Region sourced and paid for the medicines that are in scope, during the financial year 2023/2024. The project continued to track costs, and these will be updated where appropriate in future iterations of the case.

The figures have been reviewed thoroughly by both members of the Pharmacy and Finance reference groups and recognised by them as an accurate representation of each organisation's position.

Table 2.3

Baseline Revenue Spend in Scope for the TrAMs Preferred Model – South East Wales Aseptic Services Only

Spend 2023/2024	ABUHB	CAVUHB	CTMUHB	VUNHST	NWSSP	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Pay Costs	599	1,856	445	979	500	**4,379**
Non-Pay Costs	222	613	248	511	582	**2,176**
Medicines Made	2,003	3,815	1,557	12,518	-	**19,893**
Medicines Outsourced	490	421	4,206	11,265	-	**16,383**
Total	**3,314**	**6,706**	**6,456**	**25,273**	**1,082**	**42,830**

Notes to Table 2.3:

1. Agreed baseline financial year 2023/24, data provided by individual organisations via a spend questionnaire over three financial years.

2. The data is in relation to the South East Wales organisations only.
3. No inflation has been added to Non-Pay Costs.
4. Medicines data taken from Pharmacy Stock Management System (Careflow) for financial year 2023/24 and for Medicines within project scope.
5. Medicines split between made/manufactured in-house and outsourced from commercial provider.
6. Medicines made/manufactured in-house refers to medicines produced in the aseptic units of the organisations during 2023/24.

Supporting tables are contained in Appendix 1 covering:

- Baseline Medicines Cost
- Medicines breakdown by name
- Base Staff table by Pay Band
- Base Non-Pay Costs

2.5.1 Business As Usual

Table 2.4 below models projected revenue expenditure if each organisation continued to run its service separately, reinvesting its facilities to address fabric issues and mitigate regulatory pressure, but without addressing its staffing construct or product supply model based on the median 11% demand increase described in the Strategic Case for Change. The table also assumes that any investment in facilities is to maintain current business as usual capacity. Costs remain based in current rates to aid comparability.

Table 2.4

Revenue costs of Business as Usual with 11% demand growth

Business As Usual Scenario Spend	Base Year 23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Pay Costs (HB/T)	4,379	4,620	4,620	4,620	4,620	4,620	4,620	4,620	4,620
Non-Pay Costs (HB/T)	2,176	2,176	2,176	2,176	2,176	2,176	2,176	2,176	2,176
Medicines Made (HB/T capacity reached 25/26)	19,893	22,081	24,510	24,510	24,510	24,510	24,510	24,510	24,510
Additional Medicine Outsourcing (HB/T capacity reached 25/26)				2,696	5,689	9,011	12,698	16,791	21,334
On-Cost of Additional Medicine Outsourcing				554	1,170	1,853	2,612	3,453	4,388
Medicines Outsourced (Assume available growth capacity with Commercial Provider)	16,383	18,185	20,186	22,406	24,871	27,607	30,643	34,014	37,756
Total Revenue Spend	**42,830**	**47,062**	**51,491**	**56,962**	**63,035**	**69,775**	**77,258**	**85,563**	**94,782**

Notes to Table 2.4:

1. Pay cost projections for business as usual for South East organisations. There is no assumption of pay award from 2025/26 onwards.
2. Non-Pay cost projections. There is no inflation assumed.
3. Medicines made/manufactured in-house (aseptic services) until capacity has been reached at the South East units, currently estimated during 2025/26.
4. 2026/27 and onwards assume capacity reached at existing units and any further demand/growth would need to be met by outsourcing to commercial provider.
5. Additional outsourcing to commercial provider will incur an additional on-cost at an estimated premium of 20.567%.
6. Medicines outsourced to a commercial provider as in baseline year 23/24, continue to be outsourced with an 11% growth/demand expectation.

Table 2.4 above identifies the currently accepted scenario that BAU in-house capacity will be unable to meet demand by the end of 25/26. From this year onwards, demand increases can only be met by outsourcing to commercial suppliers, incurring commercial rate on-cost of those medicines (currently 20% for South East Wales). This assumes that commercial suppliers are able to absorb the demand increase.

It should be emphasised that this is not a "Do Nothing" scenario. Considerable capital investment would be needed to re-provide facilities, just to be able to "stand still" in service capacity terms.

Because the Programme Business Case has already selected the regional supply model as preferred, the project has not invested time and cost in selecting sites or preparing costings to recapitalise the Business-as-Usual service model.

For the purposes of the economic case, it is however necessary to estimate the capital cost of sustaining 5 separate manufacturing units and reinvesting in them. A pro-rata assessment has been made based on:

- The number of isolators or work stations in each unit, being the best indicator of productive capacity needed by the BAU Pharmacy Product Supply Model.
- The ratio of cleanroom and non-cleanroom square metres per isolator, as determined by the TRAMs Hub concept design. This is the best available indicator of the number of square metres required for modern and regulatory compliant design.
- The cost per square metre of the TRAMs Hub concept design.

Table 2.5

Comparison of Capital Costs Between Business as Usual or TrAMs South East Hub

Options	Service Model	Number of Isolators	Cleanroom Space (sq. m)	Developed Space (sq. m)	Capital Investment Net (£'000s)
Business As Usual	Existing	21	1,341	2,775	**22,679**
Preferred	TrAMs	15	958	1,982	**16,199**

A split of these costs per unit and per organisation is included in Appendix 1.

The aggregate capital cost of maintaining the Business-as-Usual supply model has been estimated by the project at £22.7m (plus VAT) over the next 5 years. We are not however aware of any viable alternative investment options being brought to maturity for this scenario, so whether the required capital could be invested in this timescale can be considered doubtful.

It should also be noted that the TRAMs Hub costing on which these pro-rata costs are developed does not include any provision for:

- Site acquisition (because a long lease is already in place)
- Building renovation (because the building has already been renovated under the SE Radiopharmacy case)
- Power reinforcement (because sufficient power is in place)
- Car Park or Yard works (because sufficient car parking and yard space exists)

It is therefore entirely possible that the costs of developing 5 actual sites for BAU could considerably exceed the estimate used in this analysis.

2.5.2 TRAMs Hub Option

This section models the revenue impact of the proposed service from the South East Wales Hub.

2.5.2.1 Capital Cost of the TRAMs Hub

The following table summarises the proposed costs of the TRAMs Hub investment:

Table 2.6

Capital Costs of the TRAMs Hub

	Capital Costs Net £'000s
Works Costs	**6,437**
Design Fees	699
Non-Works Costs	679
Equipment	6,271
Planning Contingencies	2,113
Sub Total	**16,199**
VAT	2,958
Total for Approval Purposes	**19,157**

Table 2.7

Capital Cashflow Requirements

	Capital Costs Cashflow Gross of Vat £'000s			
	2025/26	2026/27	2027/28	Total
Total Capital Cashflow	1,765	17,129	263	19,157

Further detail of the capital costs is available within the Estates Annexe.

2.5.3 Capacity and Staffing of the TRAMs Hub Option

South East Hub Staffing Establishment and Capacity Utilisation

In order to provide a skilled and sustainable workforce to deliver a regulatory compliant service to stakeholders, the TrAMS service must be staffed to meet the expected demand. With a view to the current Year 1 projected opening date of the South East Hub (27/28), the programme has identified a suitable staffing establishment (Reference Appendix 1).

Within this establishment is the necessary staff for delivery of operational, managerial and support services to deliver a compliant service that engages with stakeholders, develops staff and ensures regulatory compliance. The model also provides resilience in the staffing structure to meet current and future demand.

The calculation and validation of the staffing establishment within the OBC has been provided by undertaking an extensive review of the proposed product catalogue for Years 1-5 of the Hub operating and capacity utilisation this staffing establishment and product catalogue provides. This work was carried out by The TrAMS project team, with review by Pharmacy Reference Group, providing assurance that the approach is in line with current capacity assessment of current services and an acceptance that the capacity tool utilised in an accepted regulatory compliant method of capacity utilisation assessment. The product numbers have been projected forward as 11% annual growth from the baseline year 23/24.

The review has identified the types and numbers of products that will be made under the following categories.

- **Single item** "Specials" – Products with a low regional or national usage and shelf life of <96 hours.
- **Campaign Items** – Where regional or national use is >2 products per day at variable doses of the same medicine and there is a shelf life of <28 days.
- **Batch items** - where national or regional usage is high across several dose bands and the shelf life is >28 days.
- **Outsourced** – Products where there is no commercial value to manufacture when compared to commercial pricing.

Table 2.8 below highlights the breakdown of the above categories as a daily operating schedule within the South East Hub.

Table 2.8

Daily Output requirement in the first 3 years of operation

Manufacturing Type	27/28	28/29	29/30
SACT/Haem Batch	5 / day	5 / day	6 / day
SACT/Haem Campaign	13 / day	13 / day	13/ day
SACT Single Item	37 / day	41 / day	46 / day
CIVAS Batch	2 / day	2 / day	3 / day
CIVAS Campaign	2 / day	2 / day	2 / day
CIVAS Singles	4 / day	5 / day	5 / day
Compounded Parenteral Nutrition	31 / day	34 / day	37 / day
Neonatal Parenteral Nutrition Batch	1 / week	2 / week	3 / week
Outsourced Items	115 / day (As 6 transactions)	128 / day (As 6 Transactions)	142 / day (As 6 transactions)

The above data provides an example of an "average" daily manufacturing schedule within the hub for purposes of manufacturing capacity utilisation calculation. This is undertaken using the Pharmaceutical Aseptic Services Group capacity tool. This tool has been developed and approved by Heads of Pharmacy Technical Services, Production Leads and Regional/National Quality Assurance as a regulatory compliant method of calculating manufacturing capacity utilisation to demonstrate regulatory compliance and safe operating levels.

The tool assigns variable timings to different batch and campaigns depending on products made, with the timing data collected from around Wales as the benchmarked standard at present. Once the data in the table above has been populated into the capacity plan, we enter in the operational staffing numbers as whole-time equivalents available. Staff numbers entered were adjusted to remove time for Statutory & Mandatory training, annual leave and sickness plus time for quality management activities as is recommended in MHRA guidelines (Guidance Note 14 and Annexe 1).

For Year 1 the schedule above was calculated against the first-year staffing establishment and so on for the following two years. Years 4 & 5 capacity was calculated based on 11% growth but a steady state of staffing. Years 1 to 3 uplifting of staff was from 77 WTE in Year 1 to 98 WTE in Year 2 and 104 WTE in Year 3 ongoing.

The Capacity Utilisation of the TrAMS service is from Year 1 of operation is highlighted below

2.6 Repatriation of Outsourced Products

Whilst not a main driver for transformational change, there is a financial benefit to the repatriation of aseptic products into the South East Hub from the commercial suppliers.

This benefit can only be realised by increasing the capacity, contingency and model of provision of aseptic services within Wales. Current reporting from the Pharmacy Stock Management System (Careflow) identifies commercial suppliers of aseptic products and provides data on the medicines and doses ordered in response to aseptic unit capacity challenges as well as the unit price paid for each product.

To identify the cost to manufacture these items within the South East Hub, the project team have proposed a suitable method of manufacture (semi-automated or manual) for each product outsourced and where applicable campaign or batch sizes, this is used to determine the consumable cost associated with manufacture of the product.

From this assessment, a proposed "TrAMS" cost per product based on baseline year All Wales Contract Prices is identified, which is compared to the commercial price from the baseline year 23/24 (Example calculation below).

Table 2.9 Example of Cost Differential

Table 2.9 shows 23/24 outsourced data from the Pharmacy Stock Management System (Careflow) indicated the following ordered from commercial suppliers for Pembrolizumab 200mg Infusion:

Annual Outsourced Units Used	Annual Cost (£)	Average Cost per Unit
2663	£7,508,614	£2,819
Daily Outsourced Units Used	**Daily Cost (£)**	**Average Cost per Unit**
11	£28,768	£2,819

The All-Wales contract price for Pembrolizumab 100mg Vial is £1349.00, the final container is £3 and there is a daily cost of £85 to prepare the daily total campaign for Pembrolizumab.

Therefore, the cost to manufacture within the TrAMS hub is highlighted below:

Daily Units Manufactured	Number of vials required daily	Total cost of vials	Total cost of consumables and final containers	Total cost per Product	Projected Annual cost
11	22 vials	£29,678	(11 units daily x £3 final container) +(£85 batch cost) +(£29,678 cost of vials) = £29,796	£27,095/11 = £2708.72	£2708.72 x 2663 (Annual demand) = £7,213,398

Batching the above product with the available extended shelf life twice monthly would remove the cost from £85 per day batch cost to just £170 per month providing an additional £20,145 saving to the preparation of the product.

The annual saving opportunity is therefore:

Outsourced Annual Cost	Projected TrAMS Annual Cost	Batched Consumable Saving	Opportunity saving per annum
£7,508,614	£7,213,398	£20,145	£315,364

Outsourced Annual Cost – (Projected TrAMS Annual Cost + batched consumable saving)

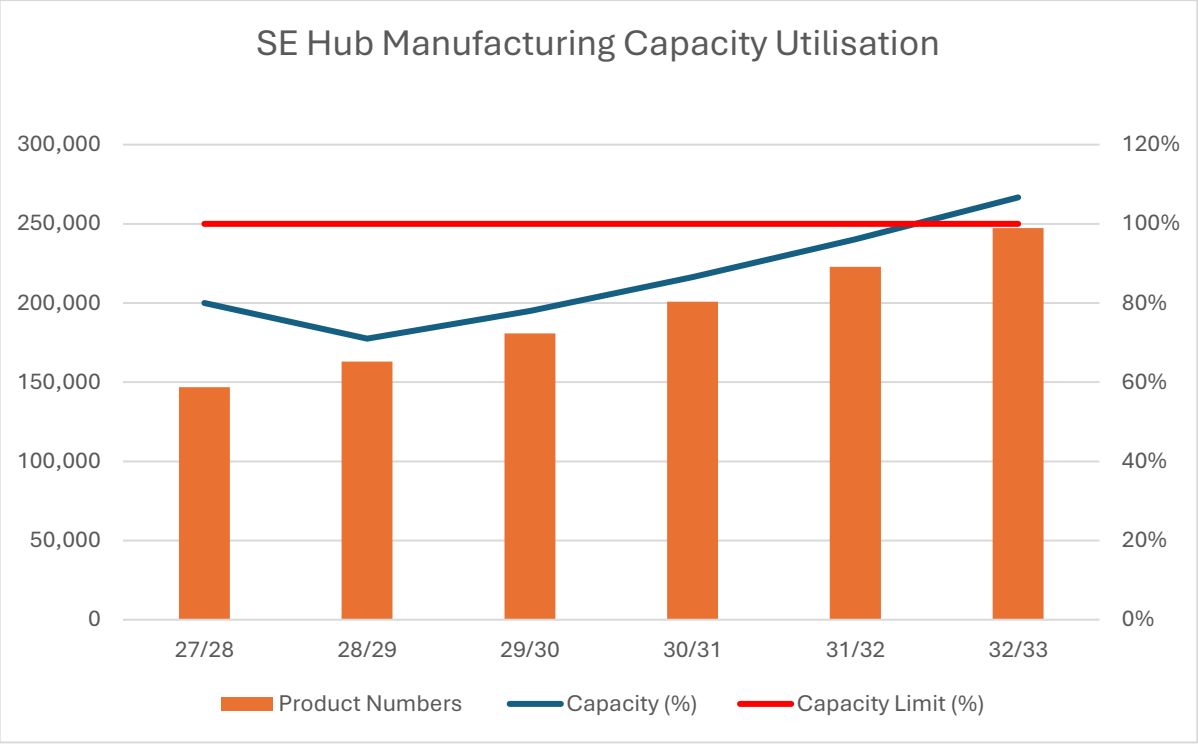
This calculation, applied to all outsourced products identified on the Pharmacy Stock Management System (Careflow) has identified a 20% "premium" paid by South East organisations across the outsourced range of products. Within the outsourced range of products, we have also identified the individual products where repatriation to the South East Hub confers a financial benefit to NHS Wales.

These items will be made in the South East Hub and are represented within the revenue tables as "outsourced savings opportunities".

Where products display a neutral or negative cost impact when made within the South East Hub, the service will assess the value of preparing these items within the hub or by outsourcing to a commercial supplier. Outsourcing these items would provide value by providing stakeholders with the best value product, whilst conserving manufacturing capacity within the hub for new products/services where value can be added.

The service will evaluate the commercial market annually to ensure that medicines supplied to stakeholder organisations provide the best value. Quality assurance of the outsourced items, whilst traditionally quality assured by organisations would now be assured by the TrAMS hub Quality Assurance team under service level agreement.

Table 2.10 Overall Hub Capacity versus Demand



This data firstly validates the staffing establishment as being appropriate for the level of activity projected to be required from the South East Hub at Y1 of operation. With subsequent additions of operational staff in Y2 and Y3 the data indicates that **no additional staff will be required to meet demand until mid-31/32 (Y5 of operation)**. The staffing establishment will be reviewed annually in line with demand to identify if further investment in staff is required to be brought forward or delayed.

2.7 Hub Manufacturing Methods

As described in the case for change, preparation of single products in the existing Section 10 aseptic units is completed using manual disinfection and aseptic processes, and under strict regulatory conditions. This model of preparation is time consuming, wasteful and restricts the capacity of units to operate safely and efficiently.

Assessing the agreed product portfolio in scope for the baseline year there are several mechanisms of manufacture that, under the benefits of holding an MHRA "Specials" licence, will allow prudent use of medicines, improve efficiency and output of the hub and also have a positive environmental impact on the use of single-use plastics. These are summarised below:

Table 2.11 Comparison of different methods of manufacture

Manufacturing Method	Description	Manufacturing Benefits
Manual - Single Product	This is using validated manual aseptic techniques undertaken by an operator to prepare a single product	Cost effective for single products
Manual – Campaign	Use of validated manual aseptic techniques however the operator combines multiple orders for multiple doses of the same medicine and presentation	Quicker assembly and transfer into manufacturing zones than making all items individually. Minimal waste of medicine through vial sharing Cost-effective
Manual – Batch	Use of validated manual aseptic techniques to prepare large numbers of the same product dose and presentation	Quicker assembly and transfer into manufacturing zones. Batch size designed for zero medicines waste Cost-effective Efficiency in QA assessment and release of batch
Semi-Automated - Single Product	Using validated semi-automated manufacturing techniques to prepare a single product	Only beneficial if needed for products where preparation is high in volume or complex in nature.
Semi-Automated – Campaign	Using validated semi-automated manufacturing techniques to prepare products for multiple orders for multiple doses of the same medicines and presentation	Quicker assembly and transfer into manufacturing zones than making all items individually. 2 minutes per product processing time compared to manual process 10 minutes Minimal waste of medicine through vial sharing

		Cost-effective Reduction in single use plastics
Semi-Automated - Batch		Quicker assembly and transfer into manufacturing zones than making all items individually. 2 minutes per product processing time compared to manual process 10 minutes. Batch size designed for zero medicines waste Efficiency in QA assessment and release of batch Cost-effective Reduction in single use plastics

The methods in table 2.11 summarise the manufacturing mechanisms to be utilised in the South East Hub and each mechanism is assigned to products within the portfolio based on shelf life, annual demand numbers and particular methods of manufacture stipulated within the product licence (Paclitaxel Infusion for example cannot be made using semi-automated technologies due to incompatibility with PVC tubing).

The table above does not detail other processing quality and efficiency measures. Manual disinfection of medicines and components into the critical zone is time consuming, however within the South East Hub, isolators and facilities will have the capability to utilise vaporised and ionised hydrogen peroxide technologies.

These technologies reduce the need for costly alcohol and detergent wipes used in manual disinfection processes. Not only does this technology improve disinfection and ultimately product quality, but the automated nature of disinfection releases staff to carry out ancillary and supportive tasks. It also reduces landfill waste of single use plastics by up to 85% in line with the NWSSP Decarbonisation Action Plan. There is also a reduction in the risk of product rejection, financial waste, and delay to patient treatment.

Currently validated semi-automated manufacturing methods have been developed in a number of aseptic facilities across Wales as part of a product development program.

NWSSP Medicines Unit, CAV St Marys Manufacturing Unit, and the Aseptic Unit in BCUHB have all contributed to process and timing data capture. The time attributed to these activities is discussed in the capacity section of the OBC but utilise baseline data provided by aseptic units across Wales.

2.8 Revenue costs of the TRAMs Hub Option

Based on the optimized manufacturing methods and the staffing establishment required to carry them out, the proposed revenue costs of the Hub are as follows:

Table 2.12

Recurring Revenue Spend Analysis for the Preferred Option (TrAMs Preferred Model South East Hub)

		SE Hub Go Live				
Preferred Option Spend (TrAMs)	**26/27**	**27/28**	**28/29**	**29/30**	**30/31**	**31/32**
	£'000s	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Pay (SE Hub)	472	4,888	6,200	6,589	6,589	6,589
Non-Pay (SE Hub)		2,008	2,008	2,008	2,008	2,008
Total Revenue Spend	**472**	**6,896**	**8,207**	**8,597**	**8,597**	**8,597**

In terms of a full year comparison of the hub proposal against the baseline, the following table compares the fully staffed Hub with the Service Baseline (both using 2023/4 rates):

Table 2.13

Comparison of Baseline and TrAMs South East Hub Pay and Non-Pay Spend

Baseline 2023/24 Costs vs South East Hub Operating Costs	**23/24 Baseline Costs (BAU)**	**South East Hub Costs 29/30**	**Increase on Baseline Costs**
	£'000s	**£'000s**	**£'000s**
Pay Costs	**4,379**	**6,589**	**2,210**
Non-Pay Costs			
Consumables & Equipment	763	726	(38)
Protective Clothing	263	200	(63)
Regulatory Costs	16	37	22
Software &Licensing	241	132	(109)
Office & Site Costs	522	518	(4)
Cleaning, Refuse & Waste	242	94	(147)
Staff Costs & Training	48	90	42
Transport Costs	82	211	129
Total Non-Pay Costs	**2,176**	**2,008**	**(168)**
Total Pay and Non-Pay Costs	**6,555**	**8,597**	**2,042**

Notes to Table 2.13:

1. Baseline costs for the South East organisations for financial year 2023/24.
2. South East hub costs relate to operating year 3 (2029/30) when the hub will be fully staff established.

As can be seen the operating costs of the Hub are higher than the baseline costs of the current service. This is because the Hub is resourced to manufacture medicine at a larger scale, both to meet clinical demand, and to achieve an **offsetting financial benefit** in the medicines spend, as will be shown in section 2.9 Benefits below.

2.9 Benefits

The Hub manufacturing model is inherently more efficient and productive than the current supply model of separate Health Board and Trust units supported by outsourcing.

This is because:

- The Hub consolidates demand from 9 major hospitals and cancer centres on one manufacturing site. This enables:
  - Efficient management of service demand
  - Improved asset utilisation with isolators in operation throughout the day
  - Batch and campaign manufacture rather than single items to improve efficiency, reduce waste and enhance agility of supply to patients
  - More planned manufacture for stock, rather than on demand
- The Hub will use semi-automated medicine pumps to enable large scale batch manufacture at pace. This technology provides enhanced accuracy and better yield output when compared to manual processes.
- The Hub will utilise Hydrogen Peroxide gassing technology for both room decontamination and product decontamination. This will reduce the failure rate and wastage of medicine during manufacture.
- The Hub staffing model will be more robust, with more staff available to be cross trained and provide better absence cover, compared to separate small teams.
- The Hub will be a 100% Licensed Service with MHRA MS Specials License. The Section 10 Exemption to the Medicines Act will not be used.
  - This will mean that all manufacturing activity can be right graded to staff with appropriate training, and Pharmacists and Health Scientists used on tasks appropriate to their higher skills and grade.
  - This also widens the recruitment pool, enabling Science Graduates of any suitable discipline to be employed in a wide variety of roles.
  - By being fully licensed we can also assign longer shelf lives to products, further supporting batching and making for stock, rather than making to order.
- Unlike a commercial outsourcer the Hub will not charge a profit margin or seek to recover its cost of capital. We estimate this as a 20% difference in price compared to the commercial sector, even where the manufacturing efficiency is the same.

The principal benefits of the Hub supply model are **capacity, contingency, and quality of medicine supply for our patients**, and the case is made on those grounds.

Other benefits accruing directly to the Health Boards and Trusts include:

- **Release of space** on Acute Hospital sites from the existing units to be redeveloped beneficially as each organisation sees fit
- **Release of nurse time** from preparing injections on the ward, to be redirected to towards patient care as each organisation sees fit.

Neither benefit has been treated as cashable in this case, but both are real and should be noted.

Modelling by the project team also shows considerable financial benefit to the Health Boards and Trusts from the manufacturing efficiencies referred to above, as set out in Table 2.14:

Table 2.14

Summary of Potential Annual Cash Releasing Opportunities Across All Wales Organisations for Baseline Year 2023/24

Medicines in scope that have manufacturing efficiencies	BAU Annual Cost	TrAMs Annual Cost	Total Opportunity	AB	CAV	CTM	VEL	HD	SB	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Total	29,137	23,909	5,228	225	46	1,236	1,862	1,114	744	5,228

Notes to Table 2.14:

1. Total outsourced medicine spend across Wales for baseline year 2023/24.
2. Total estimated efficiency opportunities on outsourced activity across Wales is £5.2m.
3. Total South East **only** efficiency opportunities £3.4m (AB, CAV, CTM, VEL);
4. Total South East outsourced spend to commercial provider 2023/24 £16.4m;
5. Efficiency opportunity percentage of South East Hub as opposed to BAU is 20.567%.

This modelling has been undertaken by comparing commercial pricing of outsourced items with Welsh drug contract pricing and use of semi-automated technologies or manual processes to manufacture medicines in hub. This is only possible with the increased capacity the Regional Hub model provides and is unachievable in the current BAU picture. The methods of manufacture used within this modelling have been developed within the NWSSP Medicines Unit and are accepted and validated methods of aseptic manufacture

Only considering the opportunity to the South East Wales organisations, the savings opportunity on the Medicines spend, **offsets entirely the additional running costs** of the Hub by the end of Year 1 compared to Business As Usual.

2.10 Economic Evaluation of Preferred Way Forward

The economic evaluation compares the revenue spend under BAU against the Hub Option:

Table 2.15

Comparison of Business As Usual and TrAMS South East Hub Revenue Spend Analysis

BAU vs Preferred Option (SE Hub)	23/24	24/25	25/26	26/27	SE Hub Go Live 27/28	28/29	29/30	30/31	31/32
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Business As Usual:-									
Pay Costs (HB/T)	4,379	4,611	4,611	4,611	4,611	4,611	4,611	4,611	4,611
Non-Pay Costs (HB/T)	2,176	2,176	2,176	2,176	2,176	2,176	2,176	2,176	2,176
Medicine Spend (HB/T)	36,276	40,266	44,695	50,166	56,239	62,980	70,462	78,768	87,987
BAU Total Spend	**42,830**	**47,053**	**51,482**	**56,953**	**63,026**	**69,767**	**77,249**	**85,554**	**94,773**
TrAMs SE Hub:-									
Pay (SE Hub)				472	4,888	6,200	6,589	6,589	6,589
Non-Pay (SE Hub)					2,008	2,008	2,008	2,008	2,008
Medicine Spend (SE Hub)					49,954	55,449	61,548	68,318	75,833
SE Hub Total Spend	**-**	**-**	**-**	**472**	**56,849**	**63,656**	**70,145**	**76,915**	**84,430**
Variance					**(6,176)**	**(6,111)**	**(7,104)**	**(8,639)**	**(10,343)**
Cumulative Variance					**(6,176)**	**(12,287)**	**(19,391)**	**(28,030)**	**(38,374)**

To put this at its simplest the Hub Option costs more to run because it has more staff. But the saving on medicine spend offsets the increase in staff cost. **The cumulative net benefit reaches £38m by the end of the period.**

It should also be stated that the total project cost of investing in the Hub, is lower than the estimated capital investment to re-invest in separate units. The project also assesses that the Hub investment can be made sooner, because the site is now investment ready, under an NHS long lease, and has planning permission in place, which we do not believe to be the case for separate unit options.

The assumptions above have been incorporated into a discounted cash flow for each of the options (BAU and TrAMs preferred option). The discounted cash flow has been prepared over a 25-year period, using a discount rate in line with the requirements of HM Treasury.
The key assumptions are summarised in table below.

- Costs are calculated over a 25-year appraisal period.

- Costs and benefits use real base year prices – all costs are expressed at 2023/24 prices in line with the baseline costs.
- The following costs are excluded from the economic appraisal:
    - Exchequer 'transfer' payments, such as VAT.
    - General inflation.
    - Sunk costs.
    - Non-cash items such as depreciation and impairments.
    - A discount rate of 3.5% has been applied to Years 1-25 in line with HM Treasury guidance.

The results of the economic appraisal are provided in the table below:

Table 2.16

Net Present Value analysis over 25 years

	Economic Model over 25 years £'000s	
	Business As Usual	**Preferred Model TrAMs**
Capital Costs excl Lifecycle	22,679	16,199
Revenue Costs	183,017	196,113
Direct Medicine Costs	2,111,596	2,111,596
Cash Releasing Benefits	-	(171,633)
Non-Cash Releasing Benefits	-	(93,008)
Total Costs and Benefits (undiscounted)	**2,317,292**	**2,059,267**
Risk	3,402	2,430
Total Costs and Benefits including Risk	**2,320,694**	**2,061,697**
Discounted Net Present Value (NPC)	**1,479,322**	**1,164,813**
Equivalent Annual Cost (EAC)	**59,173**	**46,593**

2.11 Sensitivity Analysis

The results of the economic appraisal above have been subject to a sensitivity analysis to examine the impact of potential changes to assumptions around future demand and growth of medicines and the potential to not realise outsource opportunities and cost avoidance.

The first part of this involves undertaking switching value analysis which has been applied to areas of material cash flows to identify the extent that costs and benefits must change in order for the Net Present Cost to move adversely in comparison to the Business-as-Usual model.

Based on this analysis, the TrAMs South East Wales Hub is the preferred option.

Table 2.17

Sensitivity Analysis summary

	Business As Usual £'000s	Preferred Model TrAMs £'000s	Difference in NPC £'000s
Baseline Net Present Costs (NPC)	1,479,322	1,164,813	(314,509)
Revised NPC after:			
Cost avoidance costs excluded	1,479,322	1,214,119	(265,203)
Annual demand/growth increased to 15%	1,877,760	1,481,255	(396,505)
Annual demand/growth decreased to 6%	1,098,309	861,260	(237,049)
No outsourced savings achieved	1,479,322	1,258,129	(221,192)

Based on the analyses above, the TRAMs South East Hub Option is therefore selected as Preferred Option on economic grounds.

3. Commercial Case

3.1 Commercial Approach

In July 2023 TRAMs Programme Board approved a contracting approach for the project based on separate contracts for building renovation and for cleanroom installation, with the two contractors occupying the site separately and sequentially. Movable equipment, principally the 15 Aseptic Gassing Isolators, will also be directly procured. This was determined to be the best value for money approach, and achieve the best control of change, with the cleanroom contractor as the biggest cost driver reporting directly to the NHS Project Team, including specialist pharmacists with direct knowledge of the relevant regulatory standards to be achieved.

The NHS Project Manager is in overall control, subject to the governance oversight set out in section 5.3 below, and supported by a team of specialist advisors amongst whom the Project Surveyor combines the advisory roles of Cost Advisor and Construction Management specialist. A spine of accountability runs from the Project Manager, the Programme Director, Project and Programme Boards, to the Programme SROs.

Suppliers have been engaged in multi-phase contracts with break clauses, and progression to the next stage being a contract option, dependent on satisfactory performance and funding awards. Where appropriate building industry template Terms and Conditions have been utilised.

This approach has facilitated the separate but closely related delivery of the Radiopharmacy and Hub projects, on adjacent parts of the same site. This also ensures that the designs are de-conflicted, ensuring fit both for space, utility use, and for commonality of key systems.

Procurement support is being provided through NWSSP Capital Team, with support from other procurement teams where appropriate.

A contract register is being kept of all contracted expenditures related to the project, their amounts, approvals, and expiry dates.

Specialist Estates advice is provided via NWSSP SES who have a representative on the Project and Programme Boards.

3.2 Commercial Position

Key contractors, roles, and status are as per the table below:

Table 3.1

Summary of Contractors and Advisors

Package	Contractor	Route to Market	Status
Enabling Works	TW Group (South Wales) Limited	Open Tender	Building renovation works enabling both the Radiopharmacy and the Hub were funded through the Radiopharmacy Case and will complete in May 2025.

Cleanroom Build	Angstrom Technology Limited	Open Tender	Has already delivered the Hub concept design to RIBA Stage 2. Engaged on multi-phase contract, with options to deliver Hub detailed design to RIBA stage 4, build, and validation.
Hub Isolator Supplier	Tbc	Open Tender	Tenders closed on 28 March 2025, with 5 bidders. Assessment is ongoing. Expected to be ready to award circa June 2025. Prices will be held for 6 months
Digital Stock Ordering, Workflow, and Control service	Tbc	Open Tender	Tender closes end of May 2025. Expected to be ready for awarding Sept 2025. Prices will be held for 6 months.
Cold Room build	Tbc	Open Tender	Will be tendered for post OBC.
Project Surveyor and Cost Advisor	Cooke & Arkwright	Framework award	In post and advising
Pharmaceutical Validation Specialist	Scitech	Open Tender	In post and advising

It should be noted that the enabling works contracted for the Radiopharmacy also enable the Hub Build, and no further building renovations will be required before the cleanroom build can commence on site. Enabling works include:

- Roof over sheeting of the whole 2,800 sq metres of the Radiopharmacy and Hub production zones
- Renovation of the dividing wall to provide 60-minute fire rated protection to both the Hub and the Warehouse.
- Demolition of various structures within the construction zone
- Drainage alterations and ground works for a new loading bay
- Renovation and reconfiguration of the toilets and staff mess rooms

In addition to these main contracts additional small expenditures are anticipated for:

- Data network commissioning
- Integration of new zones onto the building fire and security alarms and for access control
- Minor electrical works at times when no main contractor is mobilised on site
- Power Resilience study is currently out to tender, and will present options for improving the power resilience of the Radiopharmacy, Hub, and whole site.
- Structural Engineer advising the Project Team
- Building Control provider
- Planning Advisor and Ecology consultant (scope complete – planning permission covering the hub was granted in February 2025)

These were/are procured with the advice of NWSSP Procurement as and when required.

3.3 Risk Allocation

A paper was prepared for Programme Board analysing key risks arising from the contracting and delivery process, in particular around the decision not to use a single Supply Chain Partner (SCP), but instead to

contract directly with key specialist suppliers. The decision was taken that it was better for the NHS to own the risk of assembling the supply chain and managing key interfaces directly, rather than rely on a third party for this key task.

This is because the expertise in both cleanroom delivery and isolator performance lies with the NHS specialist Pharmacists and our contracted Advisors, not with a general building or multi-disciplinary company who might be engaged as SCP. The shorter the chain of accountability from the specialist delivery companies to the NHS Project Team the better control we will achieve over the specialist suppliers.

This structure is analogous to the fit out of a clinic or ward, where separate contracts will be used for building renovation, followed by a separate contract specialist equipment fit out by another directly contracted provider. The two contracts are separated by time, with each company occupying the site as Main Contractor sequentially. The Project Team's contracted construction management specialist ensures design alignment and overall control, as well as compliance with the Construction (Design and Management) Regulations 2015.

3.4 Charging Mechanism

The principal contracts are for construction, and charging is by a monthly assessment of work completed, certified by an employer's advisor, less a percentage retention for snagging, which is in line with construction industry best practice.

Equipment contracts are charged based on completion of key deliverables, typically:

1. Design Deliverables
2. Factory Acceptance Tests
3. Site Acceptance Tests
4. Full Documentation

Independent certification of completion of the deliverables has been arranged where necessary and appropriate.

3.5 Personnel Implications

The project has mobilised procurement support from within NWSSP to support assembly and management of the Supply Chain. The project has also mobilised capital accounting support to manage funding, cash flow, and payments, and to contribute financial analysis to the Business Cases.

The project is also supported by specialist contracted advisors, as noted in the table 3.1 above.

3.6 Accountancy Treatment

The Project has discussed the VAT treatment with our advisors, EY (Ernst & Young). There are no lease implications to be analysed under IFRS16, most of the expenditures being either capital purchases or capitalised resources associated with bringing the assets into use. Formal VAT assessment for the project is planned 2026/7.

The expenditure will be capitalised as either assets or assets under construction within the financial year when the expenditure is incurred.

3.7 Readiness status

Contracts are in place, and in general will be ready to start work within 4-6 weeks of funding being approved. Further detail is found in Appendices 4 and 5 of this document, and further estates related information is held by the Project Team for inspection by Welsh Government scrutineers if required.

Planning Permission was granted in Feb 2025 with no pre-commencement conditions, so there will be no delay to the works for this reason.

4. Financial Case

The financial case analyses the budgetary impacts of the preferred option, where the costs and benefits will fall, and proposes the funding arrangements to support the service.

4.1 Capital Costs

The table below summarises the £19.157m capital funding requirements of the preferred option.

Table 4.1

Capital Costs of the Preferred Option

	Capital Costs Net £'000s
Works Costs	**6,437**
Design Fees	699
Non-Works Costs	679
Equipment	6,271
Planning Contingencies	2,113
Sub Total	**16,199**
VAT	2,958
Total for Approval Purposes	**19,157**

It should be noted that the capital cost estimates are based on the TrAMs South East Hub preferred model, and the following assumptions have been made around the capital costs

- Works costs include the clean rooms build with the associated Environmental Monitoring System.
- Fees as outlined in Appendix A4 Estates Annexe and Cost Forms.
- Non works includes resource costs for validation testing of the hub.
- Equipment includes 15 aseptic isolators, digital solution costs and general equipment

The assumption in the Outline Business case is that VAT recovery will only be available on the professional fees. Although scope for further VAT recovery is expected to be limited, further work is planned with our VAT advisors as the Full Business Case is developed to ensure that VAT recovery is maximised.

Table 4.2

Capital Cash Flow

	Capital Costs Cashflow Gross of Vat £'000s			
	2025/26	2026/27	2027/28	Total
Total Capital Cashflow	**1,765**	**17,129**	**263**	**19,157**

Capital cash flow is dependent on the date of the investment decision and is estimated in table 4.2 based on a start on site in April 2026. Expenditure is shown in 2025/6 in relation to the opportunity for early expenditure on isolators and floor preparation, to be ready for the start of the main fit out.

It is proposed to seek all capital funding from Welsh Government. No commitment of capital is requested from SSPC member organisations. In order to allocate the capital Welsh Government does require to know whether the SSPC members will support the revenue costs of the proposed service.

The key impact on the balance sheet will be the addition of the new asset. The expected value will be reviewed further at FBC stage. Work will be undertaken with the District Valuer at FBC stage to assess any expected impairment.

The clean room build will be deemed to have a 20 year life for depreciation purposes and all other equipment including the Isolators a 10 year life.

4.2 Revenue Costs and Affordability

Regarding the revenue costs and affordability of the preferred option, the following should be noted:

- The revenue costs are mainly associated with ongoing pay costs and non-pay costs of operating the South East hub.
- The cash releasing revenue benefits are the efficiency savings of manufacturing at the Hub.
- The cost avoidance costs are associated with on costs of outsourcing to a commercial provider.
- The depreciation costs have been calculated across the useful lives of the assets.
- Any revenue consequence for the South East organisations will be apportioned on a 'Fair Shares' basis. The basis of the 'Fair Shares' assessment is described in section 4.3 below.

Table 4.3

Revenue Costs and Affordability

		SE Hub Go Live				
	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Revenue Costs and Benefits:						
Revenue Staff Costs	472	4,888	6,200	6,589	6,589	6,589
Revenue Non-Pay Costs	-	2,008	2,008	2,008	2,008	2,008
Revenue Cash Releasing Benefits	-	(5,115)	(5,678)	(6,303)	(6,996)	(7,765)
Depreciation	-	1,321	1,334	1,334	1,334	1,334
Total	**472**	**3,102**	**3,864**	**3,628**	**2,935**	**2,166**
Funded By:						
Fair Shares basis	(472)	(1,781)	(2,530)	(2,294)	(1,601)	(832)
Depreciation	-	(1,321)	(1,334)	(1,334)	(1,334)	(1,334)

Total	**(472)**	**(3,102)**	**(3,864)**	**(3,628)**	**(2,935)**	**(2,166)**
Shortfall	-	-	-	-	-	-
Cumulative Shortfall	-	-	-	-	-	-

4.3 Funding Shares

While the benefits fall directly to the participating Health Boards, the operating costs of the Hub still require to be funded to enable it to open.

Based on the 2023/2024 medicine consumption figures for the participating organisations, the project team proposes the following funding shares for the Hub Operating costs:

Table 4.4

Summary of the Baseline and Preferred Option Revenue Spend in Scope for the TRAMS SE Hub

							FOR ILLUSTRATION ONLY			
Summary of Preferred Revenue Funding Model	**Service Model**	**AB**	**CAV**	**CTM**	**VEL**	**NWSSP**	**HD**	**SB**	**PT**	**Total**
		£'000s	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Baseline Year 2023/24	BAU	13,233	13,957	13,487	-	1,082	382	149	541	42,830
Preferred Revenue Funding Model	TrAMs	13,172	13,614	12,568	-	1,082	373	146	529	41,484
Cost Variance of Models		**(61)**	**(343)**	**(919)**	**-**	**-**	**(8)**	**(3)**	**(12)**	**(1,346)**

Notes to Table 4.4:

1. A breakdown of the above summary table can be found in Appendix 1 Table 1e.
2. Total pay, non-pay and medicine spend for each organisation under both models for the medicines within the TrAMs South East Hub scope.
3. Velindre University NHS Trust costs under both models are fully passed on to the organisations.
4. NWSSP pay and non-pay contribution is their spend on Aseptic Services under both models.
5. NWSSP medicines spend is included within the organisations medicine spend.
6. HDUHB, SBUHB and PTHB are shown for illustration only. Their contract with Velindre University NHS Trust is out of scope for this project. The costs reflect the re-charge from Velindre University NHS Trust in accordance with historic % splits.

These figures have been reviewed by the participating Finance and Pharmacy representatives from the organisations concerned and are based on the "Fair Shares" principle, which has been calculated on the *finished goods volume share* basis.

Velindre University NHS Trust's share of the medicines spend has been re-allocated to the commissioning Health Boards based on an agreed *historic share basis*.

Table 4.5

Funding Commitment

Total Funding Commitment	ABUHB £'000s	CAVUHB £'000s	CTMUHB £'000s	VUNHST £'000s	NWSSP £'000s	HDUHB £'000s	SBUHB £'000s	PTHB £'000s	Total £'000s
Pay and non-pay costs based on fair shares	1,200	2,333	1,163	2,818	1,082				8,597
Velindre Recharge based on historic shares	1,106	809	784	(2,818)	-	43	17	60	-
Total	2,306	3,142	1,947	-	1,082	43	17	60	8,597

Table 4.5 shows the proposed annual funding commitment (stated at 2023/4 rates) sought from the Health Boards to meet the pay and non pay costs of operating the service, based on "fair shares".

The existing NWSSP Medicines Unit budget for aseptic activity is reassigned directly to the new service.

As noted in the economic case the funding requirements of the service are offset by the benefits opportunity.

Table 4.6

Breakdown of the financial benefits opportunity in the baseline year 2023/4

Medicines in scope that have manufacturing efficiencies	BAU Annual Cost	TrAMs Annual Cost	Total Opportunity	ABUHB	CAVUHB	CTMUHB	VELUNHST	HDUHB	SBUHB	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Total	29,137	23,909	5,228	225	46	1,236	1,862	1,114	744	5,228

Notes to Table

1. Data based on baseline year 2023/24
2. Medicines identified within project scope whereby saving opportunities have been identified
3. Savings opportunities are recognised by bringing current medicine outsourced to a commercial provider into the TrAMs Suth East hub
4. A comparison of BAU manufacturing medicine costs versus TrAMS manufacturing medicine costs
5. Saving opportunities in relation to medicines identified, relate to across Wales
6. Only saving opportunities identified for the south east organisations have been recognised with the business case (total baseline year 23/24 =£3.37m)

This table demonstrates that the financial benefits opportunity in South East Wales exceeds the net cost of funding the new service.

It will be the responsibility of each organisation to secure their own benefits which may be achieved by a number of key actions:

- Ensuring that the costs of the legacy service are drawn down once the units close, by redeploying the staff into beneficial activity, and eliminating the supporting non pay spend.
- By ordering medicine in line with the new supply model, so as to benefit from the cost savings.
- By making beneficial use of the space released by the legacy units.

4.4 Funding Mechanism

In order to maintain the principle of "Fair Shares" in applying the shares set out in Table 4.5 it is proposed that:

- In Quarter 1 of each financial year the consumption of in scope medicines for the past financial year will be reviewed.
- Any requested change in the Scope of Service compared to that recorded in this paper will be analysed and the costs of meeting it determined.
- A Service Business Plan will be proposed to the SSPC in July of each year setting out:
    - Any change in funding shares proposed as a result of medicine consumption in the prior financial year
    - Any changes of Scope of Service proposed, and the impacts of meeting them
    - The proposed funding for the service in the following financial year, (prior to any % uplift for pay and inflation being applied)
- SSPC shall be responsible for reviewing, discussing, and approving this Business Plan, which will give annual certainty to the participating organisations as they enter the Budget setting process, while also provide a mechanism to manage and control any necessary change in the Scope, which may arise due to service need or market conditions.
- The final funding calculation including any pay and inflationary uplifts, and based on the most recent completed Calendar Year, will be calculated in January each year, and approved by SSPC in March prior to the start of the new financial year to which it applies.
- The costs will then be paid by SLA on the first day of each month, to give certainty to the operating Hub of the budgets and cashflow in place to run the service.

5. Management Case

5.1 Governance and Approvals

NWSSP is hosted by Velindre University NHS Trust and governed by all the Statutory Health Organisations in Wales acting equally through the mechanism of the Shared Services Partnership Committee (SSPC). NWSSP is not a statutory organisation in its own right. It operates within an established governance and accountability framework set out by Welsh Ministers. This framework, is designed to ensure that NWSSP operates in true partnership, owned and operated by the NHS in Wales operating under a hosting arrangement with Velindre University NHS Trust.

Decisions on NWSSP services are made on an all-Wales basis by the Shared Services Partnership Committee (SSPC). The SSPC was established in accordance with the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and the functions of managing and providing shared services (professional, technical, and administrative services) to the NHS in Wales is included within the Velindre National Health Service Trust (Establishment) (Amendment) Order 2012.

The proposed Service is a Technical and Professional service for the supply of medicines. There is no impact on the Patient Care Service Model and no requirement for a Quality Impact Assessment (QIA) on Patient Care. The proposed scope is analogous to that currently provided by commercial outsource suppliers, of whom QIA are not required. The Duty of Quality does apply, and the impact of the proposal on the quality of medicines preparation activity has been referenced throughout the case.

Approval of this OBC is sought from all members of SSPC.

Members should take note however that the revenue funding commitment at this stage falls on three Health Boards in particular, and the Scope of Service commitment applies to those three Health Boards and Velindre University NHS Trust. These four Organisation in South East Wales are therefore impacted to a greater degree than the other members of SSPC. While the internal governance of those four organisations may require them to seek approval through various internal boards and committees, the operative approval which the project is seeking is from SSPC as a whole, and therefore the individual organisations should work to empower their committee member to be able to approve the paper on their behalf.

The Health Boards and Trusts not directly impacted by this case should also consider that when the time comes to invest in the South West and North Hubs, similar funding methodology will be applied, for consistency and patient equity across Wales. Therefore they should review the methodology carefully and ensure they are happy to approve it on this occasion.

The capital for the project is being sought directly from Welsh Government, and no capital or infrastructure approvals are being sought from SSPC or its members.

5.2 Performance Management

The service will produce an extensive suite of performance indicators based around quality and compliance, which will be reported quarterly as part of the NWSSP Performance Management Framework. Performance will be scrutinised at every SSPC meeting and in more detail internally through quarterly reviews with the Division. Quarterly performance reports will also be provided to each individual organisation

In addition, specific measures will be put in place to measure productivity and efficiency including:

Throughput

- Measures production capabilities of a machine / line / product or plant
- Measured by the following
    - Throughput = # of units / time (min/hour/day etc)

Inventory Turns

- Calculates the time an inventory is sold over a time period
- Indicates resource effectiveness and inventory performance
- Low ratio indicates poor sales and high inventory
- High ratio indicates strong sales and low inventory
- Measured as
    - Inventory Turns = cost of goods sold / average inventory value

% On Time Delivery

- Reported late deliveries
    - %OTD = (# on time deliveries / # total deliveries)*100

Customer Returns

- Documented as complaints
- Need to assess current complaints reported in service PQS

Manufacturing Yield

- Calculated per batch then as a % of the service
- Industry standard is 90%
- Industry Excellence is 95%
    - Yield = total number of released good / batch or campaign size

Waste

- As a % of finished goods expired/damaged within Hub
    - Waste = (# wasted within hub / total manufactured products)

Isolator Utilisation

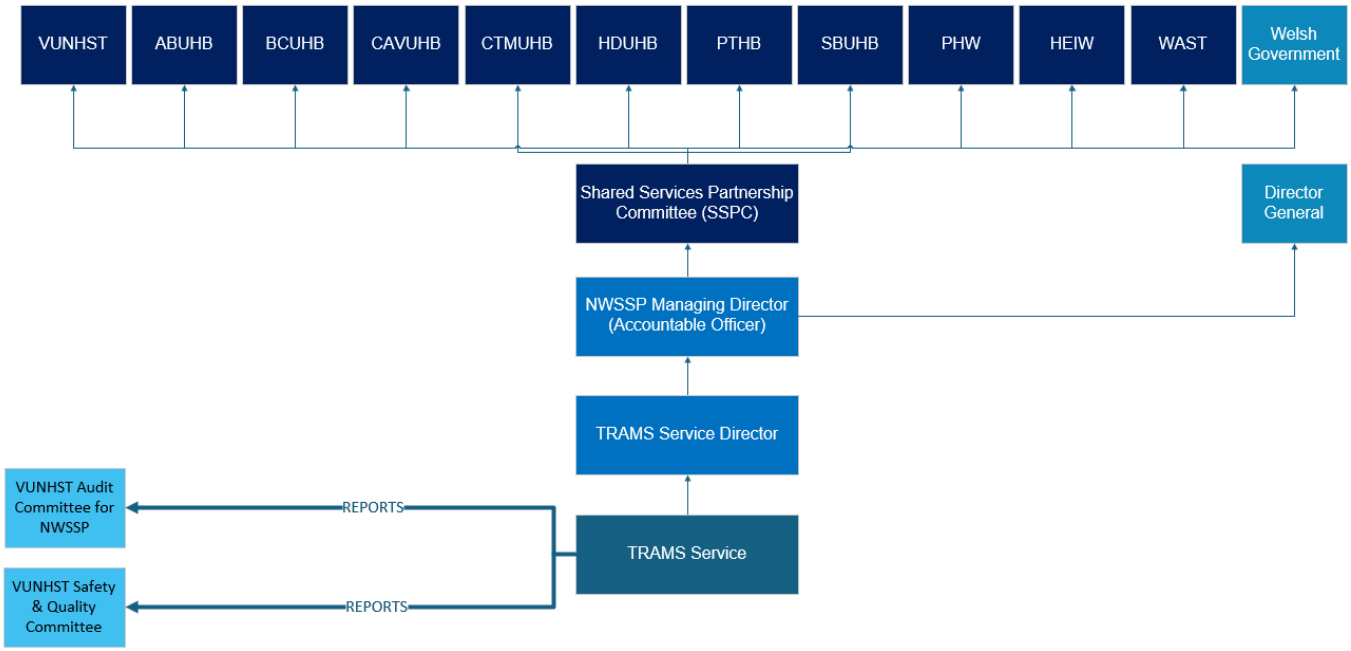
- Number of hours each isolator is in use to make medicine per week

(Hours available – Hours of work booked)/Hours Available

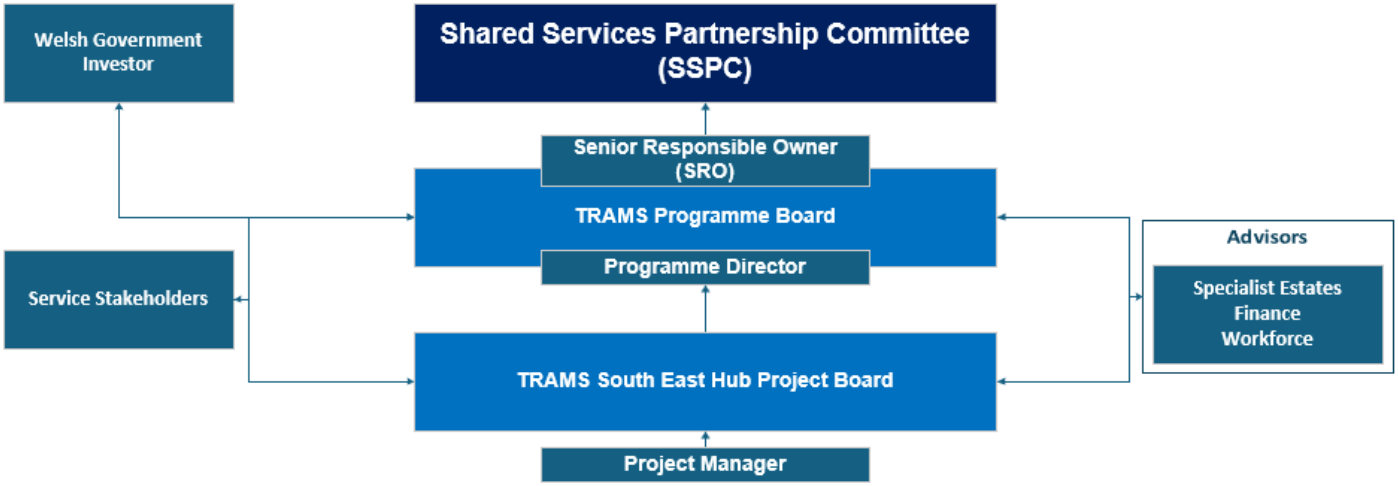
All of these measures are currently being baselined with the existing service, and current run rates will be presented in the FBC.

5.3 Project Governance

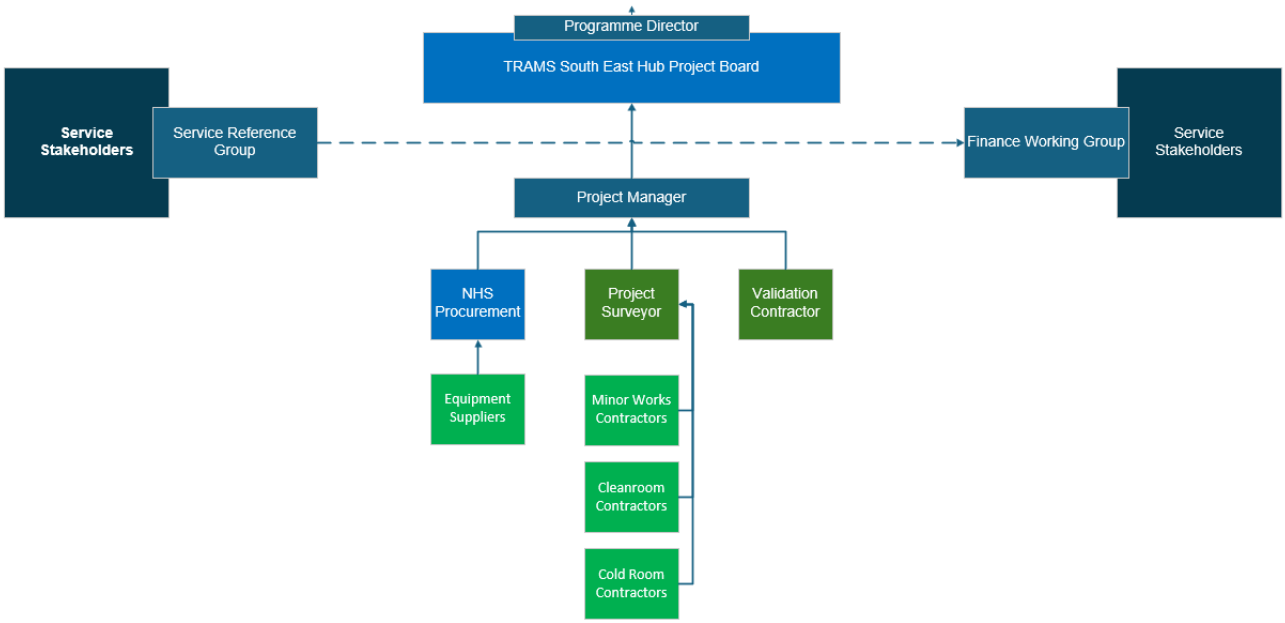
The Project is governed within the TRAMs Programme, which itself is subject to the oversight of the Health Boards and Trusts via the mechanism of SSPC.



The relationship of the South East Hub Project to the Programme is shown below:



Within the Project all the contractors and suppliers report to the Project Manager, who is supported by a team of professional advisors, and service and professional stakeholders:



The advisory reference groups which now include separate groups for **Finance, Pharmacy, Workforce, and Service Supply,** give an opportunity for key stakeholders to input into the development of the project and its key deliverables. This is in order that before formal proposals are escalated to SSPC for approval, the full spectrum of organisational and departmental priorities can have been considered, and any errors or omissions corrected.

Therefore, in order to obtain full assurance, each SSPC member should seek input from the members of these groups in their own organisation, to understand the extent to which the proposals meet their own service's needs. A full list of the membership of these stakeholder groups is included in Appendix 6.

5.4 Timelines

A project plan has been prepared that combines all the elements required from each contractor, advisor, supplier, NHS organisation, staff, and all the necessary validation, licensing and entry into service tasks.

Key high-level milestones from this plan include:

Milestone	Date
Planning Permission Granted	Feb 2025
OBC Approval	End July 2025
FBC Approval	End Dec 2025
Investment Decision	Jan 2026
Staff formal consultation commences	Feb 2026
Contractor on site	March 2026
Recruitment to vacancies commences	May 2026
Cleanroom practical completion	July 2026

Recruited staff deployed	Nov 2026
Validation of the SACT suite by	Dec 2026
Regulatory and Licensing approvals in place by	March 2027
Able to commence supplying SACT	April 2027
Transfer of existing staff begins	May 2027
Able to commence supplying CIVA and PN	Oct 2027
Transfer of existing staff concludes	Oct 2027

Planning Permission for change of elevations and change of use was granted in Feb 2025, with no pre-commencement conditions.

The plan is ambitious, includes considerable concurrent activity, and relies on all stakeholders treating the approval and deployment of this service as a matter of urgent need.

Progress against plan will be regularly reported on to Programme Board and via SSPC to service stakeholders, with issues raised for urgent resolution where required.

5.5 Risk Management

The Project is working under the TRAMs Programme Risk Management Approach, and has two risk registers in active use:

1. **Costed Construction Risk Register** – in use to validate the level of Project Contingency
2. **Project Management Risk Register** – in use to manage wider risks associated with the project.

In addition, the project has interfaces with other key risk registers:

3. **TRAMs Programme Risk Register** – this is the immediate escalation route from the Project Management Risk Register. Risk escalation is governed by the Programme Risk Approach and is based on either (a) Tolerances for Time, Cost or Quality being exceeded or (b) Any risk impacting on patient care, that must be escalated to Health Boards and Trusts via Programme Board and SSPC as soon as it may become known.
4. **NWSSP Pharmacy Service risk register** – covering the in-service risks to the existing Medicines Unit and will cover the in-service risks to the Radiopharmacy and Hub once they open.
5. **NWSSP Corporate Risk Register** – available for escalation of service risks if required.

Monthly Risk Workshops have been established, chaired by the Deputy Director of Pharmacy, and a risk report and project risk register are reviewed and approved monthly by the Project Board.

5.6 Organisational Change Process

If the Preferred Option is invested in, then this will impact on the employment rights of existing staff. A paper has been taken to Directors of People and OD group setting out the proposed approach which is:

1. The process set out in the All-Wales Organisational Change Policy will be utilised
2. Following the Investment decision the existing employers will consult their staff to establish who is impacted by the change:

a. While it is anticipated that the organisations who operate Pharmacy Technical Services in South East Wales (ABUHB, CAVUHB, CTMUHB, VUNHST, NWSSP) will be the main organisations involved, staff at any NHS Wales organisation will be able to liaise with their existing employer for inclusion in the consultation, if they believe that they are impacted by the change.
b. It should be noted that staff already deployed in Pharmacy Technical Services in NWSSP will be equally treated and subject to the same process as staff at the Health Boards and Trusts (This will include the staff planned to transfer from CAVUHB to NWSSP as part of Radiopharmacy mobilisation during 2025).

3. Those staff who are impacted will have their existing job descriptions matched against BOTH the job descriptions for the new service, and the revised roles that will be available in their existing employer after the change. This is important as there are staff on split roles at present, who spend some of their time working on Technical Services (impacted by the change) and some of their time of Clinical or Dispensary duties (not impacted by the change). Therefore, the numbers in scope for consultation are likely to be higher than the numbers identified to transfer, and some of the staff consulted will be matched with revised roles at their existing workplace and employer.
4. Those staff who match against the new service, and are willing and able to move, will be identified for a transfer to a specific role at the appropriate time. Terms and conditions will be protected, and all the protections applicable to the Transfer of Undertaking Protection of the Employment Act (TUPE) will apply.
5. A draft Equalities Impact Assessment (EQIA) has already been prepared. Once the staff to transfer have been identified, then the EQIA will be completed with reference to their particular needs and circumstances.
6. Once the number of staff identified for transfer has been confirmed, the remaining vacancies in the new service will be released for recruitment.
7. The transfer itself will be planned on a date based on service continuity and operational need and may take place sometime after the consultation ends.

There will be no budget attached to the transfer of personnel; the running costs of the new service will be met by the mechanism identified in the Financial Case. The redeployment of the staff not identified for transfer will be the responsibility of their existing employers.

A working group consisting of People & OD practitioners, and Staff Side representatives have been meeting approximately every 6 weeks since 2022 to discuss, plan, and prepare for this process. The names of the current members of this group are attached in Appendix 6 below.

5.7 Use of Specialist Advisors

A number of specialist advisors have been engaged, as detailed in the Commercial Case section 3.2.

5.8 Change and Contract Management Arrangements

Change is being managed in accordance with the arrangements set out in the relevant contracts and industry best practice, including:

- Use of Early Warning Notices (EWN) to identify emergent issues

- Use of Variation Orders (VO) by which the impacts of change can be assessed with the relevant contractors
- Review of EWN and VO with specialist advisors
    - Additional advice and support from NWSSP Specialist Estates Service as required
- Formal approval of variations that are within cost tolerance by the Project Manager, Finance Lead, and Project Executive.
- Escalation of recommended variations that exceed tolerance for formal approval in accordance with NWSSP Standing Financial Instructions (SFI).
- Formal Contract Change Control to revise Purchase Order amounts using documentation provided by NWSSP Procurement, following approval from the relevant person identified under SFI.

5.9 Benefits Realisation

The principal benefits of the case fall to the Health Boards and Trusts who purchase the medicine to be made by the new service, and who will automatically receive the benefits of continuity of supply, quality, and price advantage.

The new service includes key posts dedicated to benefits management in particular:

- Ongoing review of manufacturing efficiency against the baseline data from the existing service
- Ongoing review and comparison of the respective costs of:
    - Outsourced supply based on the All Wales contract price
    - Manufacture in house by the new service
    - Identification of new or emergent products which could be beneficially manufactured in house
    - Identification of products currently made in house that could be beneficially outsourced
    - A key benefit of the case is that these decisions will be made strategically Once for Wales, rather than ad hoc in each hospital's pharmacy purchasing team.
- The annual process of compiling and approving the Service Business Plan will give a mechanism for formally reviewing prior year performance and determining the best supply strategy for the forthcoming year, to maximise benefits for the service.

5.10 Post Implementation and Evaluation

After the closure of the South East Wales Hub Project, the TRAMs Programme will remain in operation for some time and will continue to monitor the benefits and support the embedding of outcomes as part of its ongoing work.

When the Programme finally closes a Service Management Board will remain in place, to monitor benefits delivery, under the overall governance of SSPC.

5.11 Arrangements and Plans

A key aspect of the Programme Business Case was identifying that 3 medicines preparation hubs are required for Wales, to support contingency in the event of a catastrophic failure at any one site (for instance a fire or a flood). It is essential for the long-term sustainability of the service that the Programme goes on to invest in the South West Region and North Region Hubs as planned.

It is unlikely that any of the existing units would be maintained in a condition to be able to contribute to contingency supply after they close. This is because:

1. The costs of keeping staff in post to maintain the units in 'warm standby' condition would be prohibitive
2. Their physical condition precludes their continuing use
3. The space on hospital sites is likely to have been re-allocated for alternative beneficial uses

In the interim there are two main sources of contingency for the South East of Wales:

1. The existing units in the South West and North, notably at Singleton Hospital and Wrexham Maelor Hospital. While these units are likely to be fully committed to supporting the Business As Usual services in their areas, in the event of a major and catastrophic shortage of medicine, some of their capacity could be diverted, as part of an overall prioritisation of demand under established arrangements.
2. In the short term an interruption in supply from the South East Hub would inevitably result in an increase in outsourced supply. While this would be financially challenging, it would enable continuity of medicine supply to patients to be maintained.

Appendix 1 Supporting table information in the Economic and Financial cases

Appendix 1a

Breakdown of Aseptic Services Only Staff by WTE and Spend for 2023/24 by South East Organisation

Organisation	AFC Band	Aseptic Chemotherapy Supply	Parenteral Nutrition Supply	CIVAS	Outsourced Aseptic Products	QC Lab	Technical Services Overhead	Total Hours	Total WTE	Total Pay Costs
		Hours	Hours	Hours	Hours	Hours	Hours	Hours	WTE	£'000s
ABUHB	2	15.00	15.00	1.00	0.00	0.00	3.25	34.25	0.91	25
	3	102.00	99.00	6.00	24.00	0.00	34.00	265.00	7.07	213
	4	10.00	7.00	0.00	7.00	0.00	40.85	64.85	1.73	54
	5	36.00	28.00	2.00	10.00	0.00	6.00	82.00	2.19	91
	6	7.00	4.00	0.50	8.00	0.00	14.15	33.65	0.90	41
	8a	9.50	4.00	0.50	6.00	0.00	16.80	36.80	0.98	67
	8b	7.50	4.00	0.50	7.00	0.00	34.35	53.35	1.42	107
CAVUHB	2	2.00	2.00	2.00	0.00	0.00	6.45	12.45	0.33	9
	3	77.00	54.00	154.00	0.00	15.00	34.10	334.10	8.91	266
	4	43.50	36.00	7.00	0.00	0.00	34.88	121.38	3.24	103
	5	116.50	105.00	102.00	5.00	37.30	34.45	400.25	10.67	444
	6	33.75	31.25	27.50	9.25	54.35	90.25	246.35	6.57	343
	7	29.75	20.00	21.00	5.00	0.00	52.06	127.81	3.41	206
	8a	12.50	10.25	14.25	9.00	0.00	51.54	97.54	2.60	177
	8b	5.25	1.00	1.75	0.00	0.00	69.15	77.15	2.06	174
	8c	0.00	0.00	0.00	0.00	0.00	30.64	30.64	0.82	85
	8d	0.00	0.00	0.00	0.00	0.00	17.10	17.10	0.46	49
CTMUHB	3	46.50	0.00	0.00	39.00	0.00	27.00	112.50	3.00	85
	4	15.50	0.00	0.00	13.00	0.00	8.50	37.00	0.99	31
	5	41.00	0.00	0.00	25.50	3.00	36.50	106.00	2.83	101
	6	10.00	0.00	0.00	13.00	0.00	43.50	66.50	1.77	79
	7	1.00	0.00	0.00	0.00	0.00	0.00	1.00	0.03	2
	8a	1.00	0.00	0.00	0.00	0.00	0.00	1.00	0.03	2
	8b	9.50	0.00	0.00	4.50	3.00	45.00	62.00	1.65	145
VUNHST	2	0.00	0.00	0.00	0.00	0.00	7.50	7.50	0.20	6
	3	297.50	0.00	0.00	0.00	0.00	22.50	320.00	8.53	250
	4	155.00	0.00	0.00	0.00	0.00	15.00	170.00	4.53	146
	5	210.00	0.00	0.00	0.00	0.00	52.50	262.50	7.00	296
	6	21.00	0.00	0.00	0.00	0.00	31.50	52.50	1.40	72

	7	30.00	0.00	0.00	0.00	0.00	0.00	30.00	0.80	48
	8a	7.50	0.00	0.00	0.00	0.00	41.25	48.75	1.30	93
	8b	1.50	0.00	0.00	0.00	0.00	33.50	35.00	0.93	68
NWSSP	3	0.00	0.00	70.00	0.00	0.00	77.50	147.50	3.93	118
	4	0.00	0.00	28.00	0.00	0.00	27.50	55.50	1.48	47
	5	0.00	0.00	19.00	0.00	0.00	6.00	25.00	0.67	26
	6	0.00	0.00	5.00	0.00	0.00	0.00	5.00	0.13	6
	7	0.00	0.00	0.00	0.00	0.00	6.00	6.00	0.16	9
	8a	0.00	0.00	5.00	0.00	0.00	32.50	37.50	1.00	73
	8b	0.00	0.00	0.00	0.00	0.00	37.50	37.50	1.00	88
	8c	0.00	0.00	0.00	0.00	0.00	37.50	37.50	1.00	90
	9	0.00	0.00	0.00	0.00	0.00	12.50	12.50	0.33	43
TOTAL		1,354	421	467	185	113	1,171	3,711	**98.96**	**4,379**

Notes to Appendix 1a:

1. Agreed baseline financial year 2023/24, data provided by individual organisations via a Spend Questionnaire over three financial years.
2. The data is in relation to the South East Wales organisations only.
3. Spend and WTE as reported by each organisation for aseptic services as of 31st March 2024.
4. Spend and WTE at point of scale on 31st March 2024.
3. WTE to be retained at each organisation to facilitate the receipt of medicines from the SE Hub.

Appendix 1b

Breakdown of Aseptic Services Non-Pay Spend for 2023/24 by South East Organisation

Non-Pay Baseline Spend 2023/2024	ABUHB	CAVUHB	CTMUHB	VUNHST	NWSSP	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Consumables & Equipment	89	213	82	232	148	763
Protective Clothing	22	53	54	85	49	263
Regulatory Costs	1	4	1	-	10	16
Software & Licensing	7	100	39	51	44	241
Office & Site Costs	80	157	34	134	117	522
Cleaning, Refuse & Waste	14	70	-	10	148	242
Staff Costs & Training	6	2	26	-	13	48
Transport Costs	3	14	13	-	52	82
TOTAL Non-Pay Costs	**222**	**613**	**248**	**511**	**582**	**2,176**

Notes to Appendix 1b:

4. Agreed baseline financial year 2023/24, data provided by individual organisations via a Spend Questionnaire over three financial years.
5. The data is in relation to the South East Wales organisations only.
6. Total non-pay spend as per each organisation.

Appendix 1c

Total Baseline Medicine Spend for 2023/24 by Organisation for Medicines in Scope as per Pharmacy Stock Management System (Careflow) Data

In Scope - Baseline 2023/2024 Direct Medicine Spend	ABUHB	CAVUHB	CTMUHB	VUNHST	Total
	£'000s	£'000s	£'000s	£'000s	£'000s
Outsourced to commercial Provider Monthly Outsource Tracking Report 2023/24	490	421	4,206	11,265	16,383
Manufactured by Technical Services/Aseptic Units Balancing Figure	1,901	3,482	1,466	12,186	19,035
Sub-Total	2,392	3,903	5,673	23,451	35,418
Other Aseptic Direct Costs: Manufactured by Aseptic unit Consumables AMD (Aseptic Medical Devices reported expenditure)	101	334	90	333	858
Sub-Total	101	334	90	333	858
Total Direct Medicine Spend in Scope	**2,493**	**4,237**	**5,763**	**23,783**	**36,276**

Notes to Appendix 1c:

1. 2023/24 reported Outsourced to commercial providers tracking costs (Pharmacy Stock Management System (Careflow) report).
2. 2023/24 reported medicines made/manufactured within the South East Aseptic Services (Pharmacy Stock Management System (Careflow) report).
3. Manufactured medicines associated direct consumable costs based on AMD (Aseptic Medical Devices) reported expenditure received from Health Boards and Trust for 2023/24.

Appendix 1d

Breakdown of TrAMs South East Hub Non-Pay Estimated spend from Year 1 (2027/28)

Non-Pay South East Hub Costs	South East Hub Costs
	£'000s
Consumables & Equipment	726
Protective Clothing	200
Regulatory Costs	37
Software &Licensing	132
Office & Site Costs	518
Cleaning, Refuse & Waste	94
Staff Costs & Training	90
Transport Costs	211
TOTAL Non-Pay Costs	**2,008**

Appendix 1e

Staff Structure at South East Hub from Year 1 Go Live April 2027

Staff Structure South East Hub - AFC Band	Year 1 - Go Live April 2027/28 WTE	Year 2 2028/29 WTE	Year 3 2029/30 WTE	Year 1 - Go Live 2027/28 £'000s	Year 2 2028/29 £'000s	Year 3 2029/30 £'000s
Band 9	1.00			157		
Band 8D	4.00			524		
Band 8C	2.33		1.00	257		110
Band 8B	5.33	3.00	0.33	495	278	31
Band 8A	4.00	1.33		310	103	
Band 7	6.00	1.00		405	67	
Band 6	13.20	3.00		756	172	
Band 5	6.00	8.00	3.00	277	370	139
Band 4	37.00		3.00	1,355		110
Band 3	11.00	10.00		354	321	
TOTAL	**89.86**	**26.33**	**7.33**	**4,888**	**1,312**	**389**
Cumulative Total Establishment by Year 3 2029/30			**123.52**			**6,589**

Notes to Appendix 1e:

1. WTE staff establishment to be achieved within years one to three of South East Hub 'go live'.
2. Costs based on 2024/25 AFC rates.
3. Majority of the wte numbers are bands 7 to 3, which are described as operating roles or supervisory operating roles.

Appendix 1f

Comparison of Business as Usual and TrAMs South East Revenue Spend

					SE Hub Go Live				
BAU vs Preferred Option (SE Hub)	**23/24**	**24/25**	**25/26**	**26/27**	**27/28**	**28/29**	**29/30**	**30/31**	**31/32**
	£'000s	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Business As Usual:-									
Pay Costs (HB/T)	4,379	4,611	4,611	4,611	4,611	4,611	4,611	4,611	4,611
Non-Pay Costs (HB/T)	2,176	2,176	2,176	2,176	2,176	2,176	2,176	2,176	2,176
Medicines Made (HB/T capacity reached 25/26)	19,893	22,081	24,510	24,510	24,510	24,510	24,510	24,510	24,510
Additional Medicine Outsourcing (HB/T capacity reached 25/26)				2,696	5,689	9,011	12,698	16,791	21,334
On-Cost of Additional Medicine Outsourcing				554	1,170	1,853	2,612	3,453	4,388
Medicines Outsourced (Assume available growth capacity with Commercial Provider)	16,383	18,185	20,186	22,406	24,871	27,607	30,643	34,014	37,756
BAU Total Spend	**42,830**	**47,053**	**51,482**	**56,953**	**63,026**	**69,767**	**77,249**	**85,554**	**94,773**
TrAMs SE Hub:-									
Pay (SE Hub)				472	4,888	6,200	6,589	6,589	6,589

Non-Pay (SE Hub)					2,008	2,008	2,008	2,008	2,008
Medicines Manufactured (SE Hub)					55,069	61,127	67,851	75,314	83,599
SACT/PN Opportunities (SE Hub)					(5,115)	(5,678)	(6,303)	(6,996)	(7,765)
SE Hub Total Spend	**-**	**-**	**-**	**472**	**56,849**	**63,656**	**70,145**	**76,915**	**84,430**

Variance					**(6,176)**	**(6,111)**	**(7,104)**	**(8,639)**	**(10,343)**
Cumulative Variance					**(6,176)**	**(12,287)**	**(19,391)**	**(28,030)**	**(38,374)**

Appendix 1g

Summary of Baseline Revenue Spend (including Velindre University NHS Trust shares)

						FOR ILLUSTRATION ONLY			
Baseline Year 23/24	**ABUHB**	**CAVUHB**	**CTMUHB**	**VUNHST**	**NWSSP**	**HDUHB**	**SBUHB**	**PTHB**	**Total**
	£'000s	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Pay and Non-Pay Costs	821	2,469	693	1,490	1,082				6,555
Medicines Outsourced	490	421	4,206	11,265	-				16,383
Medicines Manufactured	1,901	3,482	1,466	12,186	-				19,035
Medicines Direct Consumable	101	334	90	333	-				858
Total Medicine Costs	2,493	4,237	5,763	23,783	-				36,276
Opportunities on Outsourced	**n/a**	**n/a**	**n/a**	**n/a**					**n/a**
Total Baseline Costs Per Organisation	**3,314**	**6,706**	**6,456**	**25,273**	**1,082**				**42,830**

Velindre Historic % Splits	**39.25%**	**28.69 %**	**27.82%**			**1.51%**	**0.59%**	**2.14%**	
Velindre Historic £ Splits	9,920	7,251	7,031	(25,273)		382	149	541	
Total Baseline Costs Per HB/T (including Velindre Historic Splits)	**13,233**	**13,957**	**13,487**	**-**	**1,082**	**382**	**149**	**541**	**42,830**

Notes to Appendix 1g:

1. Pay and non-pay costs as per baseline spend 2023/24.
2. All medicine costs as per baseline spend 2023/24.
3. Velindre University NHS Trust historic splits as reported by Velindre.
4. HDUHB, SBUHB and PTHB are shown for illustration only. Their contract with Velindre is out of scope for this project. The costs reflect the re-charge from Velindre in accordance with historic splits.

Appendix 1e

Summary of TrAMs South East Hub Revenue Spend (including Velindre University NHS Trust shares)

						FOR ILLUSTRATION ONLY			
SE Hub Year 3 29/30	**ABUHB**	**CAVUHB**	**CTMUHB**	**VUNHST**	**NWSSP**	**HDUHB**	**SBUHB**	**PTHB**	**Total**
	£'000s	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**
PREFERRED OPTION Pay and Non-Pay Costs (apportioned by activity/usage)	1,197	2,327	1,161	2,811	1,082				8,578
Medicines Outsourced	490	421	4,206	11,265	-				16,383
Medicines Manufactured	1,901	3,482	1,466	12,186	-				19,035
Medicines Direct Consumable	101	334	90	333	-				858

Total Medicine Costs	2,493	4,237	5,763	23,783	-				36,276
Opportunities on Outsourced	**(225)**	**(46)**	**(1,236)**	**(1,862)**	**-**				**(3,370)**
Total Adjusted Medicine Costs	2,267	4,191	4,527	21,921	-				32,906
Total Costs Per Organisation	**3,465**	**6,518**	**5,687**	**24,732**	**1,082**				**41,484**
Velindre Historic % Splits	**39.25%**	**28.69%**	**27.82%**			**1.51%**	**0.59%**	**2.14%**	
Velindre Historic £ Splits	9,707	7,096	6,880	(24,732)		373	146	529	
Total Baseline Costs Per HB/T (including Velindre Historic Splits)	**13,172**	**13,614**	**12,568**	**-**	**1,082**	**373**	**146**	**529**	**41,484**

Notes to Appendix 1e:

1. Preferred option calculation of TrAMs SE Hub operating costs split on a 'fair shares' basis.
2. Full operating costs of the TrAMs South East Hub split by each organisation apportioned in accordance with unit activity/usage during baseline year 2023/24.
3. All medicine costs as per baseline spend 2023/24.
4. Saving Opportunities for each organisation from bringing commercial provider outsourced medicines into TrAMs South East Hub. Savings opportunities are in relation to baseline year 23/24 spend.
5. Velindre University NHS Trust historic splits as reported by Velindre.
6. HDUHB, SBUHB and PTHB are shown for illustration only. Their contract with Velindre is out of scope for this project. The costs reflect the re-charge from Velindre in accordance with historic splits.

Appendix 2 Service Scope and Product Delivery Model v 2.2

This service scope and Product delivery model are directly linked to the revenue financials shown above and constitute a baseline for future change control.

Transforming Access to Medicines

TRAMs Operational Pharmacy Supply Model

1. INTRODUCTION

This document outlines the comprehensive service model for the provision of ready-to-administer (RTA)products from the NWSSP Transforming Access to Medicines South-East National Hub. The product portfolio within scope of this document is highlighted in Appendix 1 and is a comprehensive list of all systemic anti-cancer therapy (SACT), parenteral nutrition and Centralised Intravenous Additives (CIVAS) based on 23/24 usage. Clinical Trials provision, although within scope of the TrAMS programme is not covered within this document and will be addressed separately owing to the complexities of clinical trial product provision

The service model described within this document has been developed in collaboration with the TrAMS Service Model Board and appropriate clinical subgroups chaired by the National Clinical Lead for TrAMS.

2. PRODUCT PORTFOLIO

Appendix 1 highlights the agreed TrAMS product portfolio as of 23/24, the baseline year used for the TrAMS OBC/FBC process. This is a comprehensive list of products agreed by the below clinical sub-groups. All new products will be developed using Pharmaceutical Quality System Change Control and New product processes in line with MHRA Guidance and Good Manufacturing Practice. Sub-groups involved in the approval of the portfolio include

- TrAMS Programme Team
- NHS Wales Technical Services Leads
- Directors of Pharmacy
- TrAMS Clinical Reference Group
- TrAMS Clinical Sub-groups (SACT/Haem, Parenteral Nutrition, Neonatal/Paediatric)

The Product Portfolio will be subjected to quarterly review and when required, updated based on:

- New products, identified via clinical horizon scanning, developed to meet NICE 60 day treatment targets
- Emergent changes to clinical demand outside of the annual planning cycle (noting that by Quarter 4 of a given year, the relevant Service Business Plan will be around 18 months old).
- Market changes in the availability or price of medicine
- Regulatory changes that have a material impact on the feasibility or cost of preparation
- Other unplanned events impacting on the organisations capacity to deliver the plan
- In aggregate these factors may result in a need to update the SLA for:
    - Decisions to add products

- Decisions to withdraw products
- Changes to the price of products
- Change to best value Route to Market for each product
- Changes to ordering or delivery cut off times

The Quarterly Review will be issued by the Service to the Commissioning Organisations, who will have the option to initiate a formal re-approval of the plan, if the changes are deemed by them to affect the overall stability of the service.

2.1. PRODUCT CLASSIFICATION

Products within the portfolio are classified into three separate categories

- Single item "Specials" – Products with a low regional or national usage and shelf life of <96 hours
- Campaign Items – Where regional or national use is >2 products per day at variable doses of the same drug and there is a shelf life of <28 days
- Batch items - where national or regional usage is high across several dose bands and the shelf life is >28 days

The purpose of this classification is to help identify those products within the portfolio that apply to the agreed ordering schedules and lead times within this document.

3. HUB / HOSPITAL SERVICE MODEL PROCESS

Procurement of ready-to-administer "Specials" from the TrAMS hubs will require dispensing within the purchasing organisation before supply to patients. As such the service interface process shown below removes the need for "patient-specific" ordering from the hubs, streamlining the ordering process, and removing risks from the process. Patient specific ordering will remain for those products where it is required for clinical purposes, this includes paediatric oncology and bespoke, compounded parenteral nutrition.

The process highlighted in Figures 1 and 2, have been developed by the TrAMS programme using Quality-by-Design principles to ensure efficiency and remove risk of errors from the process as highlighted by Failure Modes Effect Analysis of the process compared to the original service model within the Programme Business Case (PBC). This covers the process from ordering to dispensing to patient:

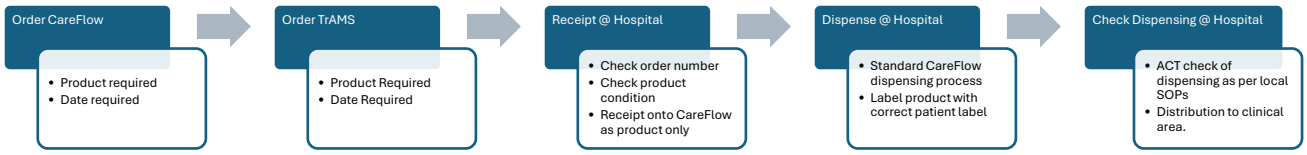


Figure 1: Service Model Hub / Hospital Interface – Standard Products

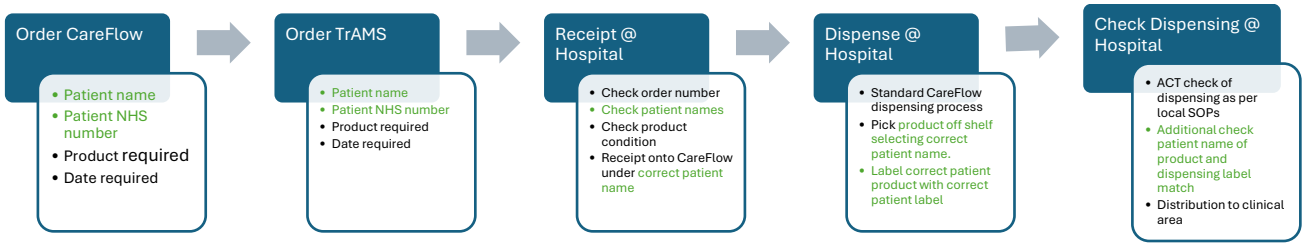


Figure 2: Service Model Hub / Hospital Interface – Paediatric Oncology and Bespoke PN

The transfer of ordering data from organisations to TrAMS hubs can be done via two processes, manually directly onto the TrAMS ordering portal or via digital interface of the TrAMS hub ordering system with Welsh Hospital Pharmacy Stock Management System (WHPSMS) -currently Careflow.

4. ORDERING SCHEDULES

Ordering of products from the TrAMS Hub, will adhere to the below:

- All the unlicensed medicine items on the product list will be ordered through the Service, at the listed price, regardless of whether insourced or outsourced.
- Licensed ready to administer SACT products are not included and will continue to be ordered locally direct from the suppliers
- All orders will be processed through the standard business systems. This means that:
    - Purchase Orders will be generated on the Pharmacy Stock System and sent digitally to the Service
    - The Service will make, check and dispatch the order to the requested location based on the PO containing all the necessary data
    - The Hospital or Cancer Centre receiving the product will receipt the order on its Pharmacy Stock system (WHPSMS)
    - Invoices (or recharges) will be generated by the Service and will be matched and recharged through the standard invoice matching and payment process.
    - There is no requirement to send prescriptions with orders. Prescriptions should remain in the hospital on the relevant e-Prescribing system.

4.1. Ordering Schedules for TrAMS Batch Items

Products within the TrAMS product portfolio assigned as “Batch” products will be prepared for stock at the hubs, and it is the expectation that these items are kept at appropriate stock levels locally where suitable to facilitate agile supply to patients. All batch products will have a 5-day lead time however items assigned as batch can be ordered as single items in exceptional circumstances as outlined in 4.6.

4.2. Ordering Schedules for Standard TrAMS Products

Items not assigned batch status within the portfolio will be classified as either campaign, or “Single item” products. These must be ordered by adhering to the ordering schedules outlined in Appendix 2. There is an expectation that a % of products be ordered prior to the 2pm cut-off KPI will be identified and agreed prior to approval of a Service Level Agreement between NWSSP and stakeholder organisations.

4.3. Ordering Schedules for Compounded Parenteral Nutrition

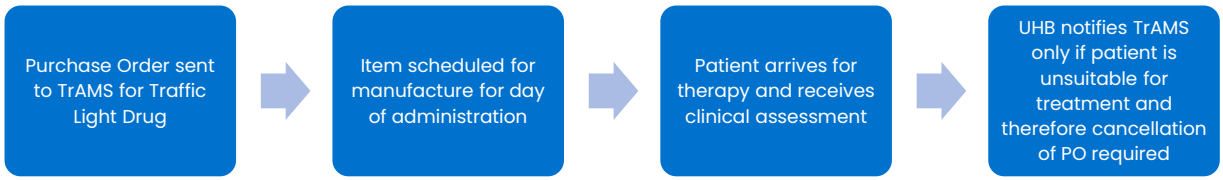
Due to the contemporaneous nature, and clinical risks of compounded parenteral nutrition Appendix 3 highlights the ordering schedule for compounded parenteral nutrition, which allow closer to manufacture ordering. Standardised presentations of Parenteral nutrition available as stock will be subject to the ordering schedules highlighted in 4.1 & 4.2, unless local usage numbers are sufficiently low for stock holding to be inefficient.

4.4. Ordering Schedules for Radiopharmaceuticals

The ordering schedules for radiopharmaceutical products is detailed in Appendix 3 and applies to all radiopharmaceutical products detailed within the product portfolio. These have been agreed by the SE Radiopharmacy sub-group previously.

4.5. Traffic Light High-Cost Drugs Authorisation to proceed

There are several products within the TrAMS portfolio that are high cost-low usage items, where stock is unlikely to be held locally or within the hub. These items are commonly prescribed and authorised in advance and can adhere to the ordering schedules outlined within Appendix 2. However, approval to proceed with patient treatment can occur on the day. To avoid wastage of these items, the portfolio will highlight (in green font within Appendix 1) the products where manufacturing will proceed upon receipt of a purchase order for single item products. These items can be cancelled upon notification from local clinical services. These products should be scheduled for PM administration where possible to allow adequate time for manufacture; however, we accept this is not always viable. An example of this process is below:



4.6. Exceptional Circumstances

There are scenarios where ordering of products from the hub with the outlined ordering schedule is not possible or clinically appropriate. These scenarios are:

- Patient presentation with a clinically urgent/life threatening need to initiate therapy.
- Blood results outside of acceptable limits for treatment requiring further tests on the day prior to treatment.
- Specific pre-administration tests required on the day prior to treatment that might require dose adjustment.

On the day, or 24-hour notice ordering will be accepted for agreed range of products provided the above scenarios are met. Patients who are admitted for second or subsequent courses of chemotherapy but have not had chemotherapy prescribed and confirmed within the ordering periods will not be eligible for on the day supply.

5. QUALITY ASSURANCE OF TRAMS “SPECIALS” & HOSPITAL RECEIPT

The Service Level Agreement between NWSSP and stakeholders will include the relationship relating to Quality Assurance of products. To improve efficiency at receipting sites, remove duplication of work the following elements of the service model will be in place:

- All items supplied by NWSSP will be given a Quality Assurance check prior to dispatch from the hub, each product and order will include documentation to confirm this check has occurred.
- Quality Assurance checks will comply with Good Manufacturing and Quality Assurance principles as set out in Medicines regulations and meeting Quality Assurance of Aseptic Preparation Services standards.
- Orders will be delivered by NHS Wales Health Courier Service by trained drivers, to the agreed delivery point for each building, in line with Technical Agreements and in compliance with Good Distribution Practice.
- Custody of the medicine will be handed over from NWSSP to the ordering organisation at point of delivery. Custody handover will be verified with a date and time stamped signature.

- It is the responsibility of the receipting organisation to ensure that a visual check for external packaging damage is undertaken on receipt. A full quality check is not required as this is the responsibility of the TrAMS Quality Control team as outlined in the service level agreement between NWSSP and stakeholder organisations.
- Any identified issues with the quality of medicines must be reported to the TrAMS hub within 24 hours of receipt to allow contemporaneous investigation of the issue and financial redress.
- Any quality issue identified prior to patient administration must be reported immediately to the TrAMS hub for investigation and MHRA/DMRC notification as appropriate.
- The responsibility for receipting the orders for financial purposes remains in the ordering organisation.
- Responsibility for dispensing orders against the original prescriptions remains in the ordering organisation.
- Responsibility for custody and storage of the order once delivered and accepted remains with the ordering organisation.
- Responsibility for distributing orders from the agreed delivery point, onward within the ordering organisation's building, remains with the ordering organisation.

6. DISPENSING TO PATIENTS / WARD STOCK

The products supplied by TrAMS to hospitals must be handled in accordance with the Human Medicines Regulations 2012. This requires one of the following two processes:

- Storage within pharmacy for dispensing to a patient
- Storage within pharmacy for issuing to stock in ward areas

Local handling of TrAMS products must also adhere to MHRA Guidance Note 14 pertaining to the supply of unlicensed specials. Audit of adherence to Medicines regulations and NHS best practice within hospital sites relating to the handling of unlicensed medicines is the remit of the National Lead for Pharmacy Quality Assurance.

7. ANNUAL REVIEW OF SERVICE MODEL

The service model described above will be reviewed annually in line with the appropriate technical and service level agreements. This is to ensure that TrAMS services adhere to contemporaneous regulatory requirements whilst meeting the changing demands of the service. This will be approved by the TrAMS Service Board and NWSSP Partnership Committee.

8. SERVICE MODEL BOARD ENDORSEMENT

The service model board members from each stakeholder organisation endorse in principle

the proposed TrAMS Service model subject to receipt and approval of the formal FBC through

internal organisation governance processes.

9. TrAMS PRODUCT PORTFOLIO – BASED ON 2023/24 BASELINE

ADULT Systemic Anti-Cancer Therapies (SACT) & Haematology
Abraxane (Paclitaxel Albumin) Intravenous Infusion

Alemtuzumab Subcutaneous Injection
Amsacrine Intravenous Infusion
Arsenic Trioxide Intravenous Infusion
Atezolizumab Intravenous Infusion
Avelumab Intravenous Infusion
Azacitidine Subcutaneous Injection
Belantumab Mafodotin Intravenous Infusion
Bendamustine Intravenous Infusion
Bevacizumab Intravenous Infusion
Bleomycin Injection – multiple routes
Blinatumumab Intravenous Infusion
Bortezomib Subcutaneous / Intravenous Injection
Brentuximab Intravenous Infusion
Busulfan Intravenous Infusion
Cabazitaxel Intravenous Infusion
Carboplatin Intravenous Infusion
Carfilzomib Intravenous Infusion
Carmustine Intravenous Infusion
Cemiplimab Intravenous Infusion
Cetuximab Intravenous Infusion
Cisplatin Hydration Fluid Intravenous Infusion
Cisplatin Intravenous Infusion
Cladribine Subcutaneous Injection / Intravenous Infusion
Clofarabine Intravenous Infusion
Cyclophosphamide Intravenous Infusion / Injection
Cytarabine Intravenous Infusion / Injection / Subcutaneous / Intrathecal
Dacarbazine Intravenous Infusion
Dactinomycin Intravenous Infusion
Daratumumab Intravenous Infusion
Daunorubicin Intravenous Infusion / Injection
Decitabine Intravenous Infusion
Dinutuximab beta Subcutaneous Injection / Intravenous Infusion
Dexrazoxone hydrochloride Intravenous Infusion
Docetaxel Intravenous Infusion
Dostarlimab Intravenous Infusion / Injection
Doxorubicin Intravenous Injection / Infusion / Chemoembolisation
Doxorubicin Pegylated-Liposomal Intravenous Infusion
Durvalumab Intravenous Infusion
Eculizumab Intravenous Infusion
Elranatamab Subcutaneous Injection
ENHERTU (Trastuzumab deruxtecan) Intravenous Infusion
Enfortumab Intravenous Infusion
Eribulin Intravenous Injection
Epirubicin Intravenous Injection/Infusion
EPOCH Intravenous Infusion
Etopophos Intravenous Infusion
Etoposide Intravenous Infusion / Intraventricular Injection

Fludarabine Intravenous Infusion
Fluorouracil Intravenous Infusion / Injection / intralesional / Ophthalmic application
Folinic Acid Intravenous Infusion
Gemcitabine Intravenous Infusion / Intravesical Instillation
Gemtuzumab Ozogamicin Intravenous Infusion
Glofitamab Intravenous Infusion
Idarubicin Intravenous Infusion
Ifosfamide / Mesna Intravenous Infusion
Ifosfamide Intravenous Infusion
Inotuzumab Ozogamicin Intravenous Infusion
Ipilimumab Intravenous Infusion
Irinotecan Hydrochloride Intravenous Infusion
Isatuximab Intravenous Infusion
KADCYLA (Trastuzumab emtansine) Intravenous Infusion
Loncastuximab Intravenous Infusion
Melphalan Intravenous Infusion
Mogamulizumab Intravenous Infusion
Mitomycin Intravesical Administration/Intravenous Infusion / Injection / Intraperitoneal
Mitoxantrone Hydrochloride Intravenous Infusion
Nelarabine Intravenous Infusion
Nivolumab Intravenous Infusion
Obinutuzumab Intravenous Infusion
Opdualag Intravenous Infusion
Oxaliplatin Intravenous Infusion
Paclitaxel Intravenous Infusion
Panitumumab Intravenous Infusion
Pembrolizumab Intravenous Infusion
Pemetrexed Intravenous Infusion
Pentamidine Intravenous Infusion / Nebuliser solution
Pentostatin Intravenous Infusion
Pertuzumab Intravenous Infusion
Pixantrone Intravenous Infusion
Polatuzumab Vedotin Intravenous Infusion
Raltitrexed Intravenous Infusion
Ramucirumab Intravenous Infusion
Ravulizumab Intravenous Infusion
Rituximab Intravenous Infusion
Sacituzumab Intravenous Infusion
Streptozocin Intravenous Infusion
Tagraxofusp Intravenous Injection
Talquetamab Subcutaneous Injection
Thiotepa Intravenous Infusion
Trabectedin Intravenous Infusion (Surefusor & IV bag)
Trastuzumab Intravenous Infusion
Topotecan Intravenous Infusion
Treosulfan Intravenous Infusion
Vinblastine Intravenous Infusion

Vincristine Intravenous Infusion
Vindesine Intravenous Infusion
Vinorelbine Intravenous Infusion
Vyxeos Intravenous Infusion

Paediatric SACT & Haematology
Bevacizumab Intravenous Infusion
Bleomycin Intravenous Infusion
Blinatumumab Intravenous Infusion
Bortezomib Injection
Busulfan Intravenous Infusion
Carboplatin Intravenous Infusion
Carmustine Intravenous Infusion
Cisplatin Intravenous Infusion
Clofarabine intravenous infusion??
Cyclophosphamide Intravenous Infusion / Injection
Dacarbazine Intravenous Infusion
Vincristine Intravenous Infusion
Vinblastine Intravenous Infusion??

ADULT CIVAS*
Alteplase Intravitreal Injection
Amphotericin B Intravenous Infusion
Amphotericin B Liposomal Intravenous Infusion
Avalglucosidase Infusion
Baclofen Intrathecal Injection
Belimumab Intravenous Infusion
Benzylpenicillin Intravenous Infusion
Calcium Folinate Infusion
Cefuroxime Eye Injection
Ceftazidime Intraperitoneal Injection
Cidofovir Intravenous Injection / Intravesical Instillation
Diamorphine Injection
Dobutamine Intravenous Infusion
Flucloxacillin IV Infusion
Flucloxacillin Elastomeric Intravenous Infusion
Fosaprepitant Intravenous Infusion
Foscarnet Intravenous Infusion
Furosemide Accufusor Intravenous Infusion
Ganciclovir Intravenous Infusion / Intravitreal injection
Gentamicin Intraperitoneal Injection
Hydrocortisone Intrathecal Injection
Infliximab Intravenous Infusion

Insulin Actrapid Intravenous Infusion
Levobupivacaine Infusion
Magnesium Sulphate Intravenous Infusion
Mesna Intravenous Infusion/Injection
Methotrexate Intramuscular / Intravenous / Intrathecal Injection / Infusion
Midazolam Intravenous Injection
Morphine Sulphate Intravenous Infusion/Injection / Intrathecal
Morphine and Clonidine Intrathecal Injection
Morphine Sulphate and Bupivacaine Intrathecal Injection
Natalizumab Intravenous Infusion
Piperacillin and Tazobactam Intravenous Infusion
Potassium Chloride Intravenous Infusion
Siltuximab Intravenous Infusion
Tocilizumab Intravenous Infusion
Tobramycin Injection
Ustekinumab Intravenous Infusion
Vancomycin Intravenous Infusion / Line Lock / Intrathecal Injection
Vedolizumab Intravenous Infusion

*work currently ongoing to standardise national presentations

NEONATAL AND PAEDIATRIC CIVAS*
Aciclovir Intravenous Infusion
Adrenaline Intravenous Infusion
Amphotericin B Intravenous Infusion
Dopamine Intravenous Infusion
Dobutamine Intravenous Infusion
Flucytosine
Fentanyl Intravenous Infusion / Injection
Ganciclovir Intravenous Infusion
Gentamicin Line Lock
Heparin Intravenous Infusion
Infliximab Intravenous Infusion
Insulin Actrapid Intravenous Infusion
Morphine Sulphate Intravenous Infusion / Injection
Midazolam Intravenous Infusion / Injection
Noradrenaline Intravenous Infusion
Pavilizumab Intravenous Infusion
Potassium Chloride Intravenous Infusion
Synacthen Low Dose Injection
Vancomycin Intravenous Infusion / Line Lock

10. ORDERING SCHEDULE FOR STANDARD TrAMS PRODUCTS*

Day	Administration Day	Ordering Cut-Off	Delivery Due	Ordering Cut-Off	Delivery Due
Standard Mon-Fri Weekday	Monday	14:00 Fri	7am Mon	17:00 Fri	12:00 Mon
	Tuesday	17:00 Fri	7am Tues	17:00 Fri	12:00 Tues
	Wednesday	14:00 Mon	7am Wed	17:00 Mon	12:00 Wed
	Thursday	14:00 Tues	7am Thurs	17:00 Tues	12:00 Thurs
	Friday	14:00 Wed	7am Fri	17:00 Fri	12:00 Wed
Bank Holiday Monday	As per normal working week: Xmas, New Year and Easter schedules will be released to organisations 3 months in advance to plan the annual change occurring with these BHs. These will be agreed in advance with Organisations before correspondence sent to clinical and procurement teams.				
Tuesday Post Bank Holiday					

***Batch products require a 5-day lead time**

11. ORDERING SCHEDULE FOR COMPOUNDED PARENTERAL NUTRITION

Day	Administration Day	Ordering Cut-Off	Delivery Due
Standard Mon-Fri Weekday	Monday	11am Fri	15:00pm Mon
	Tuesday	11am Mon	15:00pm Tues
	Wednesday	11am Tues	15:00pm Wed
	Thursday	11am Wed	15:00pm Thurs
	Friday/Sat/Sun	11am Thurs	15:00pm Fri
Bank Holiday Monday	As per normal working week: Xmas, New Year and Easter schedules will be released to organisations 3 months in advance to plan the annual change occurring with these BHs. These will be agreed in advance with Organisations before correspondence sent to clinical and procurement teams.		
Tuesday Post Bank Holiday			

12. ORDERING SCHEDULES FOR RADIOPHARMACEUTICAL PRODUCTS

Radiopharmaceutical products require a purchase order **received by 12:00 noon** on a working day for delivery by 9:00am the next working day.

Day	Prescription Cut Off	Ordering Cut Off	Delivery Due	Administration
Ordinary	10:00 Fri	12:00 Fri	09:00 Mon	10:00 Mon
Ordinary	10:00 Mon	12:00 Mon	09:00 Tues	10:00 Tues
Ordinary	10:00 Tues	12:00 Tues	09:00 Wed	10:00 Wed
Ordinary	10:00 Wed	12:00 Wed	09:00 Thurs	10:00 Thurs
Ordinary	10:00 Thurs	12:00 Thurs	09:00 Fri	10:00 Fri
Bank Holiday Monday	No Service			
Tuesday after Bank Holiday	10:00 Fri	12:00 Fri	09:00 Tues	10:00 Tues

Appendix 3 Hub Capacity Plan v 1.2

This Plan is also directly linked to the financial model for approval, and justifies the baseline staffing requirement for the Hub, to manufacture the stated number of medicine doses, aligned with the Service Scope and product Delivery Model:

Transforming Access to Medicines

Technical Service Model Capacity Utilisation Assessment for the South East TrAMS Hub

INTRODUCTION

This document outlines the projected hub capacity plan and staff modelling underpinning the South-East Hub staffing establishment. Capacity planning is a key component of Good Manufacturing Practice (GMP), and essential to meet anticipated demand whilst ensuring all regulatory compliant activities are maintained such as training, validation, planned preventative maintenance, quality management and staff-related factors such as annual leave and sickness.

MHRA Guidance for Specials Manufacturers requires a capacity plan to be in place, and that the utilisation of total staff for manufacturing activities should not exceed 70-80% to allow adequate resource for associated ancillary and quality management tasks outlined as part of Good Manufacturing Practice and Quality Assurance. Activities within this 20% include:

- Quality Management System activities
- Routine GMP training
- Planned and Unplanned Preventative Maintenance
- Training and Validation
- Quality and Performance meetings

It is worth noting that this exercise is using a tool designed for contemporaneous measurement of capacity utilisation in established technical services facilities where baseline data is available. However, in this document, the baseline data and projected demand data can be used to simulate the capacity utilised by the proposed staff numbers within the TrAMS SE Business case. This will be used to support the staffing establishment proposed.

1. TrAMS South East CAPACITY PLAN

To demonstrate the projected capacity resulting from the proposed staffing establishment within the TrAMS business case, the programme has utilised a nationally recognised and endorsed capacity plan, the PASG Capacity plan. This planning model has been developed by several Technical Services leads and has been endorsed by the PASG as a capacity planning tool that meets regulatory requirements.

This tool also allows the exclusion of essential non-production tasks such as Pharmaceutical Quality Management maintenance, whilst considering “traditional” production activities such as surface sanitisation, manufacturing activities, documentation completion and release activities. Once again this is in-line with MHRA Guidance to licensed “Specials” manufacturers. As such the 80% limit as imposed by the MHRA is represented as 100% within the PASG capacity plan.

2. CAPACITY PLAN MECHANISM

The capacity tool is a set of calculations and formulae that sit behind a Microsoft Access database. Using baseline data for product manufacturing timings, staff time taken for product preparation can be accounted for within the tool. By adding the times recorded as standard for each activity, the tool builds a capacity utilisation output. All that is required thus is for the projected or actual product demand to be entered to identify the percentage of hub capacity used.

3. STAFFING NUMBERS

The capacity plan allows for the entry of staffing numbers at each role and allows tasks to be adequately assigned to the appropriate level of staff, this allows us to assess the skill mix, as well as total numbers of staff available for operational activities including procurement, warehousing, order management. The staff numbers are detailed in Appendix 1 and relate to production related activities only. As detailed above there is a requirement for 20% of service activity to be ringfenced to meet regulatory compliance, and these have been removed from the plan***. As such 100% manufacturing capacity as represented within the capacity plan equates to 80% of the total service capacity.***

Within the staffing numbers for production activities, we have applied a factor of 0.4 to each w.t.e to account for the following:

- Statutory and mandatory training
- Annual Leave
- Sickness

This makes 0.6 of every 1 w.t.e available for production, however there are efficiencies within this model that can be made around the planning and completion of training and education activities that have not been considered at this stage.

4. BASELINE TIMING DATA

Baseline timing data is a key part of the capacity planning process. Given the breadth of data across all technical services within Wales, the baseline data has been entered into the capacity plan following the below principles:

- All batches/campaign items with a semi-automated method of manufacture will utilise capacity timings from the Medicines Unit within IP5
- All single product items or campaigns where manufacture follows manual processes will have a timing representing an average of those submitted by Technical Services across Wales.
- Compounded parenteral nutrition timing has been taken from Cardiff and Vale UHB.
- Process and Staff validations are assigned timings appropriate for the validation process required.
- Gassing decontamination timings are a worst-case scenario from commercial decontamination data

A table demonstrating the timings applied to each other activities described within this document are detailed in point 10 below.

5. PRODUCT PROJECTIONS & ANXILLIARY PRODUCTION TASKS

To calculate the daily timings, the capacity plan requires projected or contemporaneously accurate data entry of the products required. To provide accurate assessment of the staffing requirement against the projected demand the following principles have been applied:

- Baseline activity usage from 23/24 used
- Increased by 11% demand per annum up to 27/28 (projected year of hub opening)

These principles have been applied across the entire agreed product portfolio for each identified product. From this projected list there has been a projection of the daily number of products split into single item / campaign / batch as below:

Product Type	Quantity per Capacity Entry
Singe Item Batch	**1**
Single Item Batch	**5**
Single Item Batch	**10**
Campaign	**2-10**
Campaign	**11-20**
Campaign	**21-30**
Campaign	**31-40**
Batch	**10-20**
Batch	**21-40**
Batch	**41-50**
Batch	**51-60**
Batch	**120**
Compounded PN	**1**
Compounded PN	**5**
Adult Parenteral Nutrition + Additions	**1**
Neonatal Parenteral Nutrition + Additions	**1**
Dispensing of Outsourced Items	**10**

Additional tasks entered onto the capacity plan to ensure completeness include:

Task Type	Reference
Process Simulations	1/isolator/week
Gassing Transfer	3 sessions per day

Staff Validation	3/day
Cleaning	15 minutes per isolator per day

6. WEEKLY PRODUCTION SCHEDULE

Upon projection of the product demand, the workload has been spread evenly into daily demand based on the product splits identified in 2.3. This provided the daily demand data that can be placed into the capacity plan to give a projected capacity on any given day. The daily breakdown of products can be identified in Appendix 3. These figures will be entered into the capacity plan to identify the % staff capacity utilised to produce this number of items and assumes a six-day working schedule to mirror current practice within current technical services units

7. CAPACITY UTILISATION OUTCOME

Entering each of the daily production schedules within Appendix 2 into the PASG Capacity Tool provides us with an average weekly capacity utilisation of 81% to provide approximately 146,779 products per annum within 27/28. Figure 1 is a projection of how the 11% annual demand will impact on hub capacity in future years.

This projection identifies that the production staffing levels within the TrAMS SE Hub business case are sufficient to provide the anticipated product demand for 27/28. The projection also shows that with a 11% annual demand increase the hub can absorb demand up until 31/32 where additional staff investment will be required.

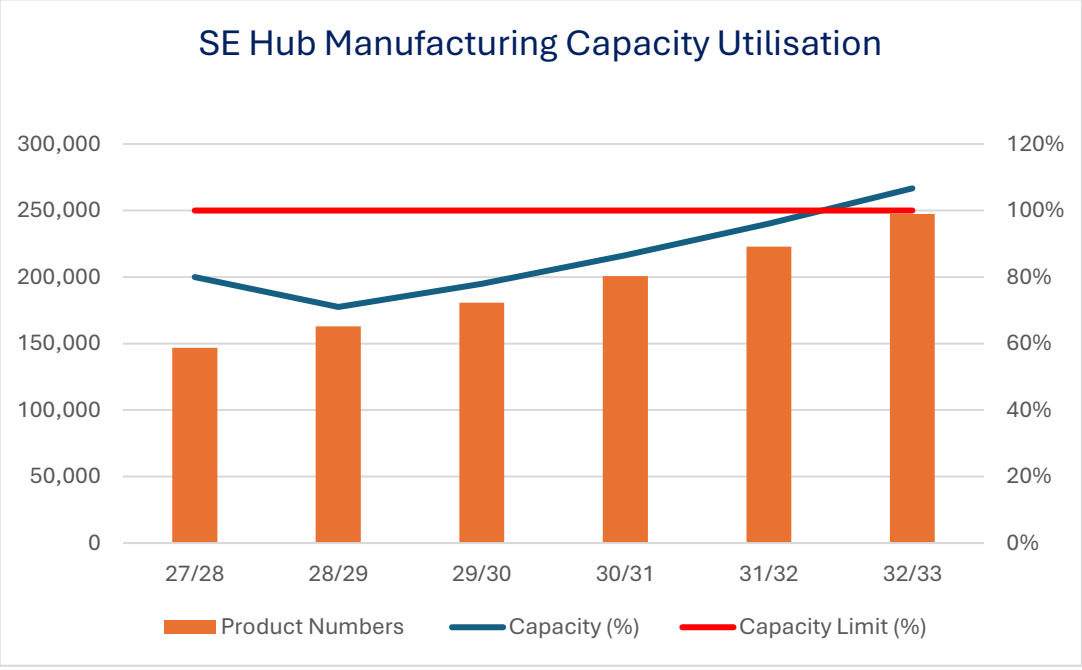


Figure 1: TrAMS Staffing Capacity Utilisation

8. OUTCOMES AND RECOMMENDATIONS

Assessment of the current staffing requirement and projected product demand has been undertaken using the nationally recognised UK PASG Capacity Utilisation tool.

Outcomes from this assessment indicates the following:

- Current staff costs and structure for the SE Hub is sufficient to provide the anticipated product demand for 27/28 (80% of capacity used).

- The staffing structure is capable of absorbing 5 years of currently anticipated demand growth post-opening before reinvestment in staff is required. This assumption can be reviewed if there are significant changes in clinical practice impacting the projected product demand.

- The assessment considers production capacity and all associated activities as an assumption of how the hub will operate. This may be subject to change as the hub construction takes place and detailed production processes are developed further.

- The UK PASG Capacity Utilisation Tool is reviewed annually prior to hub opening to provide updated projections on capacity and also during the transition period to, ensuring regulatory compliance during the onboarding of stakeholder services.

9. STAFF ROLE AND GRADE FOR SOUTH EAST HUB PRODUCTION ACTIVITIES

Hub Warehouse	Band	27/28
Responsible Person shared with QA	7	1.00
Warehouse Manager Deputy RP	6	1.00
Warehouse Supervisor	5	1.00
Warehouse Operatives	3	5.00
Hub QA		
QA Officer	7	2.00
Product Releaser/QA Officer	6	5.00
Hub Education & Training		
Education & Training Lead	8a	1.00
Senior Trainer	7	1.00
Trainer	6	5.00
Hub Production		
Head of Production	8c	1.00
Deputy Head of Production	8b	2.00
Production Manager	8a	2.00

Hub Production SACT/CIVAS/PN Patient Specific and Batch/Campaign	Band	27/28	28/29	29/30
Shift Lead Production Supervisor	7	2.00	1:00	
Senior Production Supervisor	6	2.20	3:00	
Production Supervisor	5	9.00	8:00	3:00
Senior Production Operatives	4	32.00		3:00
Production Operatives	3	10.00	10:00	
Order Receipt Admin	3	1.00		
Order Scheduling Admin	4	1.00		
Hub Procurement				
Procurement Manager	6	1.00		

Procurement Officer	5	1.00		
		27/28	**28/29**	**29/30**
Total		86.20	108.20	114.20

10. CAPACITY TIMING APPLIED TO ACTIVITIES (Requires NO) Timings

	Process	Processing order pre and post manufacture (mins)	Rx verf and stab / Prep of worksheet and label (mins)	Worksheet and label check (mins)	Assembly (mins)	Assembly check (mins)	Transfer (mins)	Transfer to work station (mins)	In Process Check (mins)	Compounding time for batch (mins)	Transfer out of work station (mins)	Transfer to support room (mins)	Labelling of products (mins)	Final Accuracy Check and approval (mins)	Number Items per batch
Batch Name	Proposed Staff ⇨	Order Admin / warehousing Staff	Production Operatives	Senior Production Operatives or Supervisors	Production Operatives	Senior Production Operatives or Supervisors	Production Operatives or Senior Production Operatives	Production Operatives or Senior Production Operatives	Production Operatives or Senior Production Operatives	Production Operatives or Senior Production Operatives	Production Operatives or Senior Production Operatives	Production Operatives or Senior Production Operatives	Production Operatives or Senior Production Operatives	Hub QA	
		Senior Production Personnel Support – Band 6 and higher													
Single Item Batch x 10		50	40	10	50	50	0	0	100	100	30	30	30	100	10
Campaign - 2-10		5	5	2	25	10	0	0	20	20	7.5	7.5	10	10	5
Campaign - 11-20		5	5	2	25	10	0	0	60	60	7.5	7.5	20	20	15
Campaign - 21-30		5	5	2	25	10	0	0	80	80	7.5	7.5	30	30	25
Campaign - 30-40		5	5	2	25	10	0	0	80	80	7.5	7.5	30	30	35
Batch 10-20		5	5	2	25	10	0	0	60	60	7.5	7.5	20	20	20
Batch 21-40		5	5	2	25	10	0	0	80	80	7.5	7.5	30	30	40
Batch 41-50		5	5	2	25	10	0	0	100	100	7.5	7.5	35	40	50
Batch 50-60		5	5	2	25	10	0	0	120	120	7.5	7.5	40	50	60
Batch 120		5	5	2	25	10	0	0	155	155	7.5	7.5	62	62	120
Adult PN - Standard + Addition		5	7	5	5	10	0	0	10	10	7.5	7.5	3	4	1
Neonatal PN - Standard + Additions		5	10	5	5	10	0	0	10	10	7.5	7.5	3	4	1
Compounded PN		5	10	5	15	15	0	0	45	45	7.5	7.5	3	10	1
Gassing Transfer		0	0	0	0	0	90	0	0	0	0	0	0	0	1
Process Simulation (1 per workstation/week = 5 per day)			5	2	25	10	0	0	300		300	7.5	20	20	75
Single Item Batch x 5		5	20	5	25	25	0	0	50	50	15	15	15	50	1
Compounding PN x 5		25	20	25	25	15	0	0	225	225	7.5	15	15	50	5
Cleaning (15 mins X 15)														75	
Compounder set up		0	0	0	0	0	0	0	0	200	0	0	0	0	

11. South East HUB DAILY DEMAND BREAKDOWN (based on 6 day working)

Monday						
	Single Item	Campaign 2-10	Campaign 11-20	Campaign 21-30	Campaign 30-40	Batch
SACT	37	8	5			5
CIVAS	4		2			2
PN - Compounded	31					
Outsourced	115					

Tuesday						
	Single Item	Campaign 2-10	Campaign 11-20	Campaign 21-30	Campaign 30-40	Batch
SACT	37	8	5			5
CIVAS	4		2			2
PN - Compounded	31					
Outsourced	115					

Wednesday						
	Single Item	Campaign 2-10	Campaign 11-20	Campaign 21-30	Campaign 30-40	Batch
SACT	37	8	5			5
CIVAS	4		2			2
PN - Compounded	31					
Outsourced	115					

Thursday						
	Single Item	Campaign 2-10	Campaign 11-20	Campaign 21-30	Campaign 30-40	Batch
SACT	37	8	5			5
CIVAS	4		2			2
PN - Compounded	31					
Outsourced	115					

Friday						
	Single Item	Campaign 2-10	Campaign 11-20	Campaign 21-30	Campaign 30-40	Batch
SACT	37	8	5			5
CIVAS	4		2			2
PN - Compounded	31					
Outsourced	115					

Weekend Day						
	Single Item	Campaign 2-10	Campaign 11-20	Campaign 21-30	Campaign 30-40	Batch
SACT	37					
CIVAS	3					
PN - Standard						1
PN - Compounded						
Outsourced	115					

Appendix 4 Estates Annexe and Cost Forms

Outline Business Case		
Trust/Health Board:		**NHS Wales Shared Services Partnership**
Hospital/Site	:	**IP5**
Project Title	:	**TrAMs Hub SACT & CIVAS**
Project No	:	
Prepared by	:	**Paul Beckett**
Date	:	**23-Apr-25**

Project Title **SACT & CIVAS TrAMs hub**

BASIS OF ESTIMATING

Healthcare Capital Investment document Version 2

Main Contract Procurement Method :

Main Contract Standard Form and Option :

Proposed start on site : Apr-26

Proposed completion date :

Date budget discussed with Estates Development*(ED) :

**Estates Development is a part of NHS Wales Shared Services, Specialist Estate Services , tel (029) 20904087/9*

Capital Cost Summary

Ref	Cost Centre	Net £	VAT @ 20% £	Gross £
5	Works Cost (BJC2)	6,437,110	1,287,422	7,724,532
6	Fees (BJC3)	698,993	51,604	750,597
7	Non-works Costs (BJC3)	679,432	29,774	709,206
8	Equipment Costs (BJC2)	6,270,702	1,254,140	7,524,842
9	Contingency at 15%	2,112,936	422,587	2,535,523
10	***Forecast Project Out-turn Cost***	16,199,172	3,045,528	19,244,700
11	LESS RECOVERABLE VAT (BJC5)		(87,604)	(87,604)
12	**FORECAST PROJECT OUT-TURN COST**	16,199,172	2,957,924	19,157,096

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Project Title **SACT & CIVAS TrAMs hub**

CAPITAL COSTS: WORKS AND EQUIPMENT COSTS (Tender breakdowns to be provided as separate documents)

Accommodation	Function Size	Functional Unit m2/Nr et	Gross Floor area (GFA) m2	Cost/m2 GFA £/m2	N/A/C	Works Cost £	Equipment Cost £
Departmental costs			1549	4,156		5,610,944	6,270,702
On costs						826,166	
Total (gross) floor area			1549				6,270,702
Less: Abatement for transferred equipment 0 %							0
							6,270,702
Works Cost - to BJC1 Summary						6,437,110	
Equipment Cost - to BJC1 Summary							6,270,702

Comments and floor area relate to SACT & CIVAS
Total floor area total is for the clean room suites plus stores and offices

Project Title	**SACT & CIVAS TrAMs hub**		
CAPITAL COSTS: FEES AND NON-WORKS COSTS			
			% of Works
1	Fees	£	Cost
	a. Project Manager (C&A)	23,650	0.37%
	b. Cost Advisor (C&A)	37,840	0.59%
			0.00%
	Contractor design costs		0.00%
	d. Architect		0.00%
	e. Civil and Structural Engineer		0.00%
	f. Building Services Engineer		0.00%
	g. Planning Supervisor (Principal designer)	28,380	0.44%
	h. Supervisor (Scitec validation)	84,151	1.31%
	i. FM Advisor		0.00%
	j. Other (list and describe)		0.00%
	Radiation Protection		0.00%
	VAT advice	10,000	0.16%
	Power resilience report	74,000	1.15%
	NHS resource - legal and risk	12,500	0.19%
	NHS resource - audit & assurance	49,738	0.77%
	NHS resource - programme management	378,734	5.88%
	Total Fees to BJC1 Summary	**698,993**	10.86%
			% of Works
2	Non-Works Costs	£	Cost
	a. Land purchase costs and associated legal fees	0	0.00%
	b. Statutory and Local Authority charges		
	Phase 1 & 2		0.00%
	Section 106 25% contribution estimate		0.00%
	Licensing & regulation	41,974	0.65%
	Building reg fee		0.00%
	c. Planning and Building Control fees		
	Planning & Transport Asbri		0.00%
	d. Other		
	Carbon reports	12,150	0.19%
	Surveys eg environmental impact		0.00%
	Total Non-Works Costs to BJC1 Summary	54,124	0.84%
	d. Other (NHS & validation)		
	NHS resource		0.00%
	NHS resource -Validation	530,562	8.24%
	Consumables re validation	94,746	1.47%
	Total NHS & validation	625,308	9.71%
	Total Non-Works Costs inc NHS to BJC1 Summary	**679,432**	10.55%

Project Title **SACT & CIVAS TrAMs hub**

PROJECT CASHFLOW FORECAST

Proposed start on site:
Proposed completion date:

Year	0	1	2	3	Total
Financial year	2025/26	2026/27	2027/28	2028/29	
Works Cost	180,000	6,257,110	-		6,437,110
Fees	127,489	561,504	10,000		698,993
Non-works Costs	-	679,432	-		679,432
Equipment Costs	1,003,540	5,267,162			6,270,702
Contingencies	211,294	1,690,348	211,294		2,112,936
VAT	300,728	2,700,541	44,259		3,045,528
Sub-total	1,823,050	17,156,097	265,552	-	19,244,700
Recoverable VAT	(57,761)	(27,843)	(2,000)		(87,604)
Total	1,765,289	17,128,254	263,552	-	19,157,096

Project Title **SACT & CIVAS TrAMs hub**

RECOVERABLE VAT CALCULATION

	a	b	c	d
	Cost Net of VAT	VAT at 20% (ie prior to recovery)	Percentage recoverable (% of col b)	Recoverable VAT (col b x col c)
	£	£	%	£
Works Cost	6,437,110	1,287,422	2.8%	36,000
Fees	698,993	51,604	100.0%	51,604
Non-works Costs	679,432	29,774	0.0%	0
Equipment Costs	6,270,702	1,254,140	0.0%	0
Contingencies	2,112,936	422,587	0.0%	0
Total			£	87,604

Costed Risk Register TRAMS Hub

Version	1
Date	07/05/2025

Risk Descriptions				Post mitigation Score out of 5			Risk Cost Calculation					
No.	Risk	Consequence	Proposed mitigations	Severity	Likelihood	Proximity	Risk Score	RAG	Cost to Recitify	Risk Cost	Risk Owner	Mitigation Actionee
1	Damage to data cables in work area	Loss of connectivity to whole site	2 existing redundant cables at opposite sides of work area. Brief contractors, mark cables, monitor and manage.	2	1	4	6%		£28,612	**£1,831**	Project Manager	Project Surveyor
2	Damage to power boards in work area	Loss of power to IP5	Brief contractors and supervise as appropriate	3	2	4	19%		£28,612	**£5,493**	Project Manager	Project Surveyor
3	Damage to underground site power cable	Loss of power to whole park	Survey undertaken to locate cable. Brief contractors and supervise as appropriate	5	1	4	16%		£28,612	**£4,578**	Project Manager	Project Surveyor
4	Damage to sprinkler systems	Flood event	Drain sprinklers during relevant works. Establish location of isolator valve and brief contractors with actions on a flood.	4	1	4	13%		£28,612	**£3,662**	Project Manager	Project Surveyor
5	Damage/Blockage to site drainage	Loss of toilets	Call out drain contractor	2	2	4	13%		£14,306	**£1,831**	Project Manager	Builidng Manager
6	Failure of floor slab due to load exceeding strength	Redesign, dig out and recitfy footings.	Surveys and design calculations indicate low risk	5	1	3	12%		£1,452,057	**£174,247**	Project Manager	Cleanroom Contractor
7	Damage to roof during works. Either structural or damage to gutters and syphons.	Rework and delay to programme. Delay claims from other contractors	Ensure correct protections are in place, approval of RA/MS.	3	2	3	14%		£290,411	**£41,819**	Project Manager	Project Surveyor
8	Other damage to building fabric during constuction	Delay to programme, delay claims from other contractors	Monitor and manage contractors RA/MS effectively.	2	2	3	10%		£145,206	**£13,940**	Project Manager	Project Surveyor
9	Delay in isolator delivery	Delay to cleanroom validation and commissioning.	Monitor and manage isoator contractor.	3	3	2	14%		£145,206	**£20,910**	Project Director	Project Manager
10	Inflation Claims exceed expectations	Cost pressure to project	Good contract management. Proceed at pace to minimize duration of works	3	5	3	36%		£2,613,702	**£940,933**	Finance Lead	Project Manager
11	Unplanned design changes during construction	Change claims from contractors	Good procuement and project management controls	3	5	3	36%		£2,904,113	**£1,045,481**	Project Director	Project Manager
12	Cost of uncontracted works exceeds forecast (ie Data and Utility final connections, Security and Fire Alam integrations	Cost pressure to project	Good procuement and project management controls	3	4	2	19%		£290,411	**£55,759**	Project Manager	Procurement Lead
13	NHS IT costs exceed provisions	Cost pressure to project	Good procuement and project management controls	2	3	2	10%		£290,411	**£27,879**	Project Manager	IM&T Lead
14	NHS Capitalised staff costs exceed provisions due to programme delays.	Cost pressure to project	Good procuement and project management controls	3	3	1	7%		£2,734,706	**£196,899**	Finance Lead	Project Manager

Total Risk Provision	**£2,535,262**
Project Cost before Risks	**£16,853,572**
% of Costs	**15.0%**

Table of other Estates considerations

Consideration	Status	Rationale
Planning Permission	In Place	Permission for change of use and change in elevations was granted with no pre-commencement conditions in Feb 2025.
Ecology	In Place	Ecology considerations have also been addressed as part of the Radiopharmacy project (Bat and Swift boxes have been installed) and no further actions are required for the Hub.
BREEAM assessment	None	Renovations to the existing building shell were already completed by the Radiopharmacy project and no further external works are planned. All of the remaining work to deliver the project is internal fit out. In the circumstances the project assesses that there is limited value in conducting an BREEAM assessment.
AEDET	None	The facility is not open to the public and there will be no public or patient access. The layout and internal finishes are heavily dictated by regulatory requirements. In the circumstances the project assesses that there is limited value in carrying out an AEDET assessment
Project Bank Account	None	Construction period will not exceed 6 months and the main contractor proposes to carry out the main works themselves. In the circumstances the project assesses that a Project Bank Account is

		not required, and no provision has been made for one.
Utilities	In Place	All utility supplies are in place, the main power cables from the IP5 power room to the works site have been tested as part of the Radiopharmacy project
Fire Strategy	In Place	The fire strategy prepared for the Radiopharmacy Project also covers the Hub Concept design. The compartmentation wall between the warehouse and the pharmacy zone has already been renovated.
Lifecycle costs	Under review	The lifecycle costs appropriate to a facility of this kind are under review, and will be included in the FBC.

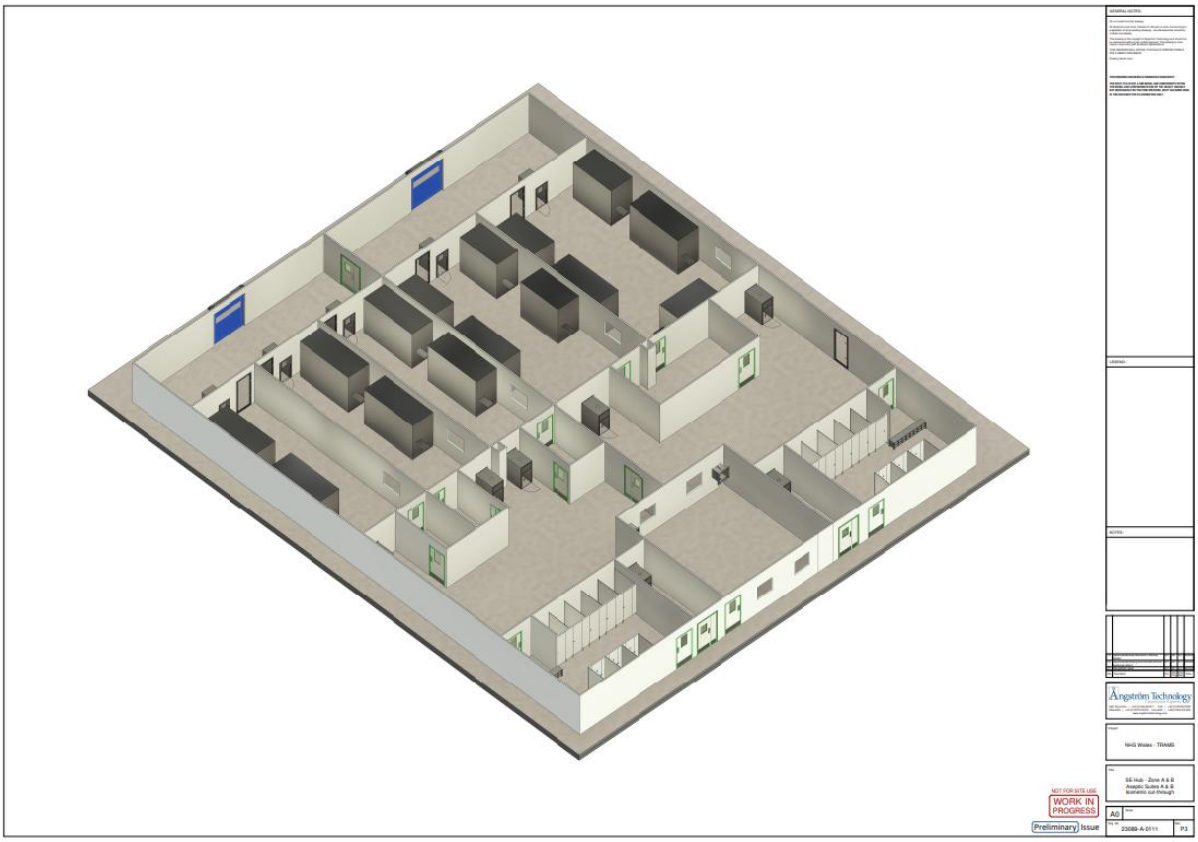
Appendix 5 Concept Design drawings

To note: Further details of the Mechanical & Electric concept design deliverabls and site utility connections are available for inspection on request.

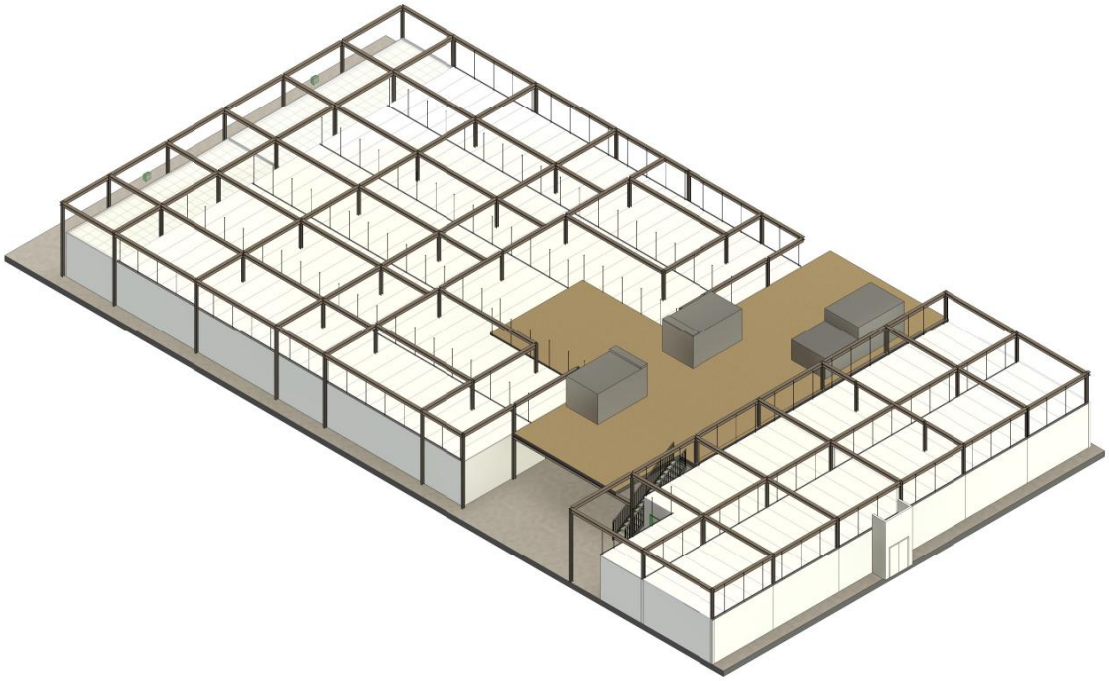
Proposed layout of Hub (L) and Radiopharmacy (R) at the east end of IP5



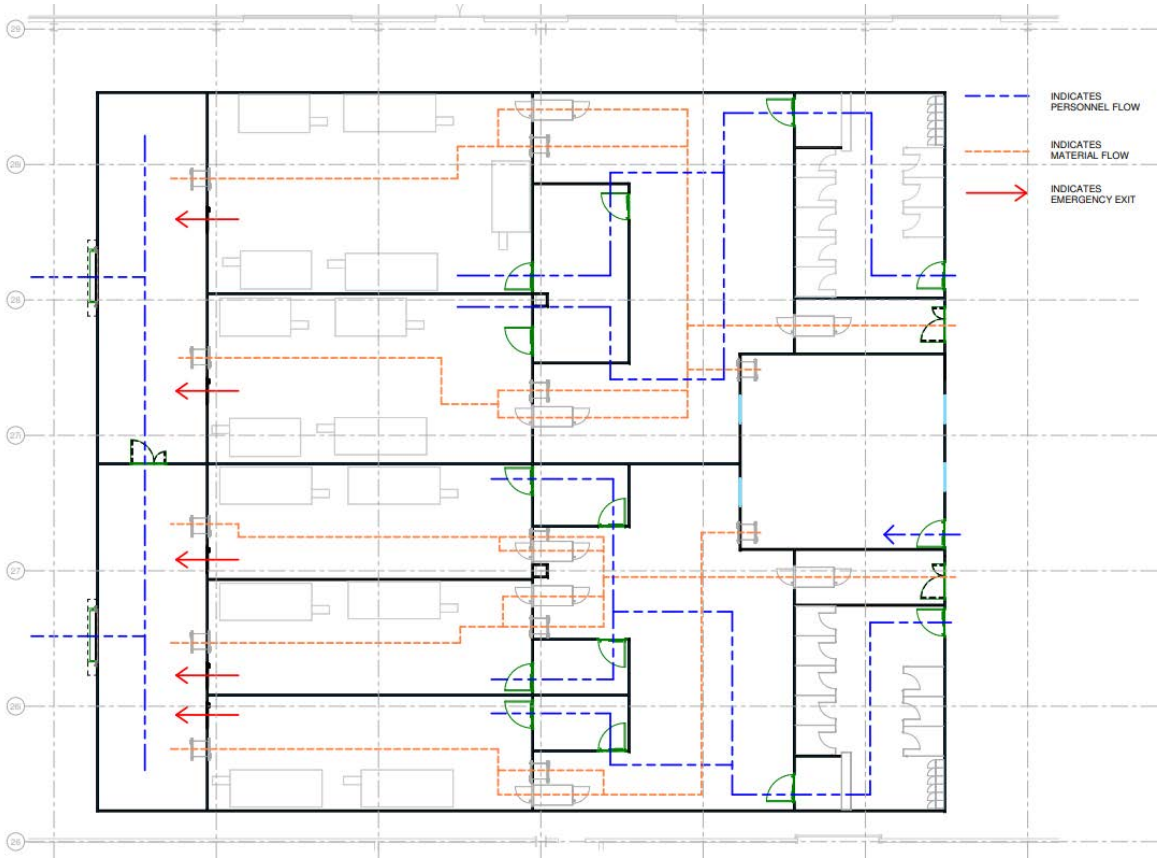
Proposed Hub interanal layout, isometric view



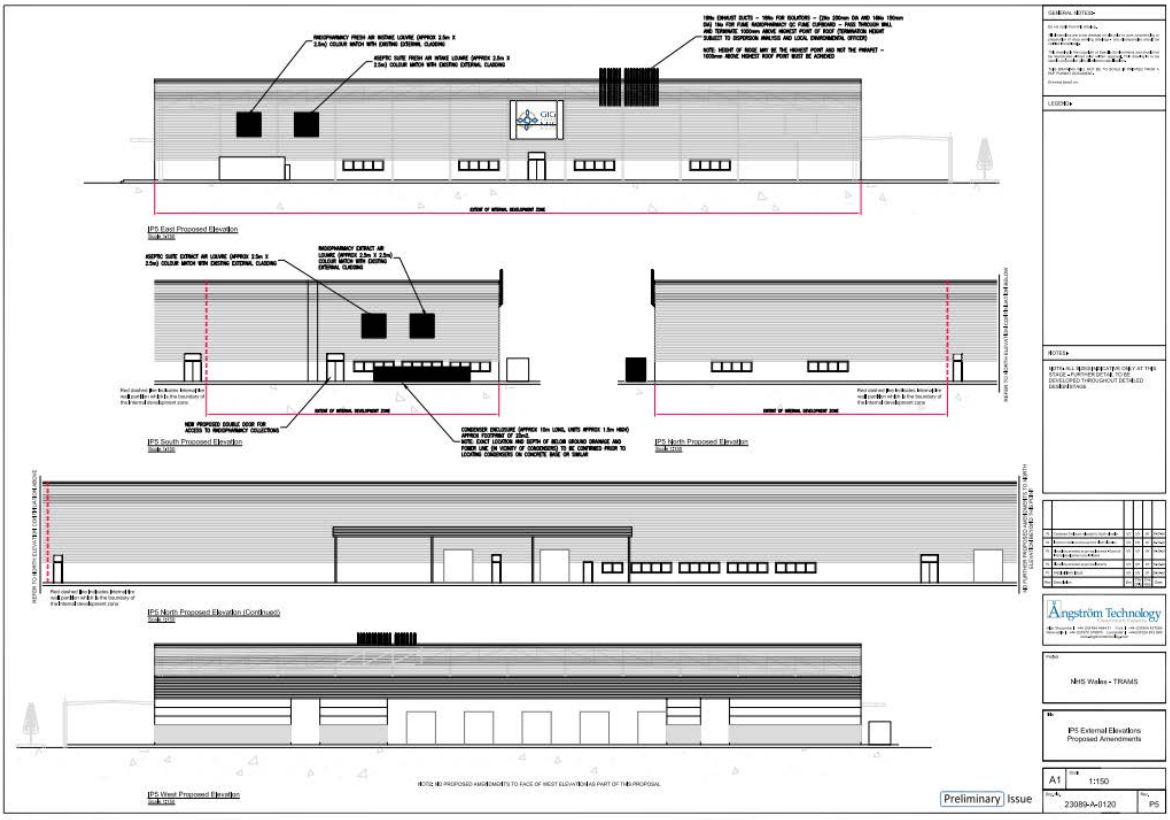
Proposed Hub and Radiopharmacy showing plant deck and walk on ceilings



Proposed material and personnel flows within the Hub cleanrooms



Proposed external elevations of IP5 showing the additional vents and stacks propsoed.



Appendix 6 Membership of Stakeholder Groups

TRAMs Programme Board

Post	Organisation	Programme Role	Current Occupant
Managing Director	NWSSP	Accountable Officer, and joint SRO	Neil Frow
Chief Pharmaceutical Officer	Welsh Government	Joint SRO, Professional Report for Service Director	Andrew Evans
TRAMS Service Director	NWSSP	TRAMS Programme Director and BCM	Colin Powell
Representative of CPG	SBUHB	Assurance Lead	Judith Vincent
Representative of CPG	VELUNHST	Board Member	Bethan Tranter
Nuclear Medicine Lead	SBUHB	Board Member	Neil Hartman
Assistant Director of Capital Funding	Welsh Government	Funding Stakeholder	Ian Gunney
Wales lead for Quality Assurance	NHS Wales	Quality Lead	Emma Davies
Director of Finance	ABUHB	Board Finance Lead	Robert Holcombe
NWSSP Finance Director	NWSSP	Board Member	Alison Ramsey
NWSSP Specialist Estates Lead	NWSSP	Board Member	Mike Travers
NWSSP Medical Director	NWSSP	Board Member	Ruth Alcolado
NWSSP Director of Workforce	NWSSP	Board Member	Gareth Hardacre
NWSSP Clinical Logistics Lead	NWSSP	Board Member	Tony Chatfield

Project Boards:

TrAMs Working Groups			
Group Name	**Name of Individual**	**Role**	**Organisation**
TRAMs South East Hub Project Board			
	Colin Powell	Project Executive	NWSSP
	Peter Elliott	Project Manager	NWSSP
	Paul Beckett	Project Finance Lead	NWSSP
	Mike Travers	Estates Lead	NWSSP
	Tim Banner	Director of Pharmacy	CAVUHB
	Hannah Wilton	Director of Pharmacy	CTMUHB
	Jonathan Simms	Director of Pharmacy	ABUHB
	Bethan Tranter	Director of Pharmacy	VELUNHST
	Alison Jones	Pharmacy Lead CAVUHB and SE Hub Lead (designate)	CAVUHB
	Laura-Jayne Keating	Deputy Director of Pharmacy	NWSSP
TRAMs North Hub Project Board			
	Colin Powell	Programme Director	NWSSP
	Peter Elliott	Project Executive	NWSSP
	[Vacant]	Project Manager	NWSSP
	Paul Beckett	Project Finance Lead	NWSSP
	Lois Lloyd	Director of Pharmacy	BCUHB
	Andrew Meeriman	Pharmacy Lead BCUHB and North Hub Lead (designate)	BCUHB
	Laura-Jayne Keating	Deputy Director of Pharmacy	NWSSP
TRAMs SW Hub Project Board			
	Colin Powell	Programme Director	NWSSP
	Peter Elliott	Project Executive	NWSSP
	Will Brown	Project Manager	NWSSP
	Paul Beckett	Project Finance Lead	NWSSP
	Judith Vincent	Director of Pharmacy	SBUHB
	Owain Williams	Director of Pharmacy	HDUHB
	Cerith Morgan	Pharmacy Lead HDUHB	HDUHB
	Lee Samuel	Pharmacy Lead SBUHB and SW Hub Lead (designate)	SBUHB
	Laura-Jayne Keating	Deputy Director of Pharmacy	NWSSP
TRAMs Digital Project Board			
	Colin Powell	Programme Director	NWSSP
	Peter Elliott	Project Executive	NWSSP
	Will Brown	Project Manager	NWSSP
	Cath O'Brien	Pharmacy Digital Lead	DHCW
	Neil Jenkins	Chief Digital Officer	NWSSP
TrAMs Workforce Project Board:			
	Sarah Evans	Deputy Director of Peole and OD	NWSSP
	Samantha Wright	Head of People and Business Partnering	NWSSP
	Hayley Normandale	People and Business Partnering Project Manager	NWSSP
	Colin Powell	TrAMs - Service Director	NWSSP
	Laura-Jayne Keating	Assistant Director of Pharmacy Technical Services	NWSSP
	Peter Elliott	TrAMs Programme Manager	NWSSP
	Myra Jones	Project Manager	NWSSP

Advisory stakeholder working groups:

TrAMs Workforce Sub Group			
	Sarah Evans	Deputy Director People and OD	NWSSP
	Colin Powell	Director of Pharmacy Technical Services	NWSSP
	Laura Jayne Keating	Assistant Director of Pharmacy Technical Services	NWSSP
	Catherine Talbot	TrAMs National Workforce Lead	NWSSP
	Peter Elliott	Programme Manager	NWSSP
	Myra Jones	Project Manager	NWSSP
	Sam Wright	Head of People and Business Partnering	NWSSP
	Hayley Normandale	People and Business Partnering Project Manager	NWSSP
	Alwyn Hockin	Unison Staff-Side Representative	NWSSP
	Shelley Jones	Unite	NWSSP
	Peter Lowe	Associate National Officer	MIP
	Steve Belcher	Regional Organiser	Unison
	Paula Michell	Senior Workforce Business Partner	ABUHB
	George Puckett	Unite	ABUHB
	Martin Horton	Unison	ABUHB
	Richard Stevens	Unite	ABUHB
	Ann Allanson	Head of People Operations	BCUHB
	Jan Tomlinson	Unison	BCUHB
	James May	Unison	BCUHB
	Vivienne Nelson	Unison	BCUHB
	William Nichols	RCN	BCUHB
	Alison Pawley	Unite	BCUHB
	Rob Connah	Unite	BCUHB
	John Grant	Unite	BCUHB
	Jacqueline Hughes	Society of Radiographers	BCUHB
	Helen Hoskins	People Service Leader	CTM
	Michael Bartlett	Senior People Services Coach	CTM
	Aime Rushton	Deputy Head of People	CTM
	Sarah Davies	Unison	CTM
	Louise Halliday-Jones	Head of People and Culture	C&VUHB
	Nicola Griffiths	People Services Manager	C&VUHB
	Rebecca Marsh	Deputy Head of People Services	C&VUHB
	Dawn Ward	Unison	C&VUHB
	Jonathan Strachan-Taylor	Unison	C&VUHB
	Bill Salter	Unison	C&VUHB
	Tracy Walmsley	Senior Workforce Development Manager	HDUHB
	Rebecca Noyce	Senior Workforce Manager	HDUHB
	Shelley Dony	Future Workforce Development Manager	HDUHB
	Anna Gray	Workforce Planning Team	HDUHB
	Diane Towell	Unison	HDUHB
	Margaret Allan	Pharmacy Dean	HEIW
	Joanne Gubbings	Assistant Director of Workforce and OD	SBUHB
	Elizabeth Davies	Workforce Business Partner	SBUHB
	Leanne Hughes	Assistant HR Business Partner	SBUHB
	Jessica Harris	Workforce Business Partner	SBUHB
	Joe Hale	Unison	SBUHB
	Nigel Hill	Unison	SBUHB
	Heather Richards	Unite	SBUHB
	Donna Dibble	Workforce and OD Business Partner	VUNHST
	Gaynor Curtis	Workforce and OD Business Partner	VUNHST
	Alison Cleaton	Unite	VUNHST
TrAMs Workforce Leads Group:			
	Samantha Wright	Head of People and Business Partnering	NWSSP
	Hayley Normandale	People and Business Partnering Project Manager	NWSSP
	Myra Jones	Project Manager	NWSSP
	Paula Michell	Senior Workforce Business Partner	ABUHB
	Ann Allanson	Head of People Operations	BCUHB
	Joy Lewis-Middleton	Deputy Head of People	CTMUHB
	Aime Rushton	Deputy Head of People	CTMUHB
	Louise Halliday-Jones	Head of People and Culture	C&VUHB
	Nicola Griffiths	People Services Manager	C&VUHB
	Rebecca Noyce	Assistant Head of Workforce	HDUHB
	Elizabeth Davies	HR Business Partner	SBUHB
	Jessica Harris	Workforce Business Partner	SBUHB
	Leanne Hughes	Assistant HR Business Partner	SBUHB
	Donna Dibble	Senior Workforce and OD Business Partner	VUNHST
	Gaynor Curtis	Workforce and OD Business Partner	VUNHST
TrAMs Finance Reps Group:			
	Alex Thomas	Finance business partner	ABUHB
	Andrea Hayes	Deputy Finance Business Partner	SBIHB
	Carwen Jarman	Senior Finance Business Partner	HDUHB
	Chris Commins	Assistant Director of Finance	ABUHB
	Colin Powell	Director of Pharmacy Services	NWSSP
	Daniel Binding	Assistant Director of Finance	CTMUHB
	Gareth Tyrrell	Head of Pharmacy Technical Services	NWSSP
	Harry Hamblin	Finance Manager – Meds Mgmt. Site Lead	SBUHB
	Julie Coles	Assistant Finance Business Partner	NWSSP
	Laura-Jayne Keating	Deputy Director Pharmacy Services	NWSSP
	Paul Beckett	Programme Finance Lead (Chair)	NWSSP
	Paul Carter	Chief Finance Officer – East IHC (Area)	BCUHB
	Paul Little	Assistant Finance Business Partner	CVUHB
	Peter Elliott	Programme Manager	NWSSP
	Rob Gordon	Senior Finance Business partner	CVUHB
	Suzanne David	Head of Finance Business Partnering	VUNHST
	Steven Coliandris	Head of Financial Planning & Reporting	VUNHST

TrAMs Clinical Reference Group:			
	Ruth Alcolado	Medical Director	NWSSP
	Colin Powell	TrAMS – Service Director	NWSSP
	Gareth Tyrrell	TrAMS –Clinical Lead	NWSSP
	Myra Jones	Project Manager	NWSSP
	Tamas Szakmany	Critical Care	ABUHB
	Victoria Williams	Haematologist \ SACT lead	ABUHB
	Rajarajan Kannapiran	Neonatal Consultant	ABUHB
	Rhys Hewett	Consultant Gastroenterologist	ABUHB
	Zoe Kennerley	Consultant Antimicrobial Pharmacist	BCUHB
	Cath Bale	Cancer Services	BCUHB
	Claire Fuller	Cancer Services	BCUHB
	Dr Oliver Rackham	Neonatologist	BCUHB
	Richard Pugh	Critical Care	BCUHB
	YeePing Teoh	Nutrition	BCUHB
	Paula Edwards	Nutrition (Specialist Nurse)	BCUHB
	Dr Mathialahan	Nutrition	BCUHB
	Dr Edwards	Gastroenterology	C&VUHB
	Amelia Jukes	Dietician	C&VUHB
	Dr Emily Hopkins	Haematology	C&VUHB
	Angharad Atkinson	Haematology Pharmacist	C&VUHB
	Ian Morris	Neonatologist	C&VUHB
	Alex Speakman	Parenteral Nutrition Pharmacist	C&VUHB
	Thomas Wyllie	**Pharmacist**	C&VUHB
	Dr Hanadi Ezmigna	Haematology	CTMUHB
	Steve Kihara	Oncology	HDUHB
	Portia Rees-Jones	Dietetics	HDUHB
	Sarah Stace	Superintendent Radiographer	HDUHB
	Rhodri Evans	Consultant Radiologist	HDUHB
	Professor Neil Hartman	Head of Nuclear Medicine	SBUHB
	Rachel Jones	Oncology	SBUHB
	Gail Povey	Lead Pharmacist – Cancer Services	SBUHB
	Caitlin Jones	Dietetics	SBUHB
	Dr Simon Waters	Oncology	VUNHST
	Dr Rosie Roberts	Specialist Nurse SACT	VUNHST
	Professor Tom Crosby	Cancer Clinical Director	VUNHST
TrAMs Project Team			
	Peter Elliott	Programme Manager	NWSSP
	Lee Samuel	Head of Pharmacy Technical Services	SBUHB & NWSSP
	Alison Jones	Head of Pharmacy Technical Services	C&VUHB & NWSSP
	Colin Powell	TrAMS – Service Director	NWSSP
	Andrew Merriman	Head of Pharmacy Technical Services	BCUHB & NWSSP
	Catherine Talbot	TrAMs National Workforce Lead	C&VUHB & NWSSP
	Gareth Tyrell	TrAMS –Clinical Lead	NWSSP
	Marc Sutton	Head of Radiopharmacy	C&VUHB
	Samantha Wright	Head of People and Business Partnering	NWSSP
	Hayley Normandale	People and Business Partnering Project Manager	NWSSP
	Laura Jayne Keating	Assistant Director of Pharmacy Technical Services	NWSSP
	Paul Beckett	Programme Finance Lead	NWSSP
	Martin Rees-Milton	Principal Pharmacist, Asepctics	VUNHST
	Will Brown	Project Manager	NWSSP
	Andrew Daniel	QA Lead Pharmacy	NWSSP
	Emma Davies	Head of Quality	NWSSP
	Samantha Fisher	Chief Pharmacist - Primary Care	CTMUHB
	Karen Herbert	Hospital Pharmacy Operations Manager	BCUHB & NWSSP
	Cerith Morgan	Lead Asepctic Pharmacist	HDUHB
	David Fox	Pharmacist Team Leader - Aseptic Services	CTMUHB
	Julie Coles	Assistant Finance Business Partner	NWSSP
	Rhys Hamer	Principal Pharmacist - Production and Asepctic Services	ABUHB
	Myra Jones	Project Manager	NWSSP
	Elin sinnett	Business Support Officer	NWSSP

TrAMs Service Model Board:			
	Garethy Tyrrell	TrAMs Clinical Lead	NWSSP
	Jonathan Sims	Clinical Director of Pharmacy	ABUHB
	Rhys Hamer	Principal Pharmacist - Production and Aseptic Services	ABUHB
	Alison Jones	Head of Pharmacy Technical Services	C&VUHB & NWSSP
	Timothy Banner	Clinical Director Pharmacy & Medicines Management	C&VUHB
	Anthony Lewis	Pharmacist	C&VUHB
	Bethan Tranter	Chief Pharmacist	VUNHST
	Anthony Cadogan	Deputy Chief Pharmacist	VUNHST
	Martin Rees-Milton	Principal Pharmacist Aseptics	VUNHST
	Judith Vincent	Clinical Director Pharmacy	SWUHB
	Lee Samuel	Head of Pharmacy Technical Services	SWUHB & NWSSP
	Brian Hawkins	Chief Pharmacist Medicines Governance	CTMUHB
	David Fox	Pharmacist Team Lead Aseptic Services	CTMUHB
	Cerith Morgan	Lead Aseptic Pharmacist	HDUHB
	Owain Williams	Clinical Director of Pharmacy & Medicines Management	HDUHB
	Andrew Merriman	Head of Pharmacy Technical Services	BCUHB
	Lois Lloyd	Chief Pharmacist	BCUHB
Service Model Board Sub Groups:			
SACT/Haematology:			
	Andrew Merriman	Head of Pharmacy Technical Services	BCUHB
	Lee Samuel	Head of Pharmacy Technical Services	SBUHB
	Alison Jones	Head of Pharmacy Technical Services	C&VUHB
	Nia Evans	Lead Pharmacist Haematology Services	HDUHB
	Lauren Pitt	Pharmacist	SBUHB
	Gareth Hunt	Principal Pharmacist Haematology	CTMUHB
	Robert Weller	Lead Pharmacist ePMA	ABUHB
	Lynne Herring	Lead Pharmacist Operational Services Manager	ABUHB
	Angharad Atkinson	Pharmacist	C&VUHB
	Kerry Crompton	Pharmacist	C&VUHB
	Tracey Parry	Lead Cancer Services Pharmacist	BCUHB
	Glesni Pritchard	Cancer Services Pharmacist	BCUHB
	Gail Poverty	Lead Pharmacist Cancer Services	SBUHB
	Diana Matthews	Advanced Oncologist Pharmacist	VUNHST
	Bleddyn Edwards	Lead Cancer Pharmacist	HDUHB
	Meabh Cassidy	Pharmacy Manager NHH, Principal Pharmacist Pres Supp	ABUHB
Adult Parenteral Nutrition:			
	Andrew Merriman	Head of Pharmacy Technical Services	BCUHB
	Lee Samuel	Head of Pharmacy Technical Services	SBUHB
	Alison Jones	Head of Pharmacy Technical Services	C&VUHB
	Alex Speakman	Parenteral Nutrition Pharmacist	C&VUHB
	Sean Dodington	Technical Services Pharmcist	C&VUHB
	Amelia Jukes	Nutrition and Dietetics	C&VUHB
	Caitlin Jones	Clinical Lead - Nutrition and Dietetics	SBUHB
	David Fox	Pharmacist Team Lead Aseptic Services	CTMUHB
	Owain Jones	Principal Pharmacist Clinical Trials	ABUHB / VUNHST
	Jatinder Parmer	Pharmacist	SBUHB
	Lucy Williams	Dietetics	CTMUHB
	Lucy Morgan	Critical Care Dietician	ABUHB
	Julie Regan	Clinical Lead Dietician	HDUHB
	Nokhuthula Nyoni	Dietician	VUNHST
	Karen Thomas	Joint Head of Dietetics	HDUHB
	Victoria Jones	Dietician	HDUHB
	Kathryn Francis	Adult Clinical Lead Dietician	HDUHB
	Rhys Hamer	Principal Pharmacist - Production and Aseptic Services	ABUHB
	Sarah Griffiths	Deputy Head of Pharmacy, Clinical Services Lead	CTMUHB
	Jane Powell	Deputy Head of Dietetics/Actue Team Lead	BCUHB
	Charlotte Thomas	Pharmacist	HDUHB
	Cerith Morgan	Lead Aseptic Pharmacist	HDUHB
	Stuart Rees	Clinical Pharmacy lead for Patient Services	HDUHB
	Linda Broomfield	Lead CNS Nutrition	HDUHB
	Zoe Hewitson	Registered Dietician	ABUHB
Neonatal / Paediatric (inc PN):			
	Andrew Merriman	Head of Pharmacy Technical Services	BCUHB
	Lee Samuel	Head of Pharmacy Technical Services	SBUHB
	Alison Jones	Head of Pharmacy Technical Services	C&VUHB
	Thomas Wyllie	Pharmacy Clinical Lead - Maternity & Neonatal Strategic Network	C&VUHB
	Rosalind Bajjadar	Pharmacist	ABUHB
	Holly Breeze-Jones	Pharmacist	SBUHB
	Rebecca Owen	Clinical Pharmacist	CTMUHB
	Anwen Richards	Lead Pharmacist Women & Children's Health	HDUHN
	Suzanne Cotter	Lead Pharmacists: Children & Young People	BCUHB
Clinical Trials:			
	Andrew Merriman	Head of Pharmacy Technical Services	BCUHB
	Lee Samuel	Head of Pharmacy Technical Services	SBUHB
	Alison Jones	Head of Pharmacy Technical Services	C&VUHB
	Andrew Sully	Pharmacist	C&VUHB
	Owain Jones	Principal Pharmacist Clinical Trials	VUNHST
	Gavin Rose	Divisional Lead Pharmacist - Medicine	ABUHB
	Bethan Jones	Pharmacy Manager	ABUHB
	Anthony Cadogan	Deputy Chief Pharmacist	VUNHST
	Renata Pool	Pharmacist	SBUHB
	Saddiah Javaid	Clinical Trials Pharmacist	SBUHB
	Laura Jayne Keating	Assistant Director of Pharmacy Technical Services	NWSSP

Appendix 7 Glossary of Abbreviations

ABBREVIATION	DEFINITION
ABUHB	Aneurin Bevan University Health Board
BAU	Business as Usual
CAVUHB	Cardiff & Vale University Health Board
COVID	Coronavirus Disease
CTMUHB	Cwm Taf University Health Board
EWN	Early Warning Notice
FBC	Full Business Case
IFRS	International Financial Reporting Standards
IP5	Imperial Park Building 5
IP6	Imperial Park Building 6
MHRA	Medicines & Healthcare Products Regulatory Agency
NHS	National Health Service
NWSSP	NHS Wales Shared Services Partnership
OBC	Outline Business Case
OCP	Organisational Change Process
OTD	On Time Delivery
PASG	Pharmaceutical Aseptic Services Group
PBC	Programme Business Case
PO	Purchase Order
PQS	Pharmaceutical Quality System
QIA	Quality Impact Assessment
RIBA	Royal Institute of British Architects
SACT	Systemic Anti-Cancer Therapies

SCP	Supply Chain Partner
SE	South East
SES	Specialist Estates Services
SLA	Service Level Agreement
SQ	Square
SRO	Senior Responsible Officer
SSPC	Shared Services Partnership Committee
TRAMS	Transforming Access to Medicines
TUPE	Transfer of Undertaking Protection of the Employment Act
VAT	Value Added Tax
VO	Variation Orders
VUNHST	Velindre University NHS Trust
WHPSMS	Welsh Hospital Pharmacy Stock Management System
WTE	Whole Time Equivalent

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	16 July 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**Engagement plan update: Development of Nevill Hall (NHH) Strategic Outline Case**
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Hannah Evans, Executive Director of Strategy, Partnerships and Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Chris Dawson-Morris, Deputy Director of Strategy, Partnerships and Planning David Hanks, Head of Service Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to update the Board on the public engagement plans regarding the proposals for future service provision at Nevill Hall Hospital (NHH) and our other enhanced local general hospitals.

Cefndir / Background

Since the opening of the Grange University Hospital (GUH) in autumn 2020, there is now considerable post-COVID operational experience of the new hospital systems, and this experience has enabled the organisation to consider the latest stage of the clinical plan to optimise the whole hospital and wider healthcare system, with particular emphasis on the enhanced local general hospitals (eLGHs) that support GUH as the specialist / critical care centre.

It is recognised that significant system challenges exist including:

- Severe operational pressure on many services as currently configured.

- Despite improved workforce consolidation since the opening of GUH, some specialities are still spread too thinly across sites, bringing difficulties in ensuring reliable staffing rotas.

- Additional beds still in our system that were opened during COVID (above what was originally planned under the Clinical Futures strategy).

- Difficulties in maintaining and delivering effective modern healthcare in some of the older estate (now compounded by the presence of reinforced autoclaved aeriated concrete (RAAC) in Nevill Hall Hospital, requiring major remedial attention).

- We are increasingly working with the other Health Boards in South East Wales to plan and deliver services on a regional basis.

- Increasing financial challenges, affecting our ability to invest in priority service areas and requiring us to look at the best value from investment

In order to address the challenges, a series of principles have been developed to inform decisions on key services and how they should be arranged in the future:-

1. Meeting patients' needs as close to home as possible, with any centralisation of services driven by fundamental issues of sustainability, quality and safety

2. Whilst specialist acute inpatient care is likely to be best delivered at the GUH, there may also be areas where other care is most effectively delivered from one of our eLGH sites, rather than all of them.

3. Specialist / critical inpatient care provided at GUH for those who need this.

4. Aim to minimise any potential travel implications, whilst accepting the need to travel to one site within the Health Board for more involved and complex attention.

Following internal agreement on the above principles, detailed discussions took pace with Llais to determine an appropriate programme of public engagement, to test the thinking and inform subsequent arrangements for more significant service-specific proposals for Nevill Hall.

This is in the context of a Health Board capital programme that prioritises the development of Nevill Hall and removal of the RAAC risk as its number one priority. This is a shared priority with Welsh Government.

Assessment

Engagement Plan to support NHH SOC development
Following detailed discussion with Llais, the following arrangements were agreed:

- An initial eight-week period of public engagement to seek feedback on the principles and emerging thinking on future models for NHH that could inform future service configuration and delivery – depending on the outcome, this would in itself enable minor service adjustments

- Subsequent periods of service specific engagement for proposals for change of a significant nature, with the first of these likely to involve stroke rehabilitation (which is currently centralised at Ysbyty Ystrad Fawr as a result of an urgent service change actioned in 2024)

Although the principles apply to all our eLGHs, the first priority is to address service provision at Nevill Hall Hospital (NHH) in Abergavenny. A substantial strategic outline case for capital investment in the site is being prepared for submission to Welsh Government, in order to address the issues of RAAC and enhance a number of areas to support future service delivery plans. In addition, the desirability of demonstrating long-term commitment to the NHH site is recognised, and staff newsletters are being circulated in parallel with the engagement plan to ensure good communication and an understanding of health board plans.

An engagement plan has been developed to support the development of the SOC to cover the period Monday 23rd June – Friday 15th August. The principal engagement activities being undertaken are as follows:

- Prominent display of information in service areas
- Information / survey forms provided for people attending our premises
- Development of briefing paper
- Examples of patient scenarios and pathways in the new model
- Dedicated information page on Health Board website, to include FAQs, access to patient survey (with option of paper version), contact points / numbers and updated as plans progress
- Direct emails to key stakeholders
- Face to face and online public information sessions / engagement events, to take place throughout the duration of the engagement period.
- Social media messaging, encouraging engagement and feedback
- Presentations / meetings with internal and external stakeholders
- Development of an equality impact assessment
- Parallel staff engagement and consultation programme
- Work with health inclusion team
- Bilingual arrangements in accordance with best engagement practice

As standard practice, a mid-point review is programmed into the engagement, to consider the impact of the process to date, to identify any early response themes / trends and to consider any adjustments to the remainder of the plan as a result.

It is important to note that more formal engagement and consultation will take place a part of Outline Business Case development on more concrete propositions and options.

A copy of the agreed engagement plan is attached at **Appendix 1**
The supporting equality impact assessment is attached at **Appendix 2**

The programme of public engagement sessions has been arranged to cover different times of the day. A Powys-based session has been included at the request of the Llais Powys regional office. The schedule of public sessions is shown below:-

Date	Time	Venue
Thursday 3rd July	**5.30pm – 7.30pm**	**Lecture theatre, Education Centre Nevill Hall Hospital, NP7 7EG**
Wednesday 9th July	**2pm – 3.30pm**	**On-line via MS Teams**
Tuesday 15th July	**4pm – 6pm**	**Stocktonville Hall, Gelli Road, Tredegar NP22 3RD**
Wednesday 23rd July	**5.30pm – 7.30pm**	**Multi Function Room Pontypool Active Living Centre, Trosnant St, Pontypool, NP4 8AT**
Wednesday 30th July	**3.30pm – 5.30pm**	**Stow Park Community Centre 1 Brynhyfryd Rd, Newport, NP20 4FX**
Wednesday 6th August	**4pm – 6pm**	**Education Centre, Ysbyty Ystrad Fawr, Ystrad Fawr Way, Ystrad Mynach, Hengoed, CF82 7EP**
Thursday 7th August	**5.30pm – 7pm**	**On-line via MS Teams**
Tuesday 12th August	**1pm – 3pm**	**Clarence Hall, Beaufort Road Crickhowell, Powys, NP8 1BN**
Tuesday 12th August	**5.30pm – 7.30pm**	**Kymin Room, Bridges Centre Drybridge House, Drybridge Park, Monmouth, NP25 5AS**

Meetings are also being arranged with Monmouthshire County Council, Blaenau Gwent Council and Powys Teaching Health Board.

Initial response numbers have been encouraging, with over 200 interactions recorded over the first two weeks.

Next steps

Actions following the conclusion of the initial engagement period will be as follows:-

- Full collation and analysis of feedback received
- Development of a final report and feeding of key themes into the capital business case process
- Submission of report to Llais to inform their conclusions and a decision on whether any further actions are required
- Further update and final report to be brought to the September Board meeting

- Plans and preparations for the next phases of (service-specific) engagement, beginning with the permanent arrangements for stroke rehabilitation services

Argymhelliad / Recommendation

The Board is asked to:

- **Note** the engagement plan and supporting arrangements in respect of future plans for service configuration for NHH.
- **Note** that a further update will be provided to the September Board meeting as part of the Strategic Outline Case for NHH

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Strategic Risk Register
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3.2 Communicating Effectively 4.1 Dignified Care 7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	As within the paper
Rhestr Termau: Glossary of Terms:	eLGH Enhanced local general hospital NHH Nevill Hall Hospital RAAC Reinforced autoclaved aeriated concrete

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

The development of Nevill Hall Hospital and our enhanced local general hospitals Communications & Engagement Plan

Background

The Grange University Hospital opened early (in autumn 2020) during the COVID 19 pandemic. We now have good post-COVID operational experience of the new hospital and the service challenges existing, and this experience has helped us to consider the latest stage of our clinical plan to make our whole hospital and wider healthcare system as efficient and effective as possible so as to provide the best possible care for our population.

Current service arrangements and challenges

The challenges that we have faced since the opening of the Grange University Hospital are significant and include the following:-

- Many of our services are under severe pressure and are not all configured as efficiently and effectively as they could be.
- Whilst workforce challenges for a number of specialties have been improved due to the consolidation at the Grange University Hospital (for example cardiology, maternity services, emergency department staff and critical care), some specialities are still spread too thinly across the Grange and enhanced local general hospitals and therefore it is therefore it is very difficult to staff all of the rotas reliably in some services.
- Whilst we have some modern and new facilities, (for example the Grange University Hospital, Ysbyty Ystrad Fawr and new health and wellbeing centres) a number of our hospitals and community facilities are provided from out of date and unreliable buildings. (for example, the presence of reinforced autoclaved aeriated concrete (RAAC) in Nevill Hall Hospital means that we need a plan to repair or remove this in the longer term.
- We are increasingly working with the other Health Boards in South East Wales to plan and deliver services on a regional basis
- We still have extra beds in our system that were opened during COVID (above what was originally planned under our previous 'Clinical Futures' strategy), and this is not sustainable both in terms of staffing and cost
- The Health Board is facing increasing financial challenges, affecting our ability to invest in priority service areas and requiring us to look at the best value from investment

For the system to operate successfully, our hospitals that support the Grange University Hospital (the enhanced local general hospitals) must be fit for purpose, with a safe and sustainable workforce that delivers the best possible care to meet the needs of the local population.

Our new strategy

To ensure we have clear future population-led direction as an organisation, we have recently sought views on our new long-term strategy for the Health Board ('A conversation for a healthy future'). This is looking at the next ten years and beyond, with a particular emphasis on public health, illness prevention and a focus on 'what's important to you to feel healthy'. Whilst much of the feedback received did support the need to consider the wider determinants of health and wellbeing, there was still significant emphasis on easier access to care and the development of as many locally-based services as possible. This has helped to confirm the need for us to progress the next phase of our original 'Clinical Futures' strategy – specifically to ensure that our enhanced local general hospitals (such as Nevill Hall Hospital, Royal Gwent Hospital and Ysbyty Ystrad Fawr) are set up to provide the best support to patients and our whole system including the Grange University Hospital.

The key objectives for this phase will be to :-

- Ensure that our key services have enough capacity to meet expected demand
- Ensure that as many services as possible are provided close to home, whilst also recognising that where more complex acute care is required, this is provided according to best practice and the highest clinical standards
- Ensure all services are efficient and sustainable (this will help us to improve patient experience and reduce the amount of time patients are staying in hospital)
- Ensure we have enough staff / teams in the services that are needed the most

Although these objectives apply to all our enhanced local general hospitals (eLGHs), our first priority is to develop the services provided at Nevill Hall Hospital in Abergavenny. There are several reasons for this:

- The hospital is important not just for the local communities but for the wider region, including patients from south Powys and from the Heads of the Valleys area
- Exciting investment and development is already taking place on the Nevill Hall Hospital site, with the development of a radiotherapy centre in partnership with Velindre NHS Trust, to serve the populations from across southeast Wales and South Powys, bringing cancer care closer to home.
- Nevill Hall has recently become a hub for providing cataract services to not only the Gwent population but the wider south east Wales population
- We need to consider if the current staffing arrangements best meet the needs of the local populations, particularly those who are older and more frail

- As highlighted above, some of the buildings on the site contain reinforced autoclaved aerated concrete (RAAC), which is requiring attention to ensure that all our services are provided in safe and comfortable buildings

Taken together, these issues provide a significant need and opportunity for us to review effective service delivery across the wider area in the north of the health board area served by Nevill Hall Hospital. The key principles that will guide this will be :-

1. We want to meet patients' needs as close to home as possible, with any centralisation of services driven by fundamental issues of sustainability, quality and safety

2. Whilst specialist acute (short-term) inpatient care is likely to be best delivered at the Grange University Hospital, there may also be areas where other care is most effectively delivered from one of our eLGH sites, rather than all of them. Arranging some services in this way can enable the development of centres of excellence and ensure that patients receive the best possible care – one good example currently being considered is for stroke rehabilitation.

3. We are then able to provide state of the art inpatient care (for example, for cardiology, chest medicine and emergency medicine) at our specialist and critical care centre (the Grange University Hospital) for those who need this.

4. There may be areas where care can be enhanced by reviewing a range of services that are currently split up for historical reasons and consolidating them on an enhanced local general hospital site in new modern accommodation. An example may be some mental health and learning disabilities services, which could be grouped effectively from across parts of north Gwent into Nevill Hall Hospital.

5. We will aim to minimise any potential travel implications e.g. managing needs locally where we can, whilst accepting the need to travel to one site within the Health Board for more involved and complex attention such as described above.

Engagement objectives

Whilst a number of key service proposals to deliver the above have been developed, it is recognised that there is a requirement for a comprehensive communication and engagement exercise (working closely with Llais as the representatives of public and patients) prior to any final decisions being made regarding permanent service changes.

The key objectives of this plan are therefore as follows:-

- To inform and engage with all stakeholders and the general public in respect of services provided in our eLGHs across the Health Board

- To explain the current issues and challenges facing these services in the context of the original Clinical Futures plan

- To set out the rationale and principles for the proposed changes to service configuration and provision, beginning with Nevill Hall Hospital

- To provide full opportunity to receive feedback, queries and concerns

- To collate all feedback as the basis for reporting back to Llais and the UHB Board.

- To adapt / progress plans for the service as a result.

Audience

It is important that communication reaches all key stakeholders and that the initiative enables them to provide full feedback and to raise any queries or concerns for response. Stakeholders will include:-

- Staff
- Neighbouring Health Boards / Powys
- Residents within the Aneurin Bevan UHB area
- GPs & primary care
- Local Medical Committee
- Voluntary / third sector organisations and charities e.g. GAVO / TVA
- Local Authorities
- Gwent Citizens' Network
- Regional Partnership Board
- Public Services Board including Gwent Police
- Gwent Communications Group
- Local MPs, MSs and Councillors
- Town & Community Councils
- Local media
- Trade Unions
- Welsh Ambulance Services NHS Trust / 111 Service
- Llais

Core activities

The principal engagement activities that will be undertaken are as follows:-

- Prominent display of information in service areas
- Information / survey forms provided for people attending our premises
- Development of briefing paper / notes for circulation to stakeholders

- Examples of patient scenarios and pathways in the new model
- Dedicated information page on Health Board website, to include FAQs, access to patient survey (with option of paper version), contact points / numbers and updated as plans progress
- Direct emails to key stakeholders
- Face to face and online public information sessions / engagement events, to take place throughout the duration of the engagement period. Given the initial emphasis on Nevill Hall Hospital, this would involve a minimum of four sessions in the Nevill Hall Hospital catchment area, two sessions in other eLGH catchment areas and two on-line sessions
- Social media messaging, encouraging engagement and feedback
- Presentations / meetings with internal and external stakeholders
- Parallel staff engagement and consultation programme
- Work with health inclusion team
- Bilingual arrangements in accordance with best engagement practice

Engagement approach and time scales

It is recognised that some of the issues and principles informing our plans are quite complex, and that it may not be practical to cover all potential proposed service changes in one document or one engagement exercise. The following two-phase approach is therefore proposed :-

1. An initial overall engagement exercise (of eight weeks' duration), with the aim of setting out the background to our plans and the principles that we propose to follow. Depending upon the response and feedback, general agreement / support for these would enable some relatively modest service changes to proceed e.g. movement of individual clinics, subject to the usual Llais-approved processes

2. Specific follow-up engagement exercises (of up to 12 weeks' duration) for larger scale proposed changes e.g. long-term configuration of stroke rehabilitation services, whilst also being able to link these back to the principles and show how these changes flow logically from them

Proposed timelines to proceed are as follows:-

May – Jun 2025	Agreement of programme details, activities and dates Development of all documentation, translations etc Board approval of engagement plan
Mon 23rd Jun – Fri 15th Aug	Rollout of initial engagement programme, covering the principles that we wish to follow with our plans for Nevill Hall and our wider enhanced local general hospitals
Aug - Sep 2025	Collation of feedback / engagement final report Presentation to Llais and UHB Board
Oct - Dec 2025	Supporting engagement specific to the long-term configuration of stroke rehabilitation

Jan - Mar 2026	Finalisation of plans for other larger scale service change proposals affecting Nevil Hall and other enhanced local general hospitals

The programme of interactive public information sessions is as follows:-

Date	Time	Venue
Thursday 3rd July	**5.30pm – 7.30pm**	**Lecture theatre, Education Centre Nevill Hall Hospital, NP7 7EG**
Wednesday 9th July	**2pm – 3.30pm**	**On-line via MS Teams (please register via the email below)**
Tuesday 15th July	**4pm – 6pm**	**Stocktonville Hall, Gelli Road, Tredegar NP22 3RD**
Wednesday 23rd July	**5.30pm – 7.30pm**	**Multi Function Room Pontypool Active Living Centre, Trosnant St, Pontypool, NP4 8AT**
Wednesday 30th July	**3.30pm – 5.30pm**	**Stow Park Community Centre 1 Brynhyfryd Rd, Newport, NP20 4FX**
Wednesday 6th August	**4pm – 6pm**	**Education Centre, Ysbyty Ystrad Fawr, Ystrad Fawr Way, Ystrad Mynach, Hengoed, CF82 7EP**
Thursday 7th August	**5.30pm – 7pm**	**On-line via MS Teams (Please register via the email below)**
Tuesday 12th August	**1pm – 3pm**	**Clarence Hall, Beaufort Road Crickhowell, Powys, NP8 1BN**
Tuesday 12th August	**5.30pm – 7.30pm**	**Kymin Room, Bridges Centre Drybridge House, Drybridge Park, Monmouth, NP25 5AS**

These sessions have been arranged to cover different times of the day, and can be amended / added to on the basis of feedback and experience. A Powys-based session was included at the request of the Llais Powys regional office.

Evaluation

The key measures for evaluating the initiative will include:

<u>Website & Social Media</u>

- Number of website visits and page views
- Number of shares, views, interactions and reach on social media channels

Feedback from public and other stakeholders

- Survey responses
- Number of e-mails received
- Number of questions/comments from all communication channels
- Attendance at community / public engagement events
- Feedback from stakeholder groups

Media coverage

- Amount of press coverage received

These will be subject to review and amendment, based on feedback received.

All responses and views will be collated and an engagement report prepared. This report will be shared with the Llais to inform conclusions and a decision on whether any further actions are required.

Appendix 2

Integrated Impact Assessment	
Ref no:	
Name of the policy, service, scheme or project: The development of Nevill Hall Hospital and our enhanced local general hospitals	Service Area Medicine

Our Values are....









Mae ein Gwerthoedd yn.....









Section 1 - Preparation	
The purpose and aims of the policy, procedure, strategy or decision required Please include; • the overall objective or purpose • the stated aims (including who the intended beneficiaries are • a broad description of how this will be achieved • the measure of success will be • the time frame for achieving this • a brief description of how the purpose aims of the policy are relevant to equality and intended beneficiaries.	The overall aim is to review the arrangement of services in our enhanced local general hospitals, to ensure that these are delivered in a safe, efficient and sustainable manner and hence provide the best possible support to our critical care centre at the Grange University Hospital (GUH). The challenges that we have faced since the opening of GUH are significant and include the following:- • Many of our services are under severe pressure and are not as efficient and effective as they could be. • The Health Board is facing major financial pressures, affecting our ability to invest in priority service areas • We still have extra beds in our system that were opened during COVID (above what was originally planned under the Clinical Futures strategy), and this is not sustainable both in terms of staffing and cost The specific objectives of the review will be to:- • Ensure that our key services have enough capacity to meet expected demand • Ensure that as many services as possible are provided close to home, whilst also recognising that where more complex acute

	care is required, this is provided according to best practice and the highest clinical standards • Ensure all services are efficient and sustainable (this will help us to improve patient experience and reduce the amount of time patients are staying in hospital) • Optimise the flow of patients through the system • Match workforce resource to demand – ensure we have enough staff / teams in the services that are needed the most We know that there is always a balance to be struck between ensuring that health care is provided as close to home as possible on the one hand and ensuring safe and sustainable specialist services on the other. Examples of the principles / plans we would like to follow to achieve that balance include the following:- 1. Further development of the principle of meeting as many patients' needs as possible close to home. 2. Whilst specialist acute (short-term) inpatient care is likely to be best delivered at the Grange University Hospital, there may also be areas where other care is most effectively delivered from one of our enhanced local general hospital sites. Centralisation of some services in this way can enable the development of centres of excellence and ensure that patients receive the best possible care. 3. Minimising any potential travel implications e.g. managing needs locally where we can, whilst accepting travelling to one site within the Health Board for more involved and complex attention such as described above.
Who is the Executive Sponsor?	None of the above required Leanne Watkins – Chief Operating Officer
We have a legal duty to engage with people with protected characteristics under the Equality Act 2010 identified as being relevant to the policy.	The intention is to undertake a period of public engagement to seek people's views on the health board's plans and the principles it has set out as a guide to future service arrangements. A comprehensive

• What steps will you take to engage and consult with stakeholders, (internally and externally)? • How will people with protected characteristics be involved in developing the policy, procedure, strategy and or decision from the start? • Outline how proposals have/will be communicated? • What are the arrangements for engagement as the policy/procedure/strategy or decision is being implemented?	engagement plan has been developed and agreed with Llais, extending to a wide range of stakeholders and including the following:- • Prominent display of information in service areas, to include posters, detailing how people can take part • Development of briefing paper / notes for circulation to stakeholders • Dedicated information page on Health Board website, to include FAQs, access to public survey (with option of paper version), contact points / numbers and updated as plans progress • Direct emails to key stakeholders • Face to face and online public information sessions / engagement events • Social media messaging, encouraging engagement and feedback • Presentations to stakeholders • Parallel staff communication and engagement
Does the policy assist services or staff in meeting their most basic needs such as; • Improved Health • Fair recruitment etc.	A key objective of the review is to ensure a safe, efficient and sustainable configuration of services across our enhanced local general hospitals, thereby ensuring the best possible support to our critical care centre at the Grange University Hospital. This should result in the most effective delivery of healthcare to our population and in more consistent recruitment and retention of staff in our key services.
Who and how many (if known) may be affected by the policy?	The proposals and principles could affect any patients accessing services across our enhanced local general hospitals at Nevill Hall Hospital, Royal Gwent Hospital and Ysbyty Ystrad Fawr.
In review of the Well-being of Future Generations Act Which Well-being Goals does this contribute to and how? Please select from drop down box, if multiple, please list. If none, how will it be adapted to contribute to one?	**A Healthier Wales** A Resilient Wales

Section 2 – Considering Resources & Relevance	
Evidenced used/considered Your decisions must be based on robust evidence. What evidence base have you used in support? Evidence includes views and issues raised during engagement; service user or citizen journeys, case studies, or experiences; and qualitative and experience-based research, not just quantitative data and statistics. Please list the source of this evidence; • Identify and include numbers of staff, broken down by protected characteristics and other relevant information • What research or other data is available locally or nationally that could inform the assessment of impact on different equality groups? Is there any information available (locally/nationally) about how similar policies/procedures/strategies or decisions have impacted on different equality groups (including any positive impact)? Do you consider the evidence to be strong, satisfactory or and are there any gaps in the evidence?	The principles and proposals associated with the plan have been informed by a comprehensive strategic outline business case for the development of the Nevill Hall Hospital site, which is being prepared using the Welsh Government-approved five case model. This includes detailed scrutiny of a long list of potential options (including the status quo) to address the current issues, assessed for service scope, estate solution, service delivery approach, implementation strategy, and funding model. This structure ensures that all aspects of feasibility, sustainability, and value for money are considered in detail and are fully evidenced based. Critical success factors have included strategic fit and business needs, value for money, supply side capacity and capability, affordability and achievability. .





Does the policy/area of work align with our values? Please explain why.	**People First** The review will put people first through maximising the benefit of services to its population by ensuring that capacity is appropriately aligned with demand and that services are arranged in a safe and sustainable manner. This should optimise the overall patient experience (whilst considering all possible adverse impacts and ensuring that these are addressed and mitigated as required). It should also improve staff experience by addressing existing recruitment and retention issues that affect some services. **Passion for Improvement** The review is intrinsically linked to service sustainability / optimisation and the delivery of better healthcare as a result of improved service configuration / workforce planning.
Does this policy/area of work impact on the Armed Forces Covenant? The new Duty requires the NHS to consciously consider the Armed Forces Community when developing policy and making decisions in the specified policy areas, taking the three principles set out below into consideration. 1. Recognizing the unique obligations of, and sacrifices made by, the Armed Forces. 2. That it is desirable to remove disadvantages arising for service people from membership, or former membership, of the Armed Forces. 3. That special provision for Service People may be justified by the effect on such people of membership, or former membership, of the Armed Forces.	No evidence has been identified that the review and proposals will have any specific impact on our obligations towards the armed forces. However, we will continue to monitor this over the engagement period.
The Health Board published its Strategic Equality Objectives in 2020 for the period 2020-24. Does this policy/ area of work meet the objectives?	
Objective 1: Work in partnership to reduce all hate crime.	N/A

Objective 2: Work in partnership to reduce the incidence of domestic abuse, 'honour' based violence and elder abuse	N/A
Objective 3: Work in partnership with carers to continue awareness raising, provide information, and improve practical support for carers.	N/A
Objective 4: Improve the wellbeing and engagement of our staff.	Yes
Objective 5: 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.	Yes
Objective 6: Improve the access, experience and outcomes of those who require Mental Health and Learning Disability services.	Yes, mental health services are provided on the sites under review. Whilst no significant changes to these services are currently envisaged, any wider plans will be monitored to ensure that any possible indirect / unintended adverse consequences are identified and rectified at the earliest opportunity.
Objective 7: Improve the experience of lesbian, gay, bisexual and Trans (LGBTQ+) service users and staff.	Not directly
Objective 8: Gender and Pay – Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this.	Not directly
Who is involved in undertaking the EQIA	Medicine Division Engagement Team

This section of the form is completed by the policy/ work area lead prior to attending the EQIA group meeting. If you need support in completing this section please email ABB.EDI@wales.nhs.uk

Section 3 - Equality Duties, Sustainable Development Principles

Does the policy/procedure, strategy, e-learning, guidance etc meet • Public Sector & specific duties - Equality Act 2010 • Welsh Language Standards (2011) • Sustainable Development Principles?	Protected Characteristics									Additional		WBFG Principles				
	Race	Sex/Gender	Disability	Sexual orientation	Religion and Belief	Age	Gender reassignment	Pregnancy and Maternity	Marriage/ civil Partnerships	Welsh Language	Carers	Long Term	Collaboration	Involvement	Prevention	Integration
To eliminate discrimination and harassment	-	-	-	-	-	-	-	-	-	-	-	✓	✓	✓	-	-
Promote equality of opportunity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Promote good relations and positive attitudes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Encourage participation in public life	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
In relation to disability only, should the policy/service/project or scheme take account of difference, even if involves treating some individuals more favorably?				Yes												

Key	
✓	Yes
x	No
-	Neutral

Human Rights Based Approach – Issues of Dignity & Respect

The Human Rights Act contains 15 rights, all of which NHS organisations have a duty. The seven rights that are relevant to healthcare are listed below.			
Consider is the policy/service/project or scheme relevant to:	**Yes**	**No**	**N/A**
Article 2: The Right to Life	X		
Article 3: the right not to be tortured or treated in a inhumane or degrading way			X
Article 5: The right to liberty	X		
Article 6: the right to a fair trial			X
Article 8: the right to respect for private and family life			X
Article 9: Freedom of thought, conscience and religion			X
Article 14: prohibition of discrimination	X		

Measuring the Impact

Reason for your decision (including evidence used). Include details of how it might impact on people from this group and how opportunities to advance equality and good relations have been maximised.	
Protected Characteristics & Other Areas	**Impact – operational & financial**
• **Race** • **Sex** • **Disability** • **Sexual orientation** • **Religion belief & non belief** • **Age** • **Gender Identity** • **Pregnancy & maternity** • **Marriage & civil partnership** • **Carers**	**General** It is recognised that discussion of possible changes to how some health care is delivered may cause concern and anxiety to our population. The increase in travel time and costs for some patients who need to access care in a different hospital may have an impact, especially on those in areas of social deprivation. It is important that the Health Board takes all reasonable steps to mitigate these concerns and to communicate clearly the rationale for its plan, the options available to patients needing to access services. Comprehensive public engagement (in conjunction with Llais) will be undertaken, with the aim of ensuring that all those wishing to make their concerns and queries known have the opportunity to do so. Engagement will involve Executive, service, planning and engagement representatives and will include media / social media, internet information, public in-person events, posters and other channels for those without access to virtual / electronic communication. We are also engaging with all key stakeholders, including local authorities, MPs and MSs. **Race** All patients and visitors will be treated the same throughout their care in all ABUHB hospitals, therefore any possible changes to services should not have any specific adverse impact based on race or ethnicity. The opportunity will however be taken to seek views and concerns to ensure that all potential issues have been brought to the service's attention. The Communications & Engagement Team will share information with the Health Board's Diverse Communities stakeholders and contacts, who have an established relationship with communities and are considered the 'trusted voice'.

	Sex All patients and visitors will be treated the same throughout their care in all ABUHB hospitals, therefore any reconfiguration of services should not have any specific adverse impact based on sex /gender. All patients and visitors will be supported through any changes, but these will be monitored to ensure that any possible indirect / unintended discrimination is identified and rectified at the earliest opportunity. **Disability** All ABUHB sites are accessible so it is not felt that there would be any impact on anyone with a physical or learning disability that is required to use the service. However, there could be indirect discrimination on patients with a disability / carers and families who as a result of any changes may have additional travel to a particular local general hospital. The opportunity will however be taken to seek views and concerns to ensure that all potential issues have been brought to the service's attention. The Communications and Engagement Team has links with organisations / groups that provide support to carers and to people with learning disabilities. Information about any changes will be shared with these groups and any feedback used to inform decision making and mitigation actions. **Sexual orientation** All patients and visitors will be treated the same throughout their care in all ABUHB hospitals, therefore any reconfiguration of services should not have any specific adverse impact based on sexual orientation. Support will be necessary for all patients and their families / carers during and after any proposed change; and this might be particularly important for any LGBTQ+ patients with concerns about moving from one hospital to another. Patients/families need to be assured that all hospitals are LGBTQ+ inclusive and all Health Board staff receive appropriate diversity training to ensure full understanding and support. The Communications and Engagement Team will share information with organisations and health board staff who support communities such as LGBTQ+ to ensure that they are made aware of any changes to services and how best to access these.

	Religion or belief All patients and visitors will be treated the same throughout their care in all ABUHB hospitals, therefore any reconfiguration of services should not have any specific adverse impact based on religion or belief. All patients and visitors will be supported through any changes, but these will be monitored to ensure that any possible indirect / unintended discrimination is identified and rectified at the earliest opportunity. **Age** It is recognised that changes to the way some healthcare is delivered could impact on families of all ages due to the increase in the travel distance required to access certain services. Specific consideration will be given to families with young children travelling a longer distance, and older people who are not able to travel independently but require the assistance from family members or friends. We recognise the potential impact of travelling costs on those who are currently financially compromised. Whilst the impact of any likely changes to services for older people are considered to be quite small, the opportunity will be taken to engage with appropriate stakeholders e.g. local authority '50+' forums to ensure that any relevant concerns are heard and acted upon.. **Gender Identity** All patients and visitors will be treated the same throughout their care in all ABUHB hospitals, therefore any reconfiguration of services should not have any specific adverse impact on the transgender population. All patients and visitors will be supported through any changes, but these will be monitored to ensure that any possible indirect / unintended discrimination is identified and rectified at the earliest opportunity. There is a 'Caring for Transgender patient's' tool kit that has been developed by the health board which will be made available to the service, together with additional training on request. **Pregnancy & Maternity** It is not expected that any significant changes to existing maternity care arrangements will be made as a result of these plans / principles. There should not therefore be any specific adverse impact on maternity patients, but all engagement feedback will be monitored carefully to ensure that any possible indirect / unintended discrimination is identified and rectified at the earliest opportunity.

	Marriage & Civil partnership All patients and visitors will be treated the same throughout their care in all ABUHB hospitals, therefore any reconfiguration of services should not have any specific adverse impact related to marriage or civil partnership. All patients and visitors will be supported through any changes, but these will be monitored to ensure that any possible indirect / unintended discrimination is identified and rectified at the earliest opportunity. **Carers** There needs to be recognition that service change could have a potential impact on carers. Often carers (especially those unpaid) are either elderly or family members that have other commitments. For carers who need to access treatment for themselves, it is recognised that they would need to find someone to look after the person being cared for over a longer period if they have to travel further than was previously the case. This could further impact on the health and wellbeing of the carer. The opportunity will be taken to engage with appropriate stakeholders e.g. carers' representatives to ensure that any relevant concerns are heard and acted upon. Consideration of reasonable adjustments would be made for carers / relatives of any patients that require additional support. Any concerns and issues raised during the engagement period will be used to inform future decision making.
Welsh Measures	Please show how the proposal addresses the core objectives of the Welsh Language Measure 2011.
Ensure an environment that enables patients to choose to live and receive services through the medium of Welsh	N/A
Encourage staff to use Welsh in the workplace and to have opportunities to learn and improve their Welsh	N/A
Encourage new staff and students to take up Welsh language learning opportunities and to appreciate the socio-economic and cultural context of Wales	N/A
Act as a catalyst for cultural awareness, understanding, activity and integration	N/A

NOTE: As you complete this tool you will be asked for **evidence to support your views**. When you formulate a new policy, or review or revise an existing policy, you must consider what effects, if any (whether positive or adverse), the policy decision would have on (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language. The tool should allow you to identify whether any changes resulting from the implementation of the recommendation will have a positive or negative effect on the Welsh language. Data sources include for example:

- *Welsh Language Standards requirements for the department / service*
- *Welsh Language skills data for staff*
- *Welsh Language skills data for service users*
- *Welsh medium recruitment*
- *Welsh medium training provision*
- *Welsh medium administrative provision*

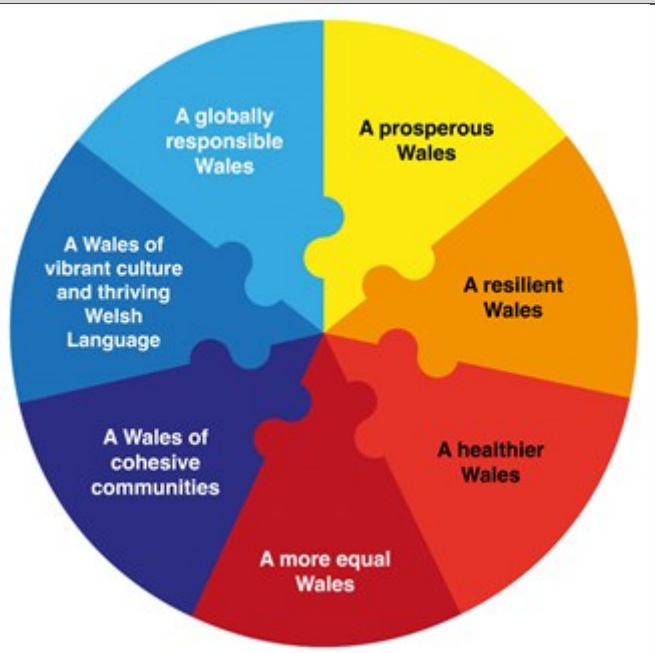
Welsh Language Impact Assessment *In this section you need to consider the impact, the evidence and any action you are taking for improvement. This is to ensure that the opportunities for people who choose to live their lives and access services through the medium of Welsh are not inferior to what is afforded to those choosing to do so in English, in accordance with the requirement of the Welsh Language Measure 2011.*				Describe why it will have a positive/negative or negligible impact on the Welsh language.	What evidence do you have to support this view?	What action(s) can you take to mitigate any negative impacts or better contribute to positive impacts?
Will the proposal be delivered bilingually (Welsh & English)? e.g. *Will the proposal increase or decrease the opportunities for people to receive information or access information in Welsh?*	Yes x			Encourages participation from Welsh speakers	Yes - all engagement material will be bilingual in accordance with health board policy	
Will the proposal have an effect on opportunities for persons to use the Welsh language? e.g. *Will the proposal alter the linguistic nature of the department?*	Yes x	No	No impact/ Negligible	By identifying people who wish to contribute in Welsh and seeking to ensure that their needs are met, we believe that the engagement will be more inclusive and will draw on a wider range of views		Ongoing work to ensure that Welsh speakers can be accommodated in every possible scenario

What opportunities does the proposal provide to develop Welsh language skills within the department?						
Will the proposal increase or reduce the department/division's ability to deliver services through the medium of Welsh? e.g. *Will the proposal ensure that people can access services in their preferred language, Welsh or English?* *Will the proposal increase or reduce the opportunity for persons to use the Welsh language within the workplace?* *Will the proposal impact on the number of Welsh speaking staff within the service?* *Will the proposal increase or reduce the opportunity for staff to improve their Welsh language skills or access training via the medium of Welsh?*	Increase	Reduce	No impact/ Negligible			
			x			
Will the proposal treat the Welsh language no less favourably than the English language? e.g. *How will the proposal ensure that Welsh speakers receive services to the same standard as those who access the same services through the medium of English?*	Yes	No	No impact/ Negligible	See above		
	x					

Wellbeing Goals

How does the policy/procedure, strategy, e-learning, guidance etc. embed, prioritise the Well-being Goals and Sustainability Development Principle of the Well-being of Future Generations (Wales) Act 2015?

Please describe and provide evidence below of how the 5 ways of working have been met, inclusive of the 7 well-being goals, to maximise the social, economic, environmental and cultural wellbeing of people and communities in Wales.



It is considered that the review will prioritise the aims of A Healthier Wales and A Resilient Wales.

The intention is to ensure effective and sustainable services across our local general hospitals within the health board, ensuring safe staffing levels and consistent service delivery

Sustainable Development Principles

 Balancing short term with long term needs	The review and proposals are designed to ensure that services are efficient and effective in meeting significant operational system challenges both in the short and long term.
 Working together to deliver aims and objectives.	The review / engagement will encourage internal and external collaboration with all stakeholders (including Llais) by sharing the rationale for the proposals and the principles that will inform decision making. All views and feedback will be encouraged, and will be taken into account as plans and proposals are developed.
 Involving those with an interest and seeking their views	As above
 Putting resources into preventing problems occurring or getting worse	The key aim of the service review and proposals is to address potential issues of sustainability and to implement solutions which will resolve problems and prevent problems of service continuity and effectiveness in the future.

Integreiddio Integration Considering impact on all wellbeing goals together and on other bodies	It is considered that the review and proposals will improve population wellbeing by maximising the benefits of our services to them. We believe that the principles that we are following will provide safer more sustainable services, and will improve workforce wellbeing by providing a better balance of capacity / demand across our local general hospitals. It is recognised that in a relatively small number of cases, travelling for some treatments may involve a longer distance than was previously the case. Consideration of this issue will inform mitigation actions undertaken as part of the engagement review and evaluation.
Socio -economic Impact	**Impact – Operational & Financial**
The Socio-economic Duty came into force in Wales on 31 March 2021. It improves decision making and helps those who are socio-economically disadvantaged. The Socio-economic Duty gives us an opportunity to do things differently in Wales. It puts tackling inequality at the heart of decision-making, and will build on the good work public bodies are already doing. If this policy/decision etc is a strategic decision, it will also need to go through a specific Socio-economic Assessment	Additional Assessment NOT needed
How does the policy/procedure, strategy, e-learning, guidance etc. ensure transparent and effective measures to address the inequality of outcome that result from socio-economic disadvantage? Examples of inequality of outcome might include for example, education attainment, employment and earning potential, health and mental health access to services and goods, opportunity to participate in public life, housing.	As a general principle, patients may access the Welsh Ambulance Services NHS Trust (WAST) where they meet the defined medical need and eligibility criteria for non-emergency transport. Travel cost schemes also operate within the health board where appropriate for patients who meet the criteria. In addition, taxis and volunteer car services may be able to provide assistance in some circumstances.

Positive Action	Impact – Operational & Financial
If the policy, procedure, strategy and or decision is intended to increase equality of opportunity through positive action, does it appear to be lawful? Positive action is defined as voluntary actions employers can take to address any imbalance of opportunity or disadvantage that an individual with a protected characteristic could face.	The service is working in close collaboration with senior and experienced communications / engagement staff and with Llais, with a key aim of ensuring full and proper process is followed prior to any decisions being made about possible changes to future services. In this way, it is intended to minimize the risk of any legal challenge to the health board in respect of this issue.

Section 4 – Recommendations

Outcome report

Equality Impact Assessment: Recommendations Please list below any recommendations for action that you plan to take as a result of this impact assessment					
Action Required		Potential Outcomes	**Time-scale**	**Lead Officer**	**Resource implications**
1	Stakeholder mapping				
2	Extended engagement period in response to initial / pre-engagement feedback				
3	Close liaison with Llais on ongoing basis				
4					

Risk Assessment based on above recommendations – if policy is approved in original format refer to grading in Annex 1

Recommendation	Likelihood	Impact	Risk Grading
1			

Reputation and compromise position	Monitoring Arrangements
Training and dissemination of policy	

Is the policy etc. lawful?	**Yes** ☐	**No** ☐	**Review date**
Does the EQIA group support the policy be adopted?	**Yes** ☐	**No** ☐	
Signed on behalf of Trust Equal Impact Assessment Group		Signed Lead Officer	
Date:		Date:	

	Impact, Consequence score (severity levels) and examples				
	1	**2**	**3**	**4**	**5**

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

Annex 1

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

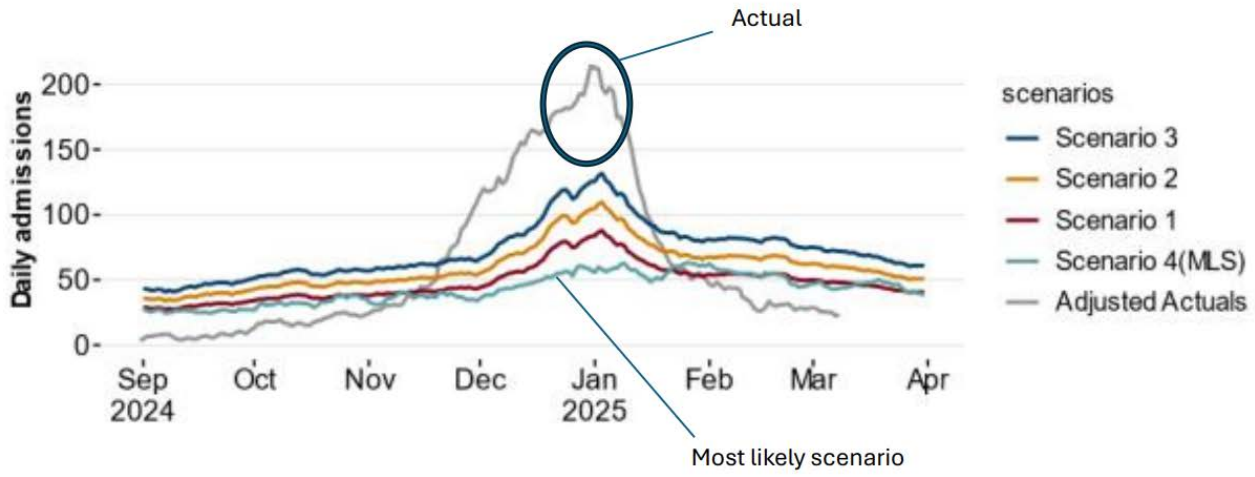
	CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN **ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	16 July 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Winter Resilience Review of 2024/25 and forward planning for 25/26
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Hannah Evans, Executive Director Strategy, Planning and Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Chris Dawson-Morris, Deputy Director Strategy, Planning and Partnerships

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation This paper sets out how the Health Board, with partners, responded to the challenges which have been faced by the health and care system over the winter period, November 2024 to March 2025. This report provides a review of the implementation of the Winter plan, it sets out lessons learned and considerations for winter in 2025/26.
Cefndir / Background **What Happened** The Health Board faced significant operational pressures with impacts on staff and activity. The pressure was being driven by higher than projected flu admissions which impacted across UK Health systems. The below graph sets out the actual admissions against the national modelled scenarios provided by Public Health Wales and Welsh Government.

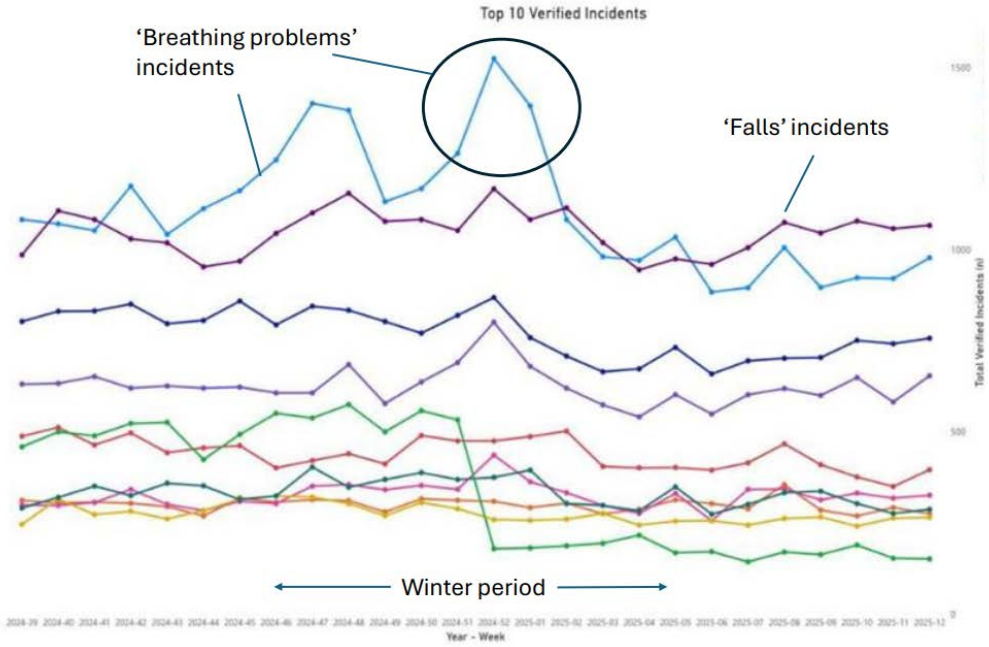
Impact of seasonal flu and pneumonia: daily admissions



Scenario	Description
Scenario 1	Average of non-pandemic years (2017/18, 2018/19, 2019/20, 2022/23 and 2023/24)
Scenario 2	Scenario 1 multiplied by 1.25
Scenario 3	Scenario 1 multiplied by 1.5
Scenario 4	Repeat of last year's data (2023/24)

As can be seen, the peak of respiratory illness was significantly higher than the national modelling and as a consequence the system experienced significant pressure. Notably staff absences from respiratory conditions across health and social care impacted on ability to flow patients through the system and the consequential infection (IPC) impacts restricted access to capacity in a number of places. The graph below shows the corresponding impacts on 999 calls, with significant spikes in calls for 'Breathing Problems'. This was only overtaken by calls for falls incidents at the end of the winter period.

Top 10 999 (all) incidents – by nature of incident



In the Winter plan provided to the Board in November, the organisation set out the following metrics which would be monitored to understand the impact of activity to mitigate respiratory and wider winter challenges.

Measures
Vaccination rates – Public and Staff
Length of Stay
Bed Occupancy
Delayed Pathways of Care
ED Demand
Staff Absence

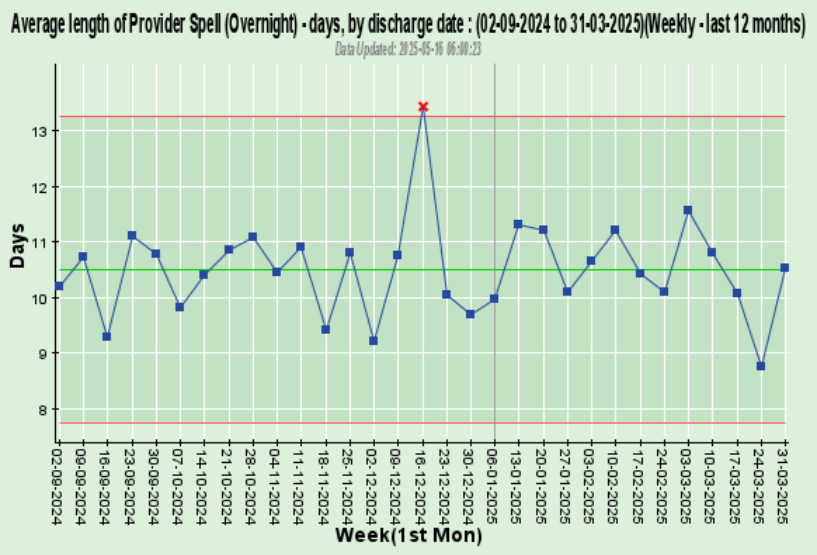
Updates on these metrics is set out below:

<u>Vaccinations</u>

COVID-19 (as of end of campaign, 20/02/25)	• 49.05% coverage, higher than all Wales figure of 47.23%. • 82.83% uptake amongst care home residents, higher than all Wales figure of 76.94%. • 62.96% uptake amongst adults over 65, higher than all Wales figure of 59.98%.
Flu (as of end of campaign, 25/03/25)	• 72.9% uptake amongst adults aged 65 and older, higher than all Wales figure of 70.3%. • 30.6% uptake amongst people at clinical risk aged 6 months to 64, higher than all Wales figure of 27.4%. • 37.5% uptake amongst ABUHB staff at the end of the campaign.
RSV (December Report)	• 46.8% uptake amongst adults reaching 75th birthday between 1st Sep 2024 and 31st March 2025, higher than all Wales figure of 32.3%. • 50.9% uptake amongst adults aged 75-79 as at 1st Sep 2024, higher than all Wales figure of 43.8%.

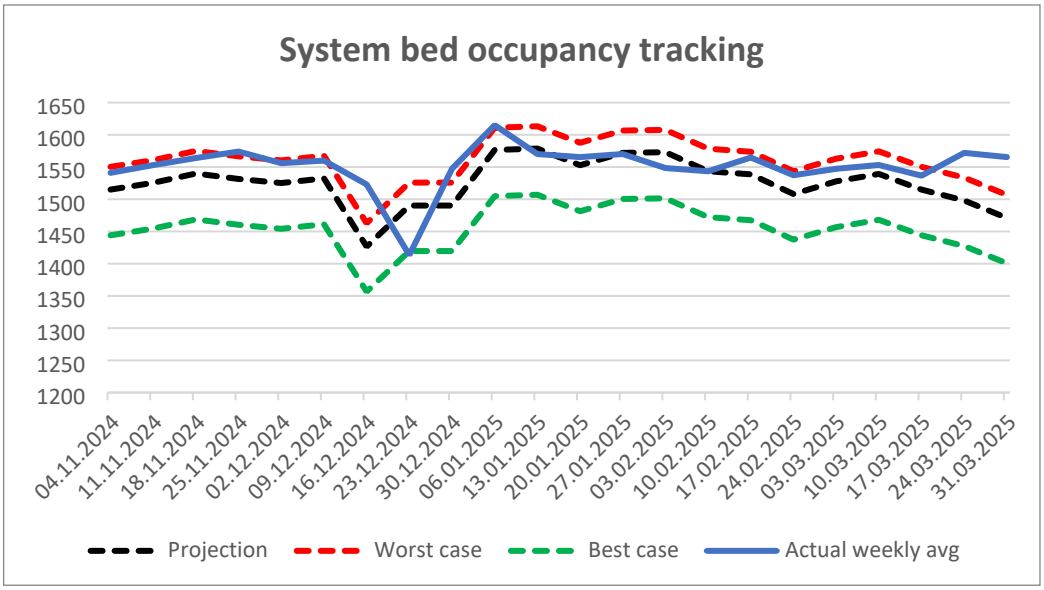
Whilst the Heath Board benchmarks well on these metrics against all Wales figures, coverage is lower than previous years in the Health Board which presented increased risk to the system. A review and evaluation of the campaigns for both Gwent residents and ABUHB staff will be undertaken to discuss any learning from the 2024/25 season, and to help inform the planning for future seasons.

Length of Stay



The graph above shows average Provider (whole spell) length of stay for patients with at least a single overnight stay, by discharge date, between September '24 and March '25. Despite increasing system pressures, performance remained relatively stable, only increasing by an average of 0.1 days after Christmas through to end of March when compared to the period from September through to Christmas. The spike out of range in w/c 16th December was driven by the sheer volume of discharges in the lead up to Christmas, a system pattern we see each year.

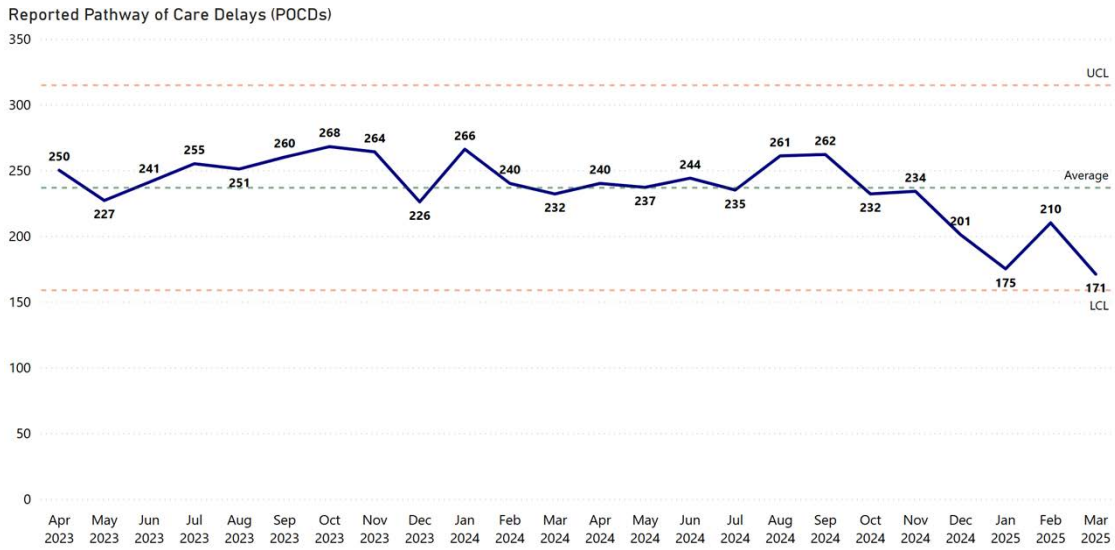
Bed occupancy



Bed occupancy had been broadly tracking close to the upper limit of what was forecast in the lead up to the end of the calendar year. There was a significant decrease during Christmas week, followed by a sharp rise a week later which has been driven by a surge in demand for medical beds. Occupancy peaked during w/c 6th Jan as the model had forecast and a critical incident was declared on 13th Jan. Subsequent actions taken by the Health Board and its partners were successful in de-escalating this position over the following fortnight, albeit still highly pressured. Through the remainder of the winter period, occupancy tended to fall between the forecast levels and the upper limit however the decrease expected into March was not realised with the system remaining pressured. This prolonged heightened occupancy level can be seen in the heatmap of below which demonstrates relative occupancy across the system against the forecast.

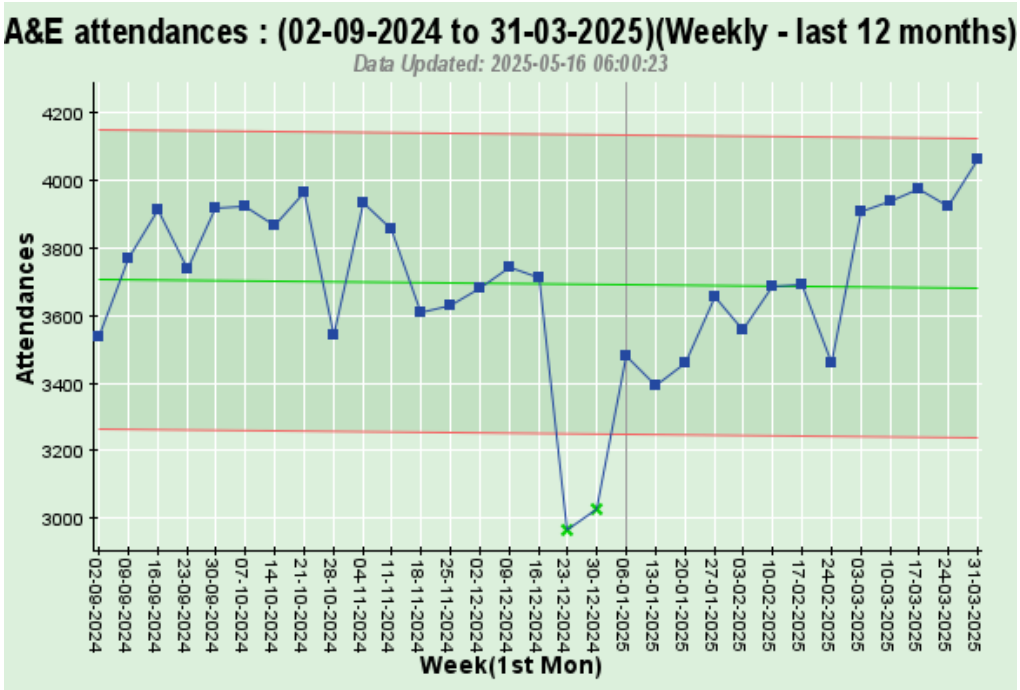
w/c	Projection	*Worst case*	*Best case*	Actual weekly avg
04/11/2024	1515	*1550*	*1444*	1541
11/11/2024	1526	*1561*	*1455*	1553
18/11/2024	1540	*1575*	*1469*	1564
25/11/2024	1531	*1567*	*1460*	1574
02/12/2024	1525	*1560*	*1454*	1556
09/12/2024	1532	*1568*	*1461*	1560
16/12/2024	1427	*1463*	*1357*	1523
23/12/2024	1490	*1526*	*1420*	1413
30/12/2024	1490	*1526*	*1420*	1547
06/01/2025	1576	*1611*	*1505*	1615
13/01/2025	1579	*1613*	*1507*	1570
20/01/2025	1553	*1588*	*1481*	1565
27/01/2025	1572	*1607*	*1500*	1570
03/02/2025	1573	*1608*	*1501*	1548
10/02/2025	1543	*1578*	*1472*	1543
17/02/2025	1539	*1574*	*1467*	1565
24/02/2025	1508	*1544*	*1437*	1537
03/03/2025	1528	*1563*	*1457*	1547
10/03/2025	1539	*1574*	*1468*	1553
17/03/2025	1515	*1550*	*1444*	1537
24/03/2025	1498	*1534*	*1427*	1572
31/03/2025	1471	*1507*	*1401*	1565

Pathway of Care Delays



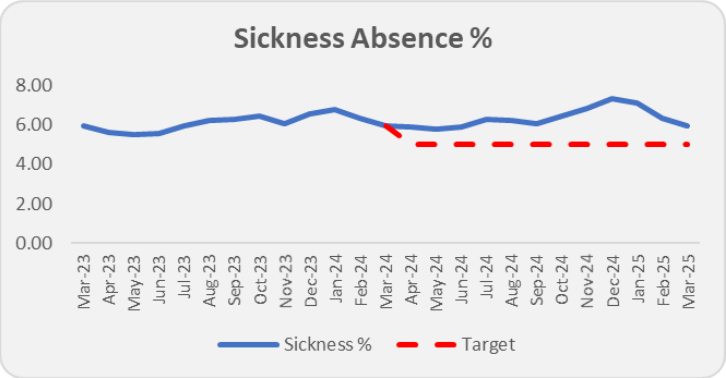
The Health Board has made significant progress with Pathway of Care Delays (POCDs) through the Winter period, having seen sustained improvement from December. In addition to this, there has been a significant reduction in the total numbers of days delayed, reducing from 9,720 to 6,912 in March. This success has meant that the Health Board has delivered against its ministerial targets as set out through the Care Action Committee (CAC). A strong focus on enabling discharge and reducing POCDs through partnership working with Local Authorities has supported this delivery. It will be important to understand the impact of this improvement on the system as whilst progress was made in delays the system still faced significant operational pressure and flow challenges.

Emergency Department Demand



EDMIU demand profile was broadly in line with forecast through winter, although the ED at GUH was closer to the upper limit of expected demand from October through to the run up to Christmas. Whilst EDMIU demand is typically lower in January and was actually in line with forecast, the pressures experienced in the inpatient system meant that Urgent Care facilities became more congested which adversely impacted key performances measures though the peak Winter period, such as: ambulance handover times; waits to be seen by a clinician, and; time in department.

Staff Absence



Sickness absence reduced to 5.94% in March '25 from a Winter high of 7.3% reported in December '24. Both short term and long-term sickness have reduced in this period. Short term sickness accounts for 2.13%, with long term sickness (over 28 days) at 3.81% and attributable to 64% of overall sickness. The target of 5% in was set as part of the IMTP performance framework to achieve pre- covid sickness levels. The overall sickness absence report potentially masks the impact of respiratory illness of staff as a high level was experienced in staff groups involved in more direct patient contact.

Summary

This data reflects the impact of respiratory infection on our system with high medical occupancy. This was exacerbated by lower than previous years vaccination coverage. Whilst improvement was made in pathways of care delays the net gain of this improvement was not realised in the system due to the pressure from respiratory illness. There are a number of key insights which can be drawn from the data review;

- Early warning systems need to be more robust and agile to changes in disease impact. The national modelled forecast was significantly out, early warning on changes to potential impact need to be available to support effective planning
- Vaccination uptake was low at a national and local level (although Gwent was higher than national average on a number of indicators), there is a need to significantly improve uptake to mitigate impact of respiratory illness
- Delayed pathways of care reduced across the system with improvement in the longest waiting patients. However, the system still faced significant operational pressure although there was not significant increase in length of stay in this period.

Asesiad / Assessment

Meeting the challenge 2024/25

The Winter plan was focused around:

- Health Board actions – primary and community services and hospital system,
- Partnership Actions - the 50 day challenge and RPB actions

As set out in the November 2024 Board paper the challenge was to mitigate the potential equivalent of between *85 and 130* hospital beds based on the likely modelled scenarios. The following section sets out the impact of intended actions to support this mitigation.

Progress to date is set out in the following sections supported by the detail in Appendix A



HEALTH BOARD ACTIONS

Appendix A includes a table detailing progress against the key Health Board actions. The Health Board took forward a range of actions to increase capacity of services in a number of areas, some key points include:

- *Urgent & Primary Care Resource* – Enhanced mobile GP support was in place during out of hours periods. The additional capacity provided a 44% increase in referrals in week and a 70% increase on the weekend.
- *Community Rapid Response resource* – Extension of the hours for referring into the 7 day a week community CRT and enhancement with medical staff. Weekend activity increased across all areas to 50% of weekday activity. This was a significant increase in activity but below the 80% target.
- *Acute Frailty Response* – the service was enhanced across all sites, from 1614 referrals 64.4% discharged to usual place of residence with 74% discharged on the same day.

- *Same Day Emergency Care (SDEC) "medical first" pilot* - Substantial increase in medical patients throughput into SDEC utilising an 'SDEC first' principle. In October 24 there were 211 Medical patients assessed in SDEC, in November that number rose to 538 and 497 in December and up to 616 in March 2025

There was positive impact demonstrated from the Health Board interventions. The majority of these interventions have transitioned into business-as-usual activity for the organisation supporting year round resilience. There were a number of areas where delivery was not achieved for example there is more work to do to fully realise the integration of front door services and to fully implement the health boards operational framework.

Surge Bed Capacity

Additional bed capacity was provided via a winter ward established in the Royal Gwent Hospital. The ward opened on the 5th January to coincide with anticipated peaks in occupancy. The ward was established via the primary care divisions with consultant led via Care of the Elderly physician and rehabilitation support. The ward reached full occupancy of 23 beds by 7th January. The ward provided important capacity in early January to support mitigation of system pressures, in particular during the critical incident declared on 13th January. There are a number of lessons from this surge capacity to take forward in future years;

- Matching ward criteria to demand; the model for the ward was primary care led Care of the Elderly, however demand was predominantly medical respiratory
- There is a need for earlier planning for surge capacity
- Planning for decommissioning needs to be in place from the start. There was a long tail for the capacity with the ward not stepped down until early May, against a plan of end of March. This resulted in a lack of rehab support on the ward and limited the criteria for admission.
- Recruitment and physical capacity remain challenges, additional capacity increases agency and bank staff and therefore carries risk. Physical capacity required for additional wards potentially compromises decant space for ward refurbishment and deep cleaning

The additional staffing for the ward was predominantly derived from bank and agency staff as set out in the table below.

Division	Jan	Feb	Mar	Apr	May
COM D7W Winter Ward					
HCSW					
Agency	0.00	0.22	0.89	0.37	0.04
Bank	1.49	1.41	2.81	3.31	2.01
Nursing					
Agency	5.45	6.81	8.33	2.46	1.48
Bank	0.19	0.73	1.60	5.13	2.68
Grand Total	**7.12**	**9.18**	**13.63**	**11.26**	**6.20**

Funding for the ward was obtained via additional resourcing of £763k provided via the Welsh Governments 50 day challenge.

Workforce

There was significant use of bank and agency staff across the period to respond to the additionality of capacity and activity. The table below is inclusive of the additional ward. There was also accelerated recruitment of c70 whole time equivalent Health and Care Support Workers in the period to support operational pressures.

Division	Nov	Dec	Jan	Feb	Mar	Apr
Facilities						
Bank	91.74	69.41	69.53	73.61	98.21	68.18
HCSW						
Agency	11.38	21.94	21.61	23.71	42.00	24.30
Bank	505.69	374.00	392.53	422.89	517.39	391.84
Nursing						
Agency	182.79	155.06	162.47	150.99	180.31	106.73
Bank	304.23	209.80	230.05	259.80	360.62	214.20
Grand Total	1095.84	830.22	876.19	931.01	1198.52	805.25

Looking forward the vacancy position in registered nursing has improved therefore there may be more opportunities to redeploy core capacity. Dependent on decisions regarding winter capacity it may be prudent to recruit to a proportion of the additional capacity, which was utilised rather than using variable pay, noting the high turn over in HCSW roles therefore a relatively low risk. It must be noted the ministerial target is for zero agency use in Health and Care Support workers, estates and facilities and administrative services and a 30% reduction in registered nurse agency usage.

PARTNERSHIP ACTIONS

The System Resilience Plan actions have been managed through the Gwent Adult Strategic Partnership (GASP) which has delegated authority from RPB to manage this funding pot from RIF many of which have been funded on an 18 month basis up to March 2025. All Regional Partnership Boards were required to participate in the 50 Day Integrated Care Winter Challenge with the aim of accelerating evidence based high impact actions that are proven to work but are not standardised across the region to further bolster system resilience in the lead up to the turn of the year.

Appendix A details the progress against the core System Resilience Plan and the additional 50 day challenge actions which were introduced to complement the SRP. Key progress includes:

- *Step Closer to Home (SCTH) - Ad Hoc Spot Purchasing & Hospital to Home* – the scheme enabled 196 patients to return home safely with clinical oversight, while Step Closer to Home provided 74 critical interim placements.

- *Hospital to Healthier Home (H2HH) Expansion* - The service offers rapid home adaptations for patients leaving the hospital due to housing issues. 1,116 patients were discharged more quickly and safely; 2,422 adaptation works completed.
- *7 day working for Health & Social care* - Progress in all Local Authority areas to increase capacity over winter period to support assessments.
- *Proactive management of 0.5% population at Risk* – Funding was provided in December to support GPs to provide proactive care planning for at risk populations of 68 practices, 47 agreed to participate and at the end of February over 550 people in the 0.5%, who were not resident in a care home, had been reviewed

50-Day Challenge:

The 50 day challenge set out 10 'best practice interventions' to be implemented by Health Boards and partner organisations. Many of these related to interventions or existing programmes of work, such as those in the Six Goals Programme. The Gwent region partially implemented these actions, as set out in the full report at Annex A. Significant additional reporting was put in place by Welsh Government to monitor these areas. Whilst overall the number of pathways of care delays in Gwent declined in the period, which was a key metric of the challenge, it is not possible to correlate the interventions to the reduction in delays.

Additional funding was provided by Welsh Government to support the challenge, with a funding plan submitted to Welsh Government on 24th December 2024:

- Health Board allocation of £764k, **community transition and assessment beds**, D7W at RGH, 23 additional beds
- Health Board allocation of £955k, **high risk patient cohort**, management of the most high-risk patient cohort identified in GP practices- 46 participating practices 550 reviews
- Local Authority allocation of £1,7m, **Reablement and Domiciliary Care Capacity** to provide additional short-time capacity- hours increased across all local authorities

The Integrated Discharge Board was agreed as the local delivery vehicle for the 50 Day Integrated Care Challenge and was being held on a fortnightly basis. There was a noted improvement in partnership working in the period.

Critical Incident

In spite of the actions and progress outlined above, a combination of the impact of the earlier peak of respiratory presentations, lower levels of vaccination rates, occupancy tracking at worst case scenario consistently and the consequential IPC challenges and staff absences led to the Health Board calling a Critical Incident on Monday 13 January. Unabating pressure across many parts of the system resulted in:

- At the time nearly 60 calls awaiting an ambulance response in the community with the longest wait reaching 40 hours awaiting an ambulance to arrive.
- Long ambulance delays at the Emergency Department with some days seeing some patients waiting up to 24 hours to get into the department
- Patients stuck in the Emergency department and medical assessment unit at GUH awaiting admission some for up to 5 days.
- Up to 60 patients waiting to leave the Grange to transfer to another hospital

- Intensive Care and Resus area significantly pressured
- Medical patients boarded on wards, surgical assessment areas, theatre recovery
- High staff sickness and infection control challenges
- An increase of around 80 patients (up to circa 300) in hospital beds awaiting discharge post Christmas.

Actions in response to the incident included:

- Mobilising a "command" structure in line with best practice
- Increase of senior medical, therapy and nursing staff to assessment, ward and community areas to support timely assessment, flow and discharge
- Review of all "Operational Framework" actions and opportunities
- Step down of non essential meetings, training
- Escalation to Local authority partners supported by a series of focused meetings to expedite assessments, decision making and access to packages of care,
- External and internal communications

The Critical Incident was stood down on Monday 20 January.

Key Lessons Learned

Alongside reviewing the data and considering the impact of all actions a workshop took place at cross divisional leads to understand the impact of winter. The key lessons are;

- Separate business as usual activity from specific winter period activity. Plans contained a mix of action from different programmes as well as new interventions and therefore confused governance and reporting.
- Focus on preventative care planning targeting populations at risk. There was benefit from the proactive care planning which took place, however it was too late in the period, these plans need to be in place before November
- Simplify the governance. Too many groups were involved in attempting to oversee winter actions therefore there was overlapping and duplications of governance.
- Focus on increasing capacity in the Respiratory and falls pathways for the period. Scale up RACU and falls planning with specific plans for November to March
- Expand work on increasing weekend working in the period (CRT and DN) to support system flow on a 7-day basis
- Hospital to Home demonstrated good outcomes, plan to scale up in the period
- Enhance communications with families in relation to supporting discharge and review choice policy
- Focus on single point of access/navigation to support system flow

Planning for 2025/26 Winter

Welsh Government have set out outline expectations for the next winter period and it is anticipated a national plan will be produced. There is expectation from Welsh Government that Regional Partnership Boards will take an increased role in supporting seasonal planning.

Welsh Government have set out some 'High-impact interventions' for 25/26 winter:

Preventative and Proactive	Vaccination change campaign and build on opportunities for central procurement of vaccines
	Increase public and staff awareness of benefits
	Consideration of universal masking at flu prevalence trigger points
	Robust IPC measures and patient testing framework
	Proactive management of highest-risk populations
Expand Community Care Capacity	Remote clinical assessment – Single point of access/care coordination hubs WAST Rapid clinical screening 'consult before convey' policy
	Integrated Pathways: Embed enhanced community care/virtual ward model Breathlessness Pathway
	24/7 Community falls response service
	7-day community support for District nursing/ urgent response service
Maximise hospital and social care capacity	Efficient Discharge – implantation of D2RA and truster assessor model
	Robust Operational Management (aim for 33% of discharge by midday)
	Surge Capacity plans
	Implement acute frailty at front door

Many of these interventions relate to ongoing pieces of work, as already set out in this paper, or are being delivered through the Six Goals Programme.

Following this review a number of actions will be taken forward to plan and prepare for the next winter period. With an agreed plan to be ready for September Board. These include;

- A robust vaccination plan for citizens and staff
- With Partners, develop proposal for proactive care planning for at risk populations to ensure care plans in place by November 2025.
- Develop plans to scale respiratory and falls pathways alongside hospital to home for the winter period

- Surge Capacity, plans need to be developed to mitigate the equivalent of two wards as a reasonable planning assumption. As set out there are risks associated with establishing additional ward capacity, particularly in relation to staffing and funding. Options in relation to carving out capacity on wards need to be considered and developed.
- Understanding plans of partners to surge capacity in the winter period

A key lesson from 2024/25 was the need to simplify governance for winter. Health Board operational oversight will take place via the Cross Divisional Forum with the Integrated Discharge Board providing the primary interface with social care partners.

There is not currently additional financial resourcing identified for winter. Additional costs for 2024/25 were partially met via income from Welsh Government and use of partnership funding on a non-recurrent basis. It is anticipated that a national winter plan will be developed and continued negotiation will be required with Welsh Government on seasonal funding. There is a need to consider any potential allocations for surge capacity and surging of specific services for the period within the financial plan.

Argymhelliad / Recommendation

The Board is asked to:

- **Note** the review of the winter plan
- **Note** the forward planning for 25/26

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3.2 Communicating Effectively 4.1 Dignified Care 7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	ED Emergency Department GP General Practitioner UPC Urgent Primary Care IMTP Integrated Medium Term Plan GUH Grange University Hospital CRT Community Resource Team RGH Royal Gwent Hospital YYF Ysbyty Ystrad Fawr NHH Nevill Hall Hospital STW St Woolos Hospital ICU Intensive Care unit SDEC Same Day Emergency Care DVT Deep Vein Thrombosis IPC Infection, Prevention and Control
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

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

https://futuregenerations.wales/about-us/future-generations-act/	and ensuring that those people reflect the diversity of the area which the body serves

LOCAL HEALTH BOARD ACTIONS – PROGRESS AS AT 31st March 2025

Action	Ambition	Progress	Key Data/Impact Information
PRIMARY AND COMMUNITY ACTIONS			
Resilient Community Resources - Rapid response capacity	Rapid response 8am-8pm model and consideration of weekend Consultant Community Resource Team support in line with GP demand. This is funded from Further Faster. Increased number of referrals and reduced risk of admission to hospital later in day and on weekends	The service is operational 8am-8pm over 7 days However, as of October, new referrals into community CRT rapid medical and nursing teams could be made up to 6pm daily, an extension of 1 hour. Medical staff 7 day working commences end of January 2025. There were 362 referrals accepted in December, an increase from 330 in December 2023. **Continuing to BAU**	There were 462 referrals made to Rapid Response after 3pm from Jan-25 to Mar-25, an increase of 44% compared with a year earlier. There were also 105 referrals made on the weekend from Jan-25 to Mar-25 which was 70% increase compared with a year earlier.
Resilient Community Resources - District Nursing Capacity	Increase District Nursing capacity and capability over the winter period to improve resilience, plans to appoint 10WTE B4 Health Care Support Worker to provide additional resilience This is funded from Further Faster.	Further faster funding enabled additional district nursing capacity with Uplift of 7 WTE B5 nurses to B6 over the winter period and the appointment of 10 WTE B4 Health Care support workers.	• All band 6's on enhanced care programmes • Increase in all RN IV training

	Increase weekend activity to 60% of core in order to support weekend discharge/admission avoidance Provide planned overtime at Bank Holiday periods to continue activity across all CRT teams	Overall district nursing contacts remained stable over the period so far with an increase in contacts during October (weekday and overnight). The resources also provided additional resilience through planned overtime over the Bank Holiday periods. **Continuing to BAU**	• Band 4's commencing insulin training and plan for PEG training Activity undertaken on a typical weekend day in March 2025 remains at 50% a typical weekday.
Urgent Primary Care (UPC)	Robust mobile GP support available during out of hours period, with scoping of daytime hybrid model within Nevill Hall. Additional home visiting capacity during daytime hours	The additional capacity provided a further 53 weekend home visits in October and 33 in November supporting admission avoidance. December data is under review. UPC co-located with Minor Injury Unit at YYF to enhance collaboration. Access to UPC professional line given to care homes for out of hours advice **Continuing to BAU**	There were 23,947 unique cases managed by UPC between Jan-25 and Mar-25, a reduction of 10% compared with a year earlier. Easter dates and bank holiday provision would have been factored into 2024 figures, accounting for an element of this difference, with Easter bank holidays falling into April 2025. Re-direction pathways have also been streamlined, resulting in direct referral from MIU nurse triage to UPC appointment, within agreed criteria. This has

			resulted in a reduction of triage cases within this cohort, although an improved patient pathway. Of the 23,947 cases, 57% of cases concluded with a F2F visit at home or in base (increase from 55% a year earlier). At the conclusion of the UPC intervention 2,193 patients were transferred to acute services (9.2% of cases) compared with 2,529 a year earlier (9.5% of cases).
Frailty Direct Access Beds	Increase in Direct Access Pathway (DAP) beds to support increase in number of people admitted through the community CRT referrals pathways. This is delivered from reconfiguration of existing resource-resource neutral. Pilot initially at YAB from November, reconfiguration of beds to flip 8 community beds to DAP beds to better match demand providing a reduction in unnecessary admissions to the Grange/eLGHs	Direct Access Pathway beds went live as planned in November in Ysbyty Aneurin Bevan This provides capacity of 8 beds to support frail patients admitted via Community CRT teams thus avoiding acute front doors **Continuing to BAU**	Ongoing work to support ethos of all DAP beds and reviewing medical model of support. There were 414 referrals made to Rapid Response to support discharge from hospital between Jan-25 and Mar-25, a 50% increase compared with a year earlier. This increase was predominantly

			relating to use of the 'Ready to Go' unit.
Integrated pathway at The Grange front door	Improve operational alignment of Community Admission Avoidance Team, Home First and Acute Frailty Response teams. This is reconfiguration of existing resource. Increased admission avoidance for older / frail population Increased capacity as a result of working to a single MDT model	SOP developed to align front door teams to create a robust MDT response Plan to agree shared performance metrics and a single assessment process **Further work to Develop team- BAU**	Ongoing – now aligned to six goals programme
Acute Frailty Response	Expansion of the service to 7 days in-reach to The Grange from 5 days - funded via Further Faster monies. Increased admission avoidance for older / frail population, in particular on weekends	Community front door therapies team (CAATT) launched 7 day coverage at the Grange from 6th January. An Integrated front door team is in development to establish a single process of referral for Acute Frailty, community therapist team and home first. Acute Frailty saw 105 referrals in November and 130 referrals in December. **Continuing to BAU**	Exploring ways to ensure robust sustainability and whether medical support would be advantageous for the team from a governance perspective There were 188 referrals made to Rapid Response from the hospital front door between Jan-25 and Mar-25, a 213% increase compared with a year earlier.

HOSPITAL SYSTEM ACTIONS			
Action	**Ambition**	**PROGRESS**	
Emergency Department Staffing Resilience	Recruitment of Six additional Emergency Department Consultants – funded via agreed business case. Ability to improve patient wait to be seen times –	Successfully recruited five additional ED consultants with staggered starting dates. Two started over winter period with the remaining three over the next two to three months **Continuing to BAU**	Full recruitment has now been achieved against the agreed increased wte / budget agreed by AB Executives, with a phasing of new Consultant appointments ongoing, through to July 2025. The additional Consultant wte will support performance delivery and improve workforce capacity against the evolving demand and acuity profile both current and predicted for the department. Additionally, the establishment of the new ED Waiting Room extension will provide increased clinical space where the current Waiting Room is situated; this should provide the opportunity to improve WTBS time performance in parallel with the support that is required from specialties to improve the flow out of the back of the ED, to

			improve compliance against the 12hrs transit time target.
Pilot of Medical SDEC first	During November 2024, test concept of Medical patients having initial assessment in SDEC first as opposed to Medical Assessment unit – resource neutral. Increase the number of medical patients seen in SDEC and increase assess-our rate	Substantial increase in Medical patient throughput into SDEC utilising an 'SDEC first' principle. In October there were 211 Medical patients assessed in SDEC, in November that number rose to 538 and in December 497. For Surgery patient throughput remained around 450 across the period. Further refinement is required to ensure shared resources of the unit remain equitable across specialities. **Continuing to BAU**	In October there were 211 Medical patients assessed in SDEC, in November that number rose to 538, 497 in December and up to 616 in March 2025.
Discharge Lounge Capacity	Procurement and implementation of a discharge lounge at The Grange in line with approved Business case. Benefits of additional capacity at GUH to start being seen towards end of winter 24/25 – adding an extra 10 beds and 15 chairs	Procurement and design processes are on-going with expected delivery of the discharge lounge at the end of February. The facility will be operationalised and go-live at the end of March 2025. **Continuing to BAU**	Transfer Lounge opened 26th March 2025. Since the new TL opened, we have seen the highest weekly admissions into the TL since July 2021. Specific focus on final ward discharges via the Transfer Lounge demonstrates: • Prior to the lounge opening, conversion rate had not exceeded 15% of patients going via TL

			• Every week since 26th March this has been closer to or above 20%. Constant flow from ED from 8am-4pm.
Ambulatory Surgical CEPOD (emergency theatre list)	Pilot of ambulatory day case pathway for patients requiring emergency surgery, allowing for prompt treatment, improved patient experience and overall system flow. – resource neutral. Increased number of cases operated on day of admission for selected treatments (abscesses, lap appendix) - reducing hospital length of stay.	As planned, an Ambulatory day case pathway from SDEC and Surgical Assessment unit was introduced for patients requiring emergency surgery. Typical conditions included abscess, lap appendix, simple hernia repair. The 3 month pilot has been successful to date with 57 procedures completed and high levels of positive patient feedback. 100% of patients were able to return home on the same day post-surgery. **Continuing to BAU**	Following an evaluation of the ACEPOD pathway at GUH, benefits have been seen in patient length of stay prior to, and post, surgery together with improved theatre efficiencies through prompt CEPOD theatre start times. The proposal has now transitioned into core business within the Clinical Services Division.
Enhanced Respiratory Support to 999 / 111	Pilot enhanced support to respiratory patients in the out of hours and weekends by scheduling of patients into Respiratory Ambulatory Care - pilot resource neutral. It is anticipated that this could be beneficial to 1 – 2 patients per day avoiding ED / Assessment Unit Attendance	Collaboration with WAST to share pathways and advice line into Respiratory Ambulatory Care Unit (RACU). Paramedics are able to book a slot or access advice via consultant connect or the flow centre. Further clinical audit required to assess potential demand in the out of hours period.	Overall, there was an increase in RACU patient throughput in October and November to around 180 per month but decreased to around 110 in December.

DVT Clinic Expansion	Review right sizing of demand to release Acute Medical unit Capacity, expand service hours to meet demand - resource neutral. Improved patient experience and additional medical assessment unit capacity	This action has been re-assigned to medium term with limited impact this winter. An option appraisal has been developed with each requiring additional resource to implement. This item will be progressed to Divisional Management Team for decision on direction. **Further work to develop**	We've revised the DVT paper to outline each option in detail and are now working with Linda Alexander to define the ideal model; the paper will be updated with her steer before it goes to the Divisional Management Team.
Additional capacity for Paediatric Emergency Assessment	Pilot increasing opening hours of 'Fox pod' Paediatric assessments for primary care expected patients - resource neutral, reconfiguration of capacity. An additional 3 hours capacity to 11pm . Improved patient experience and reduction wait to be seen	Since inception of the pilot, there has been an increase in admissions to fox pod between 7-9pm. However, the use of fox pod has been utilised for inpatient beds at times of significant system pressures. **Not Continuing**	The pilot has concluded, and Fox Pod is not systematically taking GP expected children beyond 1900 hours i.e. pre pilot processes have been resumed. The pilot results have been shared but was inconclusive
Additional Winter surge capacity	Increase winter surge bed capacity in line with modelling. Detailed work ongoing to identify capacity and workforce models. Up to 40 beds to come on line, in line with modelling from January 2025	Successfully opened winter ward on Sunday 5th January with a phased approach to admission By Tuesday 7th January the ward was at Full Capacity of 23 patients The model is Consultant led via Care of the Elderly with rehabilitation support **Additional Capacity stepped down in May**	

APPENDIX B – PARTNERSHIP ACTIONS – PROGRESS AS AT March 2025

Partnerships actions funded with through System Resilience (SRP) monies of RIF			
Action / Project	**Ambition**	**Progress**	**Key Data/ Information**
Step Closer to Home (SCTH) - Ad Hoc Spot Purchasing	The SCTH project offers a range of alternative pathways to facilitate discharge from the hospital for patients waiting for the next step of their recovery. It aims to support patients who are waiting for 3-4 domiciliary care calls per day to enable discharge from the hospital.	Merged with Hospital to Home to allow flexibility between schemes tailored to need **Continuing to March '26**	Step Closer to Home provided 74 critical interim placements
Step Closer to Home - Hospital to Home (H2H)	The project facilitates early discharge and provides home-based care with a dedicated team of healthcare support. The project also assesses and provides support for people outside of the hospital environment, preferably in their own homes with personal care, mobility, meal preparation and medication prompting until longer-term support can be arranged.	The project is proving to be successful and has been expanded through SRP slippage to provide a preventative element to support people at home. Additional run added to support timely discharge, referrals via the front and admission avoidance. Hospital to Home, nurse assessors reorientated to	H2H enabled 196 patients to return home safely with clinical oversight

		sites to support demand management. **Continuing to March '26**	
GWICES	The project employs an additional member of the team - GWICES Equipment Technician - to improve assessment turnaround, equipment reuse and tracking resulting in speedier discharges.	The GWICES Equipment Technician employed via SRP support is working to recycle the equipment. The Technician is also checking charity shops and other places for GWICES equipment to bring that back into service. GWICES has also received support for equipment via SRP slippage. **Mainstreamed to BAU**	
ED Well-being and Home Safe Service	The project (British Red Cross) enhances the ED experience and post-discharge transitions, offering emotional support, optimising patient flow, and connecting to community services.	The project expansion supported by the SRP has been reconfigured as the division was not included in the original bid. **Continuing to March '26**	In 2024/25, the service resettled 932 patients. It facilitated 603 wellbeing plans and made 20,000+ medication and equipment collections and completed over 5,000 patient escorts to other departments

Community Resource Team (CRT) Pharmacy Expansion	The project provides medicine reviews, medicine deprescribing, home visits and discharge planning. SRP support has allowed the service to expand to the whole of Gwent and develop the service to take on responsibility for providing pharmacy services on wards in County and Chepstow Hospital sites which will positively affect patient flow and discharge. The project also provides home visits to frail patients identified through HRAC criteria in collaboration with GP practices.	The project has struggled to recruit but is now at full complement and starting to realise the benefits. The new pharmacy service at County hospital supported 24 discharges on Oak and Rowan wards prior to Christmas. This was previously carried out remotely by staff at RGH. **Continuing to March '26**	3 equivalent WTE pharmacist and 1 technician. Supported 1003 patients, delivered 1382 clinical interventions. Community falls support scaled to all boroughs
Falls Response Service Expansion	The project includes an expansion of the Gwent WAST Falls Response Service (FRS) in two ways: 1. An additional daytime vehicle to the current one operating across Gwent. (This is not currently operating). 2. The addition of night support, provided by St John Ambulance. Will link with actions in 50 day plan	Service established but challenges in maintaining therapy input to the service **Continuing to March '26**	Level 1 service attended approximately 1,025 incidents during the 2024/25 period, averaging 85 incidents per month. This team has provided a night-time response to about 20% of all falls incidents in Gwent 74% of these incidents resulting in patients remaining at home

Hospital to Healthier Home (H2HH) Expansion	The project offers rapid home adaptations for patients leaving the hospital due to housing issues. The project expands support and secures flexible funding for complex cases, aiming to enhance patient independence and reduce readmissions.	The SRP support has improved workload management, patient service quality, and the provision of follow-up support post-hospital discharge. The project is more able to offer comprehensive support to help patients stay at home and reduce readmissions, through advocacy services, preventative assessments, housing repairs, and benefits advice. **Continuing to March '26**	1116 patients discharged more quickly and safely; 2,422 adaptation works completed
Balancing Rights and Responsibilities Training	The project delivers a training and mentorship programme to enable a cultural shift across health and social care, ensuring the right conversations are held by the right individuals, and barriers are removed.	Project is being led by Blaenau Gwent CBC and has been expanded via SRP slippage to expand training to more members of staff. Balancing Rights and Responsibilities training plan prepared with first cohort targeting the Integrated Front Door team, 2 cohorts arranged	

		for February 2025 for up to 60 spaces. Further role out of BR&R training across teams involved in discharge in April/May 2025. **Consideration given to how to roll out BRR principles**	
YYF Trusted Assessor – Stroke Pathway	The project includes a Social Work Assistant who works with ward staff to screen and gather stroke pathway patient information for all the Gwent local authorities to facilitate discharge.	There have been improvements in the MDT working and communication across the LAs. This is leading to fewer discharge delays in some areas. The data shows that on average 50/60% of the patients on the Stoke Wards are from the other 4 LAs (BG/Mon/Newport/Torfaen) and the Trusted Assessor role is pivotal in undertaking screening for these patients and communicating with the person's home authority to facilitate discharge.	Enabled more timely discharge and repatriation planning for 729 stroke patients across all five Gwent local authorities

		Continuing to March '26	
50 Day Challenge Actions			
	High Impact Intervention	**Progress**	
1	**Optimal Hospital Flow Framework**	• **Optimal Ward Model** at RGH, Senior Nurse for Discharge in post from 6th January, aligned to wards D4W, D3W and C5E to embed the Optimal Hospital Flow Framework, initial focus on board rounds, digital PSAG boards and education and training • **Choice letter and discharge leaflet** produced, signed off by the Executive Committee on 19th December, distributed to all Division, monitoring via care home metrics • Funding secured for feasibility study for a **Directory of Services/ 'Ask Annie'** to be completed by end of March to support admission avoidance and discharge • Review **discharge polices** - reluctant discharge, step closer to home etc	• Senior Nurse for Discharge appointed in January 2025 at the Royal Gwent Hospital and in March 2025 for Community Hospitals, continue to embed the Optimal Hospital Ward Framework
2	**7 day working for Health & Social care**	• **Blaenau- Gwent**, recruited x1 agency Social Worker, additional hours offered to part-time Social Work staff, limited uptake before Christmas, more interest in the New Year • **Newport**, recruited x1 agency Social Worker in Home First, additional hours offered to staff, uptake from OTs, additional capacity in Home First • **Monmouthshire**, x2 Social Workers picking up an extra day after Christmas, x2 Social Workers	• Increase in weekend discharges, from 487 in November 2024 to 522 in March 2025 • Increased hours of retainer domiciliary care provide for rapid discharge for patients who had existing domiciliary care provision prior to admission to hospital- approximately 240 hours • Additional domiciliary care provided (including reablement)

		and x2 OTs in each locality office on 27th December, more interest in New Year • **Torfaen**, no uptake from Social Workers ahead of Christmas, x3 additional OTA worked over Christmas period, more interest in New Year • **Caerphilly**, positive response from Social Workers/OTs area teams, SWAs aligned to AMU, locum OT to in reach to YAB, identify high risk patients on waiting lists to prevent admission • **CRT medical staff** 7 day working commences end Jan • Additional **district nursing** capacity over the weekends • **Local Authorities** continue to promote and refresh expressions of interest for 7 day working • Locums continue to be recruited to **increase assessment capacity**	across the 5 local authorities. – approximately 5,800 hours • Additional staffing capacity applied regionally including Senior Practitioners, Social Workers, Social Care Assessors, Reablement Carers and locum Occupational Therapists and physiotherapists.
3	**Undertake Decision Support Tool in the Community**	• **Bridging funding** in place to support funding for care home placements for individuals who require further health & social care assessments • **Hospital to Home** additional run in place to support timely discharge, referrals via the front and admission avoidance • x4 beds in **Ty Glas Y Dorlan** operational from 6thJanuary • Hospital to Home, **nurse assessors** reorientated to sites to support demand management	• Increase of additional in-house emergency / bridging domiciliary care to minimise waits on the ABUHB reablement waiting list – approximately 480 hours • Removal of short stay utility charge in Ty Glas Y Dorlan, to remove barrier to staying and to increase options available for reablement, 8 short stay flats •
4	**Integrated Navigation Hubs**	• **Frailty (CRT)** single point of access has been merged with **Urgent Primary Care (UPC)** call handling team • **Residential homes** now able to access UPC professional line overnight	• Access to the Urgent Primary Care professional line for residential homes out of hours to reduce unnecessary ambulance

		• Extension of **UPC professional line** to those care homes not covered by DES to commence 15/01/25. • 90% coverage for **care home** DES provision • Work progressing developing by DDT a **Directory of Services** "Ask Annie" to support admission avoidance and discharge • Workshop 19/12/24 and resulting S**tandard Operating Procedure** is being written to facilitate a pilot approach to the development of an MDT including a GP, a frailty ANP or medic and a UPC 247 ANP/ACP	conveyances, 617 contacts between January and March 2025 •
5	**Regional Health & Social care weekly review of long LOS Patients**	• Weekly review of **>100 days delayed** across Acute and Community sites • Weekly review of top **20 longest staying patients** • Weekly review of **LOS 21-28 days** • Weekly meeting with **Executive Director of Nursing** to provide challenge and support • Development of a **scrutiny panel** to support patients with the longest LOS by end of January	• Reduction in the number of patients delaying over 100 days from 18 patients in December 2024 to 8 patients in March 2025 • Reduction in Pathway of Care Delays aligned to the Care Action Committee's ambitions, targets achieved across all three measures • Increase in weekend discharges, from 487 in November 2024 to 522 in March 2025 •
6	**Proactive management of 0.5% population at Risk**	• **NCN MDT's** continue to operate with longer term data collection tool in the process of being signed off and applied to existing MDT approaches. • Pilot of methodology to identify **cohort at risk** agreed to commence across 4 practices during February. • **DSS issued by WG**, agreed with LMC and distributed to 68 practices 07/01/25:	• 46 GP practices engaged in the proactive management of identified 0.5% high risk population group by cluster, 734 full reviews undertaken between January and March 2025 with an additional 408 monthly •

		- Funding for **practices to produce a list from the GP system** that indicates those people who are either – frail, have COPD, have CHD and/or have diabetes. Starting with those over 80. - Funding to **undertake a comprehensive, face-to-face,** review of people on this list, across a number of parameters and includes the production of a Future Care Plan (FCP) - Funding to **review the FCP** each month to the end of funding	
7	**GP enhanced Service rollout for care homes and HRAC**	• **Residential homes** now able to access UPC professional line overnight • Roll out **escalation framework** to all Care Homes • **MDT approach in Care Homes**, GP/Frailty ANP to commence January • Extend access to **professional line**, Monday – Friday, daytime to WAST, to commence January	• Reablement senior undertaking care at home reviews to release capacity into reablement – approximately 37 hours •
8	**Trusted Assessor Model for all care Settings**	• Draft **TA paper** outlining high level plan presented at the Integrated Discharge Board on 9th January • Review of a**ssessment code delays** from POCD datasets from the last quarter • **Top three areas** identified and recommendations to be made to IDB for priority programmes of work; - **Embedding of DST model** in the community not hospital to reduce 'joint assessment' delays, December figures reduced dramatically following focus on this	• Balancing Rights and Responsibilities training rolled out to 48 health and social care professionals

		- **Work with care homes** to implement model of 'trusted assessor' for patient discharge when there is a vacancy, rather than waiting for a visit - **Regional approach** to accessing services where trusted assessor is already in existence • **Integrated front door**, in development; - Shared **'what matters'** assessment front sheet to complement professional specific assessment - Embedding of quality conversations that promote positive risk management through the **Balancing Rights and Responsibilities training plan** prepared with first cohort targeting the Integrated Front Door team, 2 cohorts arranged for February 2025 for up to 60 spaces - Further role out of **BR&R training** across teams involved in discharge in April/May 2025	
9	**Home First default for all clinically optimised patients**	• Discharge leaflet produced and shared with Divisions, to support **'What Matters'** conversations and discharge planning at point of admission • Complete SOP to streamline referral process and access to **Integrated Front Door Team** at GUH by end of January • **Hospital to Home** continue to support Home First with discharges & admission avoidance	• Hospital to Home/Facilitating Early Discharge, supported 138 patients on the pathway since November 2024
10	**Community falls**	• **Business case/investment template** approved on 18th December by NHS Executives for £76k to fund St Johns Ambulance Cymru falls education training and lifting equipment • **St Johns Ambulance Cymru** providing 27 sessions from 1 Feb for 9 weeks • Audit of **lifting cushions** commencing across all homes	• L1 Daytime & overnight • L2 Daytime with a second resource added from November 24 • 47 Falls Prevention & Mitigation training sessions delivered by St John's between Jan-Mar 25 • 437 trainees across Care Homes (29 Homes), Domiciliary Care,

		• Process to **service and redistribute lifting cushions** to care homes in line with National Community-based Falls response document	Community Hospitals and Hospital 2 Home 12 Primary & Community Care Academy training sessions delivered (9 Homes)

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	16 July 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Communications and Engagement Annual Report 2024/25
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Karen Newman, Assistant Director of Communications and Engagement

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

To provide assurance to the Board on the Health Board's Communications and Engagement activities during 2024/25.

Cefndir / Background

The report outlines the Health Board's Communications and Engagement activities over the past 12 months and details initiatives and campaigns that have been delivered to enhance both internal and external communications and engagement. With growing demand for accessible, timely and relevant information, the Health Board has further evolved its approach – refining how we connect with our communities and staff, using a human-focussed style of storytelling to ensure communications are meaningful, inclusive and relatable.

The past year saw continued implementation of the Communications and Engagement Strategy 2023–2026, approved by the Board in September 2023. Against a backdrop of continuing operational pressures, technological challenges, and critical incidents, the Communications and Engagement Team has responded quickly and effectively – helping protect the Health Board's reputation, uplifting morale, and championing the work of our staff and services.

Assessment

The Annual Report for 2024/25 provides evidence of the impact of Communications and Engagement in supporting the Health Board to meet its aims and objectives. This year has been a period of continued progress, innovation, and resilience, as we have strengthened how we communicate with our staff, patients and communities across Gwent.

Key highlights of this year's progress include:

- **Internal Communications**: Year two of the *One AB* brand has seen greater consistency and reach across our internal channels. *One AB* continues to evolve as a staff communication and engagement brand. Executive Team drop-in sessions were held at 15 sites, and Nicola's 'Catch-Up' online sessions attracted good attendance and positive feedback. Weekly visits to hospital sites by the Communications Team have strengthened visibility and surfaced powerful staff stories.

- **Staff Recognition**: Staff achievements were celebrated through features like *Staff Spotlights*, local Long Service events, and Staff Recognition Awards events. New downloadable tools have been created to support local recognition efforts.

- **Social Media and Digital Reach**: Social media remains a vital tool for public-facing communications. With more than **160,000 followers** across Health Board channels, we have seen continuing high levels of reach and engagement. TikTok has been established further this year, helping us to connect with younger audiences. Popular posts have included campaign launches, staff stories, and key service updates. This year:
    - Our social media posts have reached people over **20 million** times
    - More than **1.2 million minutes** of video content viewed
    - Over **1.3 million reactions** to our posts (comments and shares)
    - **27,000+ inbox messages** from the public handled
    - **2,008 posts** published across channels

- **Website**: The ABUHB website reached over **1.1 million views**, with top pages including Careers, The Grange University Hospital information, and Sexual Health content. Updates to the website have been driven by public need, with further improvements planned to streamline accessibility.

- **Campaigns and Public Messaging**: This year's campaigns adopted a strong storytelling approach. The *Move it May* campaign highlighted the benefits of early hospital discharge and our *Winter 2024–25* campaign featured patient and staff stories to improve impact and help the public to better access Health Board services. The continued promotion of the *Gwent Health Guide* has enhanced further public understanding of service access and care navigation.

- **Media and Press Activity**: The team managed **402 press enquiries** and issued **38 press releases**, often responding to high-profile, complex issues. These included industrial action, service pressures, major incidents and

system recovery updates.

- **Community Engagement**: The team visited over **200 venues** and spoke directly with more than **3,800 people** as part of strategic engagement. Diverse communities were reached through dedicated events, school and mosque visits, men's groups, and 50+ forums.

- **Employer Engagement**: Following last year's successful pilot in Newport, engagement with employers expanded across all five boroughs. Businesses such as Coleg Gwent, Caerphilly Council, Melin Homes, and the 2 Sisters Food Group hosted on-site Health Board sessions to improve reach among working-age adults – particularly men.

- **Stakeholder and Champion Networks**: The *Nye's Community Champions* network now includes over **200 active members**, regularly updated and engaged to support local message sharing. The launch of the *WhatsApp update service* also allowed faster sharing of updates with over **360 followers** already signed up.

The past year's progress has laid strong foundations for the future. The team has consistently adapted to changing needs and audience expectations, while maintaining quality and integrity across all channels. Work continues to deliver a best-in-class communications function that supports the goals of the wider organisation.

Argymhelliad / Recommendation

The Board is asked to note the progress with the Communications and Engagement agenda over the past 12 months and to consider the future priorities set out at the end of the report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Not Applicable Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. All
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff 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:	IMTP – Integrated Medium Term Plan NCN – Neighbourhood Care Network
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	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 ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	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 Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Aneurin Bevan University Health Board

Communications and Engagement

Annual Report

2024/25

A message from our Chief Executive

I am pleased to introduce the Communications and Engagement 2024/25 Annual Report for the Health Board. This year has been a period of continued progress, innovation, and resilience, as we've strengthened how we communicate with our staff, patients and communities across Gwent.

Our Communications and Engagement Team has worked tirelessly to support the delivery of the Health Board's strategic priorities by sharing timely, relevant and often life-changing information. Whether managing complex and sensitive issues, supporting the reputation of the organisation through media relations, leading impactful public health campaigns, or celebrating the incredible work of our staff, their efforts have played a vital role in maintaining trust and morale during what remains a challenging period for the NHS.

This year, we've built on our existing foundations - further embedding the One AB brand to enhance staff engagement, expanding our social media presence to include younger audiences through platforms such as TikTok, and supporting the Health Board's long-term vision through engagement on the 10-Year Strategy. Our human storytelling approach has put the voices of patients and staff at the centre of our communications, helping us to connect more meaningfully with our audiences.

We've continued to engage directly with communities - visiting hundreds of venues, listening to feedback, and working in partnership with local employers, volunteers, and organisations to understand how we can better support the health and wellbeing of the people we serve. Our new WhatsApp update service for the public, targeted campaigns like Move it May, and providing updates on the progress of the Nevill Hall Satellite Radiotherapy Unit are just a few examples of how we're reaching people in more personal, accessible ways.

I would like to thank our Communications and Engagement Team for their professionalism and dedication, and to all staff who have supported this work. Together, we are ensuring that everyone across Gwent has a voice, feels informed, and remains at the heart of everything we do.

Nicola Prygodzicz
Chief Executive

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board



Last Year's Report

At the end of our 2023/24 report, we planned to focus on the following Communications and Engagement priorities in line with the Health Board's IMTP, our own Communications and Engagement Strategy, our Social Media Strategy, and Staff Communications Plan:

- Continue to build on the work already started in the last year to improve the way we communicate and engage with our staff
- Develop further our social media platforms in particular Tiktok to engage with our younger residents and patients
- Support the work internally and externally with the 10 Year Strategy
- Enhance our community engagement work with large employers, community groups and our diverse communities, supporting the public to understand how to access our services
- All communication and engagement work will be focussed to support the delivery of our IMTP
- Using behaviour change principles and the data available to us to deliver a number of targeted prevention campaigns to support and improve the health and well being of our communities inline with global priorities for Public Health

This report will outline how we have delivered on these priorities.



Our Year In Numbers

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

1.Social Media

110,965 Followers

13,989 Followers

1,671 Followers

8,753 Followers

25,793 Followers

3,928 Followers

292 Followers

2.Digital Engagements

2,008
Published posts

20,451,652
Post reach

1,322,027
Reactions

18,693
Link clicks

27,640
Inbox messages

1,246,341
Minutes of video watched

3.Press

402
Press Enquiries Received

38
Press Releases Sent

4.Website

1.1 Million
Total Annual Views

Most Visited Pages

Careers in ABUHB
78.6K Views

Sexual Health
44k Views

Grange University Hospital
41k Views

5.Community Engagement

3844
Conversations

212
Venues Visited

167
Stakeholder Emails

63
WhatsApp Messages

6. Internal Communications

9 million +
AB Pulse Intranet page views

91
All staff emails

58
Executive drop-in sessions



Our Internal Communications

One AB Internal Communications: Year Two Highlights

Now in its second year, the One AB brand continues to drive staff engagement, celebrate achievements, and improve access to key information. The One AB Hub Site is now a central platform for tools, updates, and recognition, streamlining staff engagement activities.

Staff Content

Content submission through the 'Submit a News Item' feature is now consistent, with some weeks seeing 30–40 items. Our team supports and monitors this to ensure balanced coverage across AB Pulse. Many departments have enhanced their intranet presence, with improved alignment between internal and external updates to ensure consistent messaging.







One AB Champions

Over 30 One AB Communications Champions have been recruited, supporting local communication and helping staff feel connected. Their contributions are valuable, though additional support and structure will help grow the role further.

Executive Drop-in Sessions

In 2024, 105 Executive Drop-ins were scheduled across 15 sites, with 67 taking place. The Communications & Engagement team supported promotion and delivery. While attendance varied, staff feedback was largely positive, especially regarding access to Executive Team members. Future sessions may be developed into more focused area visits.



Catch-Up with Nicola

These bi-monthly online sessions with the Chief Executive have become a valued channel for updates and open dialogue, attracting 50–80 staff. Sessions are recorded and shared on the intranet and form the basis of Nicola's updates in the all-staff newsletter.



All-staff Newsletter

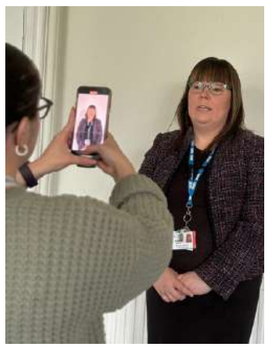
Since its launch ten editions have been published. Based on feedback, the process has been streamlined, allowing for a quicker turnaround from Nicola's catch-ups to publication.

All-Staff Emails & Weekly Round-Ups

Weekly Round-Ups remain a popular way to share key messages with staff who may not regularly check the intranet. All-staff emails are used selectively to promote key events like Executive Drop-ins and Catch-Up with Nicola, with feedback supporting this targeted approach to avoid inbox overload.

On-the-Ground Engagement

Weekly site visits by the Communications & Engagement team have strengthened relationships and improved content quality. These visits support content gathering, increase staff visibility online, and encourage use of channels like AB Pulse, email, and Viva Engage. They also help surface stories and updates from across the Health Board.









ONE AB
Everyone Together

Our Internal Communications

Celebrating the achievements of our staff

This year, we were keen to honour our staff and their many achievements to give them a real morale boost and increase awareness of our fantastic team members and services. This included featuring beloved, long-serving staff as they embark on retirement, as well as celebrating award winners and showcasing the incredible care that happens every day across our Health Board.

Some of our most successful stories have included that of 'living saint' NICU nurse, Geraldine, who retired after 41 years in neonatal nursing, along with 91-year-old Pharmacy Manager, Betty, who finally took her retirement after an extraordinary 59 years at Watkin-Davies Pharmacy. As well as featuring these stories on our own internal and external channels, they also flooded social media and the local press.

As this year saw our very first recipients of Ward Accreditation Statuses, we also set up a regular feature both internally and externally to celebrate these achievements and to inspire other wards to work towards this same recognition of high-quality care.







Staff Spotlight

Over 15 Staff Spotlight features have been shared in 2024, with more already in 2025, highlighting individual and team achievements.

These stories, published on AB Pulse and social media, continue to be well received, with plans to establish them as a regular weekly feature.




Staff Recognition and Awards

Recognition is now a regular part of staff engagement. Ten Long Service Award events addressed a backlog and celebrated staff contributions. Staff Recognition Awards remain popular, with additional events held to acknowledge those not shortlisted. New resources—including printable certificates, guidance, and a virtual masterclass—are now available on the intranet to support local recognition efforts.








Across Social Media

Social media remains a vital tool for the Health Board to reach and engage hundreds of thousands daily. Over the past year, we've taken a more strategic approach, refining each platform to strengthen our presence and reach new audiences. With over 165k followers and a reach of over **20 million**, our campaigns have seen strong engagement, reinforcing our role as a trusted source of health information.

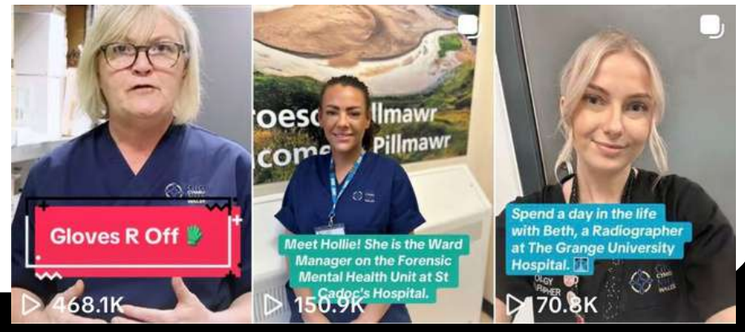
TikTok

This year, growing our TikTok presence remained a core focus in line with the Health Board's aim to connect with younger audiences. Our content promotes self-care, healthy living, and encourages interest in NHS careers. The channel has now reached **over 4,000 followers** and accumulated more than **30,000 likes.**

Our top-performing video featured the "Gloves R Off" campaign, highlighting efforts to reduce non-sterile glove use for both environmental and cost-saving benefits. The post sparked wide discussion and achieved: **468K views, 6.1K likes, 1K comments, 1.2K shares** and **604 saves**.

"A Day in the Life" (ADITL) content also performed strongly, offering insight into key NHS roles: Mental Health Nurse: **150.9K views** | Radiographer: **70.8K views** District Nurse: **35K views**

LIVE

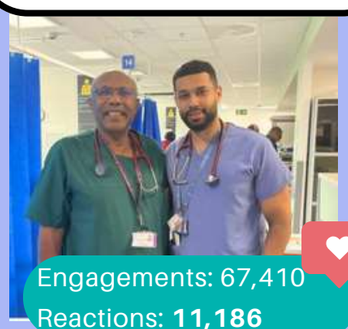


What Our Communities Said on Social Media

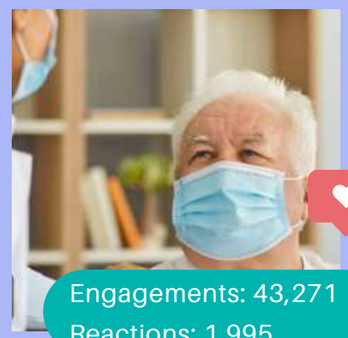
Our social media team handled thousands of messages and comments this year. Key themes included:

- Requests for updates on relatives in hospital
- Praise for staff and positive patient experiences
- Help with appointment bookings and busy phone lines
- Interest in job vacancies and how to apply
- Queries about donating items for wards
- Questions on how to make a formal complaint
- Help with directions and site maps
- Messages from people checking missed 0330 calls

Our Top 3 Posts



This post was celebrating a father and son being doctors in the same hospital.



A post making the public aware of masks now needing to be worn.



This post celebrated Healthcare Support Worker Day



Our Favourite Social Media Moment

Random Acts of Kindness Day

A meaningful reminder of how small gestures can make a significant impact. To celebrate the occasion, the Health Board spread kindness across our sites and wards by delivering chocolates to staff as a token of appreciation.

This gesture served as a heartfelt thank you for the exceptional dedication, compassion, and hard work demonstrated by our staff each and every day. Their unwavering commitment to patient care does not go unnoticed, and we remain deeply grateful for all they do.

The initiative was shared widely across our social media channels and received many positive comments from staff, patients, and members of the public, highlighting the importance of kindness in healthcare settings.













Our website

Throughout the year, we have seen another increase in traffic through the website, which the team have worked hard to update based on demand of information. As we move into the next year, we will be looking to revise the content and navigation of the website in order to ensure it is streamlined and as accessible as possible.

1.1M+ Views

About our page visitors

Devices used:
- **Mobile - 57.5%**
- **Desktop - 34.9%**
- **Tablet - 6.37%**

Browser:
- **Safari - 409k**
- **Chrome - 301k**
- **Edge - 292k**

Geography of visitors:
- Newport - 31k
- Cardiff - 26k
- Cwmbran - 11k
- Pontypool - 7k
- Caerphilly - 8k
- Abergavenny - 4k
- Merthyr - 3k

Languages of visitors:
- English- 287,235
- Welsh - 474
- Polish - 401
- Chinese - 172
- Spanish - 170
- Romanian- 121
- French - 110
- Russian - 117
- Turkish- 93

Popular Pages

- Careers **78K Views**
- Sexual Health **44K Views**
- GUH **41K Views**
- Contact Us **34K Views**

Our press



This year has remained a busy time for press and media activity, with themes of press enquiries covering a familiar, yet broad, range of topics; from ED waits, flow issues and ambulance handover times; to major incidents, waiting lists, and GP Practice closures. The nature of these enquiries has meant the team has often had to work reactively to provide timely, accurate and appropriate responses.

402 Press Enquiries Received

38 -Press Releases Sent

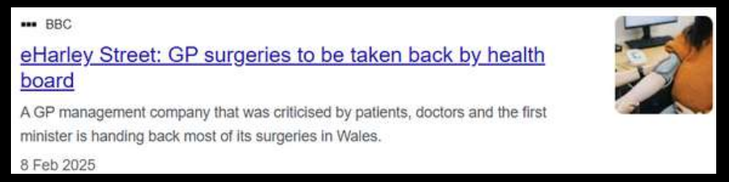


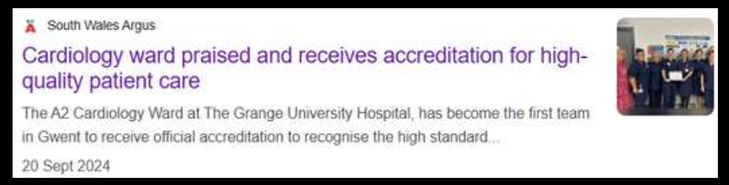


With the multiple critical incidents experienced this year varying from CT Scanner outages to critical emergency escalation statuses, these have involved taking quick action, closely liaising with Health Board colleagues to get hold of the most up-to-date, factual information, and providing reactive updates to keep the media and our communities as well-informed as possible.

In the Headlines









Our Stories

In the last year, we've prioritised human-focused storytelling and prominently featured our staff and patients in our content to convey our key campaigns and messages. Taking this approach has been incredibly successful and is demonstrated across a number of different campaigns over the year. We have also focused on innovation and advancements in care across the Health Board to further demonstrate the value of NHS services in Gwent.

Winter Campaign for 2024-2025

A prominent example of this change in campaign style was seen across this year's Winter campaign, where we used real patient stories and staff voices to communicate the same crucial winter messaging that we share every year. This included a real-life patient story of bronchiolitis; hard-hitting clinical perspectives of what could happen if patients attend the incorrect place when in need of medical help, and advertising the out of hours options available over the Christmas bank holidays by featuring the clinicians working within those services. This approach saw our traditional winter messaging gain increased traction in the media and on our social media channels.





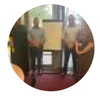
Stopping Deconditioning - Move it May

A key priority for the Health Board has been to reduce hospital-acquired deconditioning. Our annual Move it May campaign encourages daily physical activity to support patient wellbeing, reminding all staff and family members to help patients get up, dressed and moving.

Since launching in May 2023, it has grown significantly, with creative activities across sites involving patients, staff and relatives. This year included sports days, dancing, baking and even "May" on Ward A0—an enthusiastic team member with a megaphone promoting healthy habits and movement.







Nevill Hall Satellite Radiotherapy Unit

This year marked major milestones in the development of Nevill Hall's Radiotherapy Unit, including the construction of bunker rooms, delivery of LINAC machines, and the unveiling of its official name – the Velindre @ Nevill Hall Radiotherapy Unit. We've continued to work closely with Velindre University NHS Trust on joint communications and marketing, and we are continuing to share regular updates to engage the public and stakeholders ahead of it fully opening to patients.





Surgical Urology Robot at the Royal Gwent Hospital

The introduction of the Da Vinci Surgical Robot within the Royal Gwent Hospital's Urology service provided a revolutionary advancement for Urology care in Gwent, with the team completing their first robotic-assisted prostatectomy in June and allowing their first patient to return home after just ten hours.







Our Stories

Fracture Liaison Service - Transforming Bone Health in Wales

As a fundamental part of the Welsh Government's agenda, the Health Board's Fracture Liaison team is working to identify patients at risk of bone fractures early and offering tailored interventions to prevent these fractures. The service is led by specialist consultants and supported by a team of Clinical Nurse Specialists (CNS) and supporting staff who work collaboratively to identify, treat, and support patients with fragility fractures.



Endoscopy Speedboat Device to Tackle Colon Cancer

In February, the Health Board's Endoscopy team became the first in Wales to pilot the ground-breaking Speedboat Submucosal Dissection (SSD) technology, which uses minimally invasive technology to remove complex colorectal polyps and transform the treatment pathway.



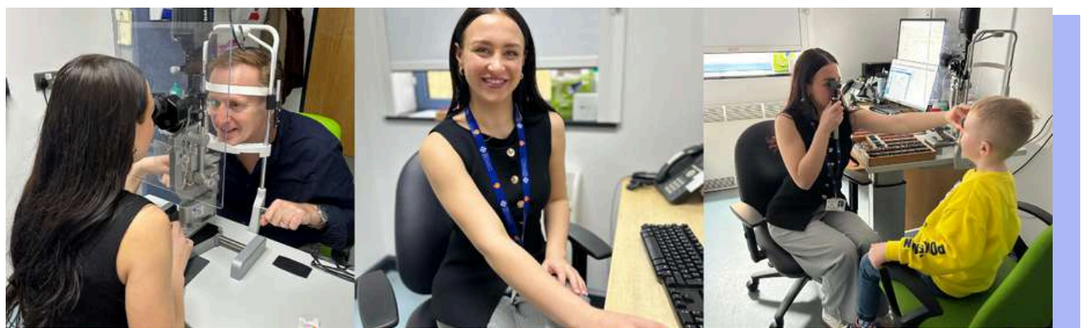
19 Hills Health & Wellbeing Centre

In January 2025 we were delighted to open our most recent Health & Wellbeing Centre, based in Ringland, Newport. Home to two GP Practices, Dental Services, as well as a whole host of Family & Therapy services. We will be developing a wellbeing offer for the community to help reduce loneliness and promote independent living, all in a welcoming environment.



Wales' First Hospital-Based Pre-reg Optometrist

Another successful example of our progressive work was that of Wales' first hospital-based pre-registration optometrist. As well as increasing the profile of hospital-based Optometry and of the Health Board, the Health Board's Optometry team were inundated with requests to be part of the next cohort of hospital-based pre-registration optometrists.



#NHS24Cymru

Welsh Government's #NHS24Cymru campaign also provided us with the perfect opportunity to recap on some of our most prominent good news stories this year, while providing an additional spotlight for our innovative services and initiatives.





Our Stories

HealthPathways Project
The HealthPathways platform was developed to standardise and improve the quality of patient care across Wales. The pathways provide structured guidance for both primary and secondary care, ensuring that patients are correctly investigated and referred.



Decarbonisation & Optimisation Inhaler App
The Decarbonisation and Optimisation Inhaler App, was launched earlier this year to streamline inhaler choices while prioritising sustainability and patient care. Developed by Victoria Richards-Green, Respiratory Lead Pharmacist, the app integrates the All Wales Asthma and Safety Guidelines with the Decarbonisation Strategy to create a more efficient, patient-centred approach to inhaler use.

The app is designed to optimise inhaler prescriptions by consolidating multiple inhalers into fewer devices where appropriate. It identifies devices best suited to individual patients' inhaler techniques and promotes the use of dry powder inhalers (DPIs) as the first-line option for those capable of using them. By prioritising inhalers with the lowest global warming potential, the app aligns with broader environmental goals.

This innovative tool promises to enhance patient care, streamline inhaler use, and contribute to a greener future for healthcare.

Recruitment Campaign
In February 2025, we launched our new Primary Care recruitment campaign, designed to highlight the exciting career opportunities available across Aneurin Bevan University Health Board. Covering the five boroughs of Gwent - Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen, this campaign aims to attract talented professionals to join our team.

As part of this initiative, we created a series of short films featuring our staff sharing their experiences of working and living in Gwent. These videos showcase the many benefits of being part of our organisation and serve as a valuable resource for potential candidates considering a role with us.





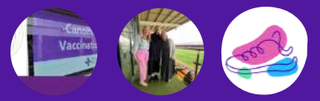




Local Artist Unveils Tribute to Aneurin Bevan at The Bevan Health & Wellbeing Centre
Local artist Nathan Wyburn revealed his latest creation at The Bevan Health & Wellbeing Centre in Tredegar. The centrepiece, now prominently displayed at the centre's main entrance, is a portrait of NHS founder and local hero, Aneurin Bevan. This artwork is uniquely crafted using images that trace the rich history of Tredegar.

Public Health Communications

Tîm Iechyd Cyhoeddus Gwent Public Health Team



Protecting our Communities across Gwent

Each year, we deliver a comprehensive communications strategy for our vaccination programme, taking a human-first approach. This year's successful RSV campaign exemplified this, featuring a pregnant mother and midwife to engage national and local media. Using the COM-B model, we crafted a bold message focused on preventing winter hospital admissions in babies, supported by compelling case studies — including a powerful story from a mother whose child had been hospitalised with RSV the previous year.









Making it easier for people to access information on vaccinations

Following feedback we have worked to create a vaccination hub on the website to make it easier for the public to access information about vaccinations. Our new hub follows a life course approach to vaccination which no longer relies on people to know about each vaccine but to just look at their age category area.

33,000+ Total Views across the Hub

Partnering with parkrun to build a healthier Gwent

This year we have worked closely with our partners at parkrun to promote the many free parkrun events across Gwent. Linking this into a number of key priority areas for the health board including Diabetes, CVD and Cancer patients as well as looking internal and promoting events for staff wellbeing . A call to action for parkrun ambassadors saw over 30 members of staff sign up to support communication activity.



Best-selling author Matt Brown brings his global movement on breaking domestic abuse cycles and healing to Gwent

Matt Brown, an internationally acclaimed advocate for breaking cycles of domestic abuse, self-worth, and healing, spoke at Dragons RFC in Newport to an audience of approximately 200 attendees as well as visiting a number of local schools. His message of empowerment and transformation aims to inspire individuals, families, and communities to address the deep-rooted impacts of domestic abuse and create pathways toward healing.



We are Gwent

Director of Public Health Annual Report

Through innovative storytelling, we portrayed the current situation in Gwent around early deaths and what can be done to change the story to support people across Gwent to live well for longer. A bold communications approach was adopted and a campaign pack to accompany the report to land its vital messages with both the public and NHS partners across Gwent.



CLICK HERE

Community Engagement

"The NHS is worth its weight in gold"

"The NHS is the best in the world as far as I'm concerned"

"It is good to see teams like you coming out as we wouldn't get to know about vital information about our health services as not everyone uses the internet!"

Working in partnership with other organisations who also want to speak to our communities ensures we are not overloading the public with information. Together with Local Authorities and other partners such as GAVO, Torfaen Voluntary Alliance and The Parent Network, we have had opportunities to engage with our communities at a range of events and sessions. The Parent Network's annual Halloween event saw more than 500 people attend and receive information about local health services. We also attended the 999 Emergency Services Day, Newport 50+ Forum Information Day, Carers Rights Information Day, International Older Persons Day and PRIDE events across Gwent.

Men's Groups – a key aim this year was to increase the number of men spoken to as women account for 75% of the total people spoken to year on year. Visiting men's groups, veterans' networks, and visiting employers has helped us to reach more men and listen to their feedback.
The team has visited dedicated men's groups including a Blokes Breakfast Club, Men's Den's, a Men's wellbeing event, Lads Lunch @ Community Kitchen, and a Torfaen Men's group,
We have continued to work with **Children and Young People** by attending annual Coleg Gwent Freshers Fairs and Health & Wellbeing fairs. Primary school fetes, parents' evenings and PTA meetings provide good opportunities to speak to parents and provide information on vaccinations, mental health support and school nursing services.

Young people across Gwent were able to ask questions and share feedback about services that matter to them when we spoke to them in comprehensive schools and youth groups. Gwent Regional Youth Forum members told us young people could be healthier if the Health Board worked with partners to prevent obesity such as encouraging more 'Walking to School Routes' for families.










Supporting **Older People** who live in Gwent to access Health Board information has been a priority with the team ensuring they take paper copies of leaflets, information about formal engagement and consultation opportunities, and surveys out with them on community engagement sessions as many older people repeatedly tell us that they are digitally excluded so value the opportunity to speak with staff in a face to face setting. Attending 50+ Forums, Luncheon clubs, community groups such as wellbeing / chatty cafes and dedicated events have proven to be excellent opportunities to speak to a wide range of older people.

Supporting our staff to engage with the public

We have been joined on our engagement sessions this year by various teams from across the Health Board including Vaccination, Public Health, Cardiology, Planning and Dietetics to talk to the public about vaccine hesitancy, heart failure week, women's health, bowel cancer awareness and healthy eating week.







"What's important for you to feel healthy?"

For 20 weeks, engagement staff joined forces with colleagues in planning to talk to the public about the Health Boards strategic plan for the next 10 years. Together we spoke to 4,690 people face to face across 225 events.

Community Engagement

Employer Engagement

Engaging with large employers across Gwent has continued throughout 2024/25 – with the programme being extended to Blaenau-Gwent, Caerphilly, Monmouthshire and Torfaen after an initial Newport pilot.

Going to a place of work allows those people who work 9-5 or shifts, the opportunity to speak to Health Board staff to share their experience of services, ask questions and find out more about a range of services that are provided across primary and secondary care.

This year we visited 15 venues:











Hasbro Newport, Wales & West Utilities, Caerphilly County Borough Council; Blaenau-Gwent County Borough Council, Ebbw Vale Institute, Monmouthshire County Council, ASDA Caerphilly, Coleg Gwent, Torfaen County Borough Council, Waitrose Abergavenny, Melin Homes, Sheltered Accommodation x 3, 2 Sisters Food Group.

Some HR teams at these organisations told us that many of their staff members (particularly men) are hesitant to talk about their mental health so providing resources about MELO and 111 Option 2 has been particularly useful.

Engaging with Stakeholders

- This year we launched a **WhatsApp Update Service** and currently have 360 followers – WhatsApp is an easy way for the public to share Health Board updates and information with their families and friends.
- Each year we send several emails each week to our network of stakeholders across Gwent, ensuring that key updates are shared and information is provided about any new services or developments.







Nye's Community Champions

Nye's Community Champions act as a link between the Health Board and local communities and play an important role in sharing health-related messages within their networks and organisations and share feedback with the Health Board about services and people's experiences (being our eyes and ears on the ground).

Our 200 strong champions programme includes local residents and a diverse range of professionals, including local councillors, library managers, third sector staff, members of community groups (e.g. Women's Institute groups,) choirs, community connectors, local authority employees, and Women's Aid volunteers.

Champions meet regularly to receive updates and hear from guest speakers about key topics such as endometriosis, organ donation, arthritis and dietetics that have all been requested by Champions themselves ensuring that information shared is relevant and valuable. All information is summarised in a newsletter sent to champions every 6 weeks.



Cherie Harry: Regional Support Administration Officer for Greater Gwent Health, Social Care and Wellbeing Partnership

"ABUHB Nye's Community Champions Programme is an invaluable resource to myself and my work role. It has provided me with a wealth of information that is not only relevant but also essential for maintaining and improving health and well-being. The programme's community champions are dedicated individuals who are well-versed in various health topics and are always eager to share their knowledge".

Community Engagement

Talks to Groups

Talks to groups have continued to be popular this year with 11 talks delivered. The talks provide an excellent opportunity to share information, answer questions and gauge people's views on our services.



The groups visited this year include Maesycwmmer Over 50's Group, Monday Club St Julian's, a Carers Wellbeing Group, SHADE Group, Torfaen Silver Bells, Bedwas Trethomas and Machen Community Council, Monmouth WI, Dicky Tickers, Torfaen Veterans Hub, Griffithstown Ladies Club, Caerphilly Department of Work and Pensions.

Supporting our Diverse Communities

Engaging with all our communities is a priority for us – we endeavour to engage with as many of our communities as possible. We worked in partnership with the Health Boards public health team to attend events at Maindee Primary School and the Islamic Society Mosque in Newport; for the Traveller Community at West Mon School in Pontypool and for Gurkha and Nepalese communities in Cwmbran.

The team was privileged to be invited to Age Alive Wales, a group for people aged 50+ from diverse communities and to the Kidcare4u Ladies group and Community Iftar to talk to their members and provide updates on all our services. We have also attended two ESOL (English for Speakers of Other Languages) classes and spoke with ladies from seldom heard communities in Newport.

Listening, Insight and Information from Community Engagement sessions







It's important that the Health Board is actively listening to what the public is saying about the services they are using. In the last year challenges have been faced with an increasing negative narrative as the year went on, particularly about GP practices managed by the Dr Ahmed & Dr Allinson Partnership. However, giving people, the opportunity to share feedback about their experiences is crucial for the Health Board to learn and develop its services for future needs.
Many people told us that whilst they may have waited a long time for an appointment, once they were in the system the experience they had was very good with high praise given for doctors and nurses.
We have found there is a lack of awareness of the Common Ailments Service.
People have told us it is very confusing to know what a minor injury is and shared frustrations of being sent to and from different hospitals to get appropriate care.

"My story is told over and over again"

"When you are in the system it's great, but the getting into the system is a nightmare"

"Staff are doing their utmost to care for patients under the current pressures on the system. We don't know how they do it! It must be overwhelming and so stressful"

"GUH A&E isn't big enough"

"I don't visit the doctor anymore. I have more chance of winning the lottery than getting an appointment"

"Overall, we are very lucky with free healthcare and the staff are always brilliant, it is the system that's failing"

This feedback is shared regularly with teams across the Health Board via weekly executive updates, monthly primary care reports, bi-monthly Borough Communications and Engagement meetings and quarterly divisional feedback reports.



Our Priorities for 2025/26

Over the next 12 months, we will continue to build on the priorities set out in the Health Board's Communications and Engagement Strategy. We have also have added some new and emerging priorities that will help us to adapt to the changing landscape of the NHS and demands from our patients and other stakeholders.

Our priorities for the next year are:

Continuous improvement on our AB Everyone Together Communications Strategy
To continue improving staff communications and engagement, we'll be looking to a more targeted approach to improve engagement among staff who are already interacting with communications, while also working to engage those who are less connected.

Value-based communications and engagement
We will use our resources wisely to ensure the most important and impactful content and campaigns are promoted, which demonstrate the value of our staff and services to our communities and stakeholders.

Explore, develop and utilise emerging technology
We will aim to improve the reach and responsiveness of our Communications and Engagement using modern tools such as Artificial Intelligence (AI) and analytics.

Enhance Trust through Transparent and Proactive Communication
Through our proactive and reactive people-focused communications and campaigns, we will build public trust in the Health Board and wider NHS - and reduce misinformation and public negativity.

Embed Inclusive and Culturally Sensitive Communication
We will ensure our messages reach and resonate with all communities in Gwent, collaborating with with local community groups. partners and patient voices.

Crisis and Incident Communication Readiness
We will further develop our protocols and procedures to ensure fast, accurate, and coordinated responses to urgent issues.

Further development of TikTok
We will focus on continuing grow the number of Gwent residents following us on Tiktok platform as we aim to reach a younger audience through this popular social media platform.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	16 July 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Integrated Performance Report: July 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 in the first part of 2025/26, with performance figures including the most up-to-date, validated positions.

The Board is asked to:

- **Note** the progress against key performance metrics

Cefndir / Background

This report focusses on specific performance against the organisation's key priorities in line with the Heath 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

This report differs slightly from the quarterly report format, focussing solely on the performance commitments made in the IMTP within the aforementioned areas. Full progress against wider actions including milestones and enablers is reported against within the quarterly reports.

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

Key highlights through the first part of 25/26 include:

- Ministerial Delivery Expectations: Of the 14 measures which are currently reporting, 10 are on track, 2 are borderline, and 2 are off track.
- Urgent and Emergency Care: Performance in urgent and emergency care has shown a marked improvement, with key indicators aligned to Welsh Government de-escalation criteria reaching their best levels in recent history. Specifically:
    - Ambulance handover delays exceeding one hour have significantly reduced.
    - Emergency Department and Minor Injury Unit (EDMIU) waits over 12 hours have declined.
    - Median wait times to see a clinician have improved, enhancing patient flow and experience.
- Mental Health: Sustained progress has been achieved in meeting Ministerial Delivery Expectations for both adult and Child and Adolescent Mental Health Services (CAMHS), across Parts 1a and 1b. Following a period of focused improvement in late 2024/25 performance now consistently exceeds national standards.
- Pathway of Care Delays (POCDs): the total number of days delayed attributable to the volume of total POCDs continues to trend downwards, having reduced by over 50% by June from the September ’24 position.



- Planned Care and RTT performance: the Health Board remains on track to meet its Q1 targets for reducing long waits for patients waiting over 104 weeks. As of the May RTT (Referral to Treatment) submission, performance is on track to deliver against the 345 risk committed to on back of Planned Care Q1 additional monies.
- Infection Prevention and Control: there has been year to year comparative reduction in both hospital-acquired and community-acquired infections.
- Workforce Health and Wellbeing: sickness absence rates have declined to 5.67%, moving closer to the 5% target.

There are some areas of performance which have been more challenged through the first part of the year:

- Diagnostic wait times: There has been a sharp rise in the number of patients waiting over 8 weeks for specified diagnostic tests as at May 25 (at negative variance to IMTP trajectory) when compared to how 24/25 ended. This is driven by challenges in ultrasound staffing and a divisional recovery plan is in place, aiming to reduce the variance and bring performance back on track by June.
- Psychological Therapies Access: Performance against the 26-week standard for access to psychological therapies has remained static and continues to fall short of the national standard. Following recent improvements in Part 1 mental health access standards, this area is now a key focus for the next phase of service development.
- Community Nursing and Urgent Dental Access: Two metrics are currently presenting risks to the delivery to Q1 IMTP trajectories:
    - Weekend community nursing contacts (Ministerial Delivery Expectation) were below forecast
    - Access to urgent and emergency dental services is also below expected position
- 104wk sustainability: While Q1 performance for 104-week waits remains on track, sustaining this position from Q2 onwards is uncertain due to the cessation of additional funding that supported delivery through the end of 2024/25. This creates a risk of regression in long-wait performance unless alternative mitigations are identified.
- Emerging Pressures on the Outpatient Pathway: The introduction of new funding streams for 26-week outpatient targets may have unintended consequences for other parts of the care pathway, including diagnostics and treatment capacity.
- Evolving Performance Frameworks: The Health Board is now required to track additional and emerging performance measures—such as enabling actions for the Six Goals for Urgent and Emergency Care and the Ministerial Advisory Group (MAG) metrics, which differ from those originally planned for in the IMTP. This shift introduces complexity and may require realignment of internal reporting and delivery mechanisms.
- Financial Pressures: Ongoing financial constraints continue to pose a significant risk to plan delivery. Achieving required savings through mitigating actions remains a key challenge, particularly in the context of rising demand and constrained resources.



Key areas of focus for the first quarter of the year, are:

- Strengthening Urgent and Emergency Care (UEC) Flow: Weekly whole-system safety flow meetings, with CEO chairing once a month, have been established to address ongoing front door pressures and support continued improvements in UEC performance.
- Enhancing Discharge Processes: The expanded Discharge Lounge at Grange University Hospital (GUH) is now operational, providing increased capacity to support timely patient discharge. A Senior Nurse for Discharge has been appointed to lead and coordinate discharge planning, improving patient flow and reducing length of stay.
- Managing ED Expansion Disruption: Cross-divisional planning is underway to implement an interim front door model that will mitigate the impact of ongoing expansion works at the Emergency Department. This proactive approach aims to maintain service continuity and minimise disruption during the construction period.
- Mental Health (CAMHS) and Neurodevelopmental Services: The Families & Therapies (F&T) division is conducting comprehensive demand and capacity modelling across CAMHS and Neurodevelopmental (ND) services. This work will inform future service planning and ensure resources are aligned with patient needs.
- Improving Diagnostic Sustainability: Work is ongoing to enhance the sustainability of diagnostic services through increased internal capacity and exploration of regional collaboration opportunities, to support the delivery of timely care across multiple pathways.

Argymhelliad / Recommendation

The Board is asked to:

- **Note** the progress achieved at through the first part of 25/26.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The report highlights key risks for delivery against the IMTP
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 1.1 Health Promotion, Protection and Improvement 2. Safe Care 2.1 Managing Risk and Promoting Health and Safety
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. This is a report against the Integrated Medium-Term Plan and the key organisational priorities, informed by our detailed understanding of how our system operates.



Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.

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

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



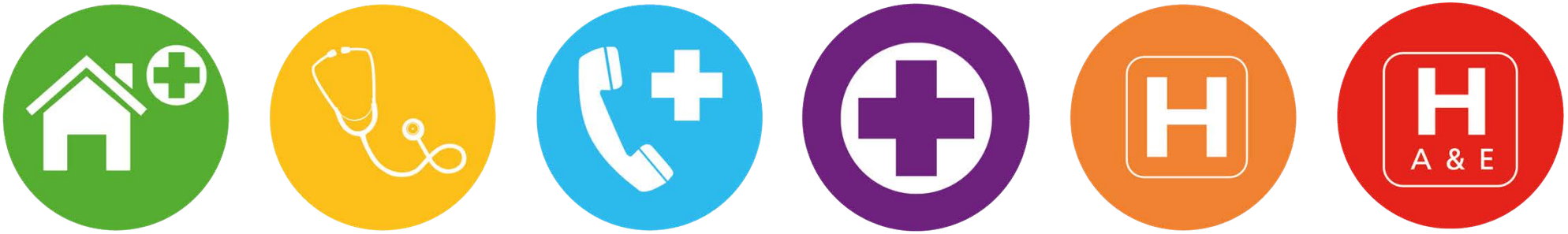
https://futuregenerations.wales/about-us/future-generations-act/	



GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Integrated Performance Report

July Board



CONTENTS

Performance Summary

Section 1: Cabinet Secretary Priorities

Section 2: Our Performance

PERFORMANCE SUMMARY

What went well this period?

- Urgent and Emergency care measures have started the year positively, with key performance measures linked to WG de-escalation criteria (>1hr ambulances, >12EDMIU, and Clinician median wait) all having reported recent historic lows.
- Performance across Ministerial Delivery Expectations for Mental Health (Parts 1a and 1b for both adults and CAMHS), having delivered significant improvement through the latter part of 24/25, continue to exceed the national standard.
- Delivery against Q1 104wk plans remains on track as of May RTT submission, working to a risk position of 345 at the end of the quarter.
- In IPAC, the volume of hospital and community acquired infections are lower when compared to the same month in the previous year.
- Sickness absence has decreased to 5.67%, further reducing the gap to the 5% target.

What were the challenges this period?

- There has been a sharp increase in the number of patients waiting over 8 weeks for a specified diagnostic in the May performance figures, putting the position well above the Health Board's IMTP trajectory. Divisional plan is in plan to reduce the variance against target in June.
- In Mental Health, performance for the 26 week wait standard for psychological therapies has remained broadly static and someway short of the national standard. This will be the next area of improvement focus following delivery of improvements across Part 1.
- The May position for the ministerial delivery expectation for weekend community nursing contacts, and the number of patients accessing urgent and emergency dental are both lower than forecast, presenting a risk to delivery of IMTP Q1 trajectory.

What actions are we taking to improve?

- Whole system safety flow meetings in place on a weekly basis to address continued front door pressures to support Urgent and Emergency Care performance improvements; this has been enhanced with the CEO now chairing one meeting a month.
- Expanded Transfer Lounge opened at GUH and a Senior Nurse for Discharge appointed.
- F&T are undertaking comprehensive demand and capacity work across CAMHS and ND.
- Work is ongoing to improve diagnostics sustainability through increased capacity and regional opportunities.

What are our risks to delivery?

- Planned Care 104wk position from Q2 onwards, following the cessation of additional funding to maintain the 104 numbers will start to rise again in line with IMTP trajectories
- Implications of emerging 26wk OP funding on other parts of the pathway (e.g. diagnostics and treatments).
- Maintaining improvements in UEC metrics through the summer period with the impact of the ED Extension Project between two Phases, as well as the risks posed to delays with the capital works.
- Tracking against additional, emerging, performance measures (e.g. enabling actions for 6 goals, MAG etc) that differ from those that were planned against through IMTP process.
- Ongoing financial pressures to deliver against plan, including realising savings through mitigating actions.

Section 1: Cabinet Secretary Priorities

The Cabinet Secretary for Health and Social Services has set out National Programmes of work covering the priority areas of delivery. These priority areas are:

- Prevention and Population Health, with a focus on vaccinations and diabetes;
- Building Community Capacity, with a focus on reducing delayed pathways of care and improving access and shifting resources into Primary and Community Care;
- Timely Access to Care, with a focus on delivery of the 6 Goals Programme to make improvement in Urgent and Emergency Care, as well as delivering against key targets within Cancer & Planned Care;
- Mental Health, including CAMHS, with a focus on delivery of the national programme, and;
- Women's Health, by establishing a Women's Health Hub by the end of 25/26.

Further to these priority areas the Welsh Government and NHS Wales have identified 17 Key Performance Indicators across Primary and Community Services, Urgent and Emergency Care, Cancer, Diagnostics, Elective Care and Mental Health Services.

Section 1 provides an overview of the Health Board performance of the Key Performance Indicators outlined by Welsh Government and Health Board commitments related to the delivery of the priority areas. For a more in-depth view on performance for each priority, please follow the links in the NHS Performance Report column.

Cabinet Secretary Priorities

Priority	Aim	ABUHB commitment	Ability to meet national standard?	In month performance against trajectory
Population Health & Prevention	**Measure:** % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes **National standard/ambition:** 12 month increasing trend **Reporting period:** Monthly	**44%** Jun-25 **47%** Mar-26	**Yes**	**43.4%** May-25 (Q1 Trajectory: 44%)
	Measure: Achievement of the 5 Vaccinations targets in the Performance Framework **National standard/ambition:** Various **Reporting period:** Quarterly/seasonally	**Yes** Mar-26	**Yes**	**First reported Q2**
Building Community Capacity	**Measure:** Number of Pathway of Care Delays **National standard/ambition:** 12 month reduction trend **Reporting period:** Monthly	**180** Sep-25 **160** Mar-26	**Yes**	**181** Jun-25 (Trajectory: 190)
	Measure: General Medical Services (GMS) – Number of GP Practices achieving core access standards **National standard/ambition:** 100% **Reporting period:** Annual – in month position for information	**100%** Mar-26	**Yes**	**Reported Q4**
	Measure: Number of people accessing Pharmacist Independent Prescribing Service for Acute Minor conditions and routine Contraception Services, where the patient reports they would have otherwise visited their GP **National standard/ambition:** 12 month increasing trend **Reporting period:** Monthly	**4,820** Jun-25 **24,065** Mar-26	**Yes**	**5,350** May-25 (Q1 Trajectory: 4,820)
	Measure: Capacity at the weekend of Community Nursing and Specialist Palliative Care Nursing **National standard/ambition:** 12 month increasing trend **Reporting period:** Monthly	**31,217** Jun-25 **128,347** Mar-26	**Yes**	**13,635** May-25 (Q1 Trajectory: 31,217)
	Measure: Capacity of Enhanced Community Care **National standard/ambition:** 12 month increasing trend **Reporting period:** Monthly	**1,245** Jun-25	**Yes**	**1,075** May-25 (Q1 Trajectory: 1,245)

		5,277 Mar-26		
Timely Access to Care	**Measure:** Number of Ambulance patient handovers over 1 hour **National standard/ambition:** Zero **Reporting period:** Monthly	**621** Jun-25 **500** Mar-26	**No**	**664** May-25 (Trajectory: 716)
	Measure: Number of patients who spend 12 hours or more in all Major and Minor Emergency Care Facilities from arrival until admission, transfer or discharge **National standard/ambition:** 12 month decreasing trend, building towards a target of zero **Reporting period:** Monthly	**1,101** Jun-25 **750** Mar-26	**Yes**	**1,124** May-25 (Trajectory: 1,301)
	Measure: Number of patients waiting more than 104 weeks for referral to treatment **National standard/ambition:** Zero **Reporting period:** Monthly	**966** Jun-25 **3,291** Mar-26	**No**	**372** May-25 (IMTP Trajectory: 696) (Q1 Trajectory: 345)
	Measure: Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route) **National standard/ambition:** 12 month improvement trend, building to 80% by March 2026 **Reporting period:** Monthly	**67%** Jun-25 **70%** Mar-26	**No**	**65.3%** Apr-25 (Q1 Trajectory: 67%)
	Measure: Number of patients waiting more than 8 weeks for a specified diagnostic **National standard ambition**: Zero **Reporting period:** Monthly	**1,077** Jun-25 **1,077** Mar-26	**No**	**1,767** May-25 (Trajectory: 1,077)
Mental Health, including CAMHS	**Measure:** CAMHS 1a: percentage of assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years **National standard/ambition:** 80% **Reporting period:** Monthly	**80%** Jun-25 **80%** Mar-26	**Yes**	**94.9%** May-25 (Trajectory: 80%)

	Measure: Adults 1a: percentage of assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged 18 years and over **National standard/ambition:** 80% **Reporting period:** Monthly	**80%** Jun-25 **80%** Mar-26	**Yes**	**84.4%** May-25 (Trajectory: 80%)
	Measure: CAMHS 1b: percentage of Therapeutic Interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged under 18 years **National standard/ambition:** 80% **Reporting period:** Monthly	**80%** Jun-25 **80%** Mar-26	**Yes**	**84.4%** May-25 (Trajectory: 80%)
	Measure: Adults 1b: percentage of Therapeutic Interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over **National standard/ambition:** 80% **Reporting period:** Monthly	**80%** Jun-25 **80%** Mar-26	**Yes**	**86.0%** May-25 (Trajectory: 80%)
Women's Health	**Measure:** Establishment of one Women's Health Hub in each Health Board area by March 2026 (aligned to the Women's Health Plan) **National standard/ambition:** Establishment **Reporting period:** Annually	**Yes** Mar-25	**Yes**	**Reported Q4**

Section 2: Our Performance

The Performance Report section provides detail of Health Board performance across the 5 system change themes identified in the Integrated Medium-Term Plan 2025/26:

- 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 and Emergency Care System** focusing on experience, access and discharge pathways;
- Continuing to prioritise **Cancer, Urgent and the longest waiting patients for Planned Care;**
- Improving our **Mental Health Services**;

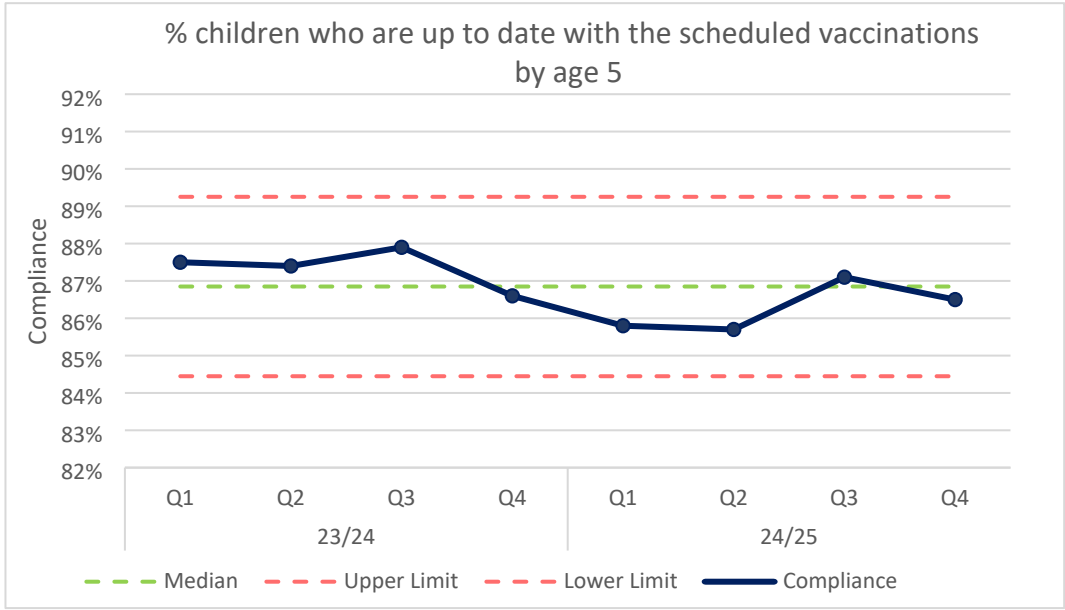
A summary of performance is provided under each theme against the Health Board's priorities and corresponding performance ambitions, including detail of Annual Plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim.

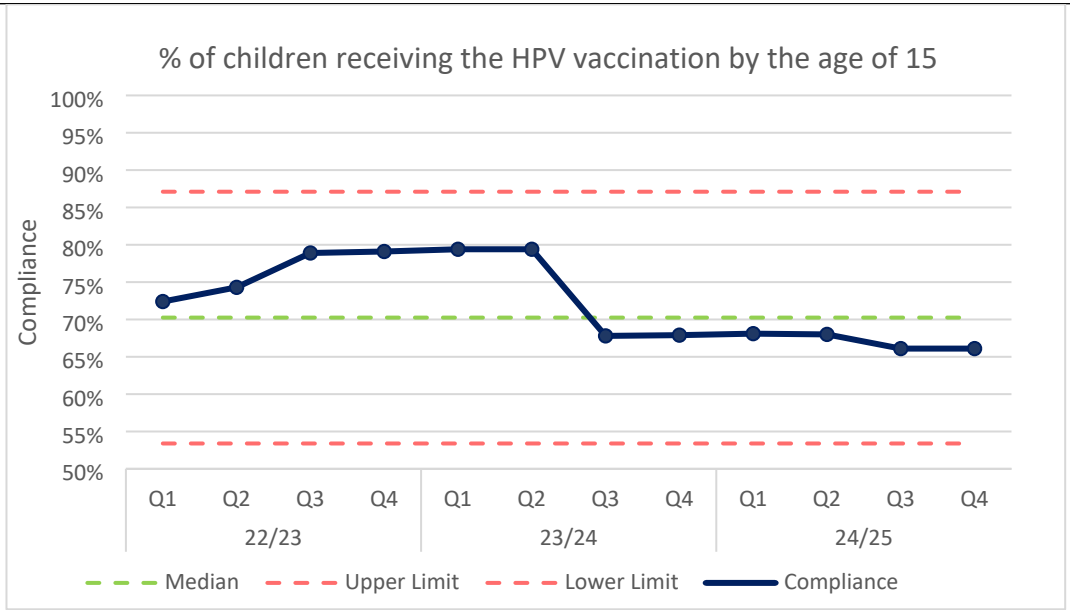
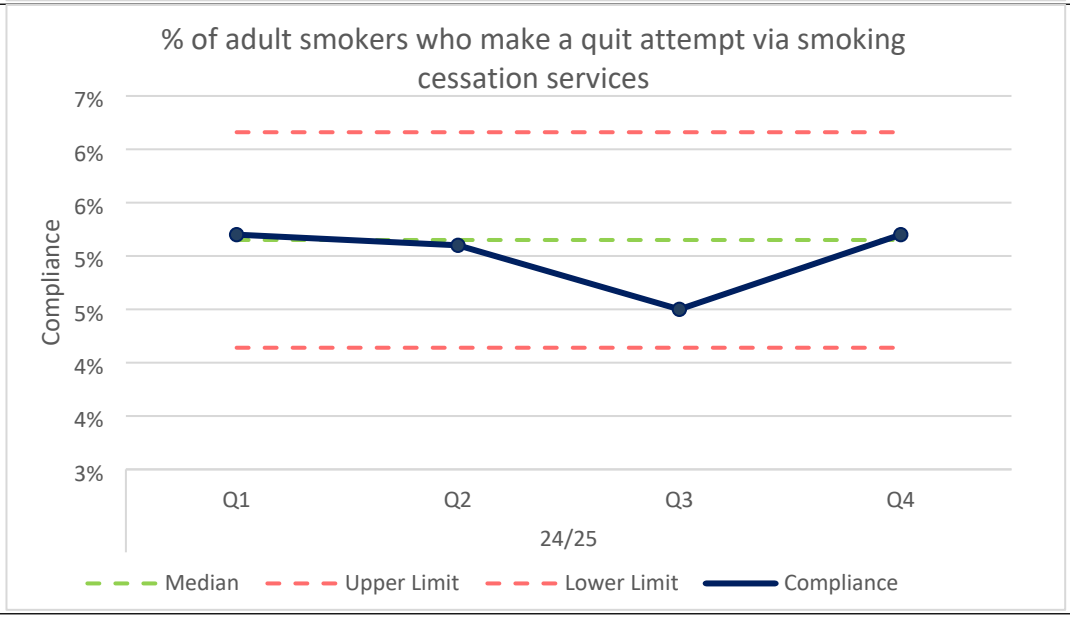
Quadruple Aim		Health Board's System Change Theme and Integrated Report
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	• Embedding **Prevention** and Population Health in all that we do
Aim 2	People in Wales have better quality and more accessible Health and Social Care Services, enabled by digital and supported by engagement	• Progressing place based models of care and sustainability in **Primary and Community Services** • Improving our **Urgent and Emergency Care System** focusing on experience, access and discharge pathways • Continuing to prioritise **Cancer, Urgent and the longest waiting patients for Planned Care** • Improving our **Mental Health** services
Aim 3	The Health and Social Care workforce in Wales is motivated and sustainable	Workforce and Culture
Aim 4	Wales has a higher value Health and Social Care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes.	Quality, Safety and Experience Financial Performance

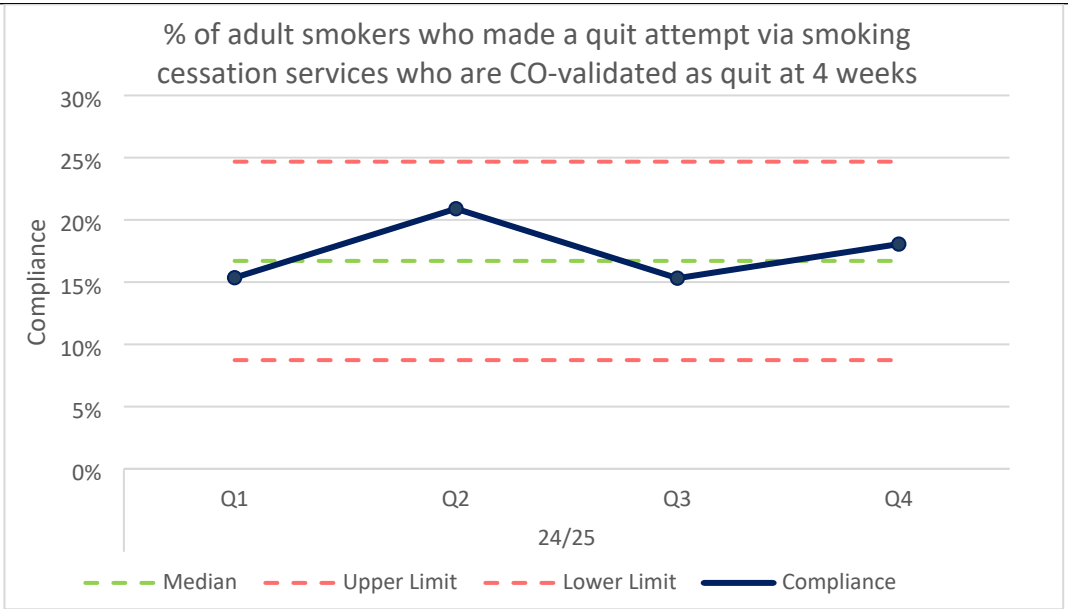
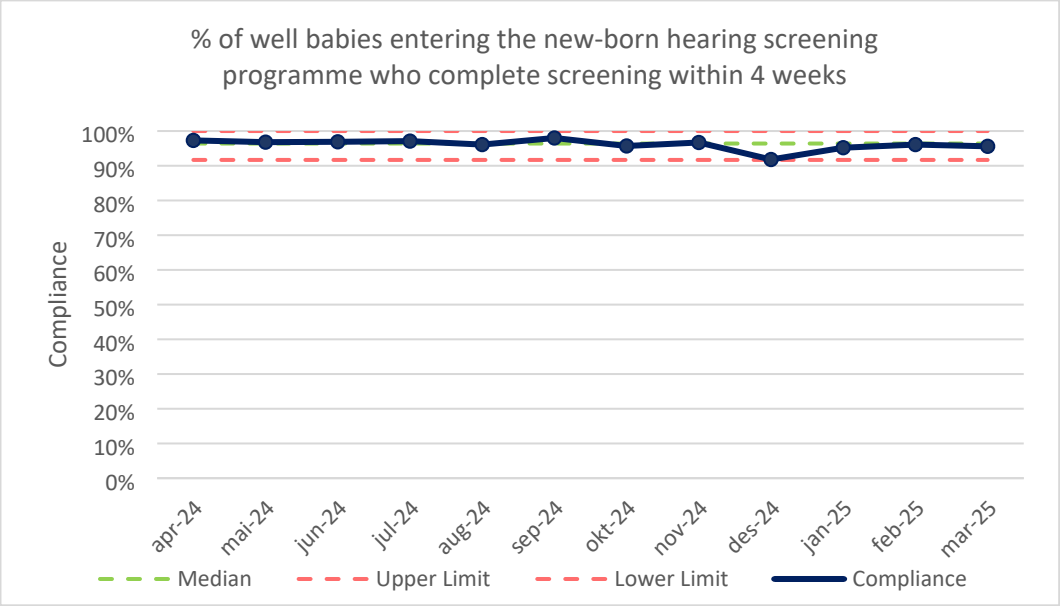
Quadruple Aim 1	Embedding **Prevention** and Population Health in all that we do

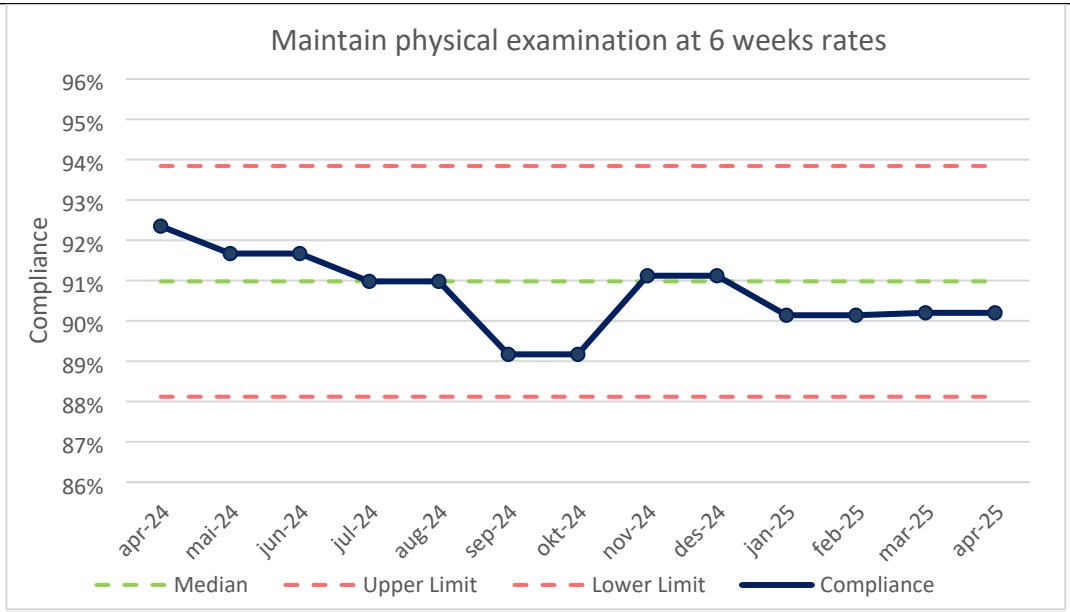
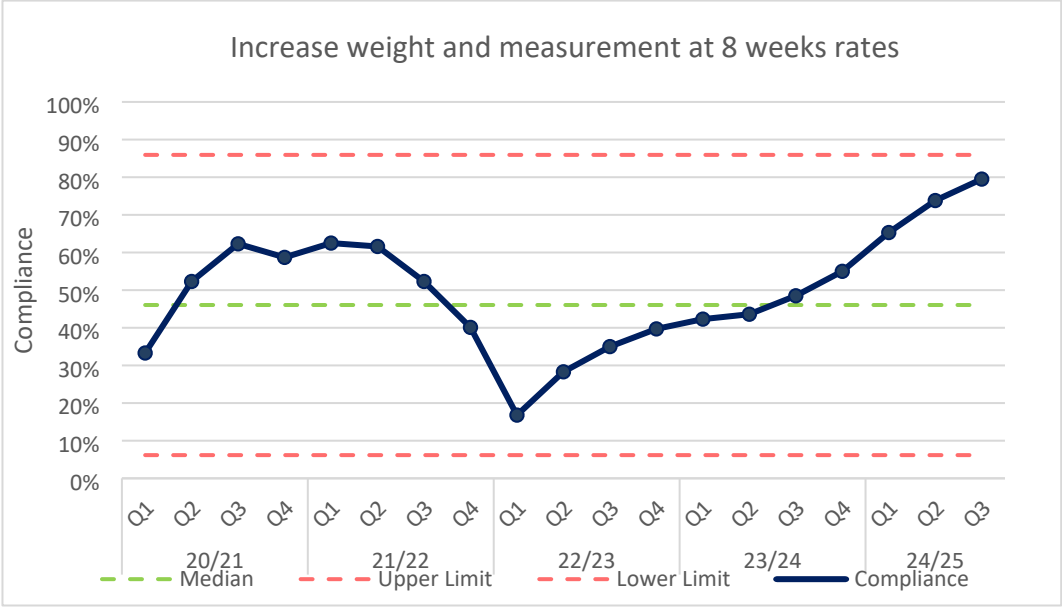
Priority	Performance Measure	Performance against Trajectory	Data / Trend	Insights / Actions
Health Protection & Vaccination	% uptake of the COVID-19 vaccination for those eligible Spring Booster **Ministerial Delivery**	54.54% (19/06/25) Campaign Target is 75%	See table below	Position as of 19th June with offical end to campaign at the end of June, however scope to vaccinate into July for people with extenuating circumstances who were unable to receive in the campaign window. Current performance puts AB higher than all Wales value of 50.78%. National target as per ministerial delivery expectation is 75%.
	Increase percentage of children, who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose) **Ministerial Delivery**	86.5% (Q4 24/25) *Above Q1 Trajectory of 86%*	See chart below	No 25/26 data yet, Q1 performance expected late Aug/early Sep. National target as per ministerial delivery expectation is 95%.

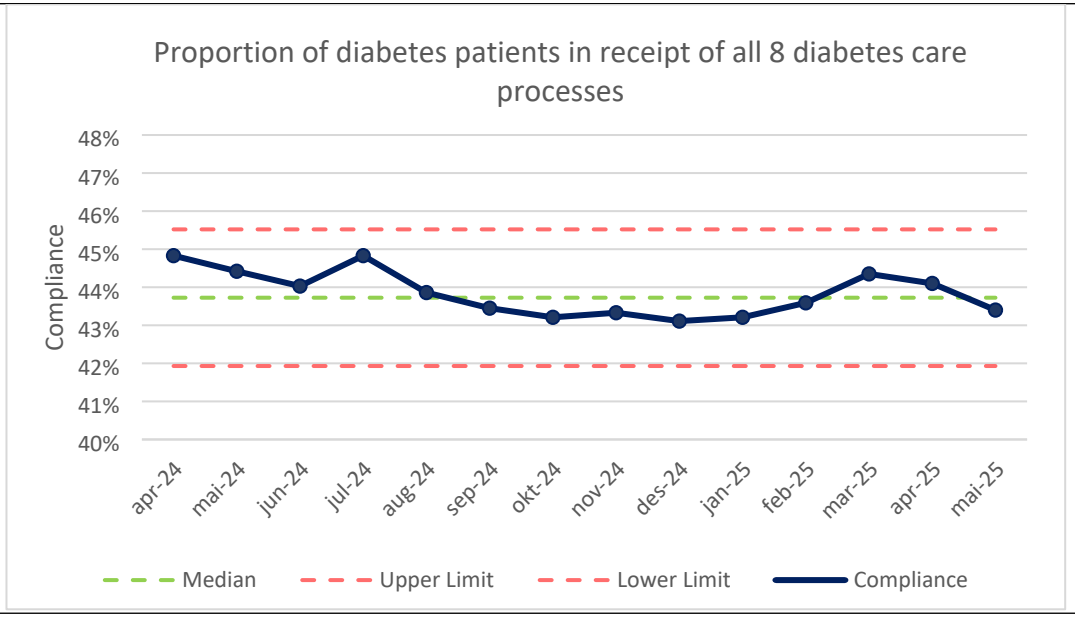
Region	Eligible population (n)	Vaccinated (n)	Coverage (%)	Of those vaccinated, number with no previous doses (n)
Aneurin Bevan University Health Board	79,007	43,087	54.54	15
Blaenau Gwent	8,962	4,501	50.22	1
Caerphilly	22,681	11,551	50.93	1
Monmouthshire	16,215	10,781	66.49	7
Newport	18,338	9,562	52.14	4
Torfaen	12,811	6,692	52.24	2



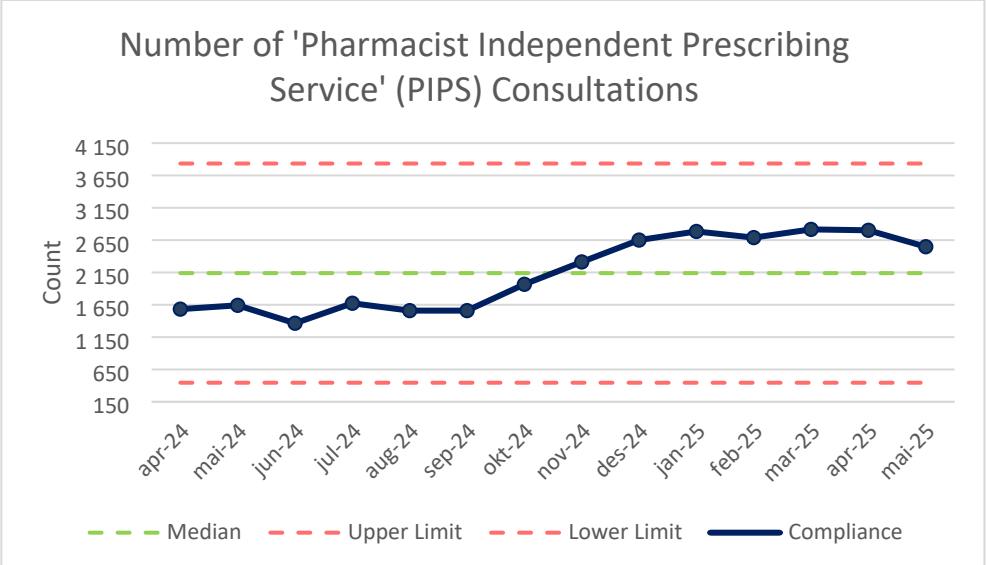
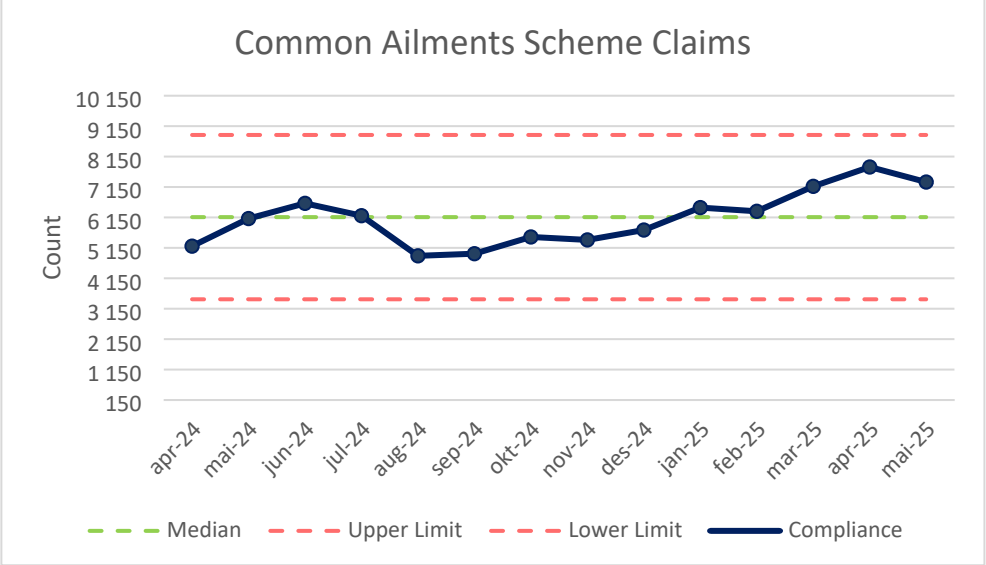
	Increase percentage of children receiving the Human Papillomavirus (HPV) Vaccination by the age of 15 **Ministerial Delivery**	66.1% (Q4 24/25) *Below Q1 Trajectory of 75%*		No 25/26 data yet, Q1 performance expected late Aug/early Sep. National target as per ministerial delivery expectation is 90%.
Preventable Premature Mortality	Percentage of adult smokers who make a quit attempt via smoking cessation services	5.2% (Q4 24/25) *Above Q1 Trajectory of 5%*		24/25 annual performance as a whole is 5% which meets the national standard. IMTP trajectory for 25/26 is to maintain this. Performance data is available quarterly in arreas.

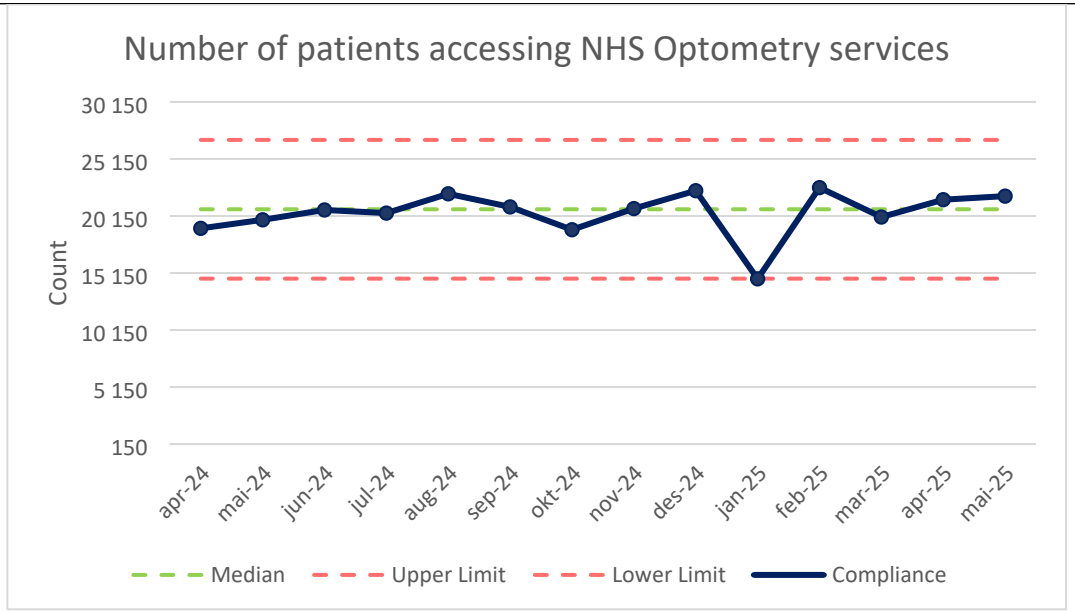
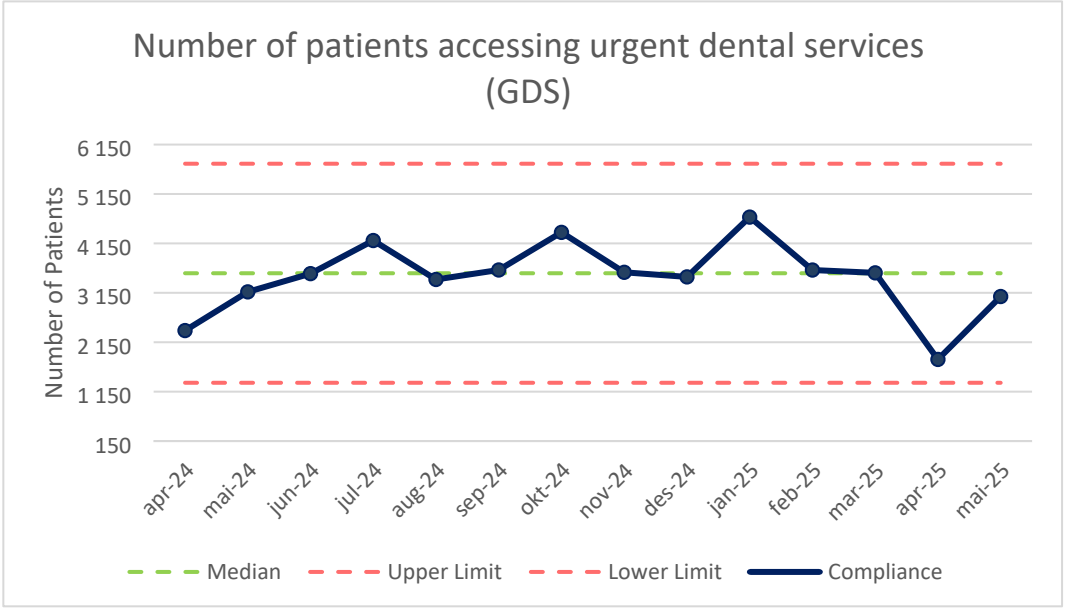
Preventable Premature Mortality	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	18.1% (Q4 24/25) *Below Q1 Trajectory of 20%*		24/25 annual performance as a whole is 17.2%. IMTP trajectory for 25/26 is to improve to 32% by year end. Performance data is available quarterly in arreas.
Best Start in Life	Percentage of well babies entering the New-Born Hearing Screening Programme who complete screening within 4 weeks	95.6% (Mar) *Above Q1 Trajectory of 90%*		24/25 annual performance was compliant with national standard of 90% throughout the course of the year. Performance data is available quarterly in arreas.

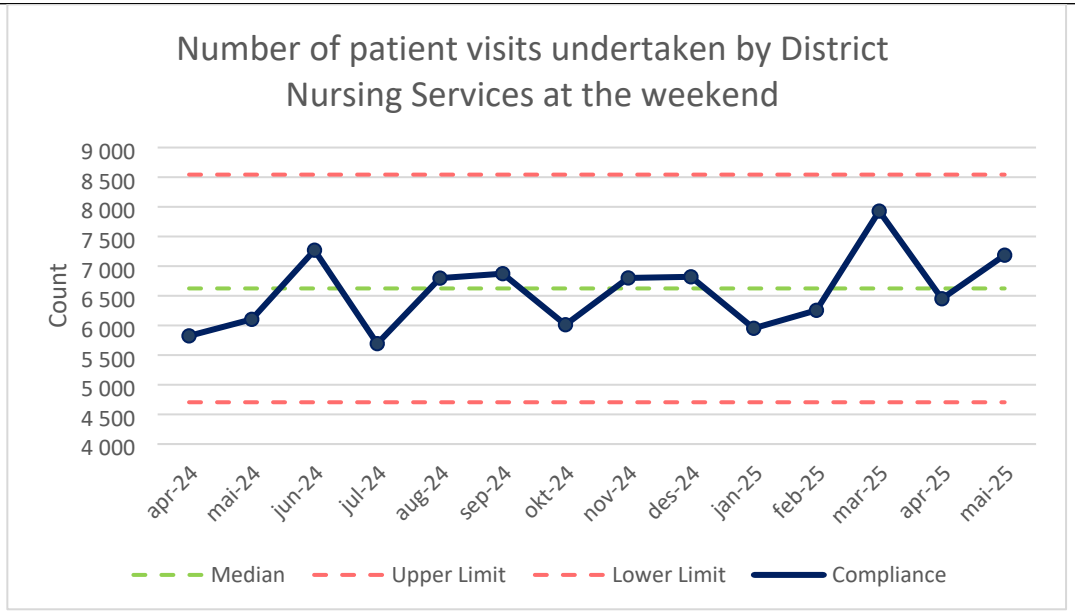
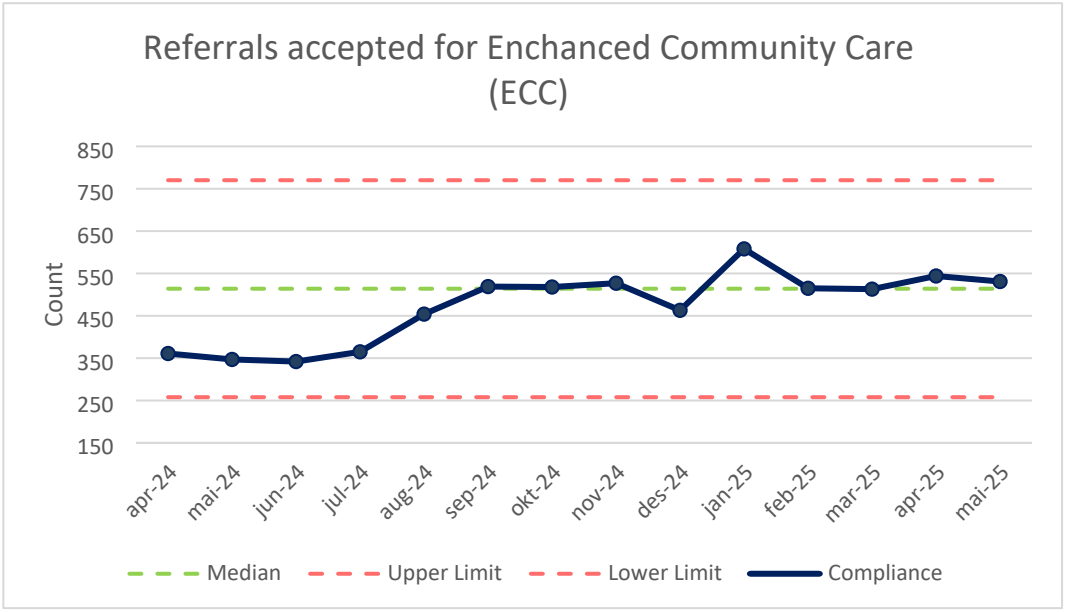
Best Start in Life	Maintain physical examination at 6 weeks rates (Healthy Child Wales)	90.2% (Apr) Meeting Q1 Trajectory of 90%		25/26 IMTP trajetory is to maintain 90% through the course of the year, with performance over the past four months being exactly this.
	Increase weight and measurement at 8 weeks rates (Healthy Child Wales)	79.5% (Q3 24/25) *Above Q1 Trajectory of 68%*		Q4 24/25 not published until August, however improvement trajectory from 22/23 is clear with good lead into 25/26; IMTP trajectory to achieve 80%.

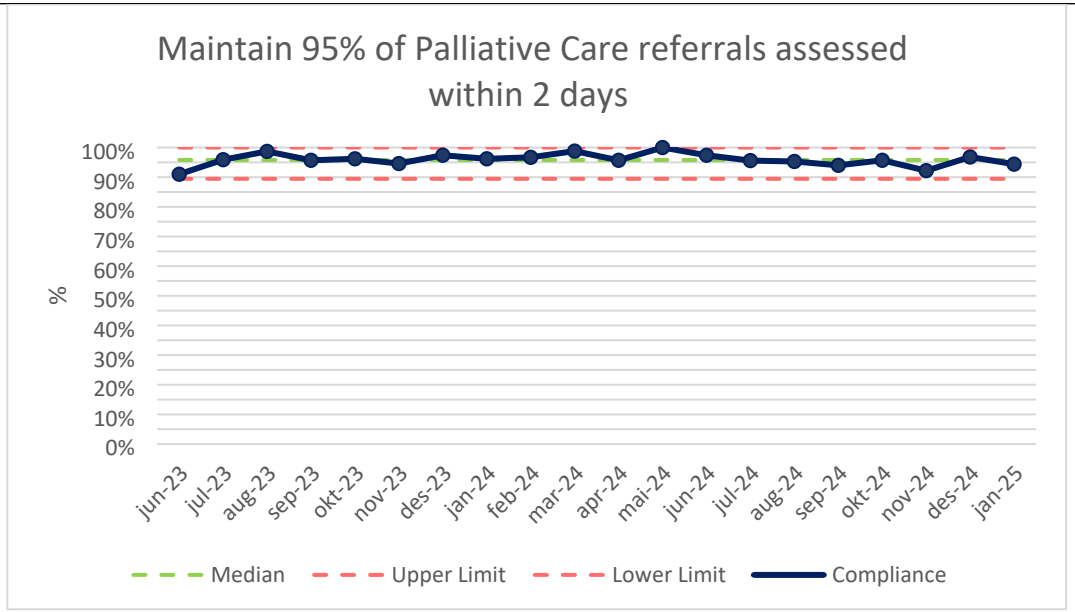
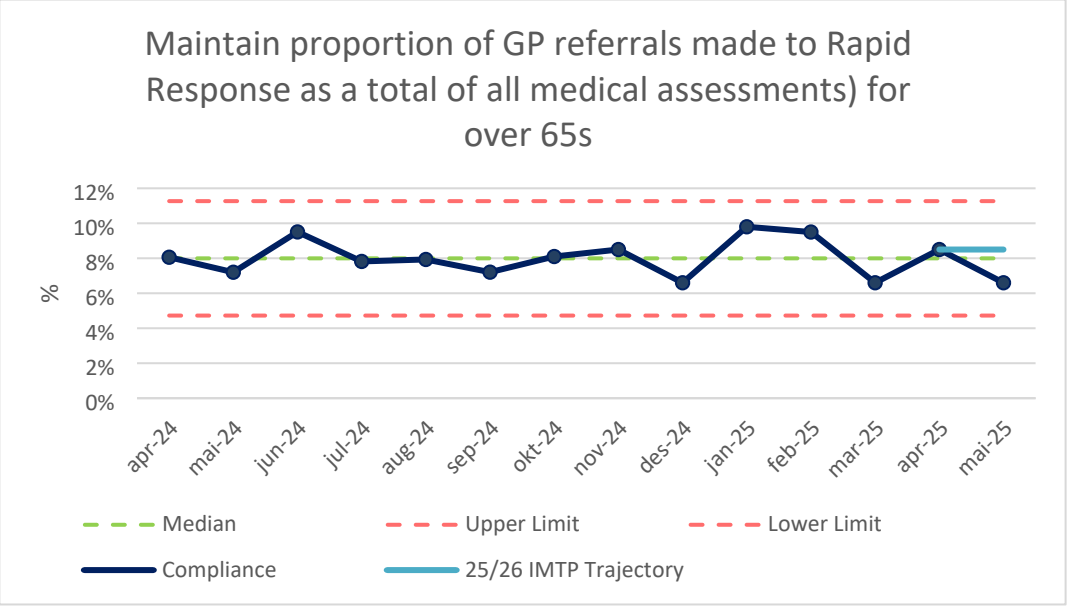
Diabetes	Increase in % of patients (aged 12 years and over) with Diabetes, who received all eight NICE recommended care processes. **Ministerial Delivery**	43.4% (May) Below Q1 Trajectory of 44%		Performance over the past 13 months has been within a relatively tight range (<2%) with an IMTP trajectory to increase to 47% through the course of the year. The Public Health team are working in partnership with NCNs to identify eligible cohorts for Diabetes Prevention. Hypertension Case Finding Service established including 12-month follow up clinics to repeat the HbA1c test with people who received interventions in Blaenau Gwent and Caerphilly.

Quadruple Aim 2	Progressing place based models of care and sustainability in **primary and community services**

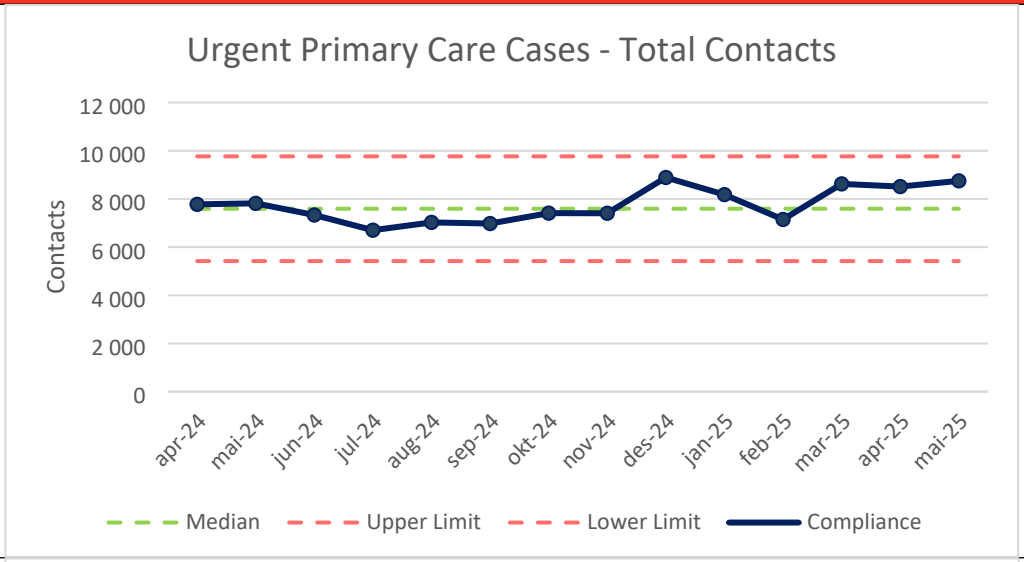
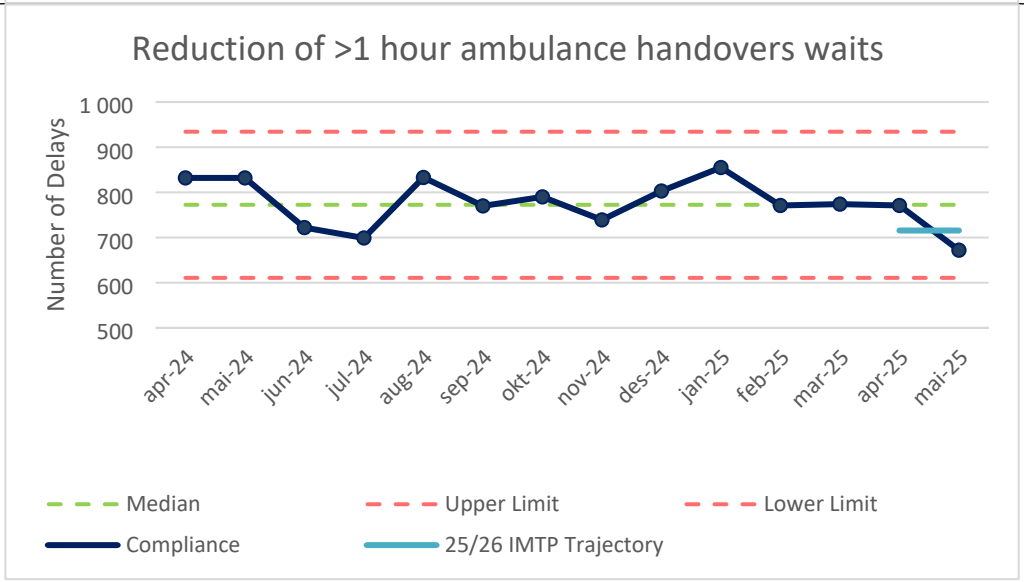
Priority	Performance Measure	Performance against Trajectory	Data / Trend	Insights / Actions
Access	Increase in people accessing PIPs where they would have visited their GP **Ministerial Delivery**	5,530 (May) Met Q1 Trajectory of 4,820		PIPS consultations increased substantially through the second part of 24/25 and delivery in the first two months of 25/26 has already met the Q1 trajectory, which is a cumulative activity total. The number of Community Pharmacies providing PIPS has increased from 34 in April '24 to 55 as of May '25.
	Maintain the number of consultations undertaken by community Pharmacy under the common aliments scheme	15,120 (May) Q1 Trajectory is 22,594		Common Ailment Scheme saw growth through the second half of 24/25. Current performance two months into year is broadly in line with expected trajectory, which is again based on cumulative activity through the year.

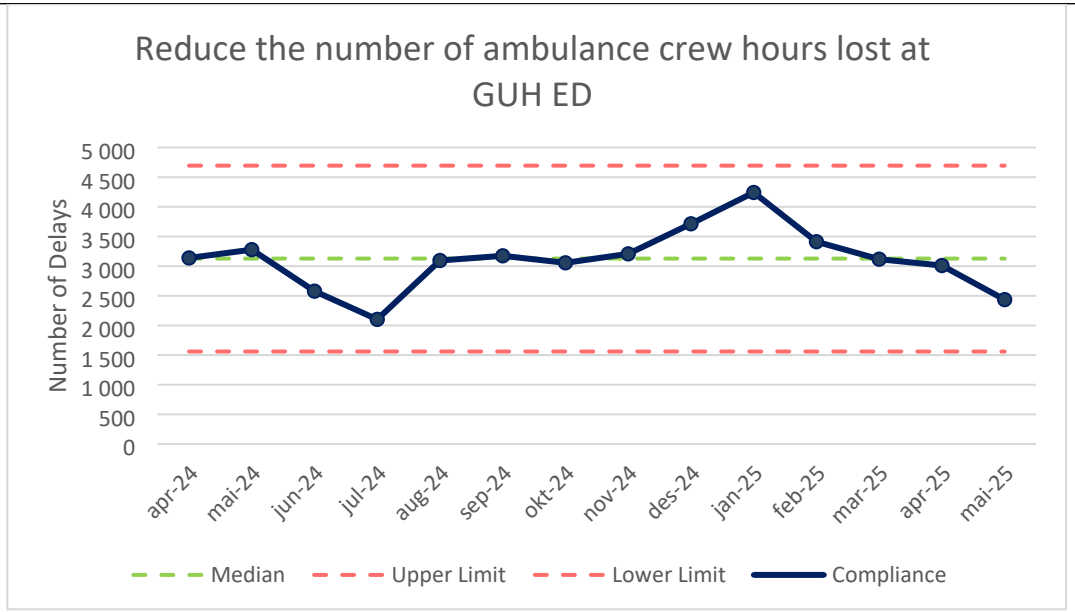
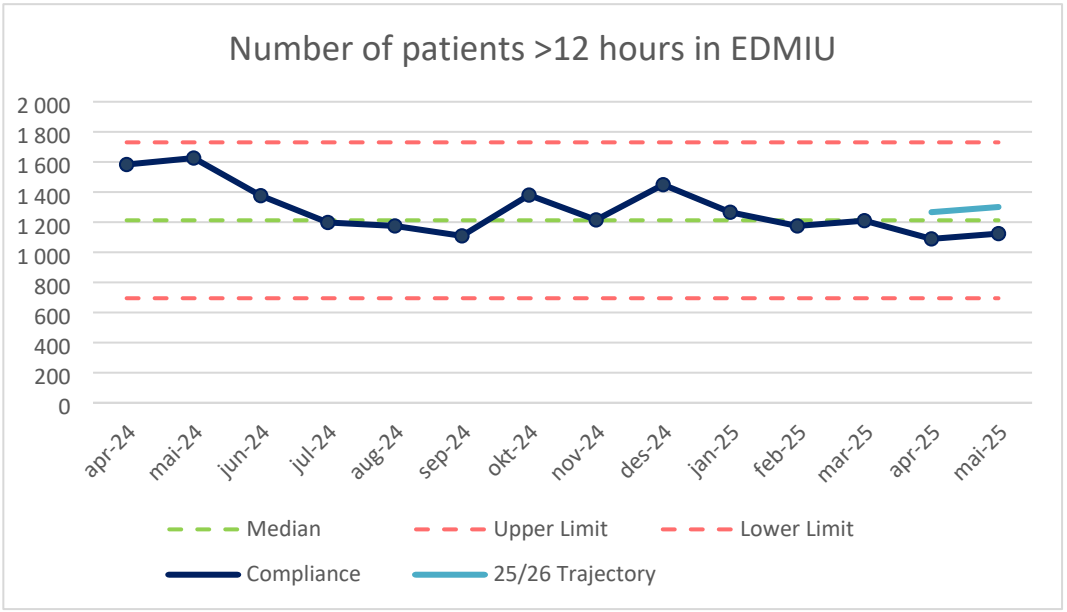
	Maintain the number of patients accessing NHS Optometry Services	43,470 (May) Q1 Trajectory is 58,471		The number of patients accessing NHS Optometry services is marginally ahead of expected 25/26 IMTP trajectory, which is cumulative activity. The number of optometry accredited independent prescribers has increased from 16 in April '24 to 28 as of May '25. 100% of optometry practices are engaged in the Accelerated Cluster Development (ACD) programme. The Health Board continues to support those with the necessary qualifications to deliver WGOS 4 and 5.
	Number of patients accessing Urgent Emergency Services - Dental	4,877 (May) Q1 Trajectory is 9,093		The number of patients accessing urgent dental service under General Dental Services (GDS) is behind the 25/26 IMTP trajectory (cumulative activity) as of May. April's value was particularly low, however this is an observable trend in previous years as April is traditionally a short claiming month with the dental system, COMPASS, shutting down earlier than usual. 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.

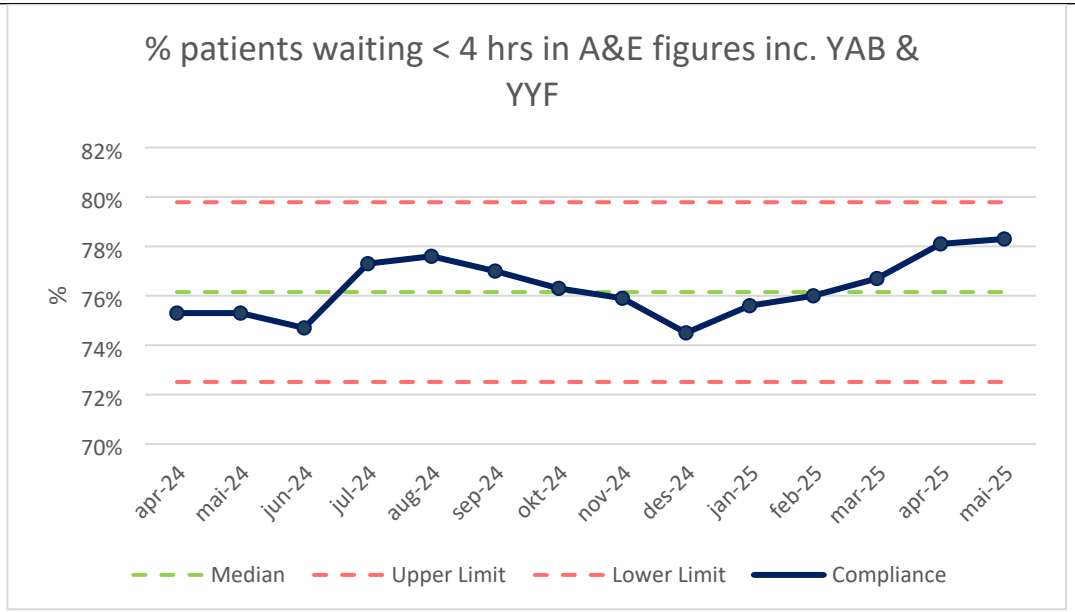
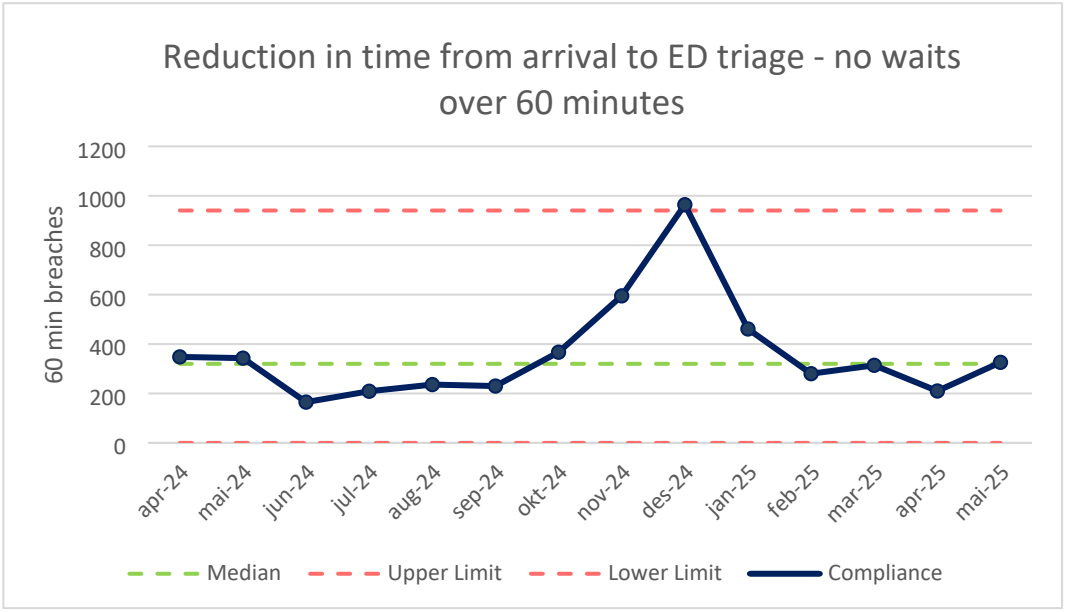
	Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 **Ministerial Delivery**	13,635 (May) Q1 Trajectory is 31,217		Weekend patient visits by District Nursing Services are behind the expected 25/26 IMTP trajectory (cumulative activity) as of May. Whilst there has been a slight increasing trend from the beginning of 24/25 and an overall increase in DN activity as a result of new investment, the weekend proportionality is not increasing at the same rate. Some of this is due to training of staff, backfill recruitment and awareness of the extended weekend working to make sure that the demand is referred/planned for weekends.
	Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 **Ministerial Delivery**	1,075 (May) Q1 Trajectory is 1,245		Referrals accepted for Enhanced Community Care, which encompasses Rapid Response across the five Boroughs, Ready to Go Ward at RGH and Emergency Care at Home in Caerphilly, have increased since the beginning of 24/25 and is ahead of the 25/26 IMTP trajectory (cumulative activity).

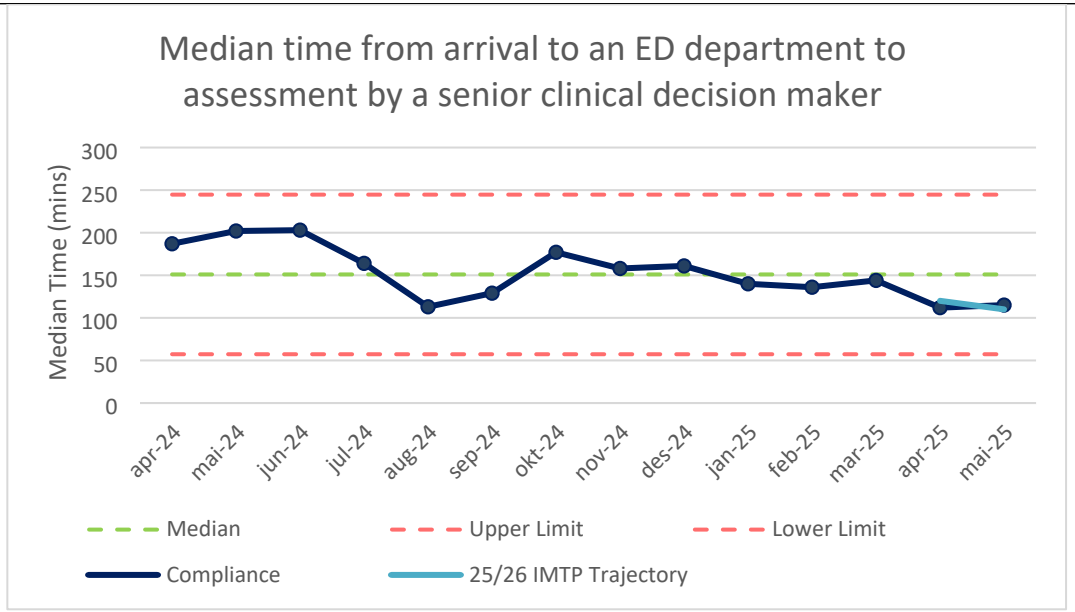
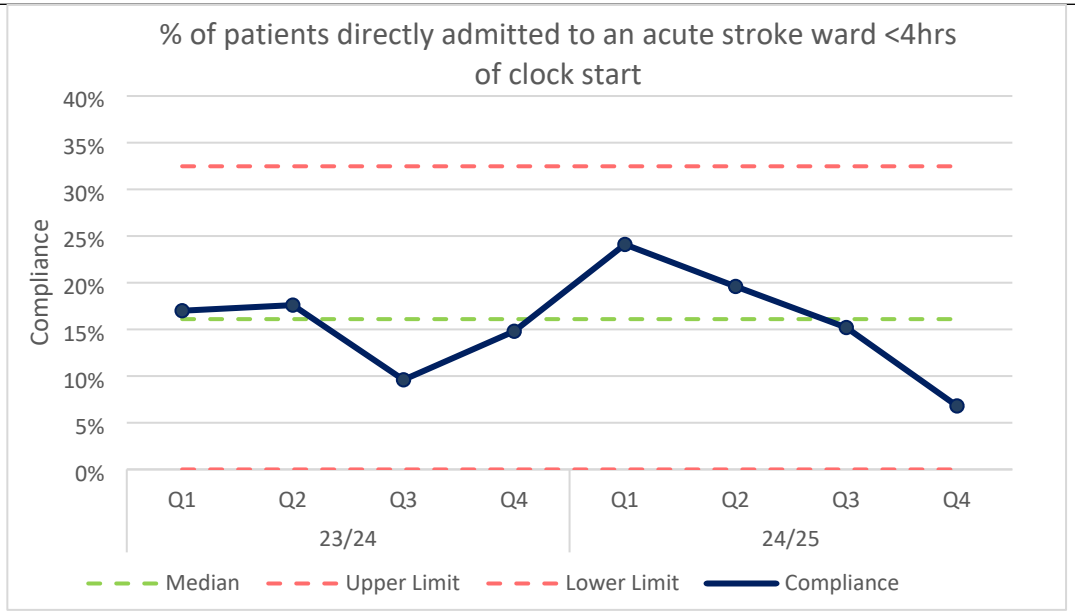
	Maintain 95% of Palliative Care referrals assessed within 2 days	*No 25/26 data yet*		Due to a change in clinical system used by the Palliative Care team, there remains an ongoing issue with extracting the performance data for this measure. Reporting from new system currently in validation phase to ensure accuracy, with the expectation to return to BAU from July.
Community Care	Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments) for over 65s	6.6% (May) Below Q1 Trajectory of 8.5%		The 25/26 IMTP trajectory for this measure is to maintain an 8.5% performance level throughout the course of the year. Performance over the past 14 months has seen some fluctation but relatively stable with a median of 8%. There is a recent increase in referals to Rapid Reponse services, which is being driven by Front and Back Door hospital services. Ongoing development of the Navigation Hub will seek to increase ease of access for GPs through to Rapid.

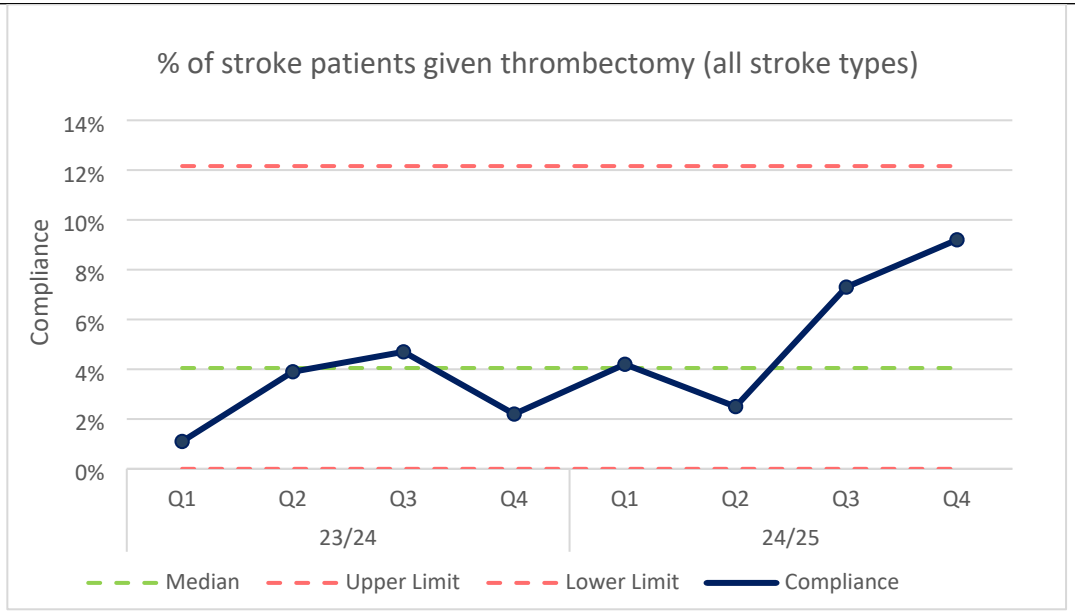
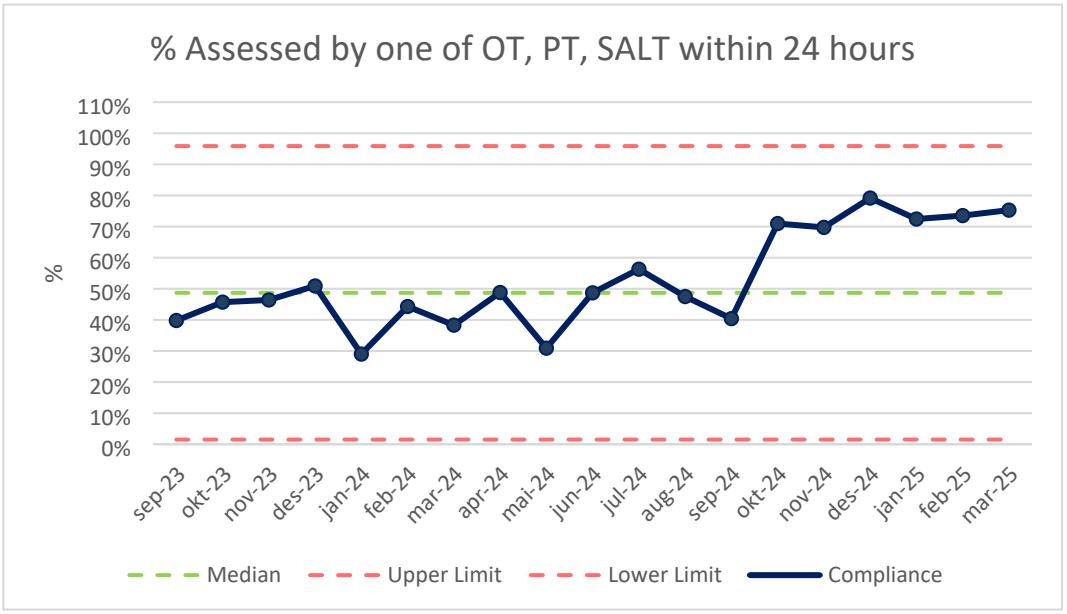
Quadruple Aim 2	Improving our **Urgent and emergency care** system focusing on experience, access and discharge pathways

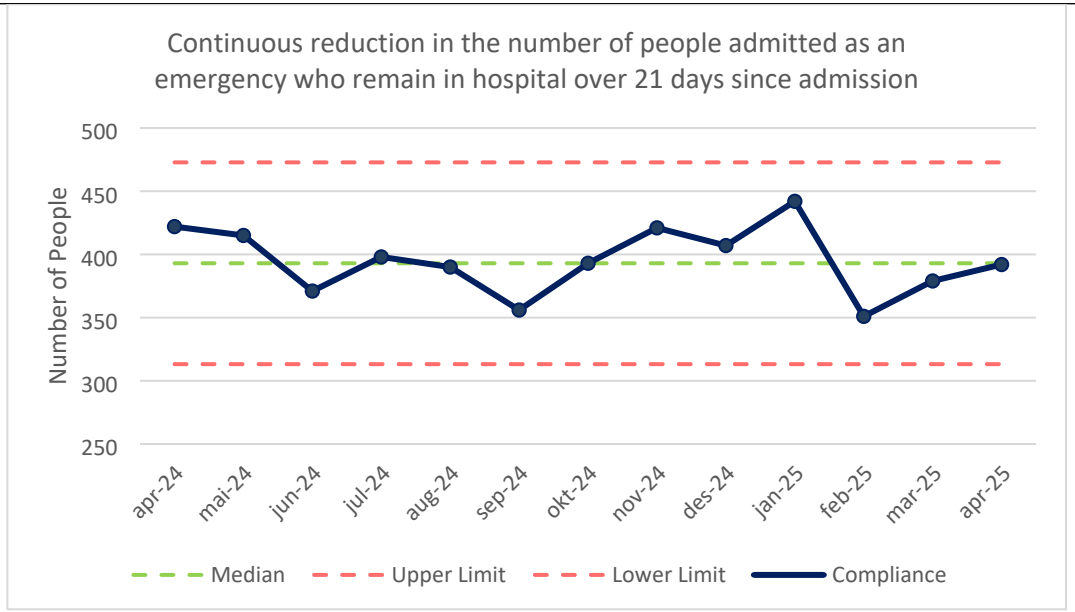
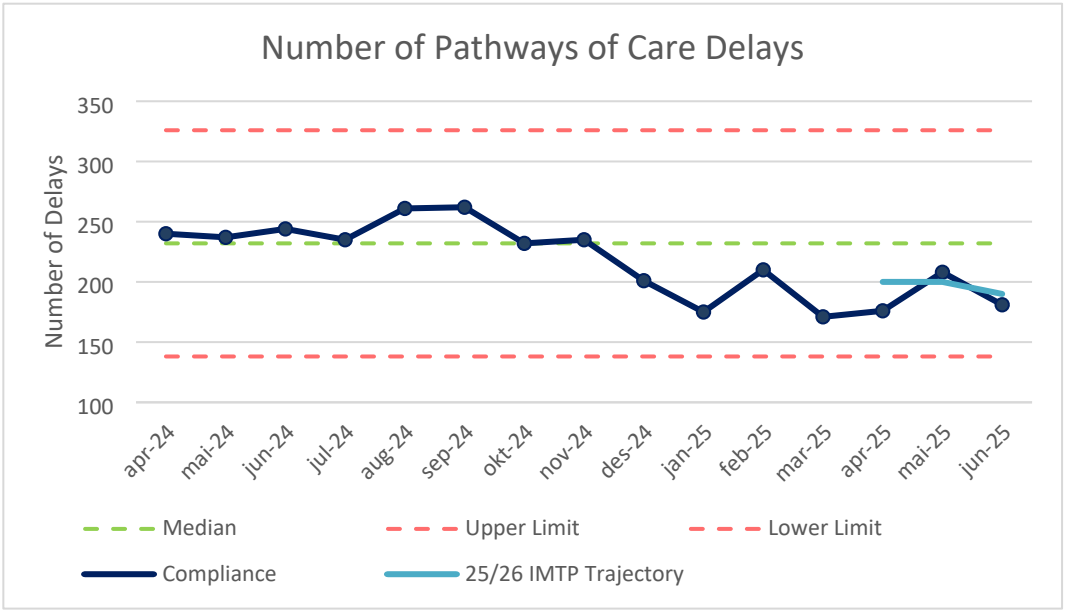
Priority	Performance Measure	Performance against Trajectory	Data / Trend	Insights / Actions
Urgent Primary Care	Maintain the number of Urgent Primary Care Contacts (inc. virtual)	17,261 (May) Q1 Trajectory is 22,923		Urgent Primary Care contacts continue to trend upwards and are well ahead of 25/26 Trajectory (cumulative activity) as of May.
Enhanced Monitoring	Reduction of Ambulance patient handovers over 1 hour **Ministerial Delivery**	672 (May) Below trajectory of 716		Performance for ambulance handovers over one hour decreased in to 672 in May following a static three months. This was the second best ever full month performance recorded since GUH opened, bettered only in February 2021. Ambulance handover performance is a key focus of the weekly System Flow meetings, which are centred on improving whole system pathways and flow for emergency care. The IMTP trajectory is to deliver a year end position of 500.

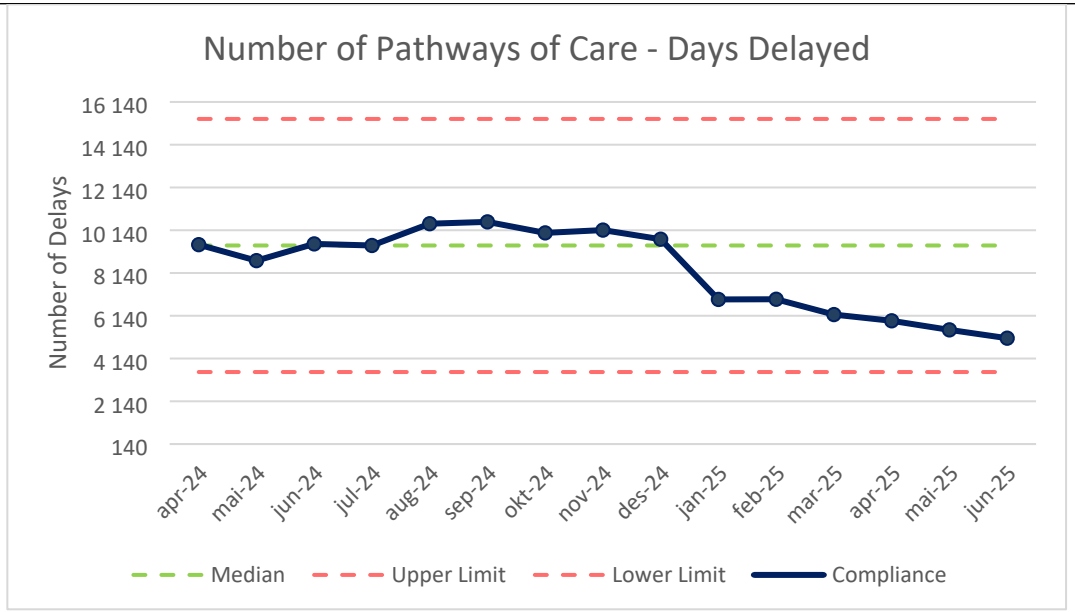
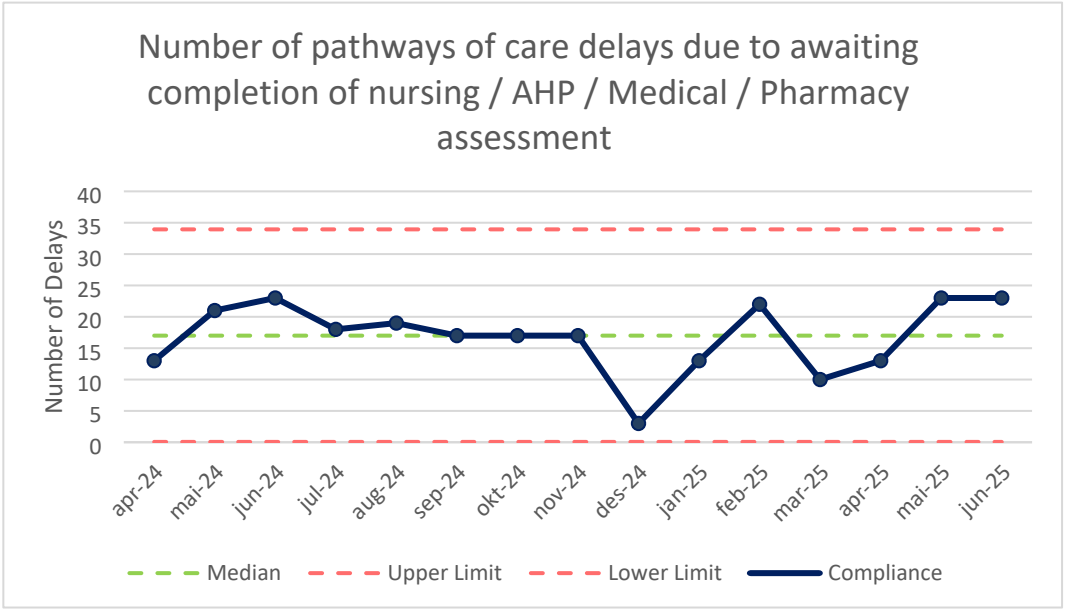
Enhanced Monitoring	Reduce the number of Ambulance Crew hours lost at GUH ED (per month)	2,435 (May) Below Q1 Trajectory of 2,750		Crew hours lost at GUH ED is included as an IMTP performance measure for the first time, and there has been a significant reduction from the peak winter period.
	Reduction in number of patients who spend 12 hours or more in all Major and Minor Emergency Care Facilities from arrival until admission, transfer or discharge **Ministerial Delivery**	1,124 (May) Below Trajectory of 1,301		Performance for patients spending more than 12 hours in ED and MIUs started the year well, with April performance (1,089) being the lowest it has been for 4 years. There was a small increase in May (+35) to 1,124 however when considered against total attendances the 12hr compliance rate improved to 93.2% which again is the best performance recorded for 4 years. This measure is another key focus of System Flow meetings. The IMTP trajectory is to deliver a year end position of 750.

	Increase and maintain national target of the percentage of patients waiting <4 hours in ED/MIU	78.3% (May) Above Q1 Trajectory of 75%		4hr performance across ED and MIUs has improved since the peak winter period, with May's value of 78.3% the best in the past 4 years.
	Reduction in time from arrival to ED triage - no waits over 60 minutes	326 (May) Above Q1 Trajectory of 300		Triage measure at GUH ED for 25/26 has been changed from median wait time to number of people breaching 60 minutes. April performance was very strong at 210, but subsequently rising to 326 in May. IMTP trajectory is to deliver a year end position of 200.

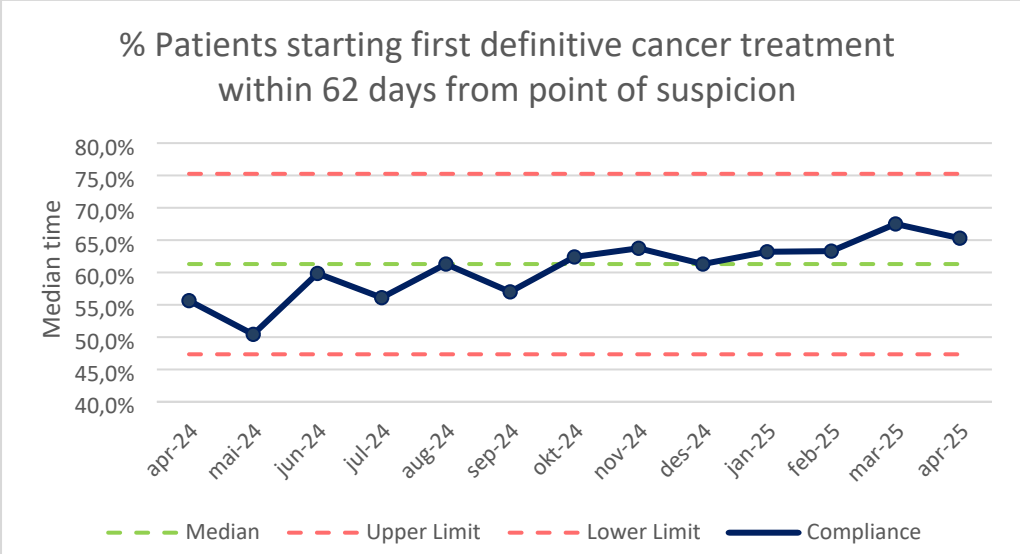
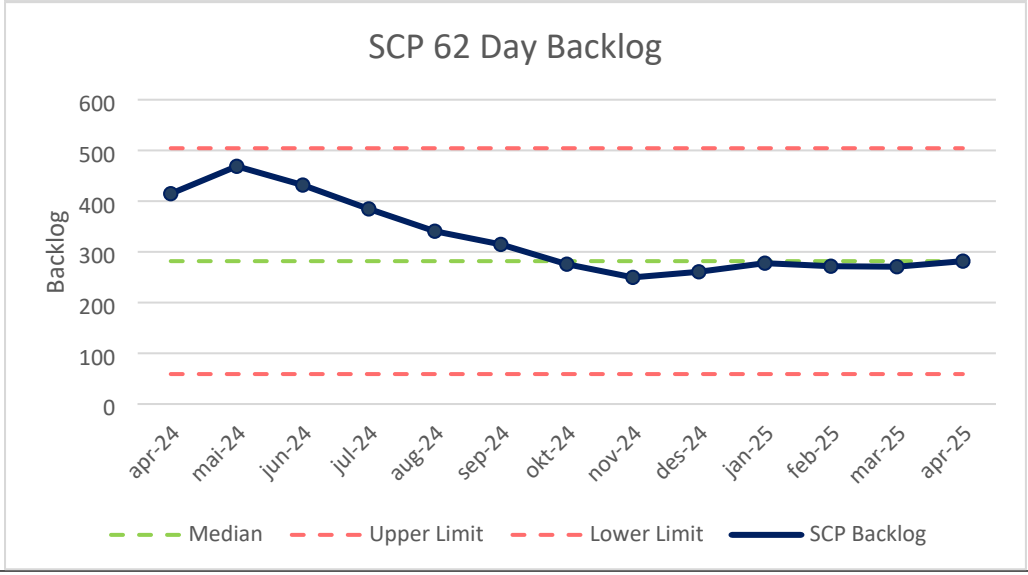
	Median time from arrival at an emergency department to assessment by a Clinical Decision Maker should not exceed 60 minutes and maintained for three months. **Organisational Escalation**	115 mins (May) Above Trajectory of 110 mins		Median time to senior decision maker at GUH ED, also called Wait To Be Seen (WTBS), is the third key metric of national escalation. April performance reduced to 112 minutes which was the best performance for 3 years, with only a small increase in the May performance to 115 minutes. The IMTP trajectory is to deliver a year end position of 60 minutes.
Stroke	% of patients directly admitted to an Acute Stroke Ward <4hrs of clock start	6.8% (Q4 24/25) *Below 25/26 Trajectory of 20%*		Performance reporting for this measure has changed to quaterly, to bring in line with SSNAP reporting. Data available quarterly in arrears. Decrease in Q4 performance attributed to winter pressures and potentially PCH transfers. IMTP trajectory is to deliver 20% compliance through the course of the year. Stroke deep dive 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.

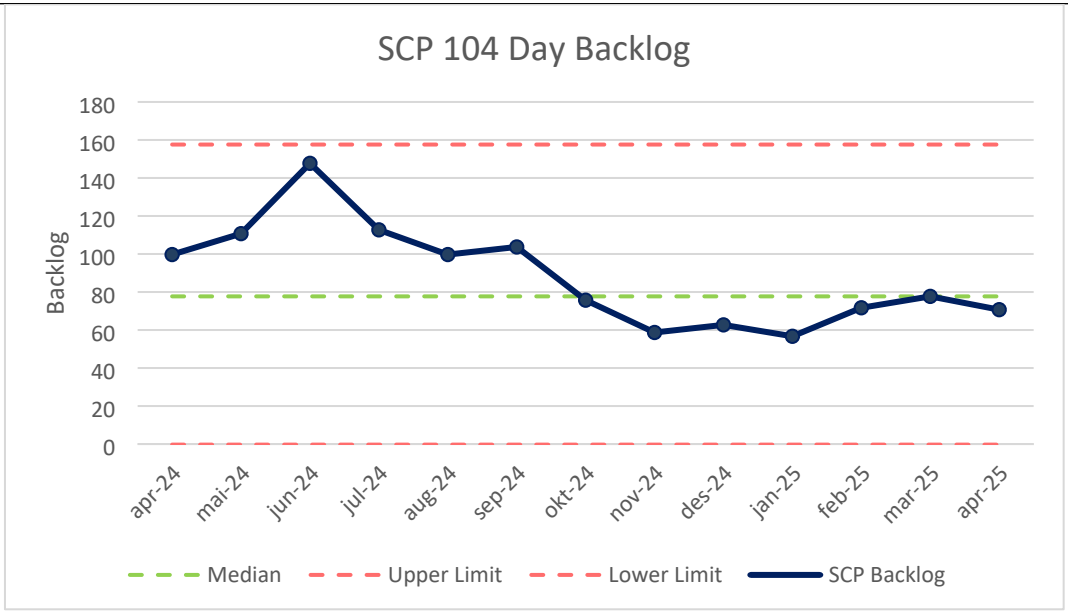
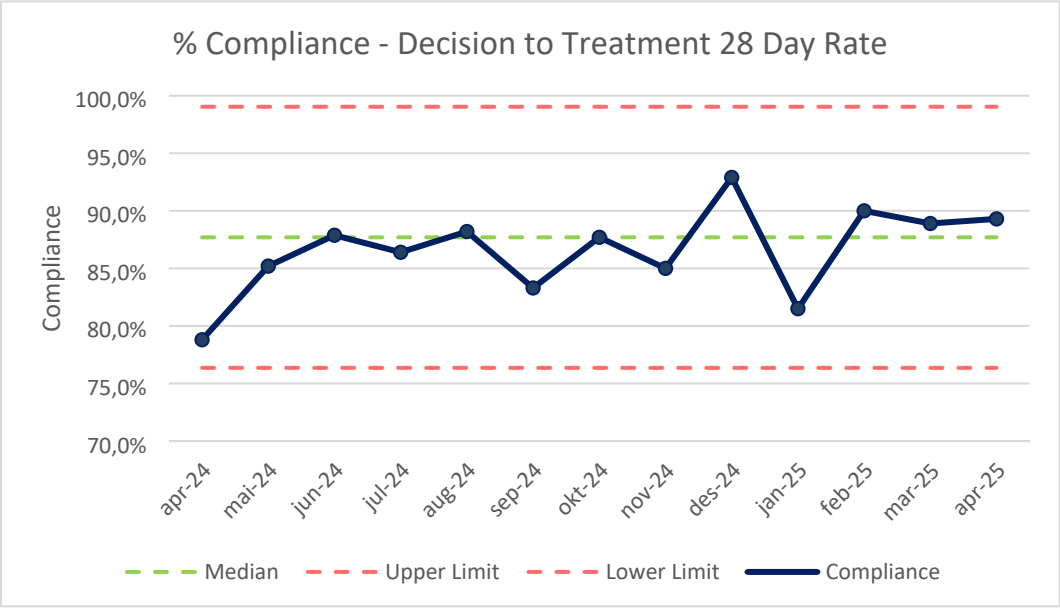
Stroke	% of unique stroke patients given Thrombectomy (all Stroke types)	9.2% (Q4 24/25) *Above 25/26 Trajectory of 6%*		Peformance reporting for this measure is now quarterly and in line with SSNAP. Big improvement over the second half of 24/25. IMTP trajcetory is to achieve 6% through the course of the year.
	% Stroke Patients Assessed by one of OT, PT, SALT within 24 hours	75.3% (Q4 24/25) *Above 25/26 Trajectory of 70%*		This measure was previously reported through WG national stroke performance dashboard, however this ceased publication in September ’24. Data presented since then is unvalidated and has been manually calculated based on raw data from October ’24. Options being looked at to report against a relevant SSNAP KPIs to ensure validity of reporting and bring in line with national (UK) standards. Internal performance dashboard also being scoped to provide more up-to-date data on all SSNAP KPIs.

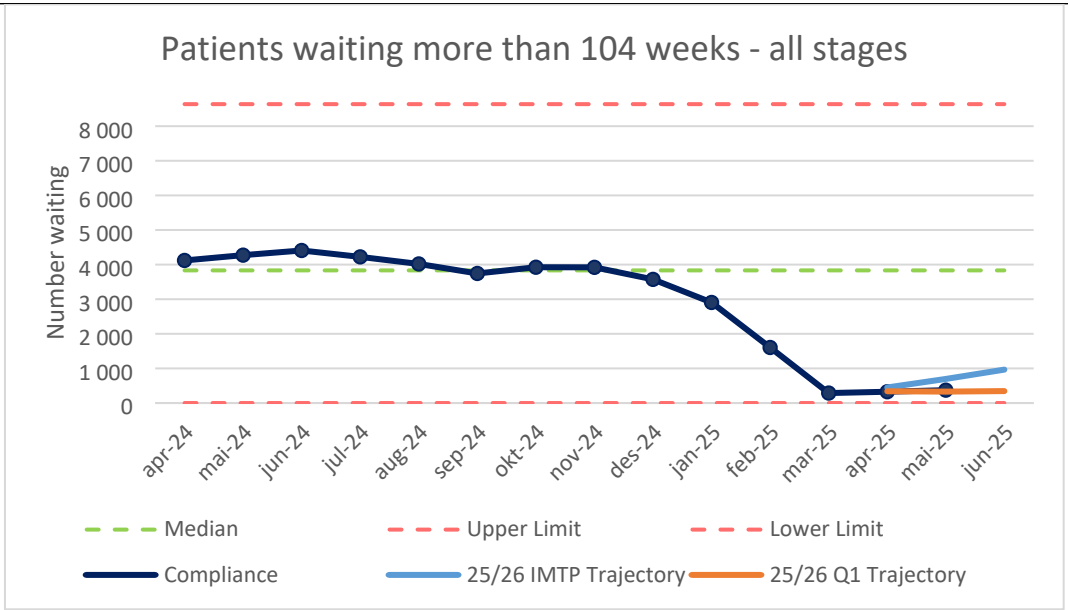
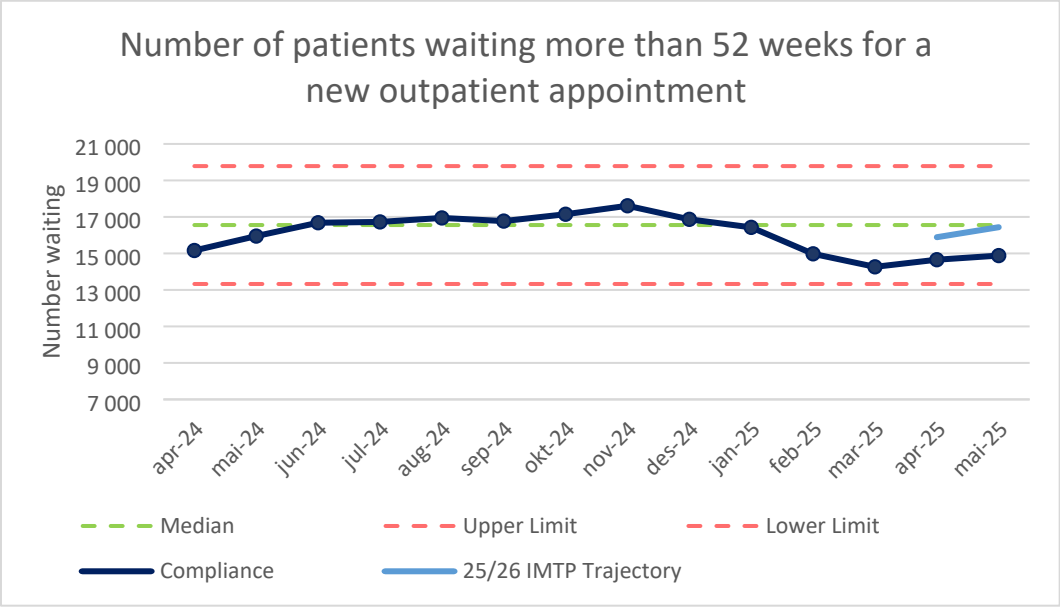
Timely Discharge	Continuous reduction in the number of people admitted as an emergency who remain in hospital over 21 days since admission **Organisational Escalation**	392 (Apr) Below Q1 Trajectory of 400		A new measure for the 25/26 IMTP and one of the measures associated with the Health Board's status of escalation for UEC. IMTP trajectory is to reduce to 370 by the end of the year. Note that this measure includes patients of all ages within our physical health, acute hospital system.
	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**	181 (Q1) Below Q1 Trajectory of 190		Pathway of Care Delays (POCDs) remain low in the context of the past few years, with significant improvement in performance delivered through the second half of 24/25, spearheaded by patnership working in the 50 day challenge. Whilst there was an increase in the May census to 208, this reduced in June to deliver a Q1 position of 181 and slightly under the 25/26 IMTP trajectory of 190. The IMTP sets out a year end position of 160.

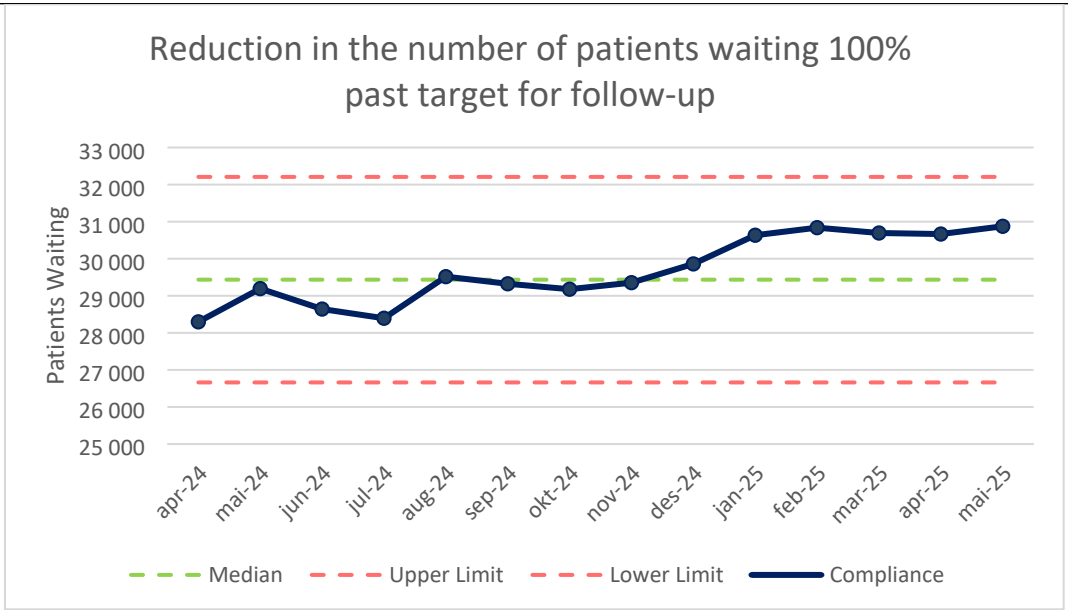
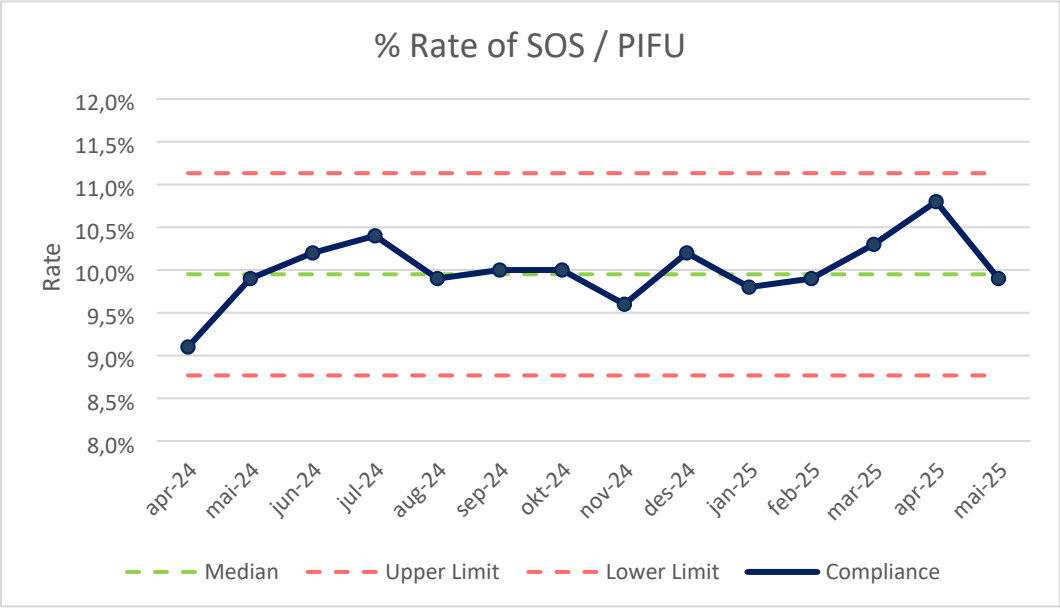
	Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard	5,091 (Q1) Below Q1 Trajectory of 7,290		The days delayed associated with POCDs has decreased with greater proportionality when comparaed to simply the volume, reaching a record low positon of 5,091 at the end of Q1 and well below the forecast position of 7,290. The improvement in performance for reducing the day delayed can be attributed in part to the ongoing, weekly operational reviews of the longest staying patients and the actions taken to progress their care and/or discharge arrangements as appropriate.
	Number of pathways of care delays due to awaiting completion of nursing / AHP / Medical / Pharmacy assessment **Organisational Escalation**	23 (Q1) Above Q1 Trajectory of 20		This subset of POCDs is another measure linked to UEC organisational escalation, all of which are attributable to 'Health' only. There has been an observable growth since the beginning of 25/26 in delays due to awaiting completion of assessment by AHP, increasing from 8 in April to 17 in the June census. The IMTP trajectory for this year seeks to achieve a year end position of 12.

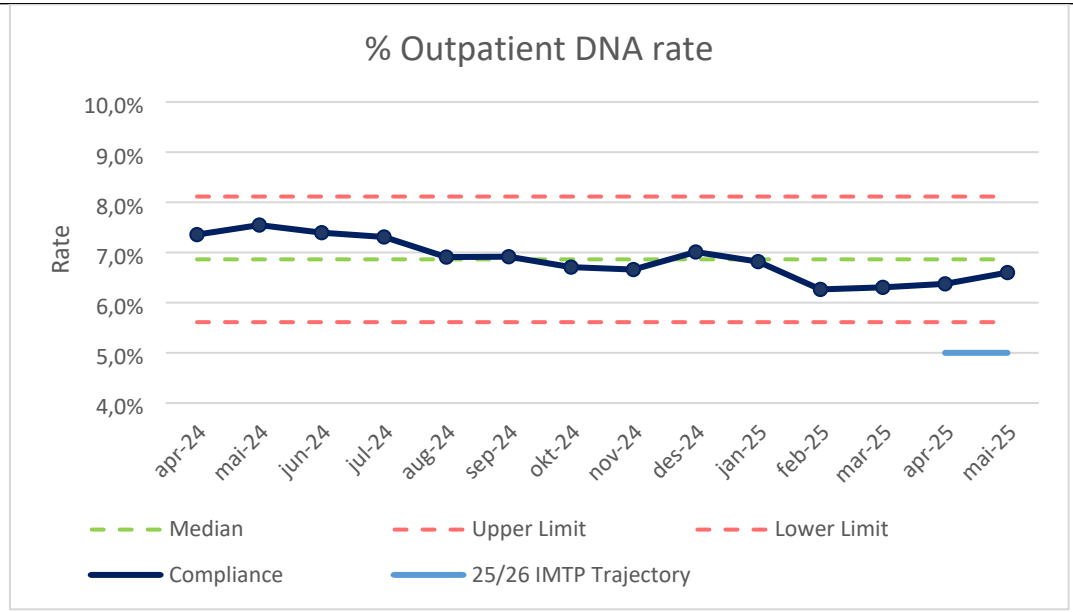
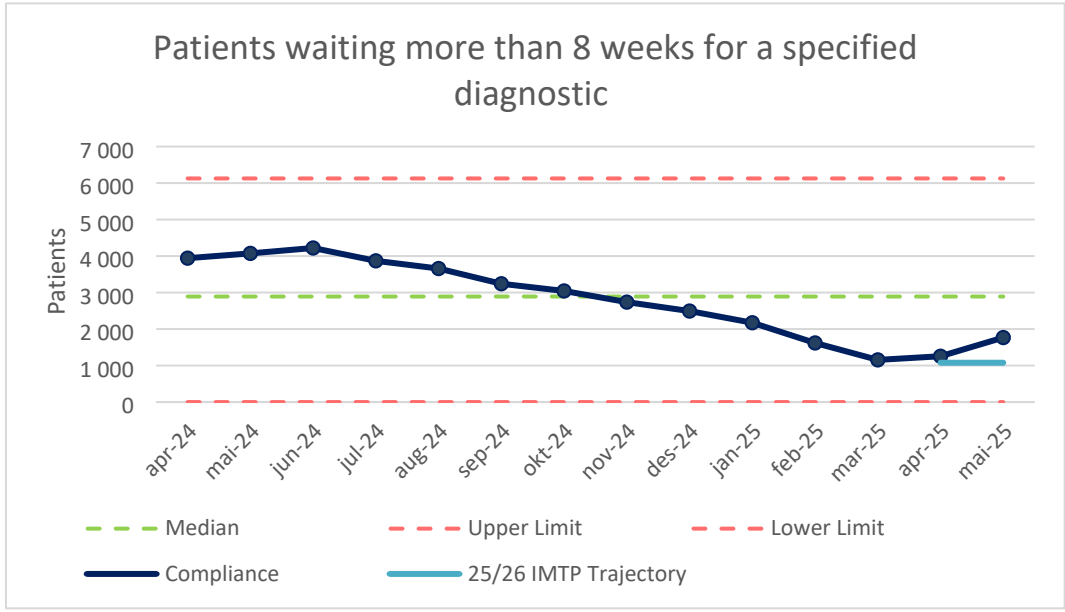
Quadruple Aim 2	Continuing to prioritise **cancer, urgent and the longest waiting patients for planned care**

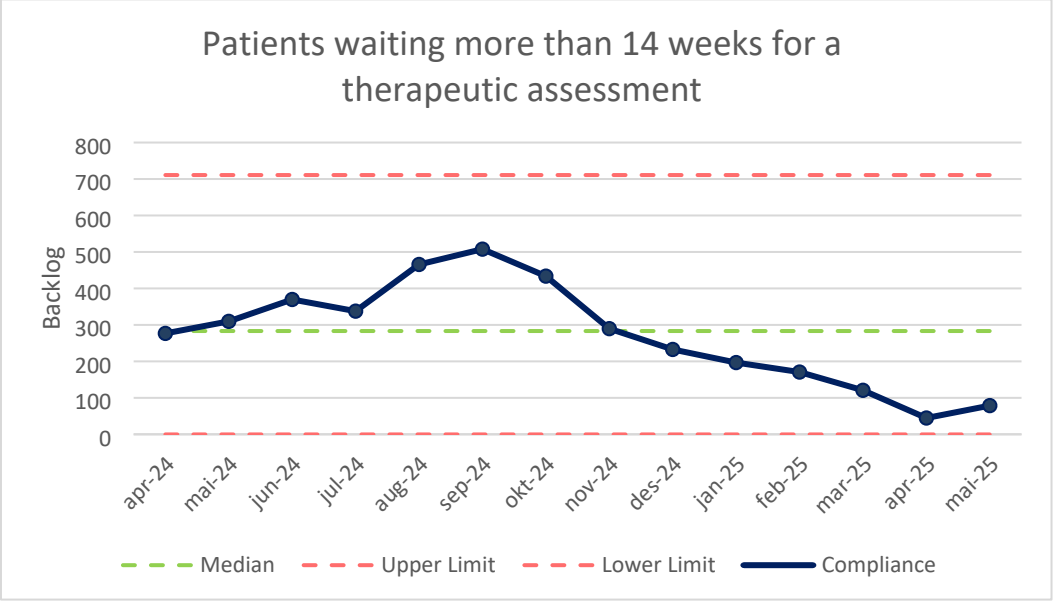
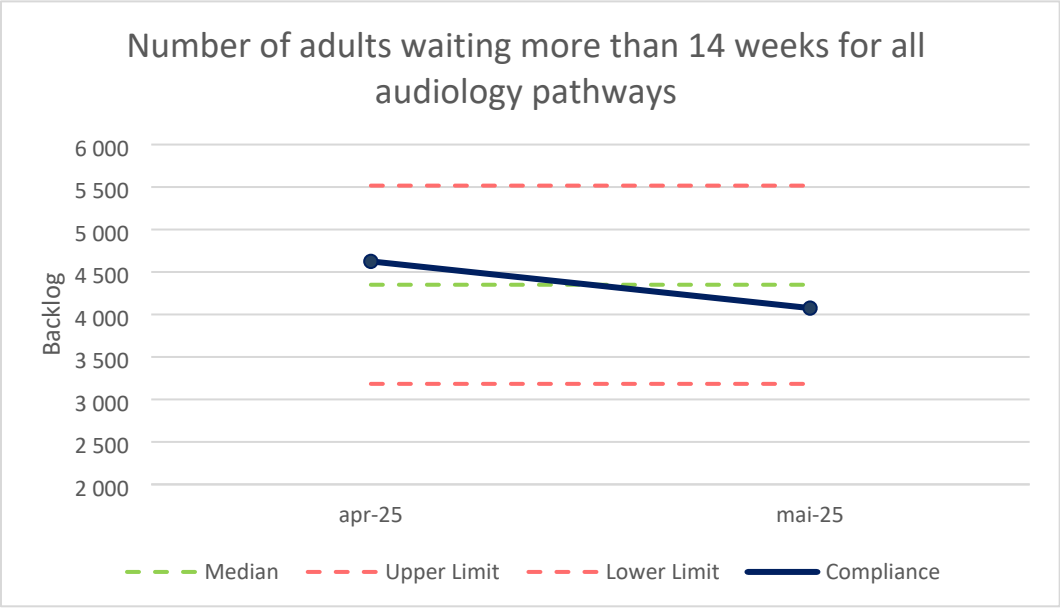
Priority	Performance Summary	Performance against Trajectory	Data	Insights / Actions
Single Cancer Pathway	Increase in Single Cancer Pathway (SCP) 62-day compliance **Ministerial Delivery**	65.3% (Apr) Below Q1 Trajectory of 67%		Single Cancer Pathway (SCP) ended the year strongly, delivering 67.5%. Whilst not quite meeting the annual plan trajectory of 70%, there was less volatility in month-to-month performance through the second part of the year with more stable, improved performance. April performance decreased slightly to 65.3%, marginally below a Q1 trajectory of 67%.
	Reduction in backlog of patients waiting over 62 days (SCP)	282 (Apr) Meeting Q1 Trajectory of 280		The 62 and 104 day backlog for the SCP decreased significantly through the course of 24/25, with the 62 day position having been relatively stable for the past 6 months and the 104 decreasing back below the median level in April. Tumour site specific Task and Finish groups have been instrumental in delivering improvement in the backlog position, as has Divisional scrutiny to improve compliance and maintain attentive focus of management of patients going through the pathway.

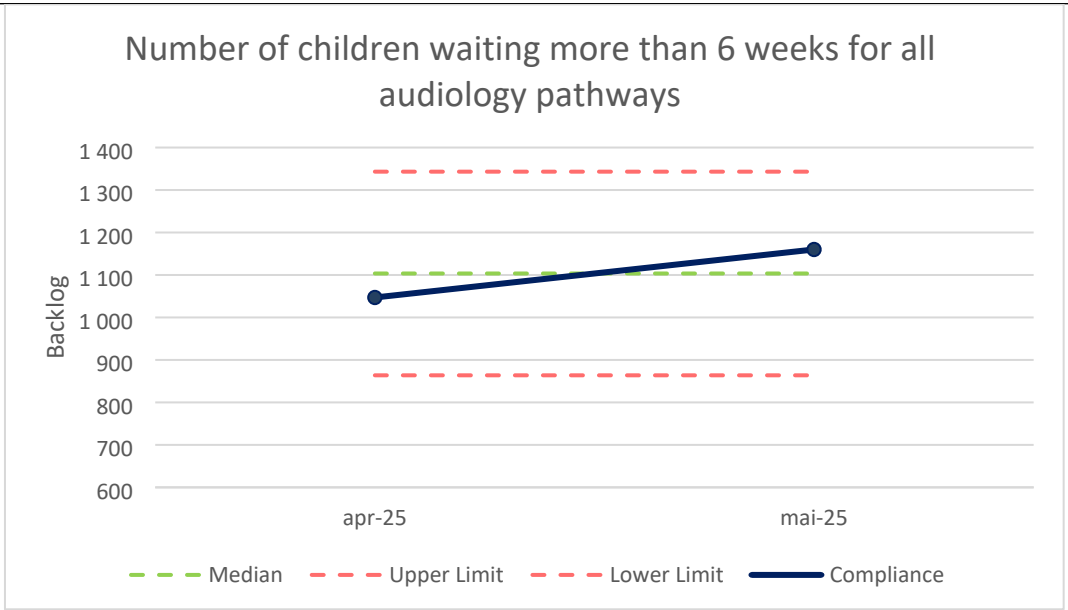
Single Cancer Pathway	Reduction in backlog of patients waiting over 104 days (SCP)	71 (Apr) Meeting Q1 Trajectory of 70		
	Increase in rate of Cancer diagnosis or discharges within 28 days	89.3% (Apr) Above Q1 Trajectory of 75%		28-day decision to treat (DTT) performance has been stable for 3 months, between 89% and 90%.

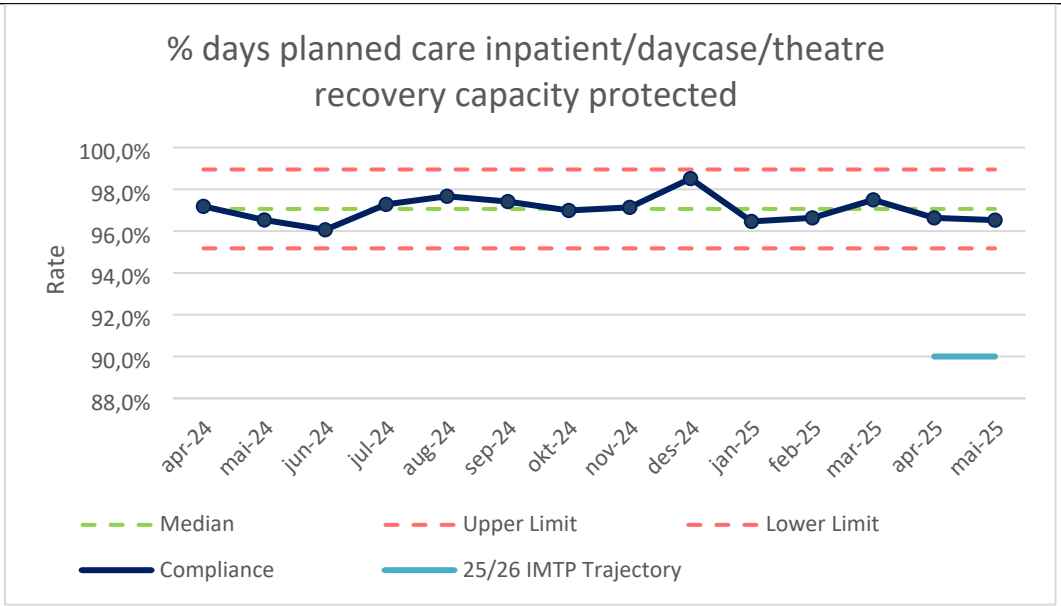
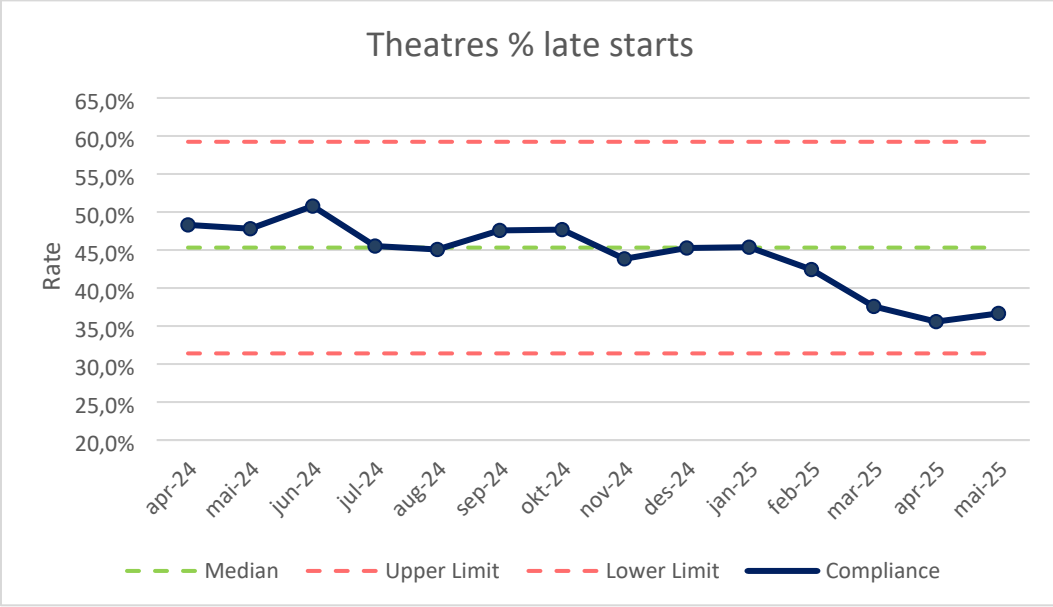
Longest waiting patients	Numbers of patients waiting over 104 weeks (all stages) **Ministerial Delivery**	372 (May) Below ITMP Trajectory of 450 Above Q1 funded trajectory of 345		Q1 focus has been on maintaining the 104wk position that was delivered at the end of 24/25 of 288. Non recurrent funding for ENT, Ophthalmology (non-cataract), and T&O was received for Q1 to deliver a zero position with a risk of 345, as well as whole year funding for Regional Ophthalmology which is now aiming to deliver against a 94wk position. May position broadly in line with Q1 trajectory.
	Number of patients waiting more than 52 weeks for a new Outpatient appointment	14,881 (May) Below Trajectory of 16,437		The 52 week outpatient position is ahead of track as a net beneficiary of the focussed 104 work through the final part of 24/25 and into Q1, with the growth from April to May less than that forecast through the IMTP process. The emerging national plan around 26wk OP delivery will have an impact on this measure, with the potential to eliminate this position by the end of the year.

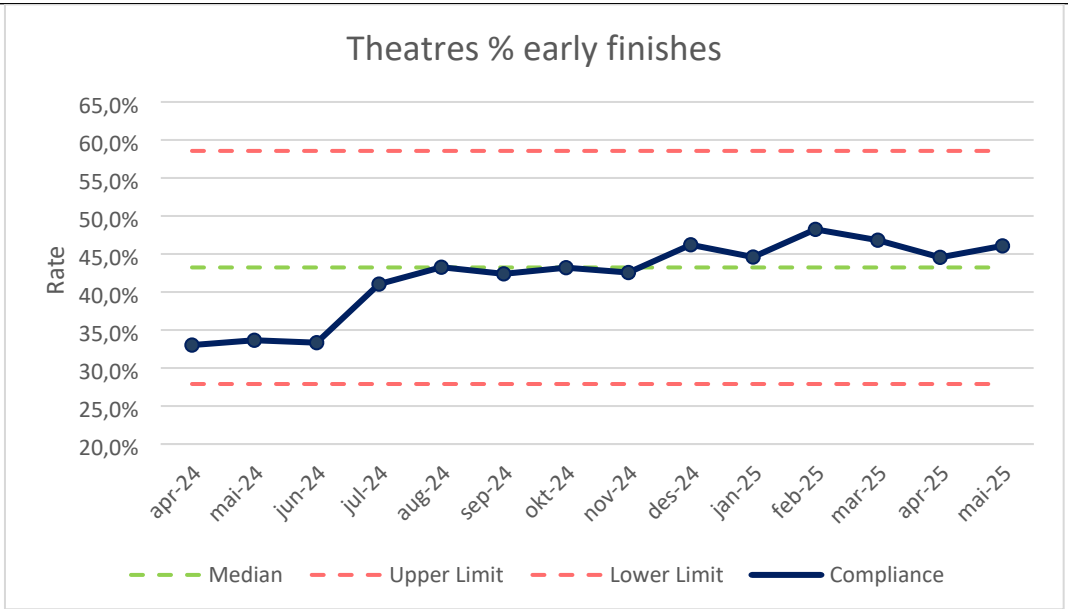
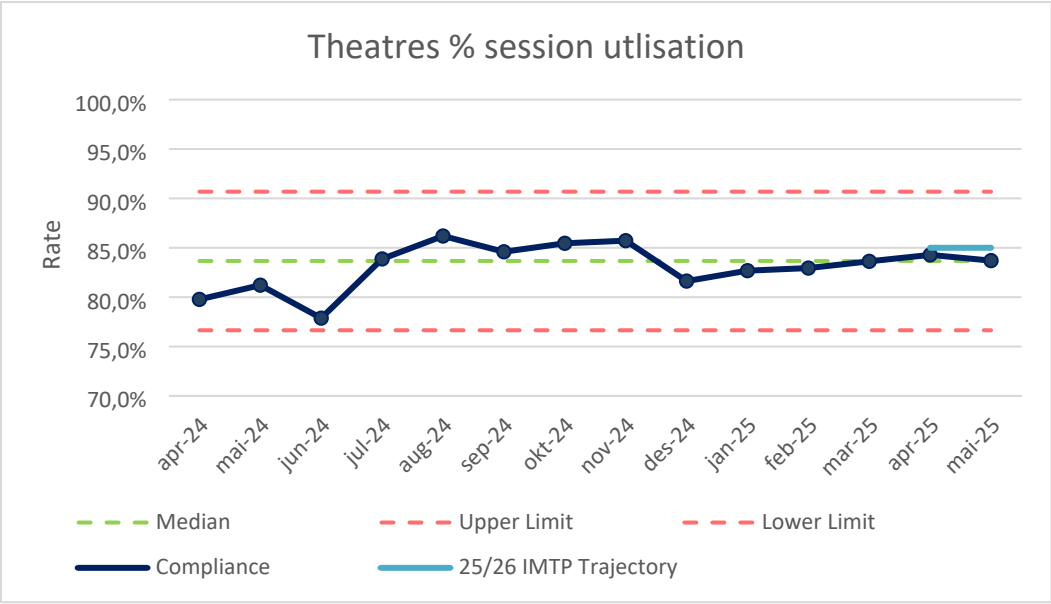
Outpatient Transformation	Reduction in the number of patients waiting 100% past Outpatient follow-up target date	30,875 (May) Below Q1 Trajectory of 31,500		The list has stabilised to a degree over the past 5 months. Work is underway to validate the list, starting with those who are showing as far beyond 100% past target to check validity of remaining in follow up stage. IMTP trajectory seeks to reduce to 27,275 by year end.
	Increase in the rate of See On Symptom (SOS) and Patient Initiated Follow-ups (PIFU) **Enabling Action**	9.9% (May) Below Q1 Trajectory of 11%		Rate of SOS and PIFU decreased in May. As part of the Enabling Actions, the Clinical Implementation Networks (CINs) have established SOS/PIFU targets at specialty and sub specialty level. IMTP trajectory is to achieve 13.5% by the end of the year.

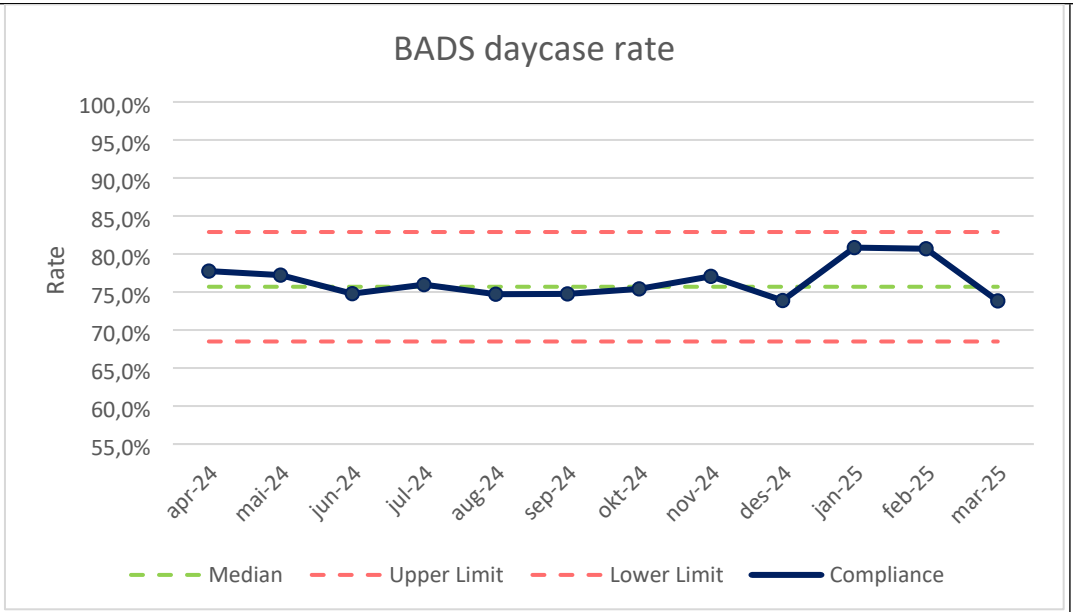
	Monitoring DNA/CNA for every Outpatient clinic. When DNA >5%, overbooking to be implemented & monitored and reduction of CNA **Enabling Action**	6.6% (May) Above Q1 Trajectory of 5%		The AB Mathematical Modelling team are piloting a tool that can predict the likelihood of a patient DNAing, and pending validation of results will look to spread and scale the approach across additional specialties and services which could help improve performance.
	Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic **Ministerial Delivery**	1,767 (May) Above Trajectory of 1,077		Patients waiting more than 8 weeks for a specified diagnostic increased to 1,767 in May which is above IMTP trajectory of 1,077. The increase from April was largely attributable to Ultrasound which was due to staffing issues, and a plan was put in place to ensure the breach numbers reduce in June.

	No patient waiting more than 14 weeks for a Therapeutic Assessment	79 (May) Below Q1 Trajectory of 170		Following the significant reduction delivered in April for Therapies 14 week compliance to 45 breaches, which was driven by Dietetics, the position increased in May to 79 however this remains well below the Q1 forecast position of 170. The IMTP trajectory is to deliver a year end position of 105.
	Number of adults waiting more than 14 weeks for all Audiology Pathways	4,075 (May) Below Q1 Trajectory of 5,001		Newly reportable pathways for 25/26, increasing from 1 to 6 for adults. Numbers reduced from April to May which is positive, as IMTP trajectory is small growth through the year.

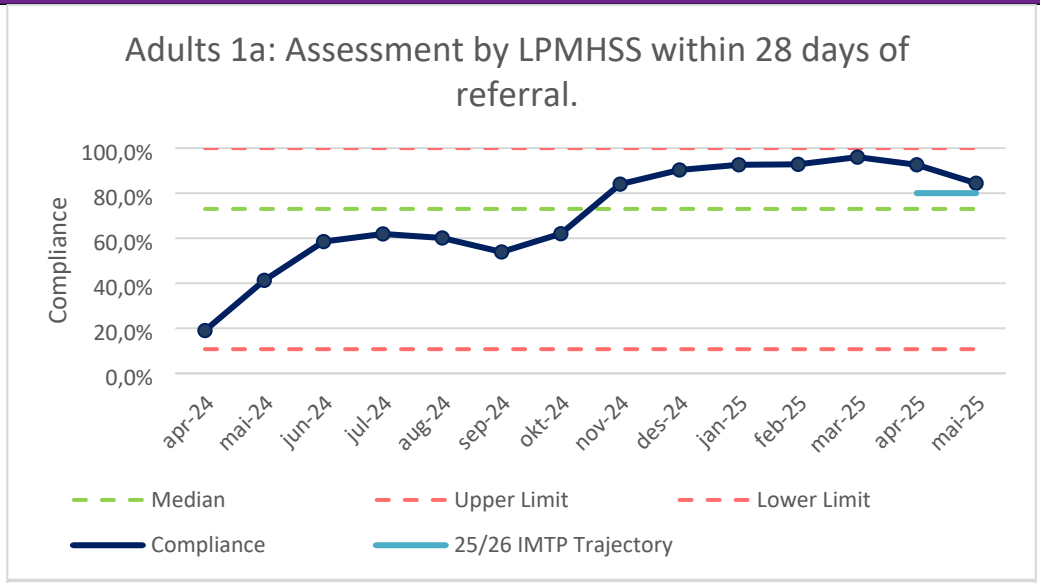
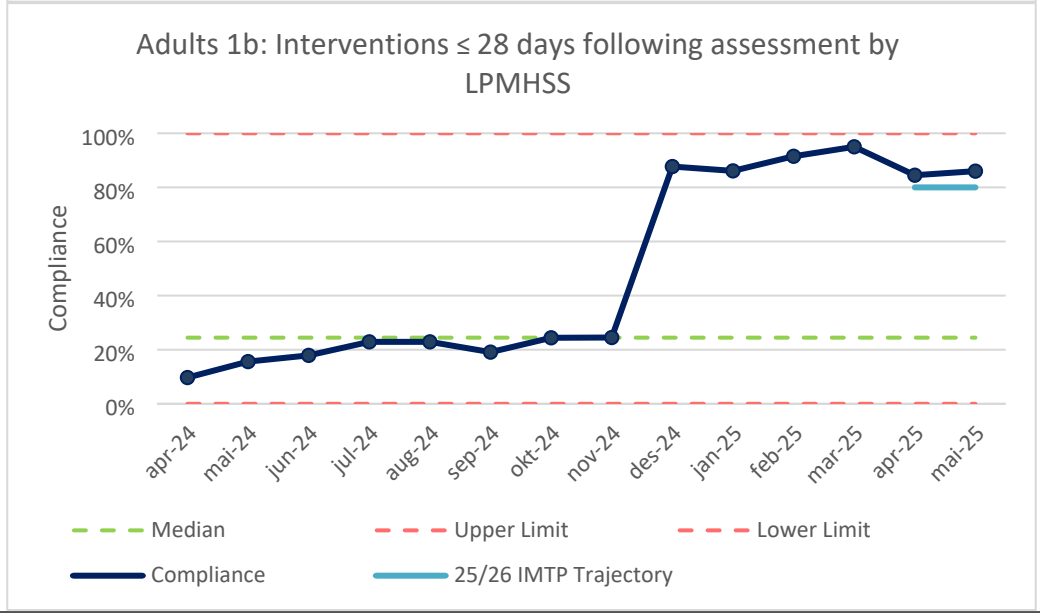
	Number of children waiting more than 6 weeks for all Audiology Pathways	1,160 (May) Below Q1 Trajectory of 1,654		Newly reportable for 25/26, with 2 paediatric pathways. Growth from April to May was expected, although slower than that projected through the demand and capacity process indicating potential to meet Q1 trajectory.

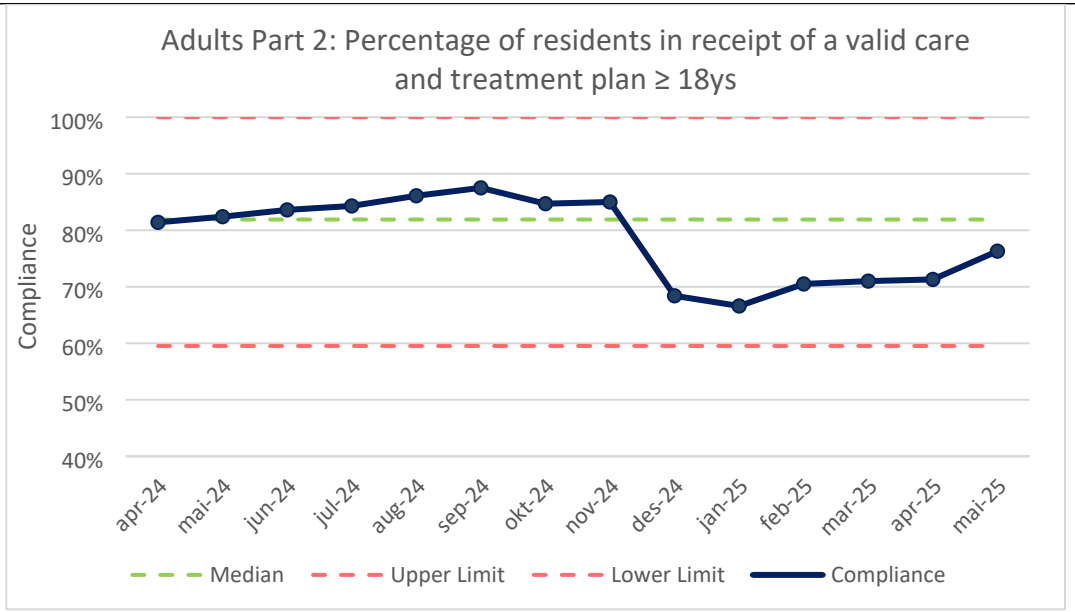
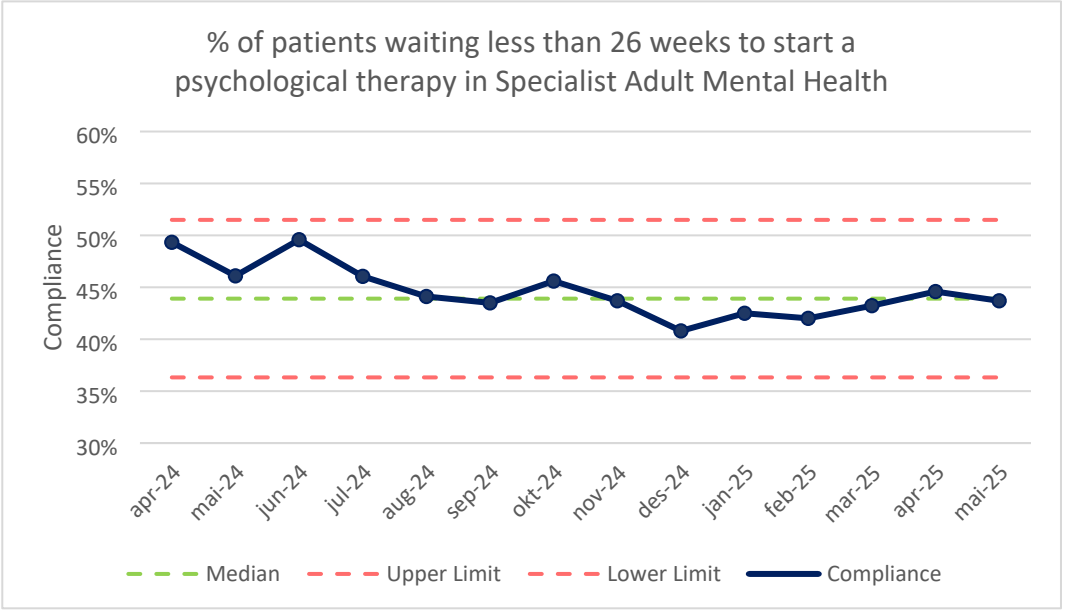
Theatres	On 90% of days planned care Inpatient/Daycase/ Theatre recovery capacity should be protected from pressures and outliers **Enabling Action**	96.5% (May) Above Q1 Trajectory of 90%		One of the Cabinet Secretary's Enabling Actions under the Planned Care theme, performance for ABUHB has been compliant with this measure through the past 14 months. As demonstrated in the GUH/Hospital System report this is a key benefit of the unique system in Gwent.
	Theatre Utilisation: late starts to less than 20% **Enabling Action**	36.7% (May) Below Q1 Trajectory of 40%		Another Enabling Action, this measure has been split out to cover late starts, early finishes and session utilisation. Model Hospital Metrics dashboard, aligned to NHS England measures, has been created to provide visibility to performance across the organisation. Performance measures are brought to the Theatres Utilisation Group as well as Planned Care Board. IMTP commitments with regards to trajectories and year end positions are: - Late starts to 25% - Early finishes to 25% - Session utilisation to 85%

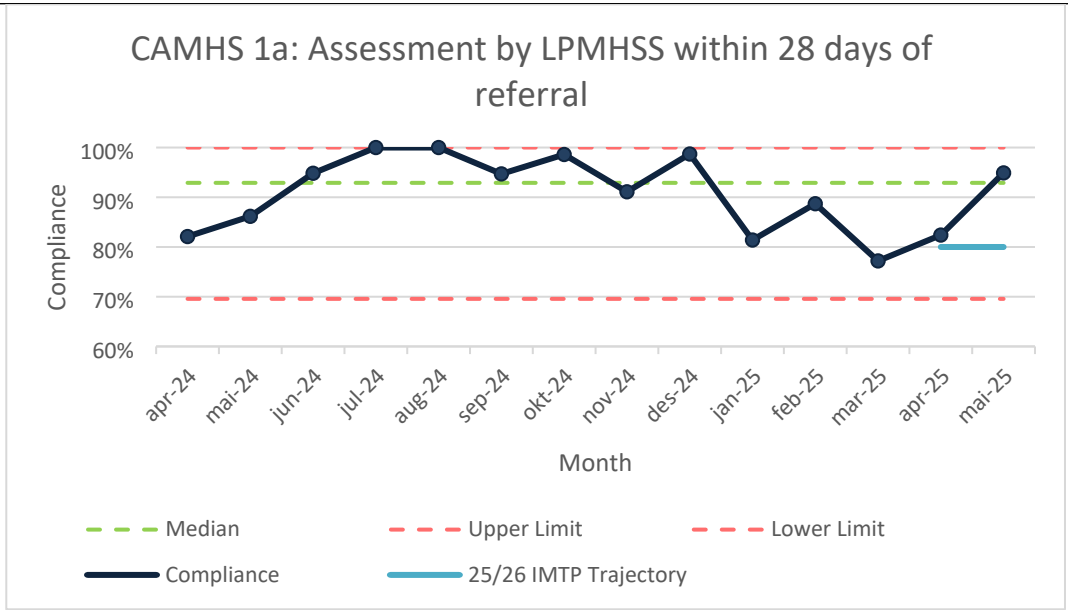
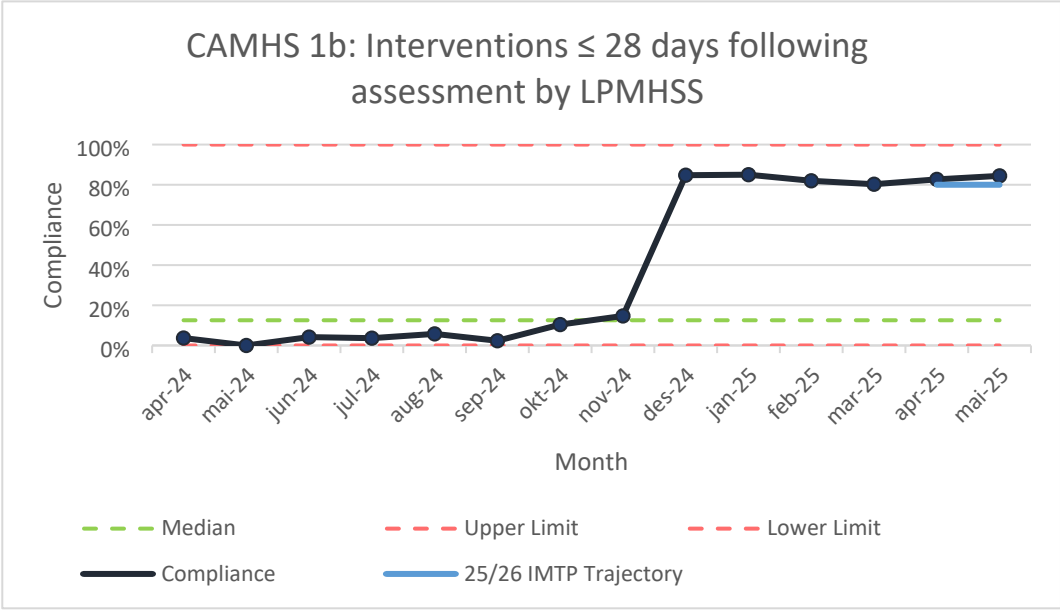
	Theatre Utilisation: early finishes to less than 10% **Enabling Action**	46.1% (May) Above Q1 Trajectory of 43%		
	Theatre Utilisation: session utilisation to 85% **Enabling Action**	83.7% (May) Below Q1 Trajectory of 85%		

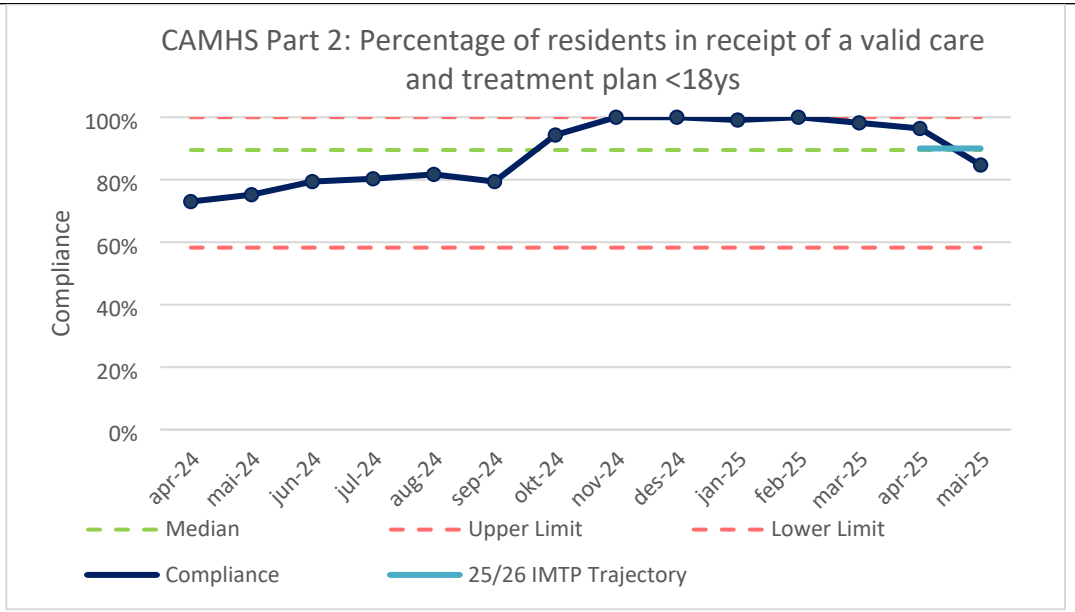
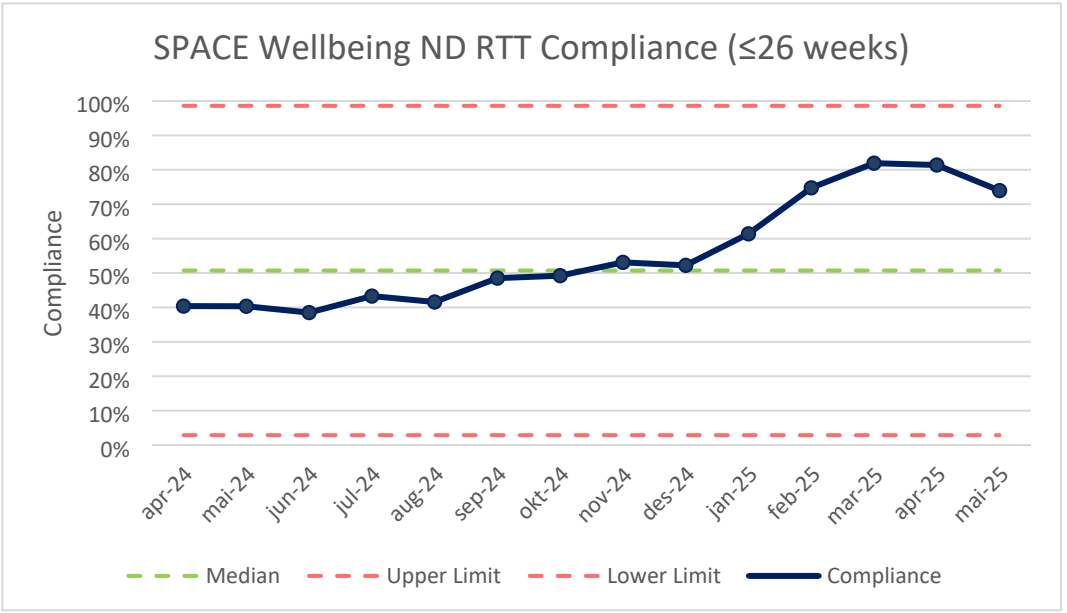
	Deliver improvements in day surgery rates, achieving a BADS daycase rate **Enabling Action**	73.8% (Mar) Above Q1 Trajectory of 45%		The final Enabling Action included as a core performance measure with the IMTP, there is no 25/26 performance data yet with the availability typically running 2 to 3 months in arrears. The national target is to achieve a rate of 80% by June.

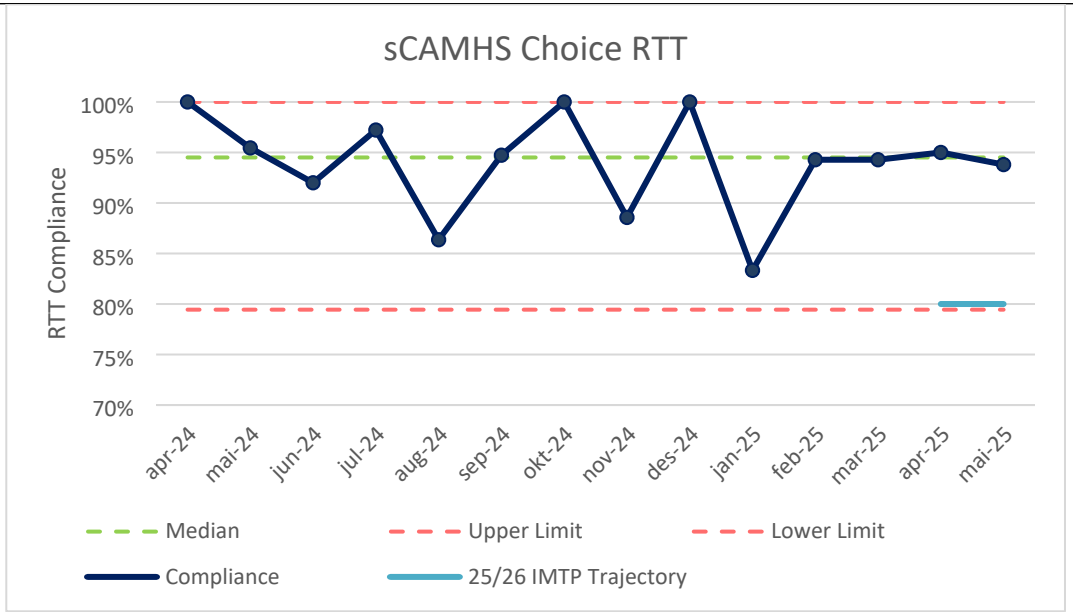
Quadruple Aim 2	Improving our **Mental health** services

Priority	Performance Summary	Performance against Q2 Trajectory	Data	
Adult Mental Health	Increase in Part 1a to national target for Adult MH (assessment completed within 28 days) **Ministerial Delivery**	84.4% (May) Above Q1 Trajectory of 80%		Performance has remained strong at the beginning of 25/26 at 92.6%, with 6 consecutive months in excess of national standard of 80%. There was a notable increase in waitlist, rising by ~320 from March to April. This increase in demand has impacted May performance, however the national standard is still being met and the waitlist has returned to a similar level to that of March. RPA now in place to help support management of referrals which cuts c. 3 days off the referrals process between GPs and the PCMH team. Decrease in April to 84.5% from 95% in March but remains above national standard for sixth consecutive month with May performance of 86%. Waitling list is broadly stable since December ’24 following signicant reduction through the first 9 months of 24/25. Validation of list of those waiting beyond first appointment ongoing, which has resulted in some removals.
	Increase in Part 1b to national target for Adult MH (interventions completed within 28 days) **Ministerial Delivery**	86.0% (May) Above Q1 Trajectory of 80%		

Adult Mental Health	Maintain Part 2 rates for Adult MH (number of individuals with a valid care and treatment plan)	76.3% (May) Below Q1 Trajectory of 80%		Following the decrease in compliance in Dec, there has been an improvement in May performance to 76.3%, indicaring that the Divisional action plan in place to ensure compliance returns is beginning to impact. The decrease in performance was due to some staff not accurately recording the CTPs on the clinical system. Intensive work within the Divison to recover this to 80% in Q1 and to achieve the national standard of 90% by Q2.
	Maintain rate of Psychological Therapy received within 26 weeks for Adult MH	43.7% (May) Below Q1 Trajectory of 48%		Small increase from March to April but overall performance has remained largely static over the past 9 months, and is the next area for Divisional focus following delivery of improvement in Part 1. The length of wait for the longest waiters is starting to come down. Plan into 25/26 has been agreed, with data validation and pathway developments for the focus for the first half of the year. IMTP trajectory has a year end position of 60%.

Children and Young People	Maintain Child and Adolescent Mental Health Services (CAMHS) Part 1a national target compliance (assessment completed within 28 days) **Ministerial Delivery**	94.9% (May) Above Q1 Trajectory of 80%		Following issues with clinical system and clock stop/start dates that pushed March CAMHS 1a performance below national standard, April performance has recovered to 82.4% and May improved again to 94.9%, well above the national standard (80%). Through the first two months of the year, the waiting list has decreased as the number of appointments delivered increased.
	Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days) **Ministerial Delivery**	84.4% (May) Above Trajectory of 80%		CAMHS 1b performance has been maintained into the beginning of 25/26 and continues to meet the national standard. The waiting list is stable and the 1+1 model is going very well.

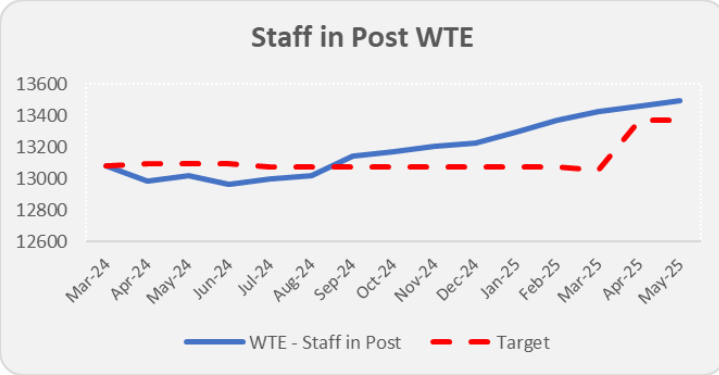
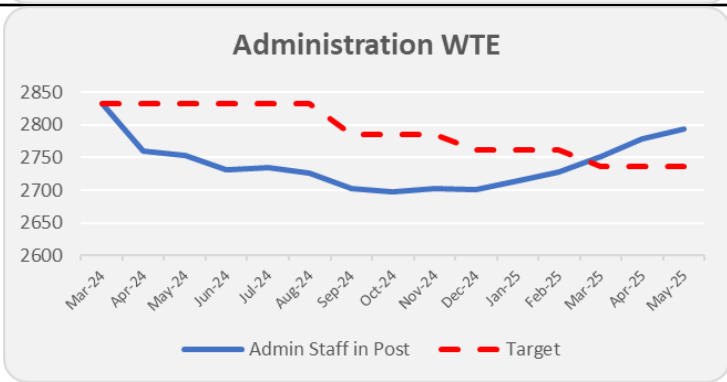
	Maintain CAMHS Part 2 national target compliance	84.7% (May) Below Trajectory of 90%		CAMHS Part 2 decreased in the latest reporting period to 84.7% and below the national standard of 90% for the first time in 8 months. Decrease is attributable to an increase in demand. The service has developed an action plan with five key elements to work through which includes some service redesign, focussed on more granularity in the secondary care side of CAMHS delivery.
	Improvement in Neurodevelopment (iSCAN) compliance	73.95% (May) Above Q1 Trajectory of 70%		After achieving the national standard (80%) in March and becoming the only Health Board to have done so at end of the year, performance has been maintained in April. Significant interest from other Health Boards in learning from the AB model. The decrease in performance in May to 73.95% was expected due to clearing the old waiting list backlog and implementing the new NESH system, and was factored into the IMTP trajectory with a Q1 value of 70%. IMTP trajectory sees performance rise to 75% in Q2, before returning to the national standard of 80% in Q3 and then maintaining through to year end.

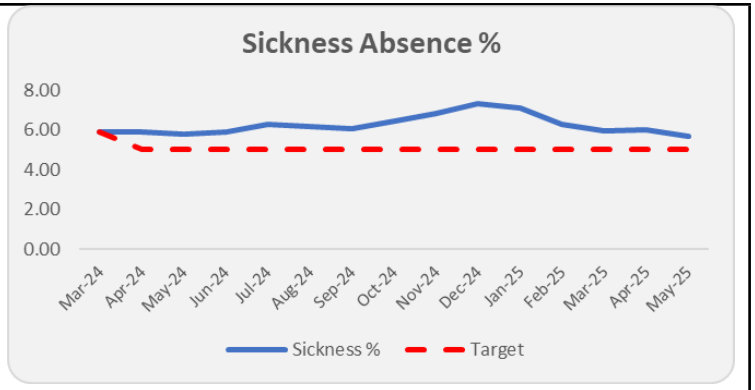
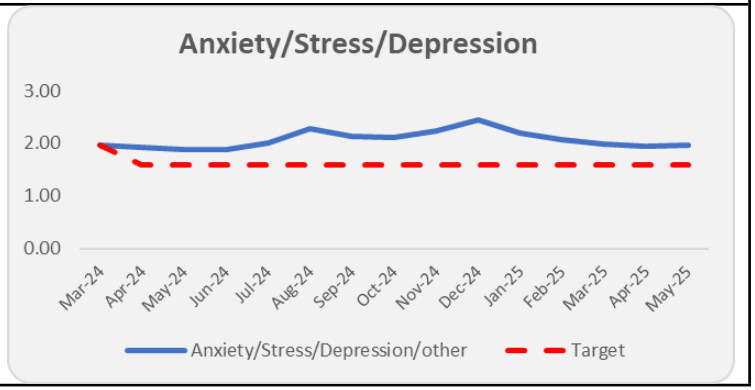
	Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral	93.8% (May) Above Trajectory of 80%		Specialist CAMHS Choice RTT remains strong and ahead of national standard (80%).

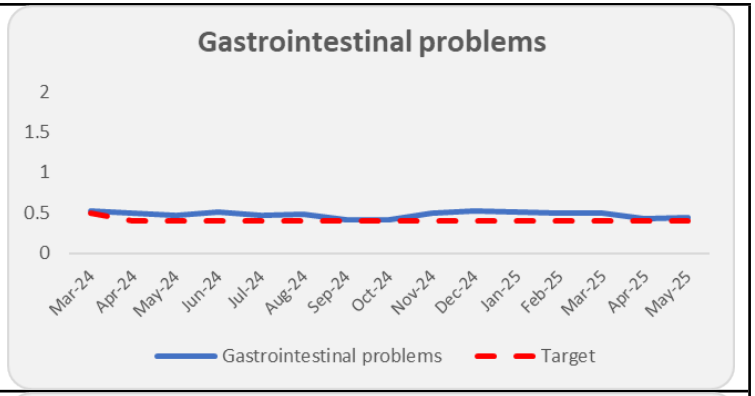
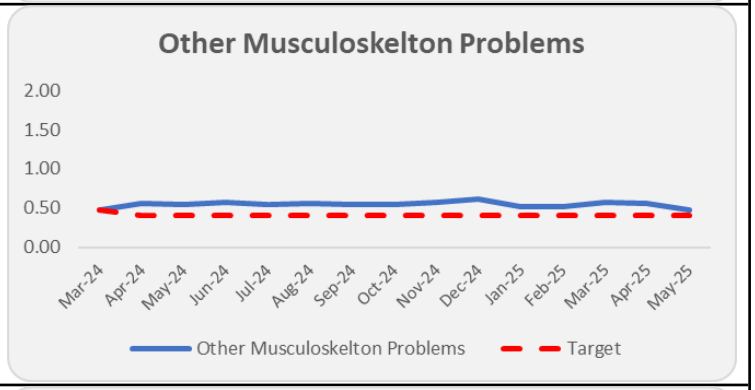
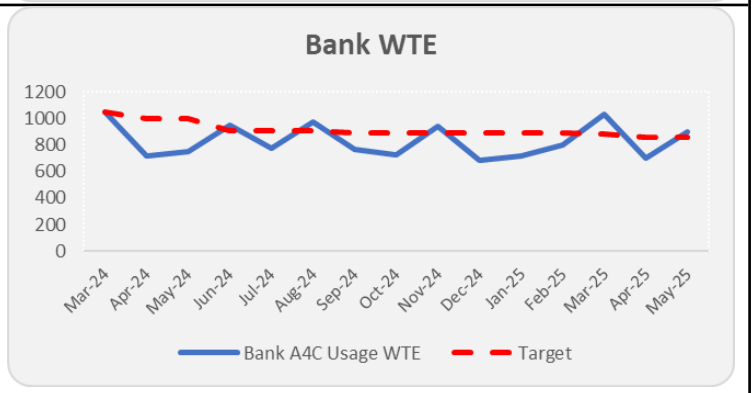
Quadruple Aim 3	Workforce and Culture

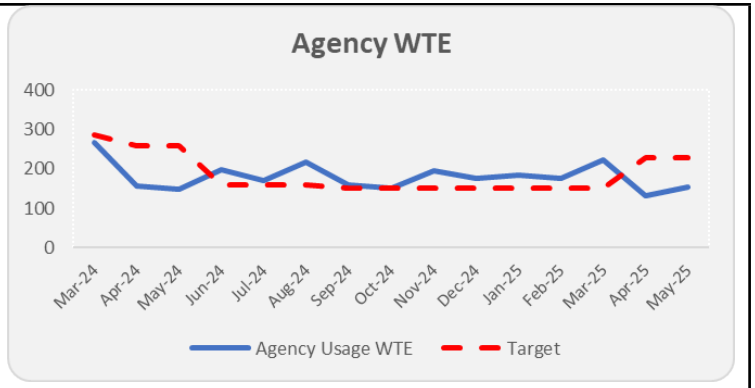
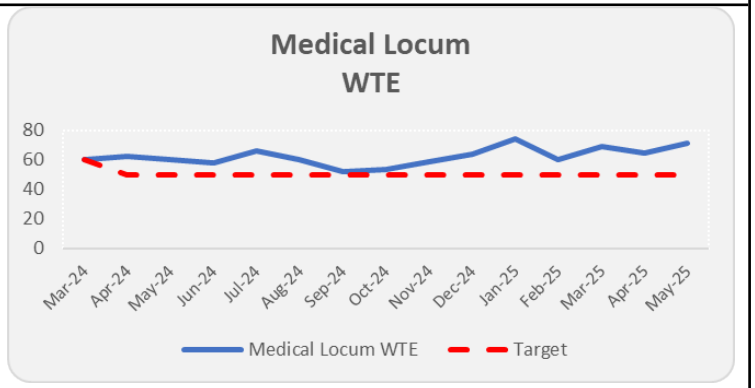
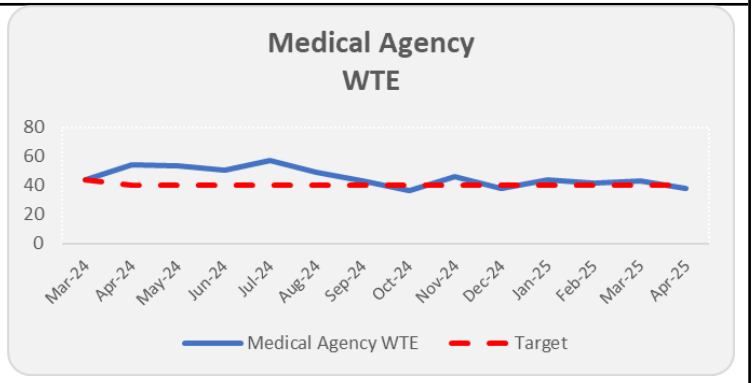
The Health Board's *People Plan, 2022 -2025, 'Putting People First'*, outlines the Workforce and Organisational Development (OD) strategy in relation to workforce improvement, capability, and expertise with a clear focus on wellbeing, inclusion, and engagement of our people. A Workforce & OD Performance 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):

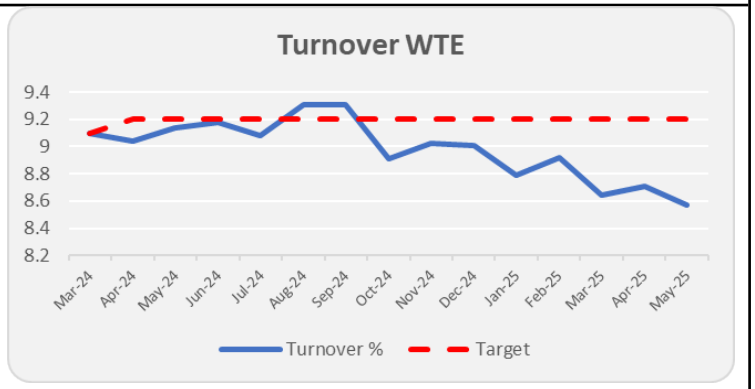
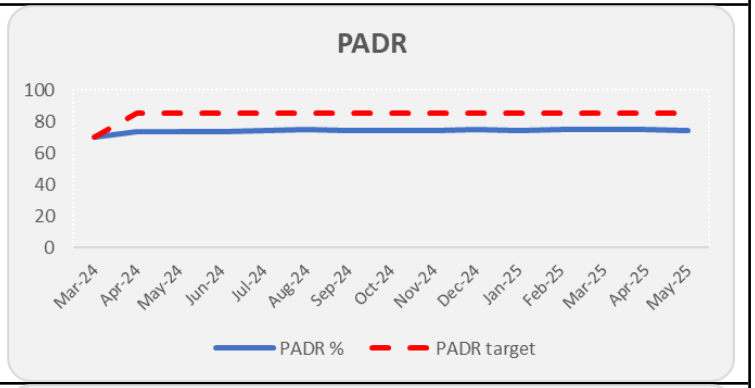
Reporting Period end of May 25

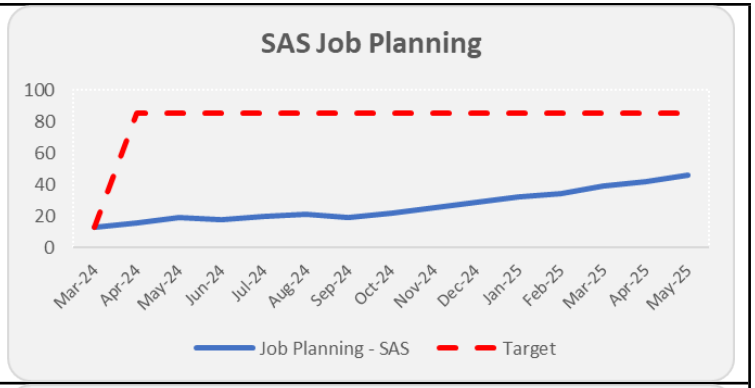
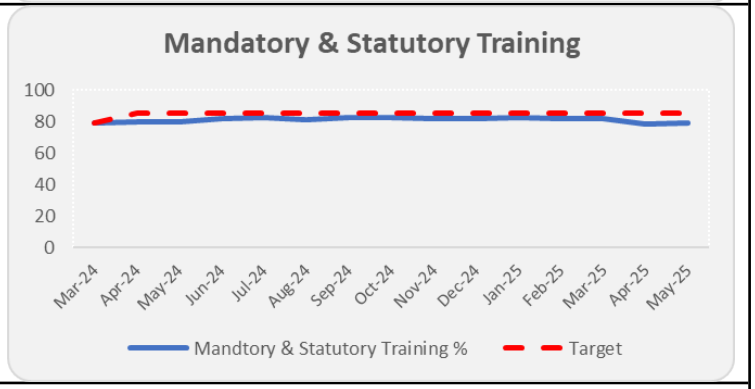
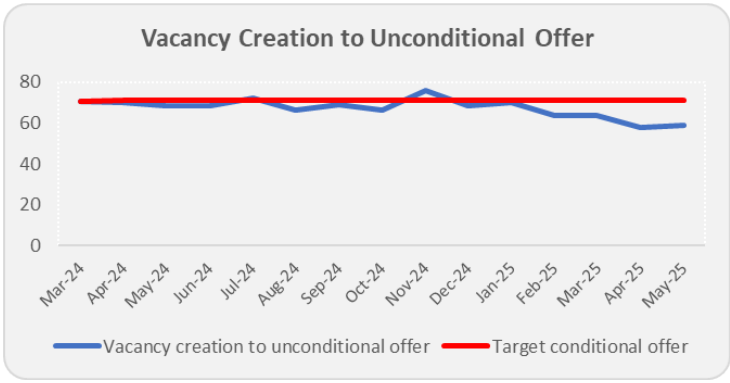
Priority	Performance Summary	Data
Staff in Post	There are currently 13,495 wte staff in post, an increase of 71 wte since March 2025 and in increase of wte in the last quarter This is mostly attributed to: • Administration and Clerical linked with the TUPE transfer into the organisation of managed GP practices and increases in Nursing and Midwifery recruitment.	
Administration Staff in Post	There has been in increase in administration and clerical staff in post linked with the TUPE of GP practice staff. There has also investment in the new Digital and Technology posts to support the implementation of the new digital pharmacy solution.	

Sickness	Sickness Absence in May 25 was 5.67 % a decrease from 5.98 % reported in April 2025. Both Short term and long- term sickness have reduced. Short term sickness accounts for 1.88% and long term as 3.79% of sickness. 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 to achieve pre- covid sickness levels. Top 3 highest sickness by staff group remain unchanged: 1. Additional Clinical Services (HCSWs) – 8.56% 2. Estates & Ancillary – 8.87% 3. Nursing & Midwifery – 6.18% All these staff groups have seen a reduction in sickness absence in the last quarter with Nursing and Midwifery sickness level now at the lowest since April 2024.	
Top Sickness reasons	Top 3 reasons for absence by FTE days lost remain in the same with order of ranking: 1. Anxiety/Stress/Depression/Other Psychiatric illness – 34.5% an increase from 33% 2. Other musculoskeletal problems - 9.5% a decrease from 8.2% 3. Gastrointestinal problems - 8.9% a decrease from 7.8%	

	Currently Anxiety/Stress and Depression account for 1.98 % of sickness rate, the target is to reduce this to 1.6%. Musculoskeletal problems account for the second highest reason for sickness absence at 0.5% of sickness Target rate with a target to reduce this to 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	The Variable Pay Programme recognising the importance of recruitment and retention, continues to progress and explore opportunities to reduce variable pay. In May bank usage was 854.1 wte, which was lower than the rate reported end of the March 25. From April to May there has been an increase in usage of 191.67 wte and is currently 41.52 wte higher than the year-end target. In May 25 the three highest users were HCSW 481.01 wte (54%), Nursing & Midwifery 285.81 wte (32%) and Facilities 91.66 wte (10%). Highest reason for usage is vacancies 334.70 wte (37%) The target in graph was set as part of deliverables set out in IMTP performance framework.	

Variable Pay Agency	Current agency usage is 152.86 wte, a decrease of 69.45 wte in the last quarter. There has been significant reduction on agency usage since last year. In May 25 36.66 wte (24%) were used for HCSW and 116.20 wte (76%) for Nursing and Midwifery. The top three reasons for Agency usage are vacancies 44.62 wte (29%), Mental Health observation 37.78 wte (25%) and Sickness Absence 27.27 wte (18%) Target in graph was set as part of the deliverables set out in IMTP performance framework. It is anticipated the forecasted improved vacancy position aligned with recruitment campaigns will improve the agency position in 2025/26 in line with MDS targets.	
Variable Pay Medical Locum	Current locum usage is 71.17 wte a small 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	Current Medical Agency is 49.06 wte an increase from the 44.06 WTE reported at the beginning of the quarter. The rate increase is linked with the reason for usage, with 45% 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	Current turnover rate is 8.57% a slight reduction from the 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 5.42% whilst Allied Health Professionals have the highest turnover rate of 11.16%. The Stability Rate is 90.72%, the Health Board has retained 13,708 staff The target in graph was set as part of the IMTP performance framework.	
PADR	Current PADR compliance is 74.31 %. Work continues to achieve 85% All Wales target through divisional reporting, renewed tools and training for managers.	
Job Planning	Current consultant job planning and SAS compliance rate is 46% an improvement from the 39% reported in the last quarter and is showing a steady improvement trajectory towards achieving the target of 85%.	

		
Mandatory training	Current compliance rate is currently 79.24 % a decrease from the 81.98 % reported in the last quarter. Newly introduced statutory and mandatory courses have created some variation to the previous benchmarking reporting rates. This has deceased the overall figure which was reported in the previous report,	
Time to Hire	The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) has significantly improved to 59.10 days from the 64 days reported in last quarter. Currently the Health Board is exceeding the 71 days target. More work is required to improve time to shortlist and confirm offer of appointment.	

Quadruple Aim 4	Quality, Safety and Experience



The Quality and Safety performance is reported against a condensed range of indicators compared to the 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.

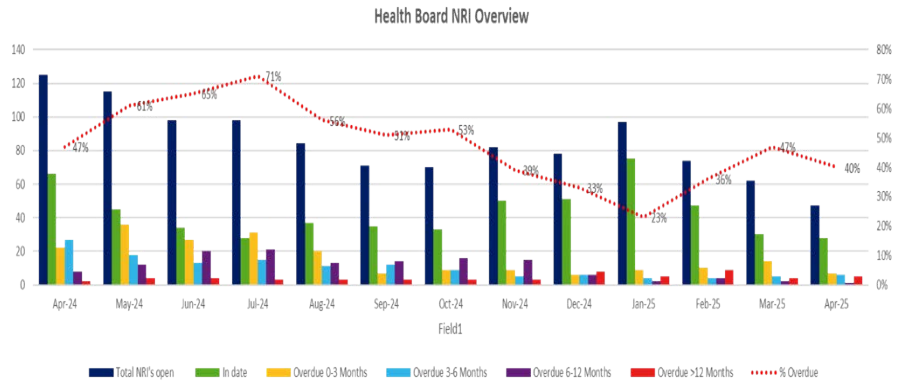
Complaints, concerns, compliments: Concerns – 30-day performance.

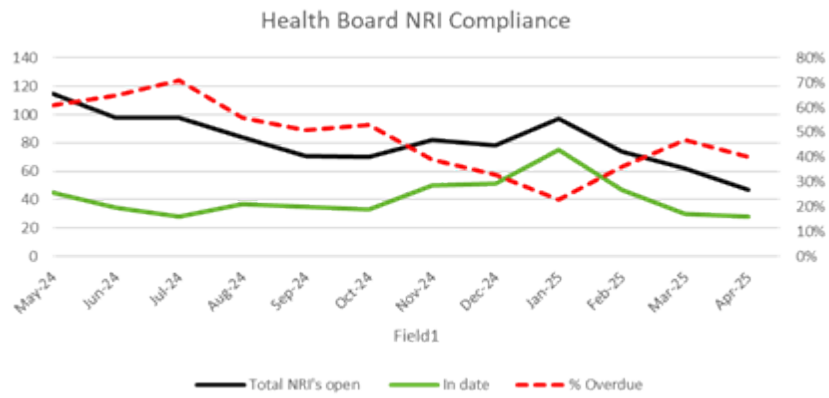
Health, Safety & Security: RIDDOR reporting, H&S training compliance, Compliance HB Health, Safety & Fire risk assessment programme.

Infection Control and Prevention: Infection Control.

Safeguarding: Duty to report

Priority	Performance Summary	Data
Patient Experience **CIVICA**	**Table 1 & Graph 1** show the overall response rate for April 2025 and the previous 12 months. A small decrease was observed in April but still considerably higher engagement than any previous month. 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	**Table 1–** Overview of CIVICA surveys completed in April 2025 **CIVICA Patient Experience Feedback April 2025** **All Surveys** 1754 Responses – **85% satisfaction** **Person Centred Care Survey** 1216 Responses – **90% Satisfaction** **Emergency Department Survey** 460 Responses – **70% Satisfaction** **Graph 1 –** Overall response trend (all surveys) for the past 12 months.

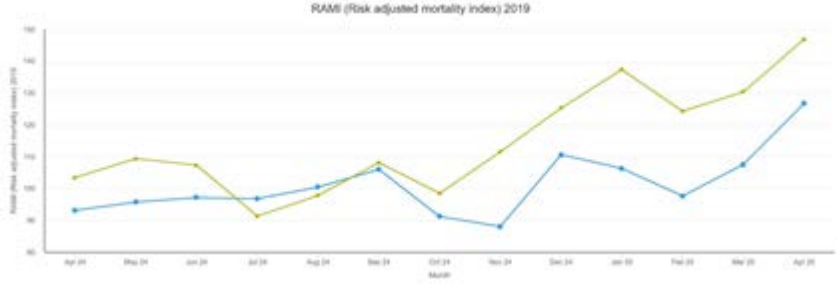
	2. 42 comments around Emotional & Physical Support 3. 27 comments about Comfort SMS continues daily but there have been significant delays in messages being processed and sent from CIVICA. This was an all-Wales issue and was escalated and investigated. Bespoke monthly reporting continues covering all 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	
Incidents **National Reportable Incidents**	Graph 1 shows the number and status of compliance for open NRI's as of the end of April 2025. The six NRI's outstanding over 12 months relate to incidents that are subject to external multi-agency review processes. The executive team are aware of these cases and the rationale for non-compliance. Graph 2 illustrates the NRI compliance over time for comparison. Despite challenges in timely completion of NRI investigations the management of the PSI process remains a focus. Overall compliance for April was 60%. Recommendations for improving compliance include regular monitoring, monthly reporting to divisional teams, enhanced communication, increased training for Investigating Officers, standardised follow-up processes, and	 **Graph 1 – Open NRIs April 2025**

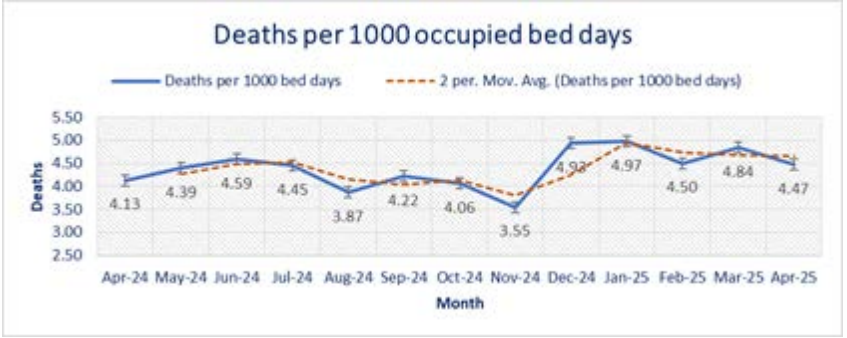
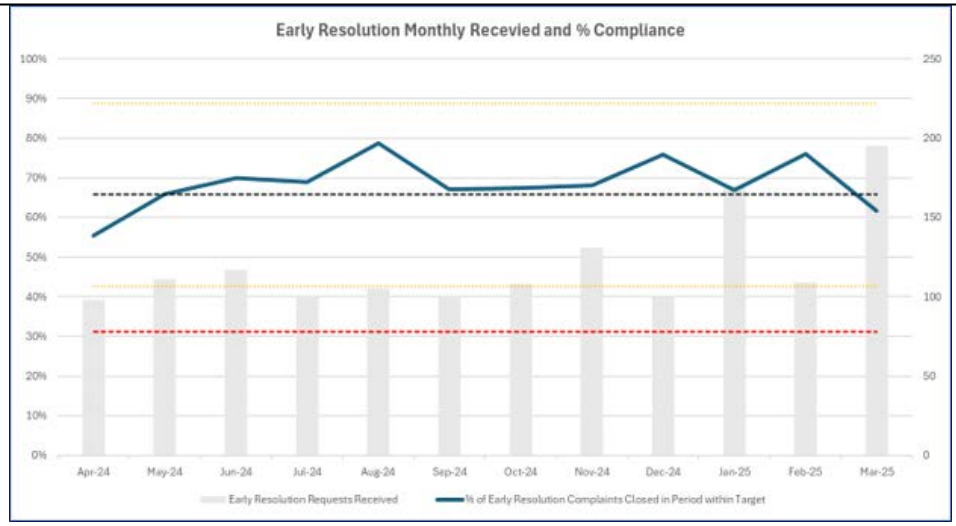
<table>
<tr><td></td><td>fostering a culture of learning among Clinical Investigating Officers.</td><td> 

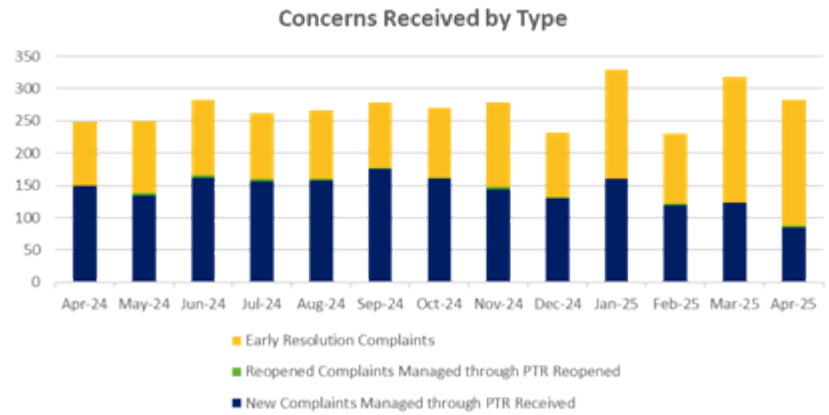
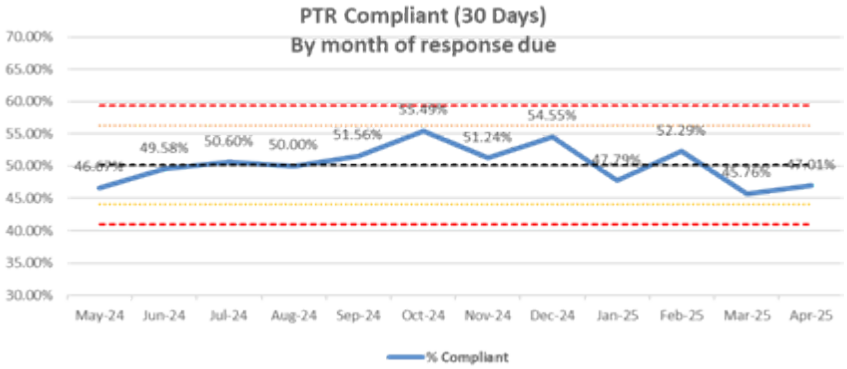
Graph 2 – 12 Month NRI Run Chart</td></tr>
<tr><td>Incidents

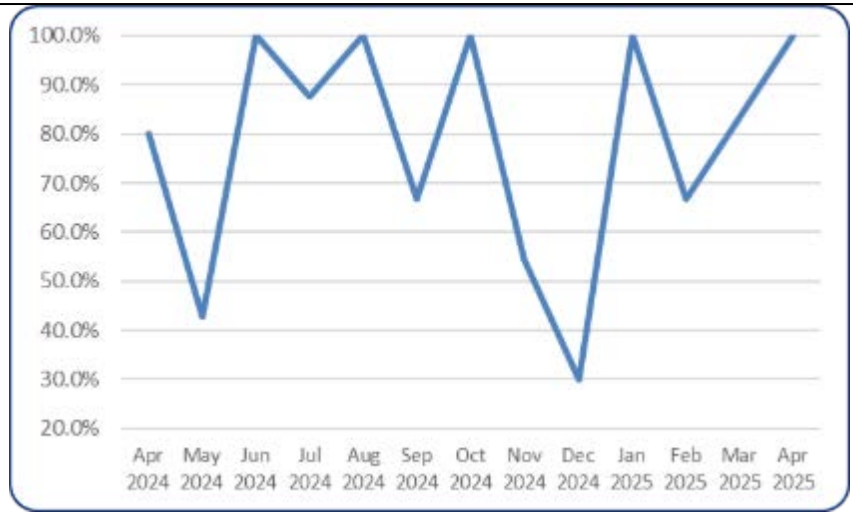
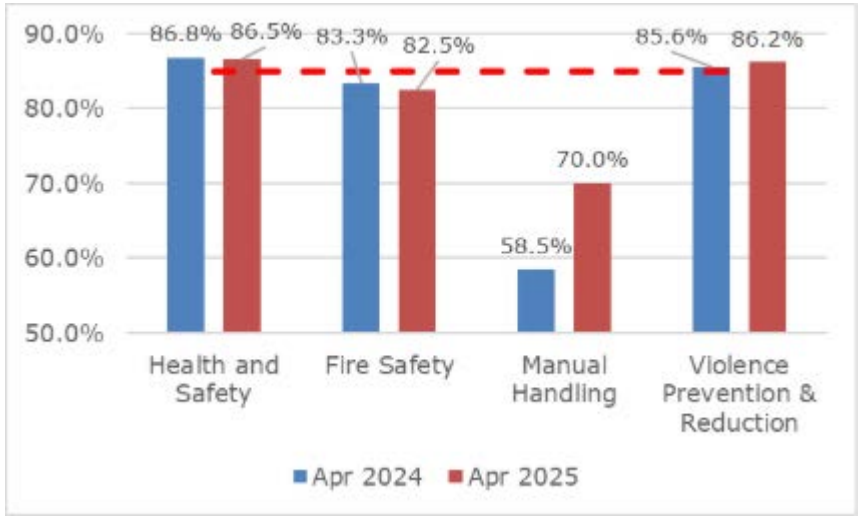
Duty of Candour</td><td>7 new incidents triggered Duty of Candour in April 2025.

For comparison there were 84 in the previous financial year (April 24-March 25). This figure is based on the question - Was Healthcare provided a factor?

April’s figure represents a stable trend, and the incidents included inadequate supervision resulting in a fall, extravasation, cannula injury, lost to follow up, a prescribing error, a medication administration error and an inadequate discharge</td><td><table>
<tr><th>Division</th><th>Number of incidents triggering DoC April 2025</th></tr>
<tr><td>Family and Therapies</td><td>2</td></tr>
<tr><td>Primary care and Community</td><td>1</td></tr>
<tr><td>Medicine</td><td>2</td></tr>
<tr><td>Clinical support services</td><td>2</td></tr>
</table>
Duty of Candour Incidents by Division April 2025</td></tr>
<tr><td>Mortality</td><td>The Risk Adjusted Mortality Index (RAMI) has been consistent with All Wales peer organisations and remains below their levels. The Health Board’s RAMI for the past 12 months is 100.4. (April 24 – April 25) This is a 3.6% decrease compared to the previous year. This is the best performing Health Board compared to All Wales period for 2024/25.</td><td> 
</td></tr>
</table>

	With the delay in coding there is a 6-week lag with the RAMI data being accurate. The RAMI continues to fluctuate – RAMI Q1 95.3, Q2 100.6, Q3 97 and Q4 108.7. Mortality Rate: Remains stable and flat. 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.	**Risk Adjusted Mortality Index (RAMI)** **Blue ABUHB Yellow All Wales peers**  **Deaths per 1000 occupied bed days**
Concerns **30-day performance**	The trend in the type of concerns being received has seen positive shift towards more Early Resolutions since December. The appointment of a concerns manager and reconfiguring of teams to ensure dedicated early resolution point of contacts has been pivotal. Early Resolutions are considerably faster than formal processes and resolve the issues raised by individuals in a more person-centred approach where it appropriate to do so. Where appropriate concerns are being resolved in a more timely fashion with the agreement of the complainant without the need for a formal (PTR) process.	

	Graph 2 shows a positive shift towards more matters being resolved under Early Resolution since December, **Graph 3** is the PTR 30 day completion compliance (by the month the response is due, not month received). The compliance has slightly declined since a high of 55% in October 2024, however, in the context of work to improve the quality of responses and changes in process within the team this is expected	**Graph 1**- Early Resolution Performance  **Graph 2** – Concerns by Type  **Graph 3** - PTR Compliances with 30 Day completion target

Health, Safety & Security	**Reporting of Injuries, Diseases and Dangerous Occurrences Regulations** RIDDOR reporting compliance for 2024/25 increased to 69.8% compared with 67.7% in 2023/24. During 2024/25 the Health Board reported 73 incidents to the HSE in accordance with RIDDOR compared with 16 incidents in the previous quarter. 93% (68 incidents) have an approval status of closed. **Health and Safety Training Compliance -** Compliance data reported at end of March 2024 Health & safety remained the same at 86% Fire safety reduced from 83% to 82% Manual handling increased by 15% from 55% to 70% Violence & aggression increased by 1% from 85% to 86%%	 **Percentage of Incidents Reported within Legal Timeframes**  **Health and Safety Training Compliance**
Infection Prevention & Control	**April 2025 data:** **C. difficile Infection: 22 case,** 2 cases less than April 2024. Healthcare associated = 10	

Alert Organisms	HB Count (unvalidated)	
C difficile	22	2 less than April 2024

Community acquired = 6

Indeterminate = 2

Relapse = 4

Staph Aureus: 14 cases in April 2025, 3 more than in April 2024.

Healthcare Associated = 7

Community Acquired = 7

E. coli BSI: 28 cases in April 2025, 3 less than in April 2024.

Healthcare Associated = 5

Community Acquired = 23

Klebsiella BSI: 8 cases in April 2025, 5 less than in April 2024.

Healthcare Associated = 3

Community Acquired = 5

Pseudomonas BSI: 3 cases in April 2025, the same as in April 2024.

Healthcare associated = 1

Community acquired = 2

The Health Board has a Welsh Government reduction expectation action plan that is monitored via the Infection Prevention and Antimicrobial Stewardship Group.

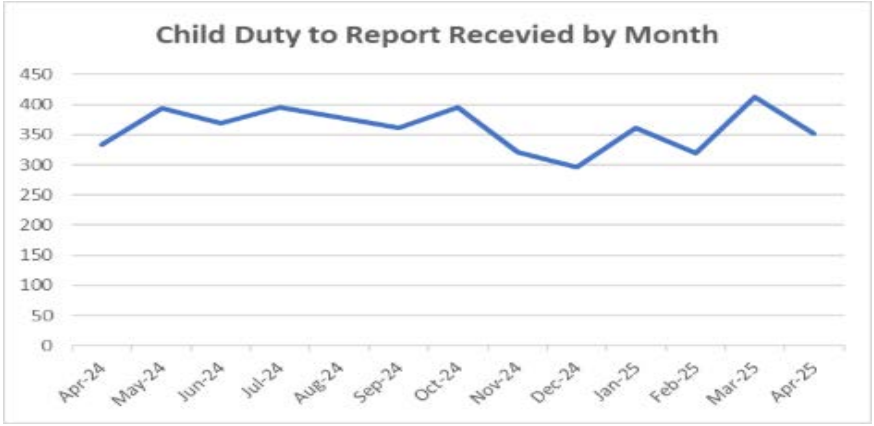
The Infection Prevention and Control team has refreshed its governance, reporting and assurance arrangements to align with the Quality Management Framework.

Staph Aureus	14	3 more than April 2024
E coli	28	5 less than April 2024
Klebsiella	8	5 less than April 2024
Pseudomonas	3	Same as April 2024

Data for April 2025

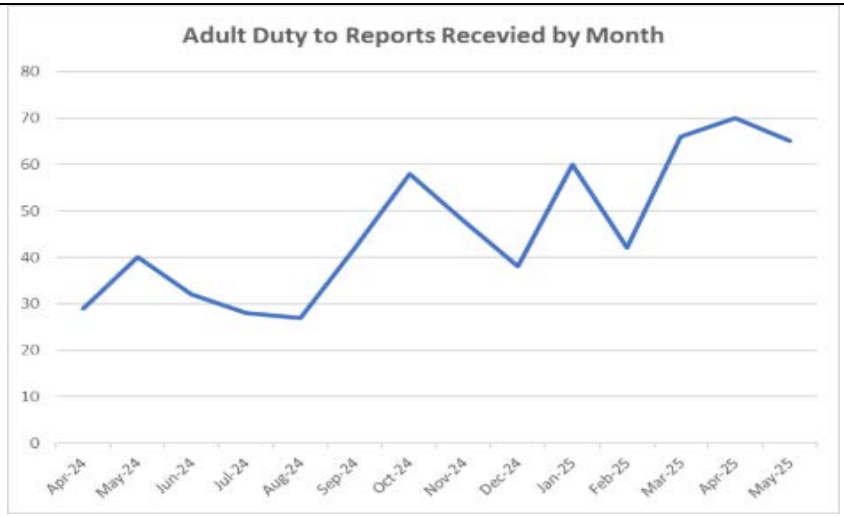
	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	39.07	2.02	24.25	56.59	16.84	7.41
Betsi Cadwaladr UHB	42.31	2.9	27.24	74.19	19.71	2.9
Cardiff and Vale UHB	37.15	3.87	28.64	51.85	20.12	4.64
Cwm Taf Morgannwg UHB	32.34	0.9	22.46	88.03	28.75	2.69
Hywel Dda UHB	48.57	4.13	27.9	86.8	32.04	5.17
Powys THB	14.92	0	2.98	0	0	0
Swansea Bay UHB	54.56	2.06	30.88	66.91	27.79	9.26
Velindre NHST						
Wales	40.56	2.54	25.86	67.18	22.18	4.94

Data provided by Welsh Government, rate per 100,000 population of specimens by Health Board Apr - Jun 2025

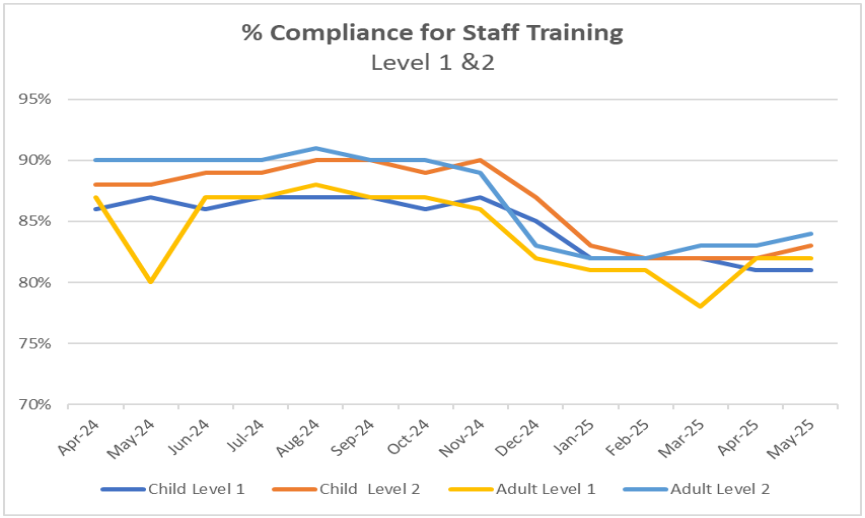
	The Health Board has several improvement projects in place to address Healthcare Acquired Infections and will be participating in the National C Diff improvement collaborative A decontamination action plan has also been developed. An Antimicrobial action plan has been developed and implemented with the following overarching issues being targeted: • Audit & feedback cycles with high-prescribing practices in place • Focus on engagement with antimicrobial metrics • Model primary care antimicrobial usage data against more demographic parameters Work has commenced to embed good antimicrobial stewardship practice into electronic prescribing including order sets (standard prescriptions).	
Safeguarding	**Duty to report:** Safeguarding activity data must be used with caution when being utilised as a marker of quality improvement. Activity has increased progressively, and this can be attributed to: • A better understanding of the need to refer • Improved processes to monitor incident reports and to ensure timely referral • An improvement in the way referral data is captured • General increase in safeguarding incidents **Graph 1-** Child Duty to Reports received has remained stable over the previous 13 months.	**Graph 1** – Child Duty to Report  **Graph 2** – Adult Duty to Report

Graph 2- There has been a significant increase in Adult Duty To Report referrals being submitted throughout 2024/25. This figure in isolation cannot confirm that there has been a rise in Safeguarding cases as a contributary factor also can be attributed to the rise of attendance in level 3 Safeguarding training

Graph 3- Level 1 and 2 Safeguarding training compliance remains between 80 and 85% for both adults and children. Further improvement in compliance with Level 1 and Level 2 training would be expected during the summer months



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



Quadruple Aim 4	Finance

The 205/26 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.

May-25
Performance against key financial targets 2024/25
+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 it's funding in each financial year. *This confirms the YTD and forecast variance.*	£'000	2,118	4,660	**0**	⇔
Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit. *This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.*	£'000 £32,167	1,410 4.4%	3,750 11.7%	**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)	%	97.3%	96.9%	**>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 02 is an adverse variance of **£4.660m. T**his is off target when compared to the submitted IMTP by £0.469m.

The 2025/26 forecast position is being held at break-even at month 02.

This position assumes that mitigating actions of c£7m will be found on top of any reported in the plan. This is required to offset the cost pressures in year, including drugs, prescribing, MH CHC, repurposing the transfer lounge, robot, winter wards remaining open and the new thyroid business case.

There remain risks associated with this forecast position, including anticipated allocations from WG including 24/25 wage award and 25/26 NI increase, 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 RTT.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	16 July 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Finance Performance Report – May 2025 (2025/26 Month 02)
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Rob Holcombe - Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: **REPORTING OFFICER:**	Suzanne Jones – Interim 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 May 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 31st May 2025,
- The Health Board's underlying financial position,
- The cash position,
- Public sector payment policy performance, and
- The Capital position.

The month 2 monitoring returns reported to Welsh Government are included as an appendix with a system link.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report sets out the financial performance of Aneurin Bevan University Health Board, as at the 31st May 2025 (Month 02) 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.

May-25
Performance against key financial targets 2024/25
+Adverse / () Favourable

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Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit. *This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.*	£'000 £32,167	1,410 4.4%	3,750 11.7%	**0**	⇔
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Performance against requirements 23/24		**22/23**	**23/24**	**24/25**	**3 Year Aggregate (22/23 to 24/25)**
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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**

Note:
The forecast is highlighted as Amber (rather than green) due to the level of risk remaining in the plan & savings yet to be confirmed and the divergence from plan to month 2 requiring additional mitigating actions of £7.4m.

At Month 02, the reported forecast revenue position and the reported capital position is break-even. There are risks to achieving the reported forecasts.

The year to date budget performance at month 2 is a deficit of £4.660m. This position is £0.5m worse compared to the Plan month 2 profile for 2025/26. This is due to winter wards remaining open beyond plan and high cost drugs spend, the Health Board expects to mitigate these costs in future months. The forecast position remains in line with the submitted IMTP as break-even for 2025/26, however, this will need to be reviewed.

Cefndir / Background

The 2025/26 IMTP financial plan approved by the Board stated it was ambitious with a high delivery risk to achieve financial balance.

The approved financial plan reported an underlying opening financial deficit for the 2025/26 financial year of £27m with a forecast closing underlying deficit position of £14m.

In order to achieve a balanced financial plan Savings of £40m were required.

There remains significant risk with this forecast position, particularly full achievement of saving opportunities, new year pressures including waiting times target spend, drug cost growth, receipt of anticipated allocations and operational pressures driving workforce costs.

Asesiad / Assessment

- **Revenue Performance**

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

The Health Board monitors costs against the components of the plan. In month 2 issues to note which fall outside of the IMTP plan include:

- Winter wards remained open leading to a cost pressure in PCCS & Medicine (£0.8m),
- Spend on hospital drugs including the continuing trend seen by Surgery towards the end of 2024/25 of increased spend in Haematology (£1.3m),
- The impact of increased primary care prescribed drugs growth above estimates for 2024/25 reflected in 25/26 revised forecasts (£1m),
- There were Executive decisions of:
    - Surgery robot, expansion to provide colorectal surgery (£0.1m)
    - External commissioning of Thyroid services due to a loss in local provision (£0.5m)
    - Potential repurposing of the GUH transfer lounge (£0.3m), this is currently under review prior to final approval.
- Mental Health non-recurrent savings originally expected to conclude in 25/26 which were subsequently recognised in the 24/25 financial position reduces the benefit expected in the 25/26 savings plan (£2m),
- CHC – growth in particular for the 'Discharge to Assess' service (£1m),
- Identification of savings to de-risk the opportunities to be found,
- Additional mitigating actions assumed to offset these costs in order to maintain the break-even forecast (£7m).

The table below describes the updated position following the annual plan submission (31st of March) in further detail:-

Category	March	Mth 1	Mth 2	Total
Underlying deficit b/f (£m)	27.1	27.1	27.1	27.1
Cost pressures identified (£m)	40.9	40.9	40.9	40.9
WG discretionary funding (£m)	(27.6)	(27.6)	(27.6)	(27.6)
Identified savings (£m)	(15.7)	(18.4)	(19.2)	(19.2)
Opportunities with line of sight (£m)	(10.3)	(7.6)	(6.8)	(6.8)
Pipeline opportunities & stretch to break-even (£m)	(14.4)	(14.4)	(14.4)	(14.4)
Sub-total deficit (£m)	**(0.0)**	**(0.0)**	**(0.0)**	**(0.0)**
Winter Wards remaining open April (PCCS & Medicine)		0.7	0.1	0.8
Acute care drugs (ie Surgery - Haematology)		0.8	0.5	1.3
Exec Decisions & risks to be finalised		0.4	0.5	0.9
Prescribing			1.0	1.0
MH Underlying issues (including Variable pay)			2.0	2.0
CHC (price and volume inc d2a)			1.0	1.0
Corporate Posts			0.4	0.4
				0.0
Assumed mitigating actions (not yet identified) for in year cost pressures		(2.0)	(5.4)	(7.4)
Total deficit	**(0.0)**	**(0.0)**	**(0.0)**	**0.0**

A summary of the year to date financial performance is provided in the following table, by delegated area.

	Annual budget £000s	YTD Reported Variance £000s	Full-year Forecast at M02 £000s	Plan £000s	Variance to Plan £000s
Operational Divisions:-					
Primary Care and Community	306,348	**1,857**	11,534	11,561	(26)
Prescribing	116,139	**1,915**	11,994	10,217	1,777
Community CHC & FNC	69,110	**687**	6,358	5,539	819
Mental Health & Learning Disabilities	145,975	**2,143**	9,991	5,154	4,837
Total Primary Care, Community and Me	**637,572**	**6,602**	**39,877**	**32,470**	**7,407**
Surgery	146,558	**3,104**	12,357	5,864	6,492
Clinical Support Services	132,351	**490**	4,016	5,413	(1,398)
Medicine	170,604	**1,422**	6,890	6,088	802
Urgent Care	40,715	**324**	2,000	1,747	252
Family & Therapies	142,251	**1,663**	8,992	5,817	3,175
Estates and Facilities	97,056	**(226)**	560	(309)	869
Chief Operating Officer	10,910	**(256)**	(1,792)	(1,792)	(0)
Total Chief Operating Officer	**740,447**	**6,521**	**33,022**	**22,830**	**10,193**
Total Corporate Divisions	**96,273**	**(335)**	**3,763**	**1,818**	**1,945**
Total Specialist Services	**183,654**	**1,452**	**8,709**	**8,709**	**0**
Total External Contracts	**108,300**	**621**	**3,816**	**3,817**	**(1)**
Total Capital Charges	**31,872**	**(1)**	**0**	**0**	**0**
Total Delegated Position	**1,798,118**	**14,859**	**89,187**	**69,643**	**19,544**
Total Reserves	**68,822**	**(10,199)**	**(58,982)**	**(44,941)**	**(14,041)**
Total Income	**(1,866,941)**	**0**	**0**	**0**	**0**
Total Position	**0**	**4,660**	**30,205**	**24,702**	**5,503**
Unallocated savings	0	**0**	(22,800)	(24,702)	1,902
Mitigating actions required for In year spend > plan (m1&2)	0	**0**	(7,405)	0	(7,405)
Total Reported Position	**0**	**4,660**	**(0)**	**0**	**(0)**

Summary of key operational points for Month 02

Key points to note for month 02 include:

- Expenditure within the Health Board for total pay was £74.5m (prior month £72.5m)
  Substantive was £68.3m (prior month £66.8m).
  Variable Pay was £6.2m (prior month £5.7m).
  This is an increase of £2.4m compared to April due to a small increase in Agency (Medical +£0.3m recoding for IR35 Staff) and Bank (RN & HCSW £0.3m to operational pressures), with the balance related to enhancements paid to substantive staff (eg. overtime).
  While recruitment is successful in securing permanent staff, the Board continues to spend above budget levels on variable pay.

- Non–pay expenditure (excluding capital adjustments) was £89.5m (prior month £92.8m).
  This is a reduction of £3.3m compared to April. The reduction in spend reflects reduced spend on non cash limited (-£1.3m), rates rebate (-£0.6m) and Primary Care Services GMS (-£0.3m) and Eye test reimbursement (-£0.1m).

- CHC costs for Adult Community Care, Mental Health & Learning Disabilities and Children is broadly in line with plan.

- Prescribing costs are currently in line with plan with a forecast growth rate of 1.3% and an average item price for the year of £7.71 (latest PAR was March).

- On-going acute secondary care high cost drugs and growth in usage continue to provide a pressure and will be managed/mitigated appropriately.

- Winter pressure wards continued into April (£0.8m).

- The savings achieved are £2.1m against the plan of £2.4m, with a full year forecast of £40.4m, the full year delivery remains a significant risk.

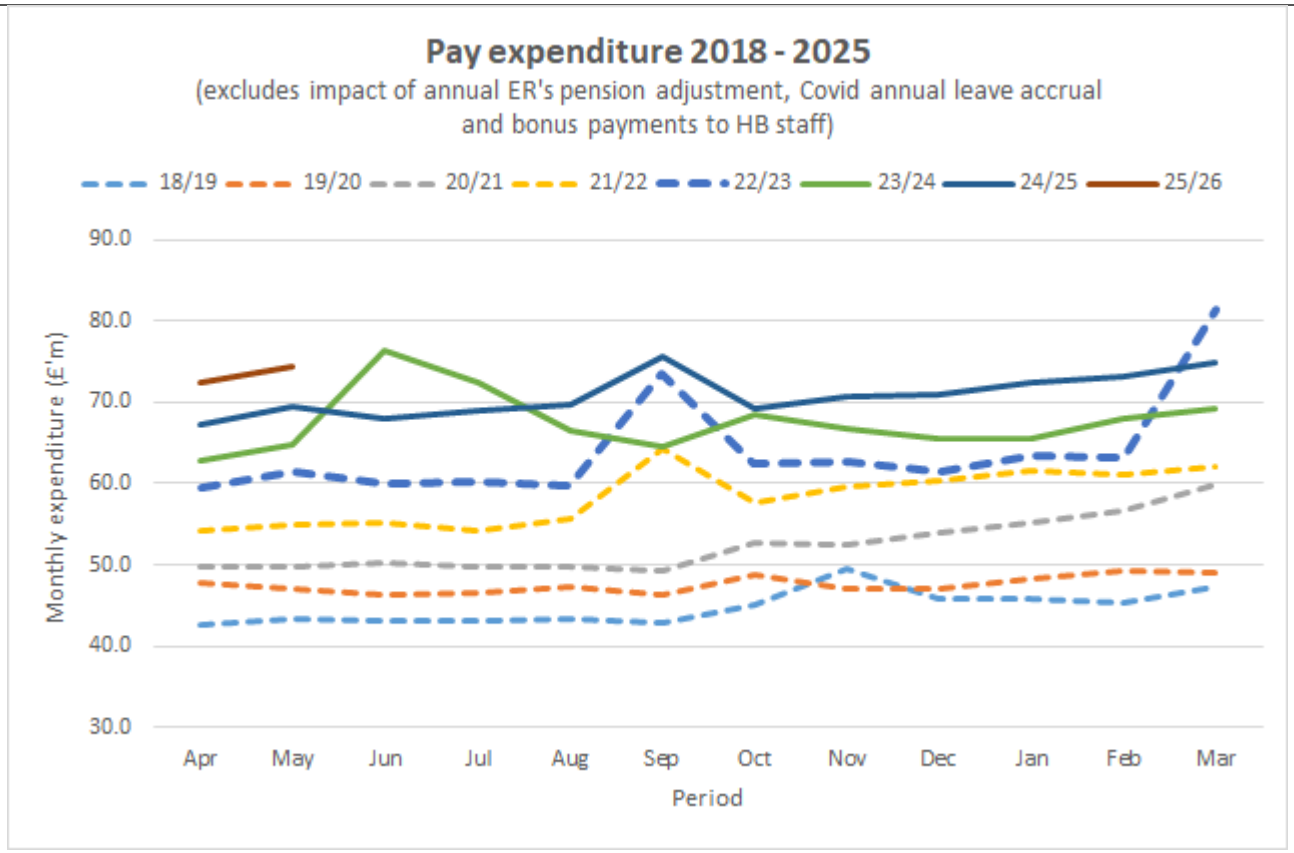
- Demand & flow pressures for beds across the whole system remains a significant cost driver. There were 206 in-patients fit for discharge at the WG data capture point (for pathways of care delays) in May (176 in April). These are reported as 41 Health delays, 44 Social care delays and 123 Joint delays. The top 5 reason categories in relation to delayed days are as follows:

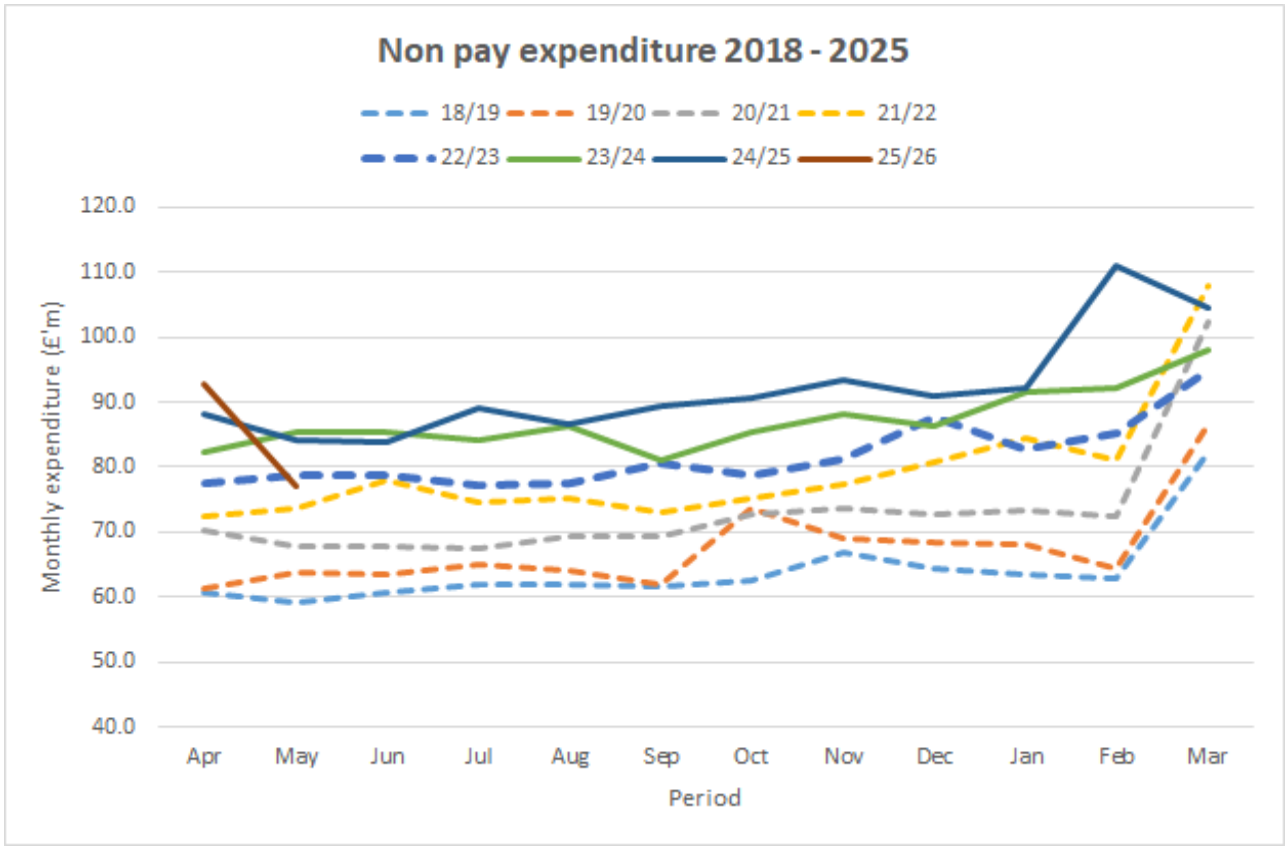
Awaiting start of new home care package	10%
Awaiting reablement community care package	10%
Awaiting completion of assessment by social worker	8%
Awaiting joint assessment	6%
Awaiting completion of assessment AHP	6%

- The estimated cost for the year of continued blocked bed days for all reasons is c.£15.2m using a £200 cost per bed day (based on the number of in-patients for May). 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 six 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 annual plan deficit and even more so to deliver a break-even position in future financial years.





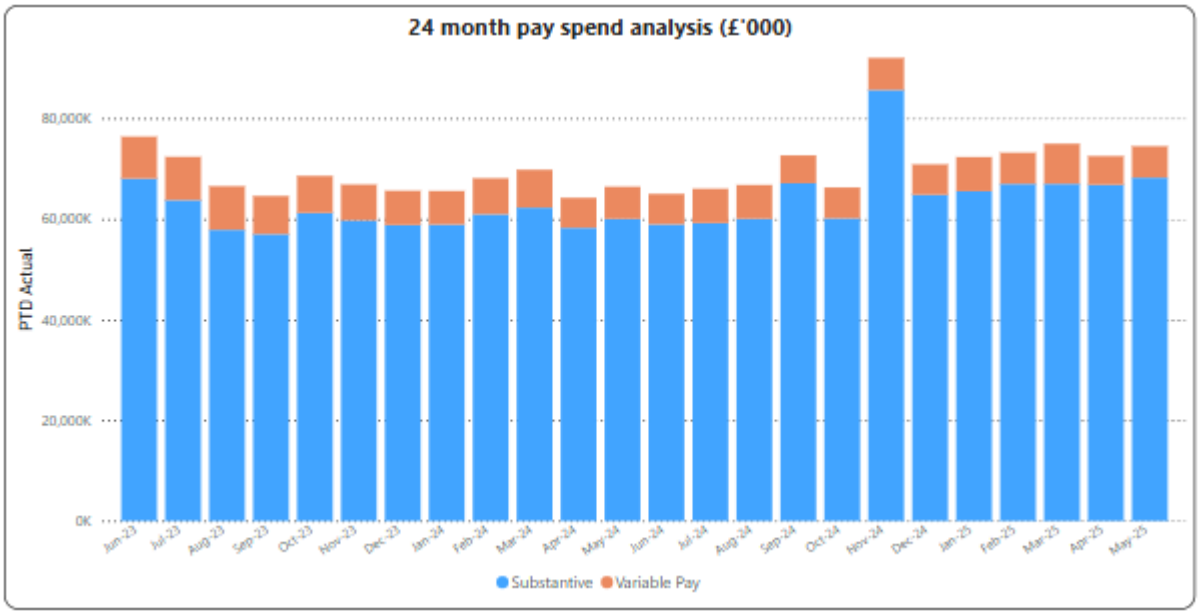
Workforce

The Health Board spent £74.5m in May on workforce.

Workforce Costs	Current month £m	*Previous Month £m*	Year to Date 25/26 £m
Total Pay	74.5	72.5	147
Substantive Pay	68.3	66.8	135.1
Variable Pay	6.2	5.7	11.9

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.

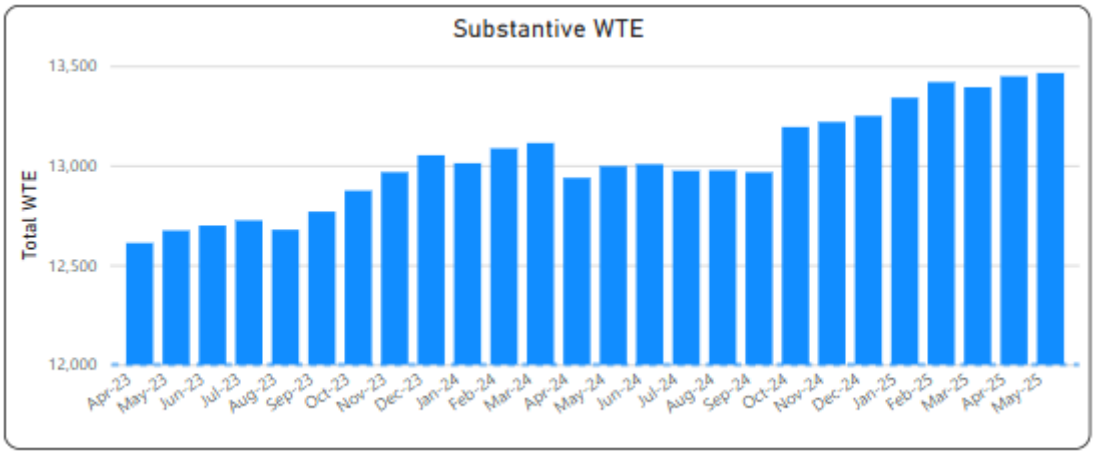
Workforce expenditure trends are shown below differentiating between substantive and variable pay[1]:



Substantive staff

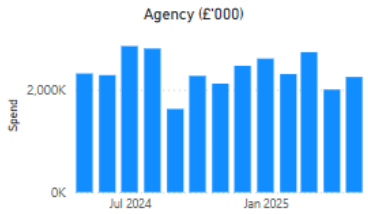
Substantive pay was £68.3m in May, an increase of £1.4m compared with April. Substantive WTE's were 13,464 compared with 13,447 for April.

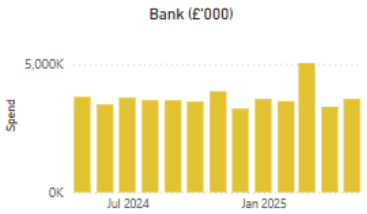
[1] *To enable useful comparisons and trends all references to 23/24 pay expenditure exclude the month 12 expenditure for additional employer pension contributions (6.3%/£32.1m).*

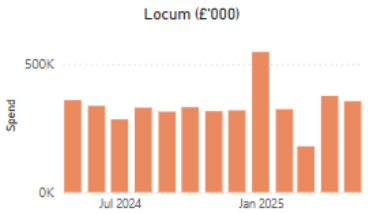


Variable pay

Variable pay (Agency, Bank and Locum) was £6.2m in May compared with £5.7m in April, a £0.5m increase. The increase in variable pay is reflective of the use of Medical Agency for PCCS sustainability (Managed Practices) and Surgery planned care (T&O and Ophthalmology).







Variable Pay Costs	**Current month £m**	***Previous Month £m***	**Year to Date 25/26 £m**
Agency - Nursing	0.6	0.6	1.3
Agency – Medical & Dental	1.2	0.9	2.1
Agency - HCSW	0.2	0.1	0.3
Agency – Estates & Other	0.3	0.4	0.7
Bank	3.6	3.3	6.9
Locums	0.3	0.4	0.7

Enhanced Care for May 2025 £0.6m 'notional calculated' expenditure using bank and agency registered nurses and health care support workers (12% of medicine division bed cover).

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 April 2025 variable pay relating to vacancies is c.£1.5m ('notional calculated' expenditure) for c. 54,795 hours worked.

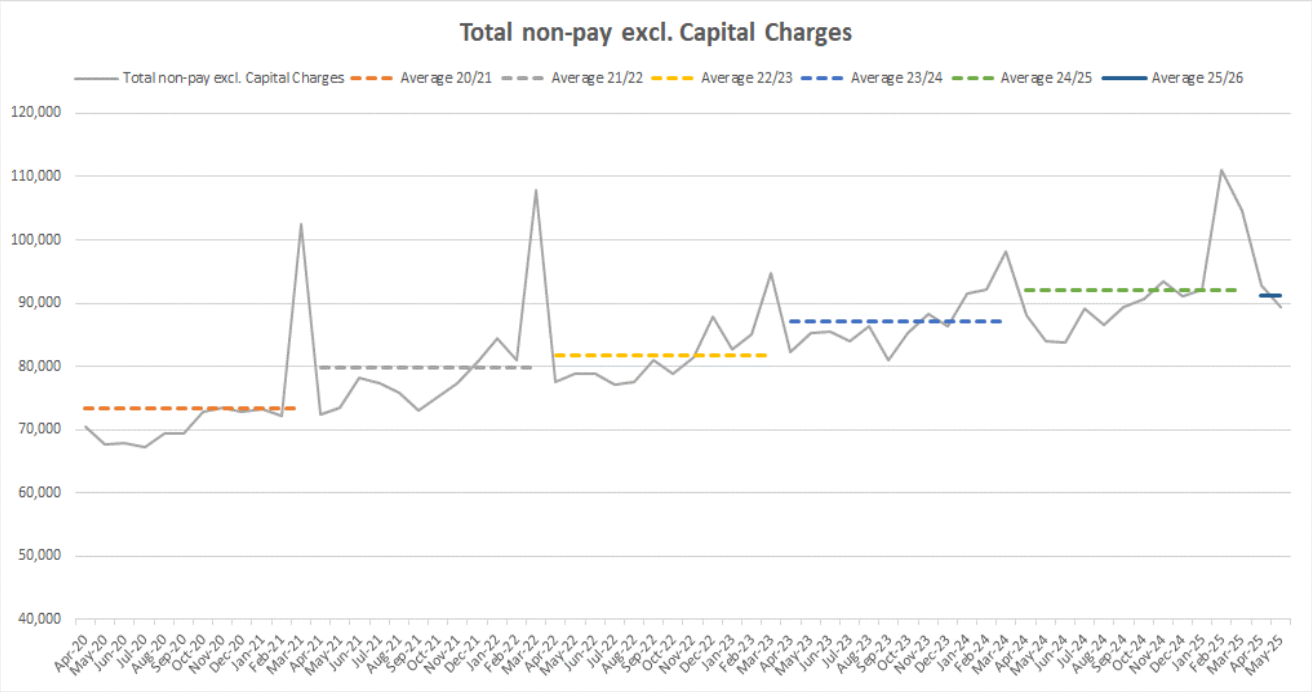
Nursing sickness cover for bank and agency hours and costs relating to those shifts booked to cover sickness as input onto the e-roster system. The May 2025 variable pay relating to sickness is c.£0.88m ('notional calculated' expenditure) for c.32,608 hours worked.

Non-Pay

Spend (excluding capital) was £89.5m in May, which is a decrease of £3.3m compared with April. This is due to reduced spend on the following areas:

- Non Cash Limited (-£1.3m)
- Rates rebates (-£0.6m)
- Primary care services GMS (£-0.3m), and
- Eye test reimbursement (-£0.1m)
- Building and Engineering contracts (-£0.6m) due to an amendment to the year to date charge for the Monnow Vale unitary charge (prepayment).

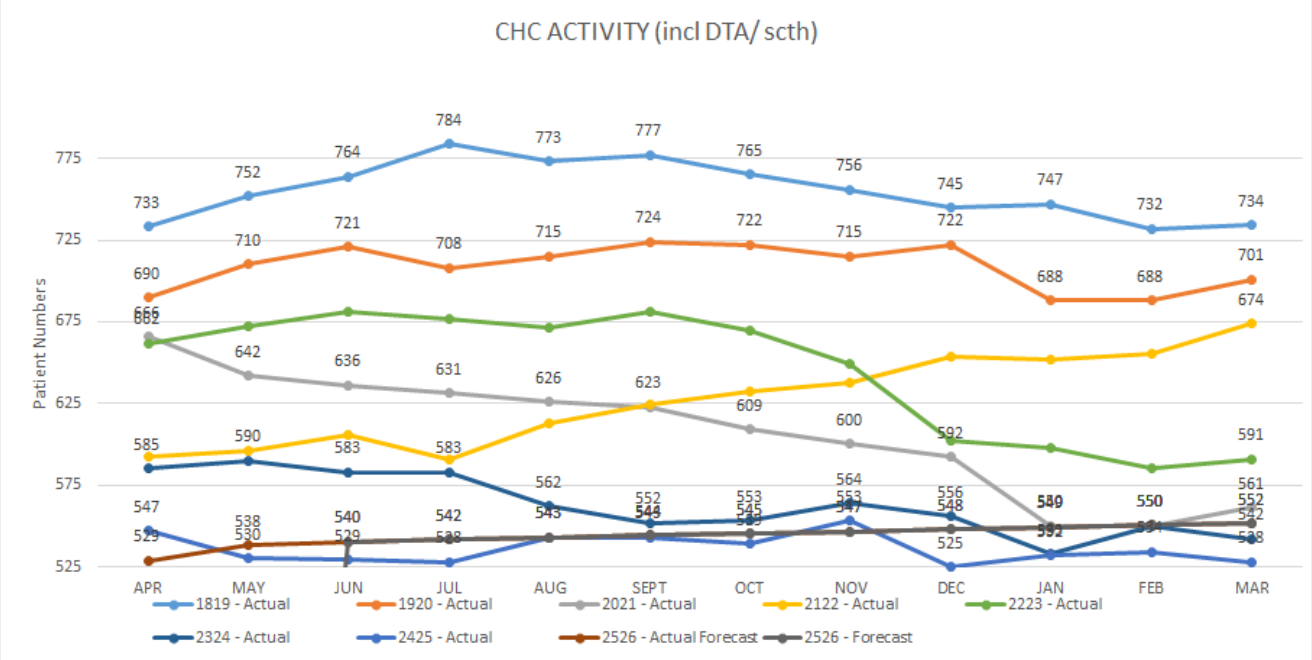
The graph below presents non-pay expenditure since April 2020 (it should be noted that the peaks are year-end adjustments and Month 12 items):



CHC

The Health Board spent £11.7m on CHC in May compared with £11.7m in April, this is reflective of the inflationary uplift agreed for 25/26 and is broadly aligned with the IMTP plan.

Adult Complex Care CHC activity over the last 8 financial years is summarised in the chart below: -



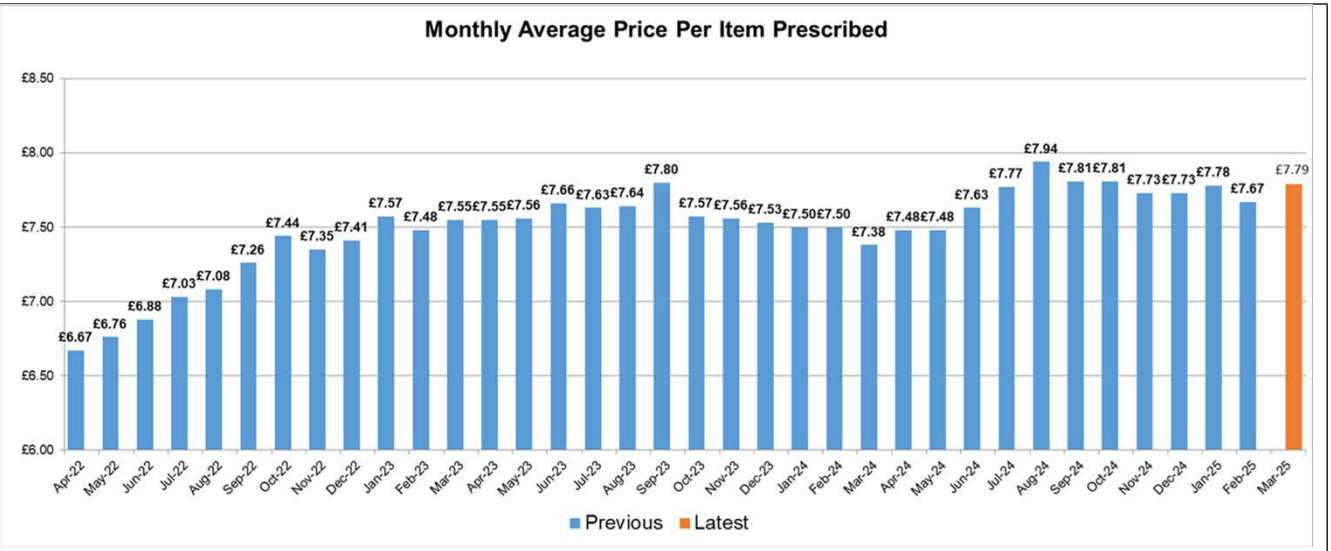
Childrens packages are more volatile and may present a risk in 2025/26 above plan assumptions.

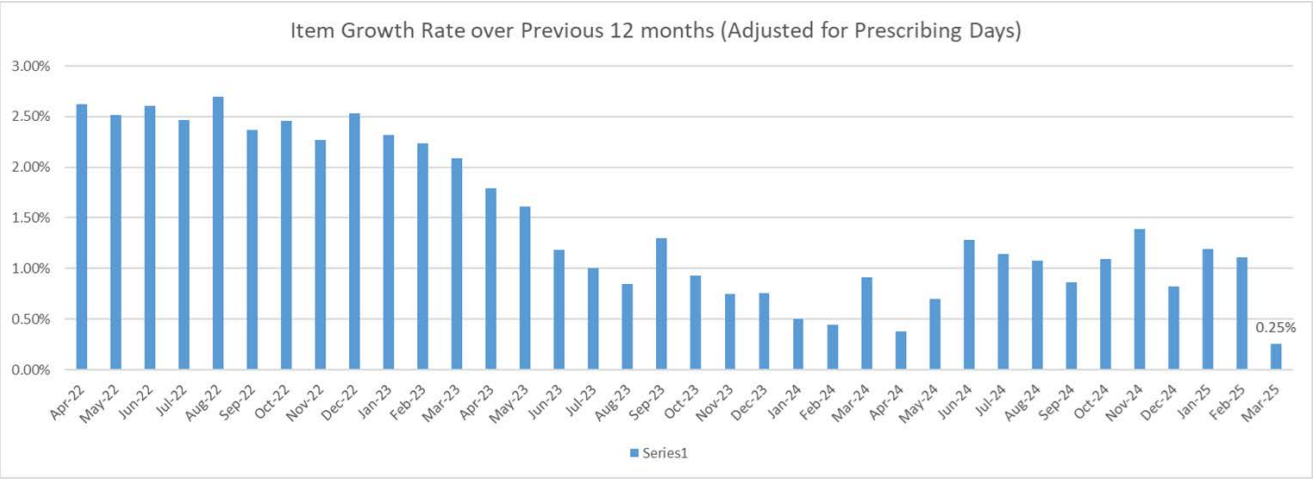
Prescribing

Primary Care prescribing spend for May is estimated to be £10.6m compared with April at £10.6m.

Prescribing costs are currently in line with Plan with a forecast growth rate of 1.3% and an average item price for the year of £7.71.

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





Waiting Times Additional activity for Quarter 1 25/26

The Health Board secured £1.5m from WG for additional waiting times activity to improve the 104 week waiting times position for patients. Good progress is being made to reduce waiting times, the table below provides a summary forecast of this position.

Specialty	Delivery Method	Funding £k	Plan Vol	M2 YTD Actual Vol	M3 Fcast Vol	Qtr 1 Fcast Vol	Qtr 1 Variance Vol	Qtr 1 Total Actual Cost £k	Qtr 1 (Under) / Over spend £k
ENT	Insourced	300	440	337	127	464	24	224	- 76
Non Cat Eyes	Outsourced	152	191	53	155	208	17	152	- 0
	Insourced	28	50	-	50	50	-	28	0
Orthopaedics	WLI / Backfill	1,020	255	292	133	425	170	2,365	1,345
Total		**1,500**	**936**	**682**	**465**	**1,147**	**211**	**2,769**	**1,269**

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.

It has been agreed that budget delegation will be completed in two stages for 25/26. Phase 1 was the rollover budgets and Phase 2 will be delegation of any reserves.

At month 2 the Health Board holds reserves of £68.8m

A summary of all Health Board reserves on 31st May can be found in the appendices.

Long Term Agreements (LTA's)

The Health Board is finalising the agreements with all Welsh providers & commissioners, no disputes are anticipated.

The Health Board has received some baselines from the English providers and as these will be paid on PBR terms no disputes are anticipated.

There are, however, risks in year of overperformance (England & C&VUHB) and non-achievement of savings (JCC).

The Health Board fully expects to have signed agreements with all Providers & Commissioners in line with the deadline for 2025/26.

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 31st March 2025.

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

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

25/26 Underlying Position	£m
Non Recurrent income	1.1
Non Recurrent spend, savings and mitigations	15.1
Full year effect of Savings	-6.0
Full Year effect of Spending	16.9
Total	**27.2**

This has 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. In addition the recurrent and full year impact of savings and cost mitigations are also under regular review.

As part of internal Divisional assurance, specific Divisional financial performance meetings and Executive Committee meetings; the elements and cost drivers making up the underlying deficit are under regular review to ensure an up-to-date picture and to review actions to address the growth/pressure.

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 Divisional schemes - £10.3m
- Pipeline opportunities not yet identified - £14.4m

Following the submission of the plan further savings schemes have been identified of £3.5m, this has enabled an equivalent reduction in the Health Board level savings opportunities. For month 2 reporting, £19.2m of savings listed on the Savings Tracker are specific schemes, £6.8m are identified opportunities pending formulation of specific divisional schemes (grouped by V&SB category on the tracker), and £14.4m remain as Red Pipeline opportunities outside of the savings tracker. The points of the improvement in the identified savings schemes:

- Medicine: £1.4m New savings including delayed implementation of Budesomide, biosimilars switch for Dimethyl fumerate & Ustekinumab & opportunities from 24/25

- Surgery: £0.3m new medicines management savings

- Prescribing: £0.5m only order what you need campaign

- CSS reduced purchases in 2025/26 (£0.4m), Removal of recurrent pathology schemes in the plan totalling £0.458m turned red following QIA process. Offset with £0.833m new savings including variable pay, non-pay, opportunities from 24/25 and income generation.

- Estates & Facilities (£0.4m) for savings related to the lease buy out of the discharge lounge portacabin.

As at month 2, the savings achieved are £2.1m against the plan of £2.4m, with a full year forecast of £40.4m. 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 Health Board will continue to pursue further opportunities to mitigate / offset the risk to the planned savings and increases in new operational pressures.

Actual savings delivered to date for 2025/26 are £2m.

The table below presents the updated savings plan at a Budget holder level:

Savings YTD and forecast position (£'000)

Division	% of total Plan	Annual Plan	YTD Plan	YTD Achieved	YTD Variance	Forecast	Forecast variance to Plan	% Achieved
Clinical Support Services	3.6%	£1,438	£373	£345	-£28	£1,507	£70	104.8%
Complex Care	1.9%	£781	£46	£39	-£7	£781	£0	100.1%
Corporate	6.1%	£2,471	£296	£296	£0	£2,471	£0	100.0%
Estates and Facilities	7.4%	£3,000	£502	£481	-£21	£2,979	-£21	99.3%
Families and Therapies	1.7%	£682	£71	£65	-£6	£682	£0	100.0%
Medicine	5.6%	£2,250	£497	£447	-£50	£3,048	£797	135.4%
Mental Health and Learning Disabilities	2.3%	£946	£58	£34	-£24	£946	£0	100.0%
Prescribing	5.6%	£2,252	£170	£170	£0	£2,846	£594	126.4%
Primary Care and Community	4.0%	£1,614	£79	£94	£15	£1,436	-£178	89.0%
Surgery	6.1%	£2,448	£317	£191	-£127	£2,080	-£368	85.0%
Urgent Care	1.3%	£539	£3	£2	-£2	£537	-£2	99.7%
Various	54.4%	£21,980	£0	£0	£0	£21,087	-£893	95.9%
Total	**100.0%**	**£40,400**	**£2,412**	**£2,163**	**-£249**	**£40,400**	**£0**	**100.0%**

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	8	£80	£73	-£7	£2,563	£2,563	£1
Medicines Management	31	£410	£408	-£1	£4,520	£5,068	£549
Procurement & Non-pay	64	£1,328	£1,135	-£192	£20,587	£19,181	-£1,406
Service redesign	2	£240	£282	£42	£1,980	£2,827	£846
Workforce	46	£356	£265	-£91	£10,750	£10,761	£11
Total	**151**	**£2,412**	**£2,163**	**-£249**	**£40,400**	**£40,400**	**£0**

The Health Board will continue to pursue further opportunities to mitigate / offset the risk to the planned savings and increases in new operational pressures.

The Health Board continues to operate a Bi-weekly Value & Sustainability Board to identify and monitor savings delivery & new opportunities.

There are significant challenges and some opportunities to achieving the financial forecast for 2024/25.

Opportunities

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

The £40m savings assumed above include identifying further opportunities & developing them to implementation to achieve the aims for the 25/26 IMTP.

Risks

- Full receipt of anticipated income
- Prescribing and high cost drugs growth &/or prices above plan
- CHC volatility
- Identification and delivery of savings plans including mitigating actions against operational pressures
- Delayed transfers of care due to LA service challenges,
- Impact on service delivery and performance on waiting times because of savings required,
- Potential HSE fine,
- Impact of English tariff,

- Consequences of the national Insourcing contract,
- Establishment increases relating to patient safety issues,
- Inflationary impacts including provisions and supplies,
- Additional operational and service pressures outside of the annual plan.

Capital

The approved Capital Resource Limit (CRL) as at Month 2 totalled £32.167m. The forecast outturn at Month 2 is breakeven.

The NHH Satellite Radiotherapy scheme building handover took place on the 6th May. Operational commissioning has commenced in readiness for the building to open in June. The final account will now be agreed with the contractor.

Works on the Grange University Hospital Emergency Department Extension are continuing, with an allocation of £2.665m confirmed for 2025/26 to cover slippage on the scheme. The anticipated completion of Phase 1 is now 18th July 2025 with Phase 2 estimated to be 10th October 2025. The scheme is currently forecast to be £305k overspent which is being funded via the Discretionary Capital Programme (DCP).

Orders have been placed for the 2nd MRI machine for Grange University Hospital. The new equipment is expected to be operational by August 2025.

A delay of approximately 8 weeks has been notified in relation to the Centralised Decontamination Unit at RGH scheme. The steelwork order has been delayed whilst awaiting final confirmation of the mechanical design. The works are anticipated to be complete in February 2026. The reported underspend relates to the reimbursement to DCP for fees incurred in prior financial years (£0.139m).

The Backlog Maintenance slippage allocation totalling £2.017m relates to St Cadoc's duct works and lift replacements at Nevill Hall Hospital. Orders have been placed with suppliers for both schemes and they are expected to complete during 2025/26.

The OBC preparation is on-going for the IRCF schemes at Abervalley and Dixton. The Abervalley business case timescales will be confirmed following the output of flood investigations at the new site. Timescales have slipped on the Dixton Road business case submission due to changes in the schedule of accommodation and redesign works. The Dixton scheme is forecasting an overspend of £0.029m for 2025/26 which is currently being funded via the DCP.

Targeted Estates Funding (TEF) totalling £9.510m has been confirmed for 2025/26 during April. The DCP is funding 30% of the scheme equating to a contribution of

£2.854m. As part of the programme an additional £8.336m has also been confirmed for 2026/27.

The Health Board Discretionary Capital Programme (DCP) forecast for 2025/26 is £6.885m at Month 2 made up of:

- 2025/26 DCP Funding - £12.875m
- Less 30% TEF contribution - (£2.854m)
- 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 - (£0.040m)

DCP expenditure to Month 2 totalled £0.609m. Several essential works schemes have been approved during May which include the installation of Pelican Crossings at GUH, a replacement Chiller for the MRI at NHH, air-conditioning upgrades at the RGH Pathology department and security improvements at Gold Tops. The unallocated contingency at the end of Month 2 is now £0.597m.

Cash

The cash balance at the 31st May is £2.431m, 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 Non-NHS creditors within 30 days of delivery of goods/services in May.

There has been a decrease in the number of NHS invoices paid within 30 days this month, resulting in a failure to achieve the target. This is attributable to the volume of invoices received as part of the Month 12 agreement of balances process.

Category	Invoices	In Mth %	YTD %
NHS	Value	98.9	95.7
	Number	84.9	90.2
Non NHS	Value	95.2	95.9
	Number	97.3	96.9

Argymhelliad / Recommendation

The Board is asked to note for assurance:

- The financial performance at the end of May 2025 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2025/26,
- The revenue reserve position on the 31st May 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.

May 2025 Monthly Monitoring Return:
(nb. The income profiling for the MMR is the same as the Board reported profile which matches the IMTP plan)
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 Link to IMTP	Adults in Gwent live healthily and age well

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	ABUHB efficiency compendium Value & Sustainability Board
Rhestr Termau: Glossary of Terms:	A&C – Administration & Clerical A&E – Accident & Emergency A4C - Agenda for Change AME – (WG) Annually Managed Expenditure AQF – Annual Quality Framework AWCP – All Wales Capital Programme AP – Accounts Payable AOF – Annual Operating Framework ATMP – Advanced Therapeutic Medicinal Products B/F – Brought Forward BH – Bank Holiday C&V – Cardiff and Vale CAMHS – Child & Adolescent Mental Health Services C/F – Carried Forward CHC – Continuing Health Care Commissioned Services – Services purchased external to ABUHB both within and outside Wales COTE – Care of the Elderly CRL – Capital Resource Limit Category M – category of drugs CEO – Chief Executive Officer CEAU – Children's Emergency Assessment Unit CTM – Cwm Taf Morgannwg D&C – Demand & Capacity DCP – Discretionary Capital Programme DHR – Digital Health Record DNA – Did Not Attend DOSA – Day of Surgery Admission D2A – Discharge to Assess

	DoLS - Deprivation of Liberty Safeguards DoF – Director(s) of Finance DTOC – Delayed Transfer of Care EASC – Emergency Ambulance Services Committee ED – Emergency Department EDCIMS – Emergency Department Clinical Information Management System eLGH – Enhanced Local general Hospital EFAB – Estates Funding Advisory Board ENT – Ear, Nose and Throat specialty EoY – End of Year ETTF – Enabling Through Technology Fund F&T – Family & Therapies (Division) FBC – Full Business Case FNC – Funded Nursing Care GDS – General Dental Services GMS – General Medical Services GP – General Practitioner GWICES – Gwent Wide Integrated Community Equipment Service GUH – Grange University Hospital GIRFT – Getting it Right First Time HCHS – Health Care & Hospital Services HCSW – Health Care Support Worker HIV – Human Immunodeficiency Virus HSDU – Hospital Sterilisation and Disinfection Unit H&WBC – Health and Well-Being Centre IMTP – Integrated Medium Term Plan INNU – Interventions not normally undertaken IPTR – Individual Patient Treatment Referral I&E – Income & Expenditure ICF – Integrated Care Fund LoS – Length of Stay LTA – Long Term Agreement LD – Learning Disabilities MH – Mental Health MSK - Musculoskeletal Med – Medicine (Division) MCA – Mental Capacity Act MDT – Multi-disciplinary Team MMR – Welsh Government Monthly Monitoring Return NCA – Non-contractual agreements NCN – Neighbourhood Care Network NCSO – No Cheaper Stock Obtainable NI – National Insurance NICE – National Institute for Clinical Excellence

	NHH – Neville Hall Hospital NWSSP – NHS Wales Shared Services Partnership ODTC – Optometric Diagnostic and Treatment Centre OD – Organisation Development PAR – Prescribing Audit Report PCN – Primary Care Networks (Primary Care Division) PER – Prescribing Incentive Scheme PICU – Psychiatric Intensive Care Unit PrEP – Pre-exposure prophylaxis PSNC –Pharmaceutical Services Negotiating Committee PSPP – Public Sector Payment Policy PCR – Patient Charges Revenue PPE – Personal Protective Equipment PFI – Private Finance Initiative RGH – Royal Gwent Hospital RN – Registered Nursing RRL – Revenue Resource Limit RTT – Referral to Treatment RPB – Regional Partnership Board RIF – Regional Integration Fund SCCC – Specialist Critical Care Centre SCH – Scheduled Care Division SCP – Service Change Plan (reference IMTP) SLF – Straight Line Forecast SpR – Specialist Registrar STW – St.Woolos Hospital TCS – Transforming Cancer Services (Velindre programme) T&O – Trauma & Orthopaedics TAG – Technical Accounting Group UHB / HB – University Health Board / Health Board USC – Unscheduled Care (Division) UC – Urgent Care (Division) ULP – Underlying Financial Position VCCC – Velindre Cancer Care Centre VERS – Voluntary Early Release Scheme WET AMD – Wet age-related macular degeneration WG – Welsh Government WHC – Welsh Health Circular WHSSC – Welsh Health Specialised Services Committee WLI – Waiting List Initiative

	WLIMS – Welsh Laboratory Information Management System WRP – Welsh Risk Pool YAB – Ysbyty Aneurin Bevan YTD – Year to date YYF – Ysbyty Ystrad Fawr
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance & Performance Committee

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

Aneurin Bevan University Health Board

Finance Report – May (Month 02) 2025/26

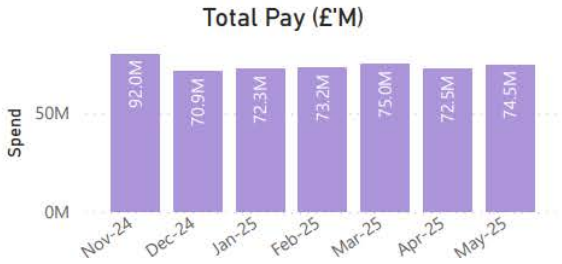
Appendices

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
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 (£'000)

Pay category	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Change	%	Avg 24/25
ADD PROF SCIENTIFIC AND TECHNICAL	3,323	2,549	2,702	2,611	2,591	2,644	2,617	-27	-1.0%	2,513
ADDITIONAL CLINICAL SERVICES	10,637	8,425	8,290	8,984	8,419	8,684	9,230	546	6.3%	8,438
ADMINISTRATIVE & CLERICAL	13,353	10,023	10,346	10,171	10,114	10,722	10,526	-196	-1.8%	10,110
ALLIED HEALTH PROFESSIONALS	5,978	4,477	4,462	4,473	4,348	4,501	4,567	66	1.5%	4,361
ESTATES AND ANCILLIARY	3,870	3,173	3,139	3,467	3,253	3,387	3,681	293	8.7%	3,208
HEALTHCARE SCIENTISTS	1,702	1,257	1,338	1,269	1,187	1,266	1,288	22	1.8%	1,236
MEDICAL AND DENTAL	22,124	16,552	16,876	16,789	18,635	16,729	17,057	328	2.0%	16,548
NURSING AND MIDWIFERY REGISTERED	24,657	18,361	18,370	19,233	18,460	18,869	19,265	396	2.1%	18,058
STUDENTS	2	2	2	2	2	2	2	0	-0.0%	2
Total	**85,646**	**64,819**	**65,526**	**66,999**	**67,008**	**66,804**	**68,232**	**1,428**	**2.1%**	**64,476**

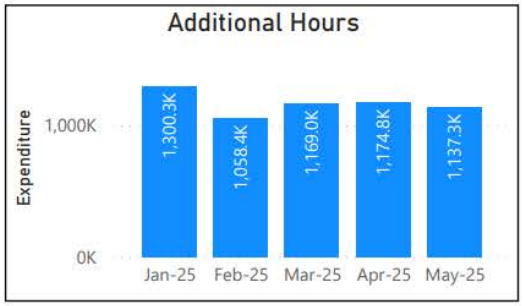
Variable pay (£'000)

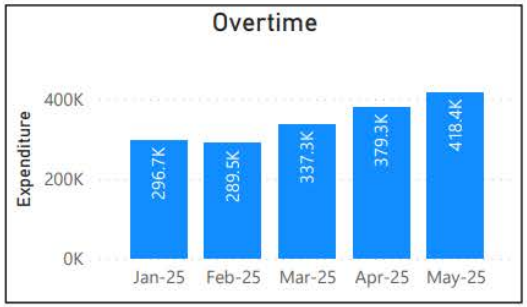
Pay category	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Change	%	Avg 24/25
Agency	2,121	2,468	2,609	2,308	2,735	2,005	2,249	244	12.2%	2,414
Bank	3,939	3,265	3,641	3,557	5,044	3,336	3,643	307	9.2%	3,673
Locum	317	320	548	324	180	376	356	-21	-5.6%	332
Total	**6,377**	**6,053**	**6,798**	**6,189**	**7,959**	**5,718**	**6,248**	**530**	**9.3%**	**6,419**

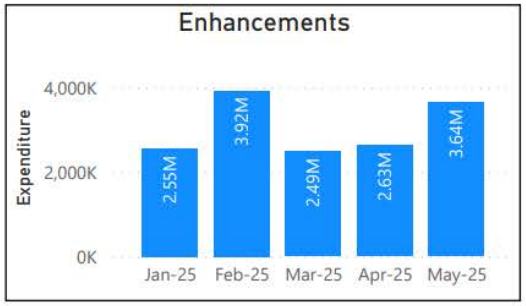
Total pay (£'000)

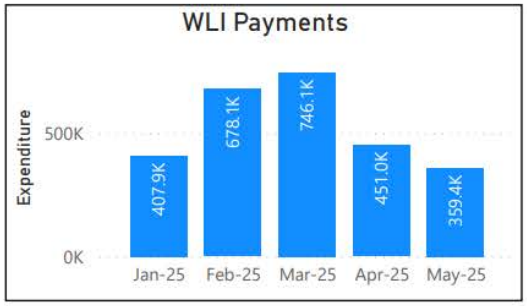
	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Change	%	Avg 24/25
Pay	**92,023**	**70,872**	**72,324**	**73,189**	**74,968**	**72,521**	**74,480**	**1,959**	**2.7%**	**70,895**

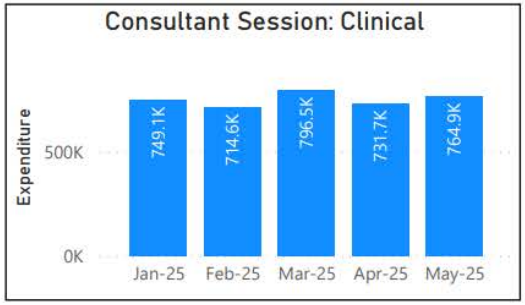
Pay Summary (2): Substantive Pay: Additional pay element

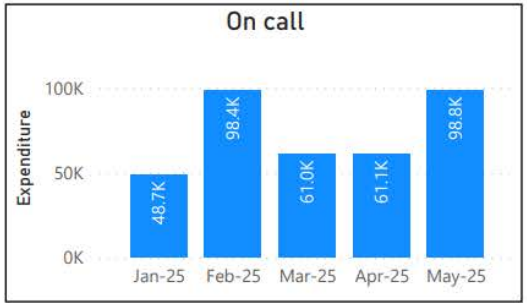






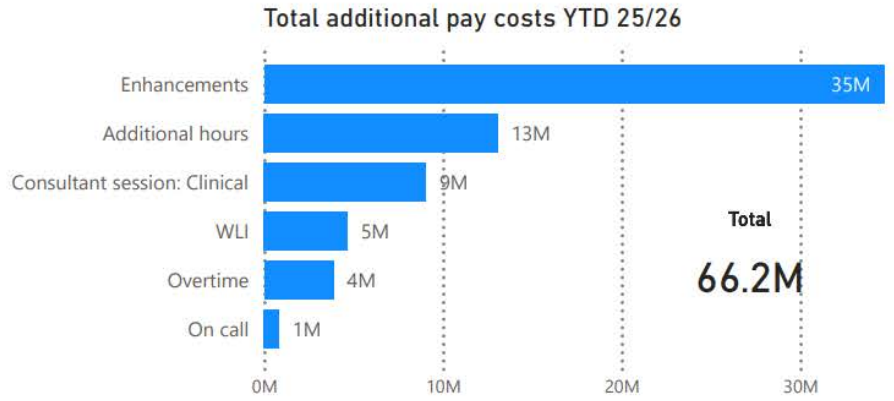






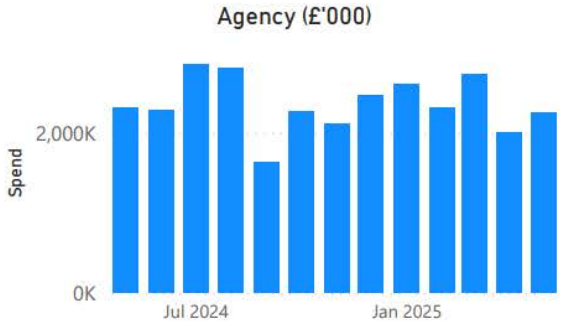
Total additional pay by Division (£'000)

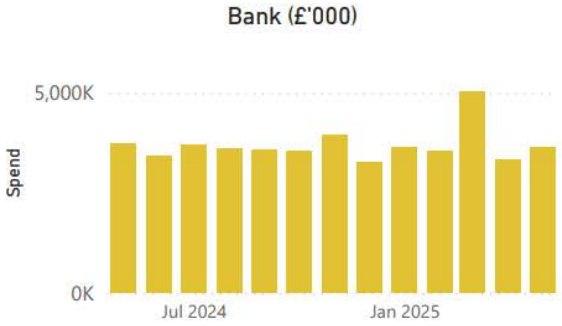
Division	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Total
Medicine	1,286	1,518	1,289	1,352	1,477	**6,922**
Surgery	964	1,143	1,124	981	1,042	**5,253**
Clinical Support Services	791	976	895	739	867	**4,267**
Family and Therapies	583	720	537	568	667	**3,074**
Urgent Care	442	541	440	436	578	**2,438**
Primary Care and Community	411	592	413	447	565	**2,428**
Estates and Facilities	388	553	384	412	566	**2,303**
Mental Health and LD	341	476	352	315	426	**1,911**
CHC and FNC	107	155	108	117	158	**646**
Corporate	42	87	56	59	77	**321**
Total	**5,356**	**6,761**	**5,598**	**5,426**	**6,423**	**29,564**

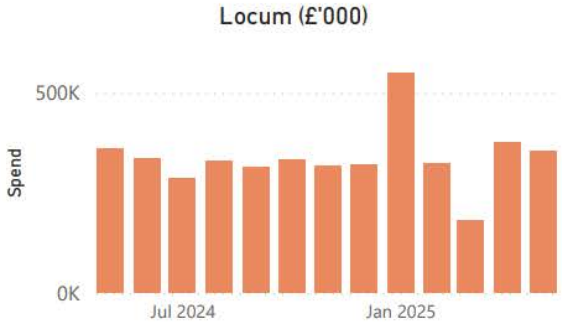


Pay Summary (3): Variable Pay (£'k)

Pay category	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Change	%	Avg 24/25
Agency																
Admin & Clerical Agency	8	19	-4	6	12	-6	-47	3	31	6	37	38	10	-28	-74.8%	8
Allied Health Prof Agency	105	162	132	128	105	132	148	166	253	262	323	163	136	-27	-16.7%	168
Estates & Ancilliary Agency	139	78	188	176	-446	78	36	34	67	-49	145	112	81	-30	-27.3%	54
Medical Agency	869	902	1,201	1,227	792	876	962	859	868	900	1,038	858	1,156	298	34.7%	968
Nurse HCA/HCSW Agency	39	38	57	37	39	58	43	120	131	92	202	115	172	56	48.6%	74
Other Agency	94	77	109	82	63	76	51	79	50	92	98	91	68	-24	-25.9%	77
Registered Nurse Agency	1,064	1,011	1,169	1,150	1,064	1,056	927	1,207	1,210	1,006	893	627	627	0	-0.0%	1,066
Total	**2,318**	**2,286**	**2,852**	**2,805**	**1,627**	**2,271**	**2,121**	**2,468**	**2,609**	**2,308**	**2,735**	**2,005**	**2,249**	**244**	**12.2%**	**2,414**
Bank																
Admin & Clerical Bank	79	75	93	82	76	70	83	67	74	68	168	73	79	7	8.9%	84
Estates & Ancilliary Bank	257	249	263	260	256	252	287	259	255	234	325	253	288	35	13.7%	260
Nurse HCA/HCSW Bank	1,680	1,548	1,614	1,656	1,649	1,589	1,749	1,504	1,641	1,568	2,032	1,574	1,698	124	7.9%	1,638
Other Bank	0	1	0	-1	0	0	5	-2	-1	-2	233	27	37	10	36.9%	19
Registered Nurse Bank	1,711	1,555	1,721	1,598	1,608	1,625	1,816	1,437	1,672	1,689	2,287	1,408	1,541	132	9.4%	1,672
Total	**3,727**	**3,427**	**3,690**	**3,595**	**3,590**	**3,537**	**3,939**	**3,265**	**3,641**	**3,557**	**5,044**	**3,336**	**3,643**	**307**	**9.2%**	**3,673**
Locum																
Medical Locum	360	337	285	330	315	332	317	320	548	324	180	376	356	-21	-5.6%	332
Total	**360**	**337**	**285**	**330**	**315**	**332**	**317**	**320**	**548**	**324**	**180**	**376**	**356**	**-21**	**-5.6%**	**332**
Total	**6,404**	**6,051**	**6,828**	**6,730**	**5,532**	**6,140**	**6,377**	**6,053**	**6,798**	**6,189**	**7,959**	**5,718**	**6,248**	**530**	**9.3%**	**6,419**

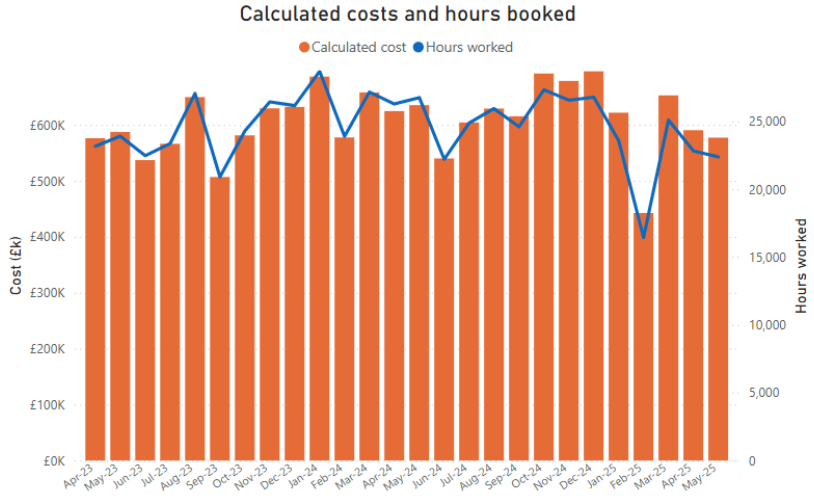




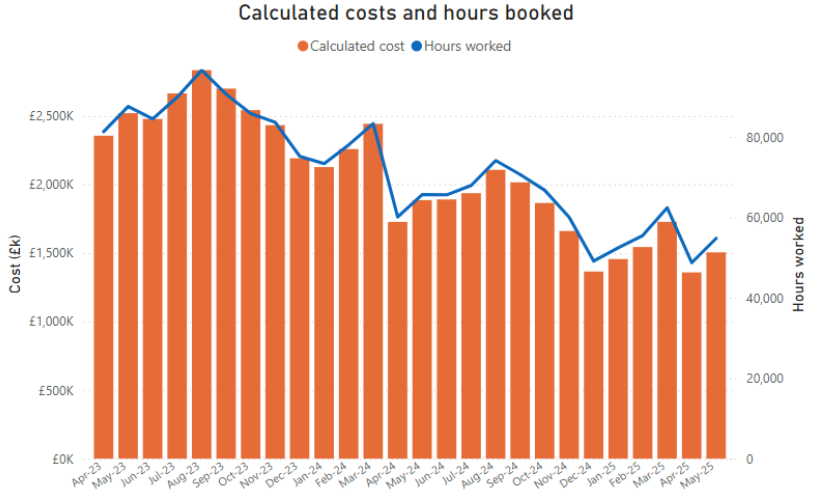


Pay Summary (4): Nurse Bank & Agency Reason for Booking (£'k)

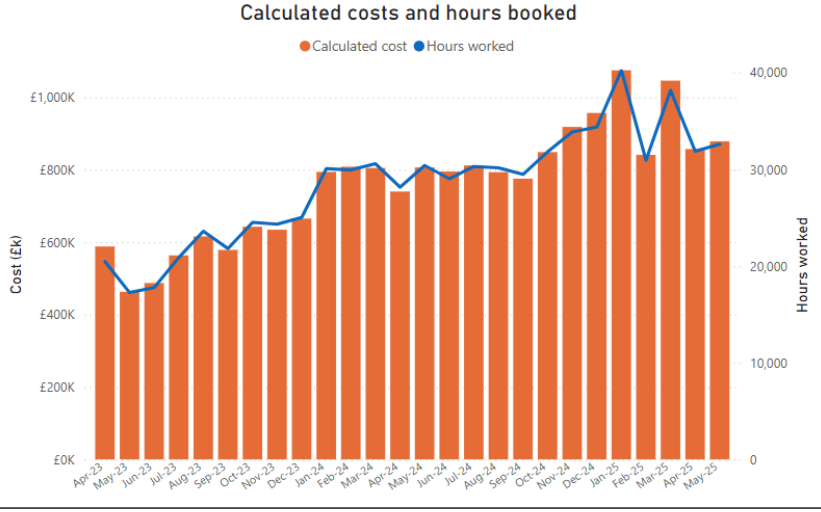
Enhanced Care



Established Vacancy Cover

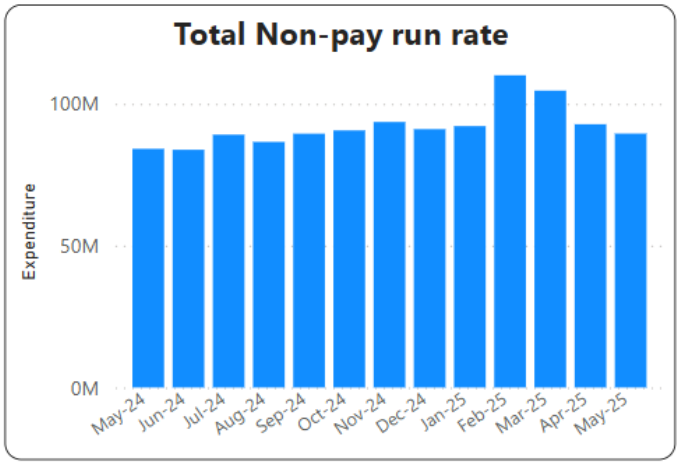


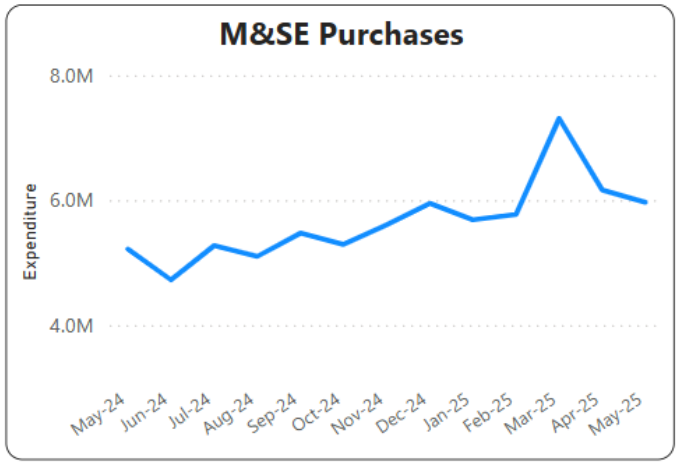
Sickness Cover

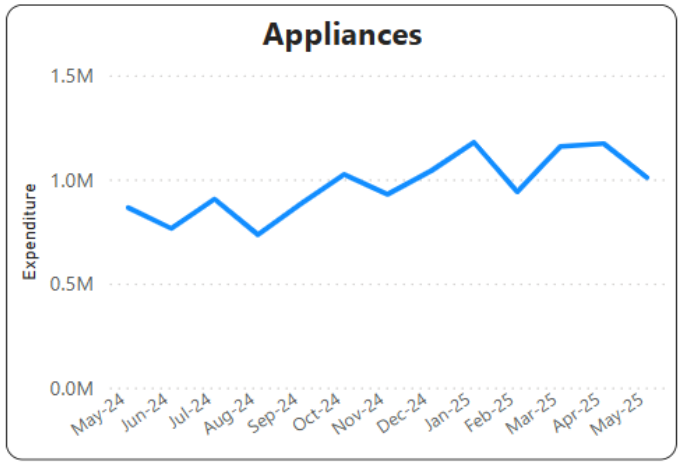


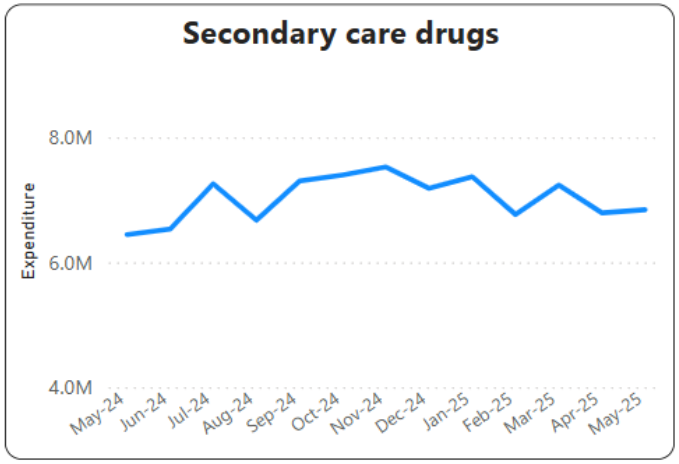
These graphs represent **'notional calculate worth'** of these booking reasons for Bank and Agency for Registered Nurses and Healthcare Support Workers. This means assigning an average cost fort he hours worked per the reasons reported in e-roster.

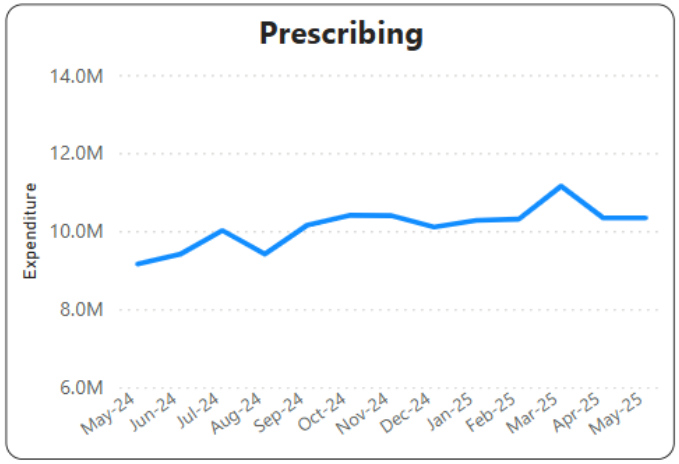
Non-Pay Summary:

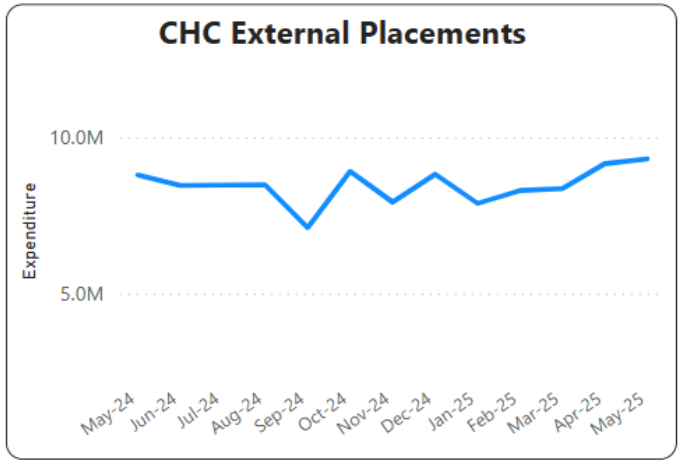












Referral to Treatment (RTT):

- Elective Treatments for May '25 was 1,890 (Apr '25: 2,060. 2024/25 total: 25,658, 23/24 total: 24,688, 22/23 total: 22,327)

Planned Treatments (M02)					
Treatment	Core	Backfill	WLI	Other	Total
N107-Dermatology	205	0	12	0	217
N147-ENT	122	0	0	0	122
N105-General Surgery	303	16	0	0	319
N146-Oral Surgery	158	0	0	0	158
N148-Ophthalmology	321	0	0	0	321
N115-Trauma & Orthopaedics	415	16	14	0	445
N106-Urology	211	0	0	0	211
	1,735	32	26	0	1,793

Actual Treatments (M02)					
Core	Backfill	WLI	Other	Total
218	7	0	0	225
97	32	0	0	129
243	20	0	0	263
162	0	0	0	162
281	0	1	0	282
453	94	43	0	590
231	0	8	0	239
1,685	153	52	0	1,890

Treatment Variance (M02)				
Core	Backfill	WLI	Other	Total
13	7	(12)	0	8
(25)	32	0	0	7
(60)	4	0	0	(56)
4	0	0	0	4
(40)	0	1	0	(39)
38	78	29	0	145
20	0	8	0	28
(50)	121	26	0	97

- Outpatient activity for May '25 was 5,043 (Apr '25: 7,094. 2024/25 total: 74,787, 23/24 total: 71,165, 22/23 total: 65,873)

Planned Outpatients (M02)				
Outpatient	Core	Backfill	WLI	Total
N107-Dermatology	707	0	0	707
N147-ENT	482	0	0	482
N105-General Surgery	1,703	132	26	1,861
N146-Oral Surgery	168	0	0	168
N148-Ophthalmology	551	0	24	575
N108-Rheumatology	176	0	0	176
N115-Trauma & Orthopaed	880	12	42	934
N106-Urology	413	0	0	413
Total	5,080	144	92	5,316

Actual Outpatients (M02)				
ACTUAL TYPE	Elective	Backfilled	WLI	
Outpatient	Core	Backfill	WLI	Total
N107-Dermatology	1,208	0	0	1,208
N147-ENT	411	14	0	425
N105-General Surgery	1,406	121	21	1,548
N146-Oral Surgery	226	35	0	261
N148-Ophthalmology	477	0	0	477
N108-Rheumatology	144	0	0	144
N115-Trauma & Orthopaedi	493	0	57	550
N106-Urology	427	0	3	430
Total	4,792	170	81	5,043

Outpatient Variance (M02)				
Outpatient	Core	Backfill	WLI	Total
N107-Dermatology	501	0	0	501
N147-ENT	(71)	14	0	(57)
N105-General Surgery	(297)	(11)	(5)	(313)
N146-Oral Surgery	58	35	0	93
N148-Ophthalmology	(74)	0	(24)	(98)
N108-Rheumatology	(32)	0	0	(32)
N115-Trauma & Orthopaedics	(387)	(12)	15	(384)
N106-Urology	14	0	3	17
	(288)	26	(11)	(273)

Medicine Outpatients activity for May ’25 was 2,033 - (Apr ’25: 1,916 , 2024/25: 23,053 2023/24: 22,708):

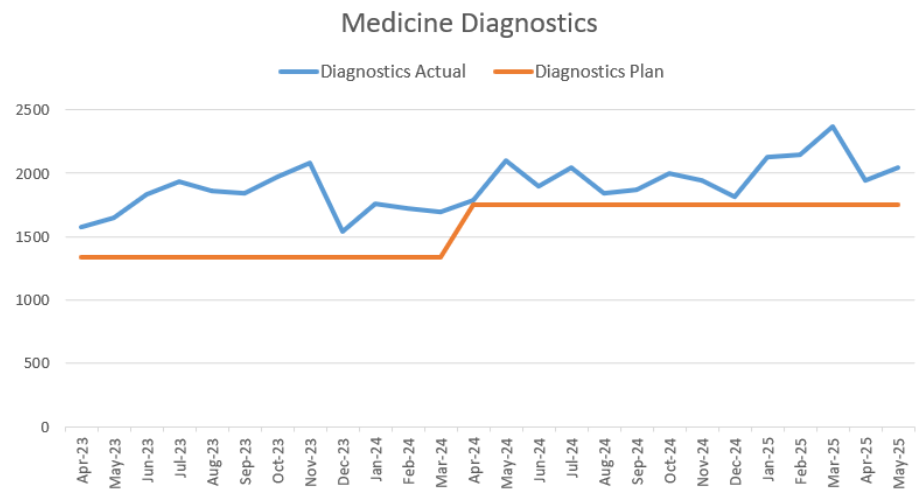
May-25

	Assumed monthly activity	Actual activity	Variance
Gastroenterology	475	453	-22
Cardiology	430	346	-84
Respiratory (inc Sleep)	455	436	-19
Neurology	257	304	47
Endocrinology	186	229	43
Geriatric Medicine	313	265	-48
Total	**2116**	**2033**	**-83**

May-25

YTD	YTD Plan	YTD Actual	Variance	Variance
Gastroenterology	950	860	-90	-9%
Cardiology	860	660	-200	-23%
Respiratory (inc Sleep)	910	849	-61	-7%
Neurology	514	634	120	23%
Endocrinology	372	430	58	16%
Geriatric Medicine	626	516	-110	-18%
Total	**4232**	**3949**	**-283**	**-7%**

Medicine Diagnostics activity for May ’25 was 2,048 (Apr ’25: 1,940, 2024/25: 23,952, 2023/24: 21,466):



YTD April 25	YTD Plan	YTD Actual	Variance	Variance
Endoscopy	1749	1940	191	11%
Total	**1749**	**1940**	**191**	**11%**

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	Plan £'000	Forecast £'000	Variance £'000
PCC-01	SLA's - Age Cymru & BHF	R	Month 1	Green	6	31	31	0
PCC-03	GMS - Improvement Grants	NR	Month 1	Green	16	100	100	0
PCC-05	30% Reduction of B&A vs 24/25 plan	R	Month 1	Green	6	205	205	0
PCC-06	6% Reduction of Non Pay across the area	R	Month 1	Green	2	24	24	(0)
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	4	0
PCC-08	10% Reduction of OAMH	R	Month 1	Green	0	20	20	0
PCC-09	ONN Vehicle Lease Cars (minus 6k early release fee)	R	Month 1	Green	0	25	25	0
PCC-10	BG Locality Bank & Agency reduction	R	Month 1	Green	0	7	7	0
PCC-11	Reduction in DN teams from 8 to 7	R	Month 1	Green	2	10	10	0
PCC-12	Partial retirement savings non clinical staff	R	Month 1	Green	0	7	7	0
PCC-13	Stock review/control	R	Month 1	Green	0	5	5	0
PCC-14	Reduction/closure of boarding beds C5West and C5East	R	Month 1	Green	15	115	221	106
PCC-15	Closure of Victoria House	R	Month 1	Green	0	103	103	0
PCC-16	Service provision at Trevethin	R	Month 1	Green	12	69	69	0
PCC-17	Reconfiguration of senior nurse posts DN/CRT	R	Month 1	Green	6	33	33	0
PCC-18	Non pay opportunities	R	Month 1	Green	2	13	13	0
PCC-19	Medicines Management - SSP Opportunities idenfied by procurement	R	Month 1	Green	0	300	300	0
PCC-20	Remove Emergency Dental Service (QIA) - commissioned Monday to Friday via GDS providers (in additional to NUP provided by Contract Reform practices)	R	Month 1	Amber	0	442	58	(384)
PCC-21	Non-clinical staff review across core UPC / HP / SPA	R	Month 1	Green	10	65	65	0
PCC-22	Enhancements on Specialist rates	R	Month 1	Green	0	36	36	0
PCC-23	Administered COVID-19 Vaccines	NR	In Year	Green	17	0	100	100
					94	**1,614**	**1,436**	**(178)**

Divisional analysis – Prescribing

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
PCC-02	Stoma Team Phase 2	NR	Month 1	Green	24	149	149	0
PCC-04	Medicines Management	R	Month 1	Green	0	2,103	0	(2,103)
PCC-04A	Dietitians	R	Month 1	Green	2	0	40	40
PCC-04B	Waste Reduction Scheme	R	Month 1	Green	33	0	200	200
PCC-04C	Pharmacy Led Savings	R	Month 1	Green	0	0	50	50
PCC-04D	Scriptswitch Acute	R	Month 1	Green	40	0	245	245
PCC-04E	Scriptswitch Repeat	R	Month 1	Green	33	0	850	850
PCC-04F	Liothyronine Formulation change	R	Month 1	Green	2	0	3	3
PCC-04G	DOAC (Edoxaban) switch to Apixaban / Rivaroxaban	R	Month 1	Green	24	0	650	650
PCC-04H	Bath & Shower Emollient Review	R	Month 1	Green	8	0	10	10
PCC-04I	Chloral Hydrate Prescribing Review	R	Month 1	Green	5	0	55	55
PCC-24	Only Order What You Need	NR	In Year	Amber	0	0	594	594
					170	**2,252**	**2,846**	**594**

Divisional analysis – Complex Care

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved	Plan £'000	Forecast £'000	Variance £'000
CHC-01	Top 50 placement reviews	R	Month 1	Green	0	306	306	0
CHC-02	Management and reduction of commissioned enhanced care one to one in care homes	R	Month 1	Green	0	108	108	0
CHC-03	FNC Assessments	R	Month 1	Green	39	305	305	1
CHC-04	Care at Home Team	R	Month 1	Green	0	32	32	0
CHC-05	Rightsizing additional support	R	Month 1	Green	0	12	12	0
CHC-06	Enhancements on Specialist rates	R	Month 1	Green	0	18	18	0
					39	**781**	**781**	**1**

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	Plan £'000	Forecast £'000	Variance £'000
MH-01	Mitchell Close	R	Month 1	Amber	0	100	100	0
MH-02	Aripiprazole drug switch	R	Month 1	Green	0	3	3	0
MH-03	Reduction to variable pay	R	Month 1	Green	0	143	143	0
MH-04	CHC Dispute CB Hammersmith & Fulham	NR	Month 1	Amber	0	500	500	0
MH-05	CHC Transition Cases (x2)	R	Month 1	Green	34	200	200	0
					34	**946**	**946**	**0**

Divisional analysis – Surgery

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Surgery	SUR-01	Haematology drugs wastage reduction	R	Month 1	Amber	0	12	0	(12)
Surgery	SUR-02	Robot buy out of lease (GB)	R	Month 1	Green	48	286	286	0
Surgery	SUR-03	Divisional - Pump Giving Sets (Procurement)	R	Month 1	Green	10	58	58	0
Surgery	SUR-04	General Surgery - Workforce - Net savings as a result of appointing two substantive consultants.	R	Month 1	Green	8	50	50	0
Surgery	SUR-05	General Surgery - Medication - Switching IV Co-trimoxazole and metronidazole to oral in GUH	R	Month 1	Green	1	10	0	(10)
Surgery	SUR-06	General Surgery - Pintuition seeds	R	Month 1	Green	10	65	65	0
Surgery	SUR-07	Ear, Nose and Throat - Re-Usable Instruments	R	Month 1	Green	0	3	3	0
Surgery	SUR-08	Ophthalmology - Workforce - Band 5 Orthoptist	R	Month 1	Green	4	20	20	0
Surgery	SUR-09	Rheumatology - Workforce - Band 6 Rheumatology CNS	R	Month 1	Green	8	50	50	0
Surgery	SUR-11	Trauma and Orthopaedics - Consolidation of maintenance contracts (Desoutter)	R	Month 1	Green	0	29	25	(4)
Surgery	SUR-12	Trauma and Orthopaedics - Workforce - substantiate 1.2 WTE orthogeriatric ward doctor posts	R	Month 1	Green	0	66	43	(23)
Surgery	SUR-13	Trauma and Orthopaedics - Workforce - Changes to on-call structures	R	Month 1	Amber	0	3	1	(2)
Surgery	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	3	0
Surgery	SUR-15	Trauma and Orthopaedics - Bone Cleaning Device	R	Month 1	Green	0	64	54	(10)
Surgery	SUR-16	Trauma and Orthopaedics - Workforce - substantiate 2.5 WTE JCF over establishment for RGH/OSU ward cover	R	Month 1	Green	0	75	50	(25)
Surgery	SUR-17	Urology - Cystoscopes - Disposable Cystoscopes	R	Month 1	Green	0	1	1	0
Surgery	SUR-18	Urology - Medication - Switch to Dysport from BOTOX for N/Ps with Neuropathic Pain	R	Month 1	Green	0	2	2	0
Surgery	SUR-19	Urology - Follow Up Patients - Spacing for follow Up Patients receiving BOTOX	R	Month 1	Green	0	2	2	0
Surgery	SUR-20	Urology - Workforce - Associate Specialist Vacancy	R	Month 1	Green	24	20	24	4
Surgery	SUR-21	Divisional Management - Medication - Sports Medicine review	R	Month 1	Amber	0	38	0	(38)
Surgery	SUR-22	Haematology - SLA - Bristol SLA	R	Month 1	Green	0	4	4	0
Surgery	SUR-23	Haematology - Workforce - Admin team maternity leave	R	Month 1	Green	2	10	10	0
Surgery	SUR-24	Haematology - Study - POLARIS-2; Study of Olverembatinib	R	Month 1	Amber	0	40	0	(40)
Surgery	SUR-25	Haematology - Workforce - Registrar to be recharged to another non surgical Directorate	R	Month 1	Green	2	15	15	0
Surgery	SUR-26	Oral and Maxillofacial Services - Orthodontic Brackets - Reduce costs for Orthodontic brackets	R	Month 1	Green	0	4	4	0
Surgery	SUR-27	Dermatology - IMF - ABUHB Pathology to delivery IMF (Indirect immunofluorescence)	R	Month 1	Green	1	5	5	0
Surgery	SUR-28	Ear, Nose and Throat - Consumables - Review consumable usage for ENT treatment room	R	Month 1	Green	0	2	2	0
Surgery	SUR-29	Trauma and Orthopaedics - Consumables - Review of generic theatre consumables charged to T&O	R	Month 1	Green	0	10	8	(2)
Surgery	SUR-30	Ophthalmology - Workforce - 2X Consultant Posts	R	Month 1	Green	32	195	195	0
Surgery	SUR-31	Ophthalmology - Workforce - Middle Grades starting which will remove agency usage from the service -	R	Month 1	Green	0	383	319	(64)
Surgery	SUR-32	Ophthalmology - Medication - Conversion of 2mg Eyelea to 8mg to take advantage of lower price	R	Month 1	Amber	0	172	0	(172)
Surgery	SUR-33	Enhancements on Specialist rates	R	Month 1	Green	0	22	22	0
Surgery	SUR-34	Medicines Management savings	R	Month 1	Green	40	729	759	30
						191	**2,448**	**2,080**	**(368)**

Divisional analysis – Clinical Support Services

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved	Plan £'000	Forecast £'000	Variance £'000
CSS-01	Sysmex Maintenance Savings	R	Month 1	Green	16	160	178	18
CSS-02	Siemens KPI review	R	Month 1	Green	8	50	50	0
CSS-03	Sysmex MSC KPIs	R	Month 1	Green	1	5	5	0
CSS-04	Factor 8 Repatriation	R	Month 1	Green	1	6	6	0
CSS-05	WBS Commercial Products	R	Month 1	Green	1	6	6	0
CSS-06	Restructure of Management Positions	NR	Month 1	Green	0	13	13	0
CSS-08	Enhancements on Specialist Rates	R	Month 1	Green	0	365	392	27
CSS-10	Critical Care HCSW Variable Pay	R	Month 1	Green	20	120	120	0
CSS-11	Hepzyme Repatriation	NR	Month 1	Green	0	0	0	0
CSS-12	P3NP Repatriation	R	Month 1	Green	1	3	3	0
CSS-13	JCC funding for liver ablations	NR	Month 1	Green	0	165	165	0
CSS-14	IPFR income	NR	Month 1	Green	0	70	70	0
CSS-15	Ablation needles	R	Month 1	Green	1	5	5	0
CSS-16	Maintenance contracts for new DR equipment - NR	NR	Month 1	Green	2	25	25	0
CSS-17	Contrast bought in 24/25	NR	Month 1	Green	133	200	200	0
CSS-18	Blood Products from 24/25 Year End	NR	Month 1	Green	100	100	100	0
CSS-19	Additional Everlight reporting in 24/25	NR	Month 1	Green	36	46	46	0
CSS-20	Image Intensifier Maintenance	NR	Month 1	Green	1	16	16	0
CSS-21	Decomissioning of Fuji Equipment on current contracts	NR	Month 1	Green	2	12	12	0
CSS-22	C&V Ultrasound	NR	Month 1	Green	8	8	8	0
CSS-23	Cell Salvage income rebate	NR	Month 1	Green	8	47	47	0
CSS-24	Clariscan to Dotograf switch	R	Month 1	Green	1	16	16	(1)
CSS-25	Co-trimoxazole IV	R	In Year	Green	0	0	1	1
CSS-26	Lumicare	R	In Year	Green	4	0	25	25
					345	**1,438**	**1,507**	**70**

Divisional analysis – Medicine

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
MED-01	Biologic Switch of Ustekinumab	R	Month 1	Green	51	308	308	0
MED-02	Enhancements on Specialist rates	R	Month 1	Green	0	382	382	0
MED-03	National priorities - Teriparatide generic switch	R	Month 1	Green	0	1	2	0
MED-04	National priorities - Dimethyl fumerate - Generic switch	R	Month 1	Green	53	446	433	(13)
MED-05	National priorities - Omalizumab - transitional contract	R	Month 1	Amber	0	50	50	0
MED-06	National priorities/Best value Biosimilars - Ustekinumab vials	R	Month 1	Green	97	253	292	39
MED-07	Neurology - Idebenone Homecare Supply	R	Month 1	Amber	0	13	13	0
MED-08	Annual purchase of insulin pumps at preferential rate	NR	Month 1	Green	5	5	5	0
MED-09	Use of 24/25 purchased CPAP's for 25/26 activity	NR	Month 1	Green	(57)	365	247	(118)
MED-10	Use of 24/25 purchased colon capsules for 25/26 activity	NR	Month 1	Green	11	63	63	0
MED-11	Use of 24/25 purchasesd equip (leads etc) for 25/26 activity	NR	Month 1	Green	4	23	23	0
MED-12	Delay in prescribing Budesomide	NR	Month 1	Green	282	340	1,198	858
MED-13	COTE - Denosumab	R	In Year	Amber	0	0	26	26
MED-14	Co-trimaxazole IV	R	In Year	Green	0	0	4	4
					447	**2,250**	**3,048**	**797**

Divisional analysis – Urgent Care

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved	Plan £'000	Forecast £'000	Variance £'000
URG-01	Enhancements on Specialist rates	R	Month 1	Amber	0	520	520	0
URG-02	Switch to a non-ported admin set with pump	R	Month 1	Green	2	19	17	(2)
					2	**539**	**537**	**(2)**

Divisional analysis – Family & Therapies

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
F&T-01	Divisional drugs savings target	R	Month 1	Green	1	63	63	0
F&T-02	Health Visiting - Reduction in Rental Charges due to relocation to 19 Hills Health & Wellbeing Centre, Ringland East	R	Month 1	Green	2	11	11	0
F&T-03	Actim Prom and Partus	R	Month 1	Green	2	13	13	0
F&T-04	Non- renewal of Windmill Farm SLA with NPT LA for 25/26	R	Month 1	Green	50	300	300	0
F&T-05	Enhancements on Specialist rates	R	Month 1	Green	0	257	257	0
F&T-06	Cessation of Tafarn Newydd S28A SLA with Torfaen LA	R	Month 1	Green	5	31	31	0
F&T-07	Giving Sets for Infusion Pumps	R	Month 1	Green	0	2	2	0
F&T-08	Bulk purchase of Medtronic 780G Diabetic pumps and sensors	NR	Month 1	Green	5	5	5	0
					65	**682**	**682**	**0**

Divisional analysis – Estates & Facilities

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved	Plan £'000	Forecast £'000	Variance £'000
FAC-01	Chepstow Hospital Unitary Charge	R	Month 1	Green	84	500	500	0
FAC-02	ENERGY SAVINGS	R	Month 1	Green	334	2,000	2,000	0
FAC-03	Bed contract savings	R	Month 1	Green	21	250	229	(21)
FAC-04	Energy	R	Month 1	Green	42	250	250	0
					481	**3,000**	**2,979**	**(21)**

Divisional analysis – Corporate

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CORP-02	Reduction in non-pay spend	NR	Month 1	Green	4	50	50	0
CORP-06	Executive directorate strech target saving	R	Month 1	Amber	0	152	152	0
CORP-11	Executive directorate strech target saving	R	Month 1	Green	13	242	242	0
CORP-15	Executive directorate strech target saving	R	Month 1	Green	5	29	29	0
CORP-01	Reduction in workforce costs - on call allowance	NR	Month 1	Amber	0	70	70	0
CORP-13	Executive directorate strech target saving	R	Month 1	Amber	0	700	700	0
CORP-04	Scheme	NR	Month 1	Green	8	100	100	0
CORP-05	Opportunity	NR	Month 1	Green	8	100	100	0
CORP-08	Executive directorate strech target saving	R	Month 1	Amber	0	149	149	0
CORP-14	Executive directorate strech target saving	R	Month 1	Green	10	97	97	0
CORP-03	Opportunity	R	Month 1	Green	151	151	151	0
CORP-07	Executive directorate strech target saving	R	Month 1	Green	9	103	103	0
CORP-16	Executive directorate strech target saving	R	Month 1	Green	8	39	39	0
CORP-09	Executive directorate strech target saving	R	Month 1	Green	9	102	102	0
CORP-10	Executive directorate strech target saving	R	Month 1	Amber	0	180	180	0
CORP-12	Executive directorate strech target saving	R	Month 1	Amber	0	207	207	0
					224	**2,471**	**2,471**	**0**

Reserves

Reserves Delegation:

The reserves held at 31st May-25 is £68.822m. This consists of the revised recurrent deficit for 24/25 of; (£1.884m), specific commitment reserves of £2.99m, supporting financial position £0.085m and allocations to be delegated of £67.630m.

The reserves include some elements of risky income associated with the submitted plan.

All of these reserves are either supporting the financial position of the Health Board (£59m) or is committed to specific areas (£9.8m). There is no innovation reserve.

Phase 2 of the budget setting is expected to delegate the majority of the reserves.

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.	4,688,386	4,688,386
Confirmed	R	Topslice for Central Procurement of Flu Vaccines	(284,000)	(284,000)
Confirmed	R	Core Cost and Demand Uplift for 2025-26 (1.77%)	25,112,069	25,112,069
Confirmed	R	Core Cost and Demand Uplift - Mental Health (1.77%)	2,532,499	2,532,499
Anticipated	R	National Insurance increase (Ers) 25-26	16,201,000	16,201,000
Anticipated	R	Real Living Wage (AB staff) 25-26	2,637,000	2,637,000
Anticipated	NR	Pathfinder Womens Health Hub 25-26	300,000	0
Anticipated	NR	RTT Waiting times Q1 25-26	1,500,000	0
Anticipated	NR	6 goals SDEC Urg	1,390,500	0
Anticipated	NR	6 goals SDEC CEO	55,620	0
Anticipated	NR	6 goals UPC PCC	1,297,800	0
Confirmed	NR	Shingles funding HCHS	1,200,667	0
Confirmed	NR	Shingles funding GMS	120,396	0
Anticipated	NR	MCA DoLS NurseDir funding	377,000	0
Anticipated	NR	MCA IMCA PCC funding	433,000	0
Anticipated	NR	Neurodivergence (NDIP) - FT funding	882,611	0
Anticipated	NR	Disp DRs and PADMs funding	1,121,000	0
Anticipated	NR	EPMA funding	2,153,000	0
Anticipated	NR	Overseas recruitment funding	700,000	0
Anticipated	NR	Planned Care Transformation funding	4,551,000	0
Anticipated	NR	Precision Medicine	0	0
Anticipated	NR	Digital Pathology Breast AI	0	0
Anticipated	NR	Physician Associates	59,000	0
Anticipated	NR	Fracture Liaison Service	0	0
Anticipated	NR	LIMs funding	140,000	0
Anticipated	NR	RISP funding	462,000	0
		Confirmed Allocations to be apportioned	**67,630,548**	**50,886,954**

7788-COMMITMENTS TO BE DELEGATED

Description	25/26	26/27
Discharge/Transfer lounge	725,000	725,000
Newport East HWBC (GDS contract increase)	48,000	48,000
GUH ED Extension	410,000	410,000
TEC Cymru and VC - Pay award element of budget	148,848	148,848
Junior Doctors income: TGS	449,295	449,295
Junior Doctors income: PGCME	(30,151)	(30,151)
Recovery of PCCS Further Faster schemes budget (delegated twice)	1,240,084	
Total Commitments	**2,991,076**	**1,750,992**

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
Total Supporting Financial position	**85,296**	**0**

7515-IMTP 23/24 DEFICIT

Description	25/26	26/27
24/25 recurrent deficit	(7,184,640)	(7,184,640)
Innovation and Development Fund	224,100	224,100
Prescribing price & volume growth 2024/25	1,800,000	1,800,000
Inflationary pressures reserve	1,220,000	1,220,000
Ty Gwent surplus	651,645	651,645
Supporting financial position balance b/f 24/25	1,404,269	1,404,269
Total deficit b/f	**(1,884,626)**	**(1,884,626)**
Totals	**68,822,294**	**50,753,320**

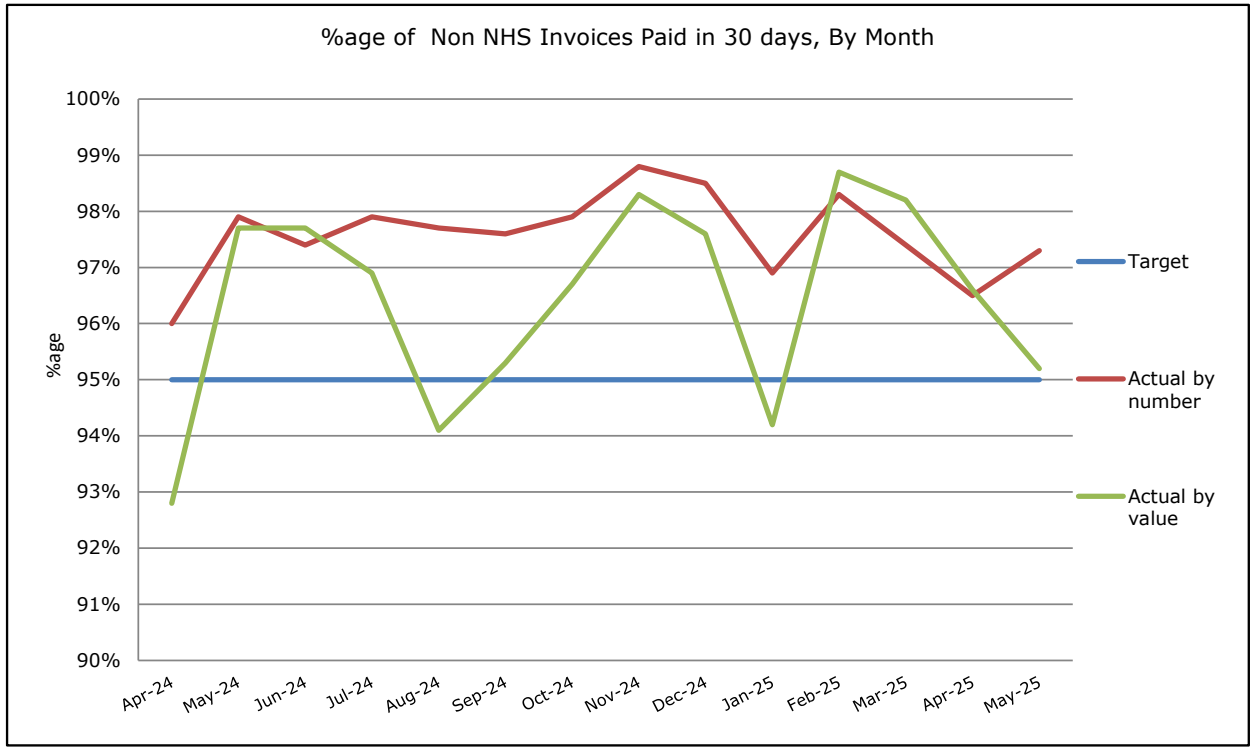
Cash Position

The cash balance at the 31st May 2025 is £2.431m, which is below the advisory figure set by Welsh Government of £6m.

Public Sector Payment Policy (PSPP)

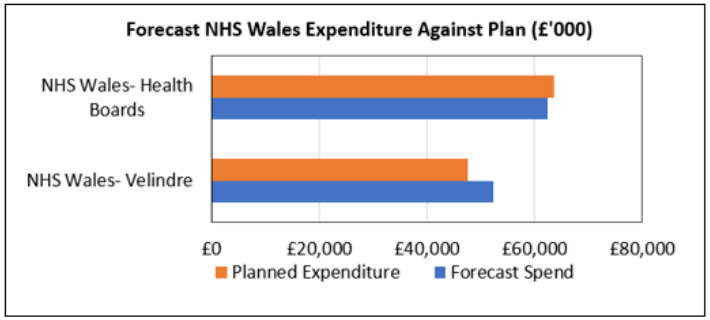
The HB has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods/services in May.

There has been a decrease in the number of NHS invoices paid within 30 days this month, resulting in a failure to achieve the target. This is attributable to the volume of invoices received as part of the Month 12 agreement of balances process.



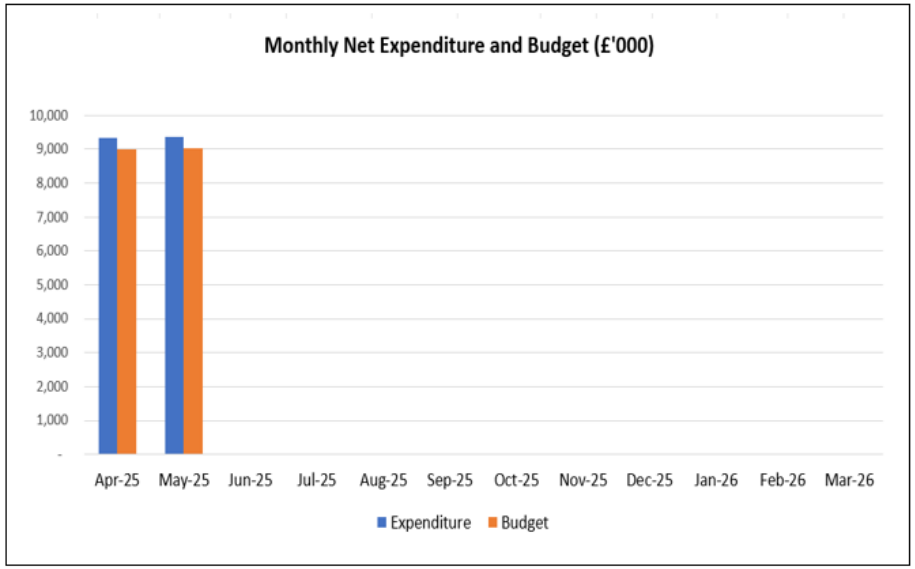
Contracting & Commissioning – LTA Spend & Income

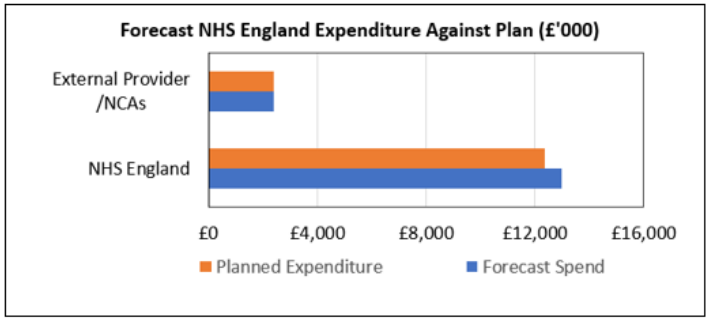
At Month 2 the year to date financial performance for Contracting and Commissioning is £636k overspend against the delegated budget with a forecast year of £3.8m overspend. The key elements contributing to this position at Month 2 are as follows:



NHS Wales Expenditure

Expenditure in NHS Wales contracts is expected to be c£3.5m more than rollover budget predominantly due to inflationary uplift and NICE/activity pressures expected at Velindre.

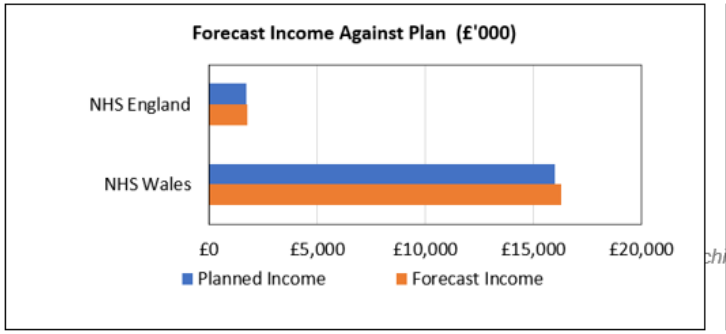




NHS England Expenditure

Contract Expenditure with NHS England organisations is expected to be c£14m in 2025/26

There is a pressure forecast of c£650k due to inflationary uplift and activity growth



Provider Income

Provider income of c£18m is being planned and forecast in 2025/26 and will continue to be monitored and managed regularly

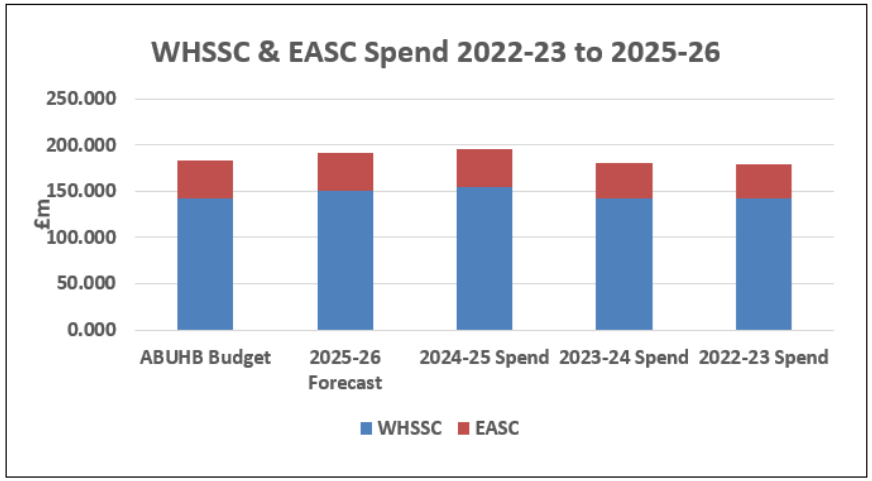
This is currently expected to be a surplus of c£314k due to the expected inflationary uplift

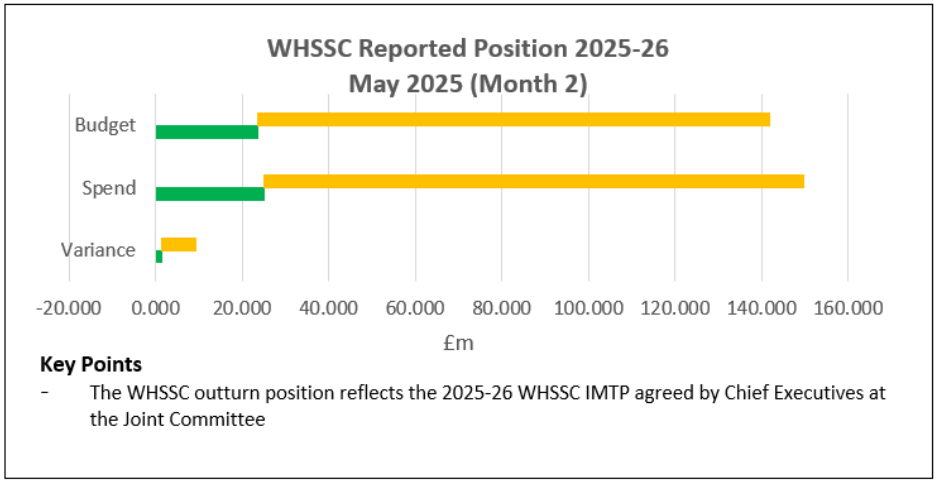
Key Issues 2025-26

- All LTAs have been agreed ahead of the WG deadline and have been signed by ABUHB.
- The nationally agreed core uplift of 1.77% has not been delegated but the impact is in the forecasted figures
- A recurrent annual saving of £1.8m from 2024/25 LTA negotiations with Cwm Taf has been achieved against a target of £300k which results in a £1.5m benefit within the 'underlying' HB position.
- The expenditure being forecast for cancer services at Velindre is in line with ABUHB IMTP planning assumptions.

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

The Month 2 financial position for the Joint Commissioning Committee is a forecast overspend of £8.709m. The position reflects the agreed IMTP and current budget delegation for the Specialised Services (formerly WHSSC) and EASC elements.





Key Points

- The WHSSC outturn position reflects the 2025-26 WHSSC IMTP agreed by Chief Executives at the Joint Committee

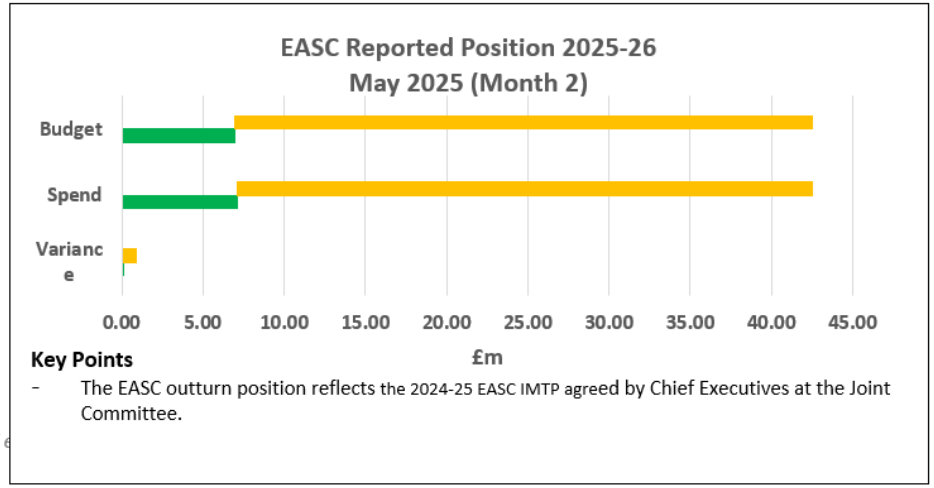
Key Issues 2025-26

Specialised Services

- Current forecast based on the agreed IMTP
- 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



Key Points

- The EASC outturn position reflects the 2024-25 EASC IMTP agreed by Chief Executives at the Joint Committee.

Balance Sheet

Balance sheet as at 31st May 2025	2025/26 Opening balance £000s	31st May 2025 £000s	Movement £000s
Fixed Assets	945,668	970,094	24,426
Other Non current assets	111,489	114,646	3,157
Current Assets			
Inventories	10,433	10,318	(115)
Trade and other receivables	167,220	160,313	(6,907)
Cash	4,823	2,431	(2,392)
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	182,476	173,062	(9,414)
Liabilities			
Trade and other payables	221,140	196,673	(24,467)
Provisions	207,724	211,249	3,525
	428,864	407,922	(20,942)
	810,769	**849,880**	**39,111**
Financed by:-			
General Fund	610,494	637,643	27,149
Revaluation Reserve	200,275	212,237	11,962
	810,769	**849,880**	**39,111**

Fixed Assets: -

Other Non-Current Assets: This relates to an increase in Welsh Risk Pool claims due in more than one year £3.5m and a decrease in intangible assets of £0.3m 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 May £3.4m
- A decrease in the value of both NHS & Non-NHS accruals of £8.1m, of which £9.0m relates to a decrease of Welsh Risk Pool claims due in less than one year, £1.5m relates to an increase in NHS & Non-NHS accruals and £0.6m relates to a decrease in VAT and other debtors since the end of 2024/25
- An increase in the value of prepayments held of £4.6m.

Cash: The cash balance held at the end of April is £2.431m.

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 (£3.2m), a decrease in the level of invoices held for payment from the year end (£6.2m), an increase in non NHS accruals (£5.7m), an increase in Tax & Superannuation (1.3m), a decrease in other creditors (£15.6m), a decrease in the liability for lease payments (£0.2m), an increase in payments on account £0.8m).

Provisions:

- Due to an increase in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £4.1m 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: £1.85bn

Confirmed Allocations as at May 2025 (M2 2025/26)

	£'000
HCHS	1,587,293
GMS	115,738
Pharmacy	36,808
Dental	34,643
Total Confirmed Allocations - May 2025	**1,774,481**
Plus Anticipated Allocation - May 2025	**79,509**
Total Allocations - May 2025	**1,853,990**

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 £122m. (£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 £1.98bn (£2bn for 24/25).

WG Revenue Resource Limit : Anticipated Allocations (May)

Funding Type	Description	Value £'000	Recurrent / Non Recurrent
DEN	Dental Contract 6% PayAward 2024-25	2,079	R
GMS	GMS Refresh	1,603	R
GMS	Dispensing Drs and PADMS funding 24-25	1,121	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	3,832	NR
HCHS	Capital - AME Depreciation - IFRS 16 Leases (Peppercorn)	62	NR
HCHS	Capital - AME Depreciation - Donated Assets	322	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Equip)	(2,778)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Prop)	(944)	NR
HCHS	Real Living Wage 24/25	3,000	R
HCHS	Memory Assessment Services - Gwent RPB	565	R
HCHS	Substance Misuse & increase	3,402	R
HCHS	Clinical Excellence Awards (CDA's)	298	R
HCHS	Invest to Save OmniceII	(80)	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	VBH: Heart Failure and Rehab in the Community	506	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	377	NR
HCHS	MCA - IMCA service	433	NR
HCHS	International recruitment funding 24-25	700	NR
HCHS	Medical and Dental Pay Award 24/25	8,042	NR
HCHS	EPMA Funding	2,153	NR
HCHS	Mental Health 111 Press 2 service funding	285	R
HCHS	Pay award-Substantive	28,784	R
HCHS	Pay award-Substantive Consultant	4,996	R
HCHS	Pay award-SLE	2,774	R
HCHS	Pay award-Bank	503	R
HCHS	Pay funding-RLW from April-24	2,696	R
HCHS	Pay funding-Band 8 increment Jan-25	1,303	R
HCHS	Pay funding-Apprenticeship levy addtl	294	R
HCHS	Pay funding-Intensity banding arrears	153	NR
HCHS	Pay funding-Locum consultant arrears	231	NR
HCHS	Digital Priorities Investmemt 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	340	NR
HCHS	25/26 Planned Care transformation funding	4,551	NR
HCHS	25/26 Neurodivergence (NDIP) funding	883	NR
HCHS	25/26 Physician Associates	59	NR
HCHS	25/26 LIMs funding	140	NR
HCHS	25/26 RISP funding	462	NR
HCHS	Pathfinder Womens Health Hub 25-26	300	NR
HCHS	RTT Waiting times Q1 25-26	1,500	NR
HCHS	National Insurance increase (Ers) 25-26	16,201	R
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	125	NR
HCHS	Planned Care 2025-2026 - Additional funding Phase 3 Outpatients	193	NR
	Total Anticipated: Per Ledger	**79,509**	

Capital Planning & Performance

	2025/26				
	Original Plan £000	Revised Plan £000	Spend to M2 £000	Forecast Outturn £000	Variance £000
Source:					
Discretionary Capital:					
Approved Discretionary Capital Funding Allocation	12,875	12,875		12,875	0
Less Targeted Estates Fund Contribution	-3,762	-2,854		-2,854	0
Less AWCP Brokerage 2024-25	-3,353	-3,235		-3,235	0
Total Approved Discretionary Funding	5,760	6,786		6,786	0
All Wales Capital Programme Funding:					
AWCP Approved Funding	12,184	25,381		25,381	0
Total Approved and Anticipated AWCP Funding	12,184	25,381		25,381	0
Total Capital Funding / Capital Resource Limit (CRL)	**17,944**	**32,167**		**32,167**	**0**
Applications:					
Discretionary Capital:					
Statutory Compliance Allocations	1,100	1,100	194	1,149	49
Other Commitments	1,050	1,050	36	1,050	0
Commitments b/f from 2024-25	544	1,245	250	1,366	121
Divisional Priorities	2,370	2,723	128	2,723	0
Corporate Priorities	0	0	0	0	0
Remaining DCP Contingency	696	668	0	597	-71
Total Discretionary Capital	**5,760**	**6,786**	**609**	**6,885**	**99**
All Wales Capital Programme:					
NHH Satellite Radiotherapy Centre	1,991	1,250	1,000	1,250	0
GUH ED Extension	1,946	2,665	869	2,665	0
Head Lease for Chepstow Community Hospital	60	107	0	107	0
2nd MRI for Grange university Hospital	2,500	2,481	10	2,481	0
Centralised Decontamination Unit RGH	3,925	3,999	446	3,860	-139
RGH – Block 1 and 2 Demolition and Car Park	269	271	-1	271	0
Backlog Maintenance 2024-25	901	2,017	470	2,017	0
EFAB - Infrastructure 2024-25	0	224	0	224	0
YYF Breast Centralisation Unit	0	91	0	91	0
CAMHS Sanctuary Hub	0	104	75	104	0
Housing with Care Fund 2024-25	0	21	2	19	-2
Ty Gwent	0	47	-1	47	0
Commercial Research Delivery Wales Equipment 2024-25	0	12	12	12	0
Diagnostic Equipment and Medical Devices Funding 2024-25	0	11	11	11	0
Digital Equipment 2024-25	0	53	66	66	13
End of Year Funding 2024-25	0	77	0	77	0
IRCF - Abervalley H&WBC	592	550	29	550	0
IRCF - Dixton H&WBC	0	269	67	298	29
Targeted Estates Fund (TEF)	0	9,510	87	9,510	0
DPIF - Electronic Prescribing and Medicines Administration (ePMA)	0	1,622	0	1,622	0
Total AWCP Capital	**12,184**	**25,381**	**3,141**	**25,282**	**-99**
Total Programme Allocation and Expenditure	**17,944**	**32,167**	**3,750**	**32,167**	**0**
Underspend against Overall Capital Resource Limit					**0**

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	16 July 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**Strategic Risk Report, July 2025**
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Chief Executive Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Head of Corporate Risk and Assurance

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

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This 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 provides assurance that these risks are being managed effectively.

Cefndir / Background

The Strategic Risk Report, last presented to the Board in May, identified nine principal risks and 21 sub-risks, as detailed in Table 1. These risks continue to be actively managed to ensure appropriate mitigation and oversight.

Key Points:

- **Exclusions**: SRR 001H, SRR 003, and SRR 009 have been de-escalated to corporate or divisional risk levels and are excluded from the table.
- **Moderate Risks**: SRR 001E, SRR 004A, SRR 007A, and SRR 008 have a risk score of 8 (Moderate risk) and are not represented in the risk level columns.
- **Risk Categorisation**: The table only includes risks categorised as 'High' or 'Extreme'.

Table 1

Overarching Strategic Risk Description	Sub-Risks	Risk Level		Sub-Risk Theme	Delegated Committee
		High (9 – 12)	Extreme (15 – 25)		
SRR 001 - 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, B, C & D**	**4**	**-**	People	People and Culture Committee
	***E & F**	**-**	**1**	Service Delivery	Partnerships, Public Health & Planning Committee
	G	**-**	**1**	Financial Sustainability	Finance and Performance Committee
	I	**1**	**-**	Compliance and Safety	
SRR 002 - There is a risk that there will be significant failure of the Health Board's estate.	**A & B**	**1**	**1**	Compliance and Safety	Partnerships, Public Health & Planning Committee
SRR 004 - 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 & B**	**1**	**-**	Compliance and Safety	
SRR 005 - 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**	**1**	**-**	Service Delivery	Patient Quality, Safety & Outcomes Committee
SRR 006 - There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.	**A, B & C**	**3**	**-**	Service Delivery	Finance and Performance Committee
SRR 007 - There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	***A & B**	**1**	**-**	Transformation & Partnership Working	Partnerships, Public Health & Planning Committee
SRR 008 - There is a risk that the Health Board fails to build positive relationships with patients, staff, and the public.	***A**	**-**	**-**	Transformation & Partnership Working	Patient Quality, Safety & Outcomes Committee
SRR 010 - 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**	**1**	**-**	Compliance and Safety	
SRR 011 - The Health Board is at risk of failing to meet the Welsh Government's Public Sector emissions reduction targets of 16% by 2025 and 34% by 2030.	**A**	**1**		Service Delivery	Finance and Performance Committee
TOTAL	**21**	**14**	**3**		

**- represents the moderate risks not accounted for in the risk level totals.*

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. Additionally, the assurances are tested to verify the robustness of the controls. 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 control environment is reassessed, and appropriate measures are implemented to close these gaps.

Risk Exposure

In terms of the Health Board's current risk exposure to the 21 strategic sub-risks, Table 2, below illustrates that the majority of strategic risks are concentrated in the central line of the risk matrix.

This positioning reflects a high level of risk exposure, reinforcing the need for continued monitoring, robust controls, and proactive mitigation strategies to manage and reduce these risks effectively.

Table 2

RISK SCORING MATRIX					
LIKELIHOOD	**IMPACT**				
	1. Negligible	**2.** Minor	**3.** Moderate	**4.** Major	**5.** Catastrophic
5 Almost Certain					
4 Likely				**1 x (Extreme)** *SRR 001G	
3 Possible			**1 x (High)** SRR 007 B	**13 x (High)** SRR 001 A - D, F, *I, *SRR 002 B *SRR 004 B, SRR 005 A SRR 006 A, B, C *SRR 010	**2 x (Extreme)** *SRR 002A SRR 011A
2 Unlikely				**4 x (Moderate)** SRR 001 E SRR 004 A SRR 007 A SRR 008 A	
1 Rare					

**Risks outside of appetite*

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.	**16**	**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 Q1 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 Link to IMTP	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 Strategic Equality Objectives 2020-24	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
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	At each meeting, the relevant Committee will monitor the risk theme relevant to its responsibilities.

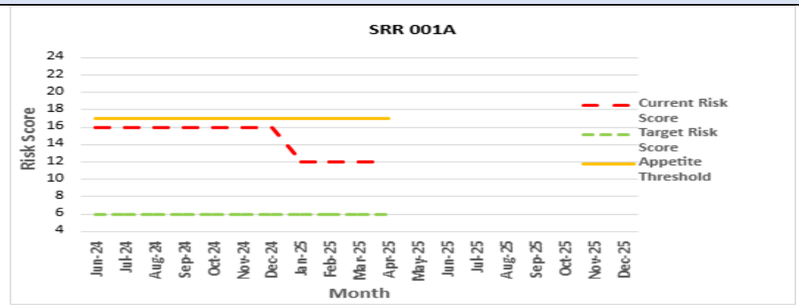
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service 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 ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Choose an item.

			Risk Description	Risk Score Matrix
				2 · 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.	
			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.	
			d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level	
	Director of Strategy, Planning and Partnerships.		e)Due to inadequate strategic plans which respond to population health and socio-economic needs	
			f)Due to unsustainable service models	
	Director of Finance and Procurement		g) Due to the failure to deliver a sustainable financial position and longer-term financial plan	
	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.	
SRR 002	Chief Operating Officer	There is a risk that there will be significant failure of the Health Board's estate	a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	
			b) Due to significant levels of backlog maintenance	
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	
			b) Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident.	
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	
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	
			b)Due to an adverse impact on service delivery in the implementation of new digital systems	
			c)Due to a failure to develop digital solutions that are sustainable and fit for the future	
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.	
			b) Due to the impact of fragile services across the regional and supra regional geography	
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	
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.	
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) . This is common to all Health Bodies across the country.	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	

Key	
Current Score	•
Target Score	×
Appetite Threshold	◊
Current to target	◂ –

Assessment of adequacy of assurances	
	POSITIVE = Identified assurances are deemed robust in telling us that the controls in place are working effectively.
	REASONABLE = Identified assurances are deemed adequate in telling us that the controls in place are working effecively, however some gaps have been identified which need to be addressed.
	NEGATIVE = Identified assurances are deemed insufficent in telling us that the conrols in place are working effectively with substantial gaps identified which need to be addressed.

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)*	**Patient** • Adverse impacts on delivery of care to patients across acute and non-acute settings	**Staff** • Non-compliance with safe staffing principles and standards. • Increased Workload	**Organisation** • Operational Disruptions • Quality of Services • Reputational Damage • Financial strain – use of agency and bank staff	**Risk Appetite Threshold - Score 17 and below.** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. **SUMMARY** The current risk level is **OUTSIDE** of target level but **WITHIN** the appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.	
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)*	**2** *(Minor)*	
Last Reviewed	01 April 2025	**Risk rating**	**= 12** ***(High)***	**= 6** ***(Moderate)***	
Next Review (Quarterly based on risk score)	01 July 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)*
• Monitoring Framework to support roll-out of the People Plan. • Workforce Dashboard to track activity – recruitment, turnover, sickness absence. • Supply and demand tracker (Nursing and HCSW). • People Plan tracker to support delivery of actions within the People Plan 2022-25. • Variable Pay Reduction Plan approved June 2022 and supported by the Programme Board. • Management of attendance through All Wales Management Attendance at Work Policy. • Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture. • Nurse Staffing Levels (Wales) Act 201625b/25c. • Review of staffing and recruitment plan internally in line with Royal College Guidance, i.e., RCP. • Workforce planning supported by Compendium of new roles to support innovative workforce models. • Recruitment KPI's. • IMTP (Integrated Medium-Term Plan) Educational Commissioning. • Workforce Establishment controls national working group has been instigated. • Value and Sustainability Board. • Implementation of the Collective Agreement (Non-Pay Deal) 2022/24. • **Recruitment** • Engagement with national recruitment campaigns such as BAPIO, M&D Kerela Initiatives, Train, Work, Live and Student Streamlining for Registered Nurses, Physician's Associates, Midwives, and therapy staff and with HEIW (Health Education and Improvement Wales) for Junior Doctor. • Annual programme of Apprentice recruitment • Overseas Nursing (All Wales Recruitment programme) • Nursing Workforce Strategy agreed.	**Retention** • Development of career pathways (e.g., non-clinical to clinical). • NHS Wales Nurse Retention Plan quarterly updates being reviewed for submission 09 Sept 2024 ongoing reviews taking place. • HCSW retention plan developed in collaboration with Nursing focusing on areas of high turnover • Short project in progress with an MSc student to develop a retention dashboard, using a regression model to better understand and predict retention. Data analysis is underway with a 5 year past dataset shared. **Variable Pay Reduction** • Development of action plan based on WHC to support the reduction in bank and agency usage. **E- Systems** • Utilise benefits of roll out Safe Care staffing to support effective and efficient staff deployment within adult ward areas. • Roll out of medical rostering to predict junior doctor gaps and look for alternative ways to fill. • Ensure compliance increase in e-job planning to optimise current resources and identify any gaps in provision. • 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.

- 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 flexile retirement options from October 2023 and reduced break in service required following retire and return.
- Development of HCSW skills matrix and career framework has commenced.
- Talent management and succession planning framework and resources now live and available on SharePoint. Framework signed off by Executive Committee.
- Career conversations and succession planning resources designed; Talent management succession planning workshop dates available with spaces for 120 people (with monthly training sessions available). Sessions are nearly fully booked with 114/120 places booked**.** Further workshops planned until the end of the year.
- All Wales self-assessment retention tool completed and submitted to HEIW with assessment at organisational level for Nursing and Midwifery to provide a baseline.

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.
- 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

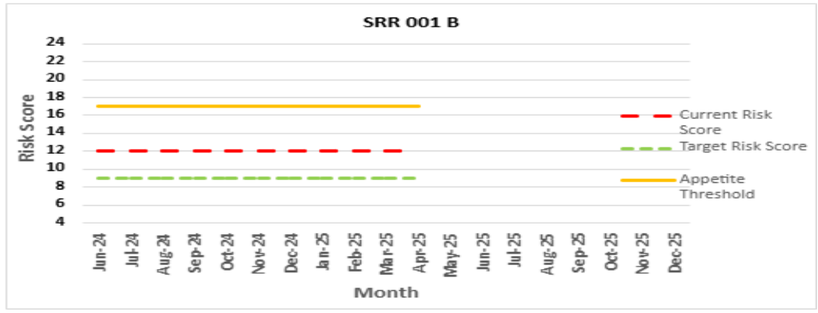
Training
- HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce, including Primary Care Academy
- Workforce planning training prospectus of local and online training launched September 2024
- Development opportunity being scoped for 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. 236 attendees in July 2024.
- 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.

• 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. • Cadet Nursing programme in place – 16 candidates attended for the 2024 induction and work is ongoing to support all 16 to achieve accreditations. - 16 RCN cadets attending All Wales HCSW Clinical Skills Induction, currently 12 active. • K102 bridging model now being offered to support HCSW pathways into registered nursing. • Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx). Similar program for Directorate Managers (DMx) a 10-month leadership development program to support the capability of this key group commenced 23 April 2024 with cohort 2 launching June 2025. Nursing and Midwifery Academy for senior level nurses and midwifes, Leadership Development program (entry level) and Leading People (advanced Level) programmes fully booked. Core Leadership programme currently delivering to 200 staff per year. • Delivery of workforce planning training **Vacancy Numbers and establishment control** • Quarterly reporting of vacancy numbers to WG as of March 2025 was 629 WTE, an increase of 44 WTE since September 2024. • 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 **Staff attendance** • 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. • "Hot spot" areas identified and plans in place to support	

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)*
Level 1 Operational *(Implemented by the department that performs daily operation activities)*			
• Workforce reports to the Nurse Strategic Workforce Group. • Monthly sickness monitoring reports. • Weekly filled and unfilled shift reports (RN) and reports of agency for HCSW/RN. • Medical Staffing Co-ordinator review of medical rotas. • Cross site operational calls.	• Occupational Health and Wellbeing dashboards report KPIs. • Recruitment KPIs • Medical & Dental and Student Streamlining fill rate reports		
Level 2 Organisational *(Executed by risk management and compliance functions)*			
• Reports to the People and Culture Committee and the Board on the progress of the People Plan 2022-25 • Workforce Dashboard presented to the Executive Committee, P&CC Committee, and the Board. • Workforce and OD (Organisational Development) group established to support delivery and implementation of workforce plans to support Clinical Futures Service transformation. • Measurements of Wellbeing through the ABUHB	• (Aneurin Bevan University Health Board) Staff Survey • Routine Reporting against nurse staffing levels. • Variable Pay Programme Board reporting to Value and Sustainability Board	• Governance processes • risk management input (register, risk assessment)	
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*			
• Internal Audit Reviews 2023 -24 • Long Term Sickness Absence Management (Q4) • Flexible Working (Q4) • External quarterly vacancy reporting to WG • 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.	• External reporting on Nursing Staffing Levels • National Acuity Audits (Nursing) • Workforce planning external audit action plan 2024	• Latest local survey saw a reduction in staff wellbeing	• Internal Audit Staff Culture Q3 2024/25

Assurance Rating (*Overall Assessment of controls and assurances)* <u>*Guidance*</u>			
Negative – Insufficient evidence that the controls	**Reasonable -** adequate evidence that the controls in place are working effectively.	**Positive -** robust evidence that the controls in place are working effectively.	**POSITIVE**

RISK THEME	**PEOPLE**				
LINK TO IMTP	**SECTION 4: ENABLER – WORKFORCE AND CULTURE**				
Strategic - SRR 001 B	**There is a risk 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.**			**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)*	**Patient** • Adverse impacts on delivery of care to patients across acute and non-acute settings	**Staff** • High absence levels, with some sustained long periods • Non-compliance with safe staffing principles and standards	**Organisation** • Reputational damage to the health board as an employer • Work-related claims • Financial Implications	**Risk Appetite Threshold - Score 17 and below.** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
				SUMMARY The current risk level is **OUTSIDE** of target level but **WITHIN** the appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.	
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 April 2025	**Risk rating**	**= 12** ***(High)***	**= 9** ***(High)***	
Next Review (Quarterly based on risk score)	01 July 2025				



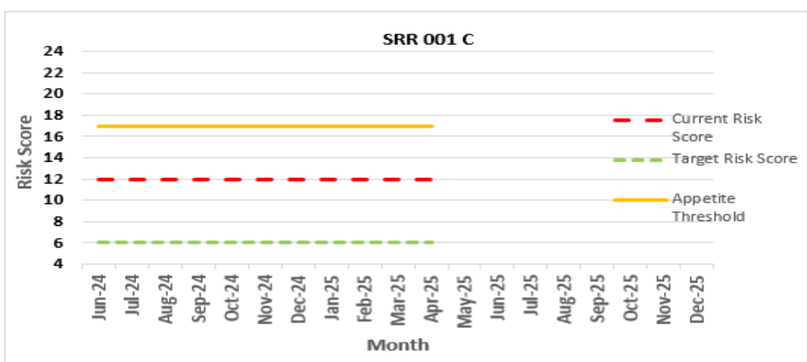
Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, Medium, and Long-Term Plans need to be included)*
General • Monitoring of absence, reasons for absence and trends in referrals to Occupational Health and Employee Well-being Service through Workforce Performance Dashboard. • Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with regular summary of Well-being and Occupational Health activity. • Regular meetings with divisions to ensure staff are well supported and staff wellbeing is a priority. • Strategic Equality plan • Rest and Facilities charter – monitoring and compliance. • Staff related policies. • National Staff Survey and Health Board Employee Experience Survey • External Employee Assistance Programme • Speaking up Safely action plan • Race/LGBT groups. • Wellbeing resources • Staff diversity networks • Regular Schwartz rounds arranged across the Health Board • Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own. • Close links with the Arts in Health programme • Chaplaincy service for staff • Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. • Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. • 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	**General** • Increase wellbeing initiatives. • Identify, training and develop Respect and Resolution advocates (like Mental Health first aiders). • Work with Professional Nurse Advocates (PNA) to explore ways to offer high quality support to nursing colleagues. • Trained mediators so there is team and organisational resilience and network. • Scope, design and deliver a programme of research 'Healthy Working Day'. • Enhanced our financial well-being offer. • Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. • Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. • 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 programme has now won six awards including two from NHS Wales. • Implementation of the Speaking up Safely process in line with the Welsh Government Framework. • We are planning a series of events to celebrate 10 Years of Schwartz Rounds within ABUHB. **Occupational Health.** • 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 • Submission of response to All Wales KPI delivery and ongoing data analysis review in place. • Recently appointed 8a role to provide further clinical leadership and key priority for M1-3 is to undertake training needs analysis to develop OH team. Training needs analysis completed. Recently appointed Band 7 and Band 5 to stabilise nursing workforce currently advertising Band 6. Band 8a recently resigned and in the process of advertising for a replacement, • Support equality and diversity of workforce. • Review of staff diversity networks. • Review of National Staff survey s to understand variations within diverse workforce demographic profile.

• 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 from January 2024 onwards. • 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.

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)*
Level 1 Operational *(Implemented by the department that performs daily operation activities)*		
• Dashboard reporting • Reporting to monitor the rollout of the People Plan 22-25 • Reporting to monitor of demand on wellbeing services	• Understand if support is reaching all staff	• Meetings with Divisions ongoing to ensure all areas are aware of what's available.
Level 2 Organisational *(Executed by risk management and compliance functions)*		
• People and Culture Committee reports (People Plan 22-25) • Local wellbeing surveys • LNC – reporting of compliance of BMA Rest and • Facilities		
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*		
• National workforce surveys • Monitoring and compliance of BMA Rest and Facilities via NHS Employers • Staff Welfare Charter • Sickness Absence Audit 2023/24 – Outcome: Reasonable Assurance	• Latest local survey saw a reduction in staff wellbeing	• Internal Audit Staff Culture Q3 2024/25

Assurance Rating (*Overall Assessment of controls and assurances*) *Guidance*			
Negative – Insufficient evidence that the controls	**Reasonable -** adequate evidence that the controls in place are working effectively.	**Positive -** robust evidence that the controls in place are working effectively.	**POSITIVE**

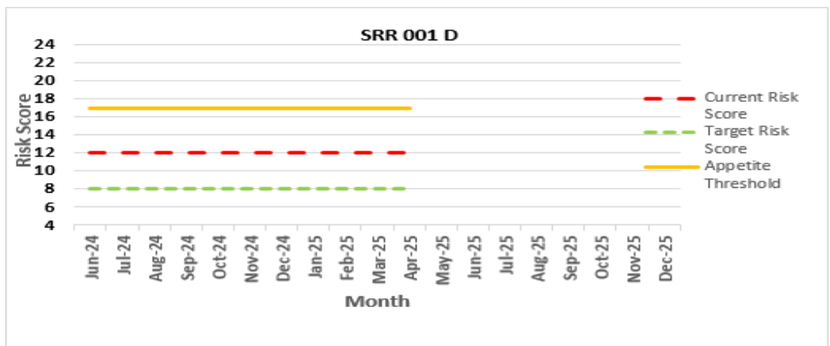
RISK THEME	PEOPLE				
LINK TO IMTP	SECTION 4: ENABLER – WORKFORCE AND CULTURE				
Strategic - SRR 001 C	**There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**			**Publication Status**	**Public**
Threat *(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)*	**Patient** • Adverse impacts on delivery of care to patients across acute and non-acute settings;	**Staff** • Adverse impacts on staff recruitment and retention	**Organisation** • Failure to deliver health board priorities, required improvements and achieve sustainability; • Poor levels of accountability and delivery; • Reputational damage to the health board as an employer;	**Risk Appetite Threshold - Score 17 and below.** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
				SUMMARY The current risk level is **OUTSIDE** of target level but **WITHIN** the appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.	
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)*	**2** *(Minor)*	
Last Reviewed	01 April 2025	**Risk rating**	**= 12** ***(High)***	**= 6** ***(Moderate)***	
Next Review (Quarterly based on risk score)	01 July 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)*
• Talent and Succession Planning framework published • Monitoring Framework to support roll out of the People Plan – Focus on Talent and Succession Planning. • Monitoring Frameworks with HEIW • 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. • HEIW schemes • 1 x HEIW funded graduate managements trainee successfully appointed August 2023 following additional recruitment process. • Develop Leadership Capabilities • Leadership journey and programmes mapped, and 1 pager flyer designed and on intranet. Leadership development offer now available for entry level leaders and mangers, clinical directors, directorate managers (DMx), senior nurses and multi-disciplinary teams. • Learning masterclasses have been designed and developed for the organisation addressing ley themes such as giving feedback, developing team and having courageous conversations. • Leading People Programme (starting cohort 9 May 2025) • 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.	Talent and Succession Planning • 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. Development leadership capabilities • Currently exploring leadership funding options with USW to maximise Governmental Grants and utilisation of the apprentice levy. • Continued commitment to NHS graduate schemes. • Continued bespoke development and support for senior management teams in clinical and non-clinical settings focusing on leadership, team dynamics and thriving. • Working with HEIW to inform a national development programme for managers • Engagement with the management competency framework which will be adopted in Wales (following implementation in NHS England).

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)*
Level 1 Operational *(Implemented by the department that performs daily operation activities)*		
• WOD Divisional reporting • Evaluation of internal leadership programmes and regular review of our internal offer		
Level 2 Organisational *(Executed by risk management and compliance functions)*		
• Reporting to People and Culture Committee - progress against People Plan 22-25		
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*		
• Internal Audit Review • Talent and Succession Board		

Assurance Rating (*Overall Assessment of controls and assurances)* *Guidance*			
Negative – Insufficient evidence that the controls	**Reasonable -** adequate evidence that the controls in place are working effectively.	**Positive -** robust evidence that the controls in place are working effectively.	**POSITIVE**

RISK THEME	**PEOPLE** This risk score will be reviewed following the confirmation of the 25/26 pay scales, at which point the likelihood of industrial action may change.				
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)*	**Patient** • Adverse impacts on delivery of care to patients across acute and non-acute settings	**Staff** • Non-compliance with safe staffing principles and standards	**Organisation** • Litigation & Financial Penalties • Reputational damage to the health board and loss of public confidence	**Risk Appetite Threshold - Score 17 and below.** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
				SUMMARY The current risk level is **OUTSIDE** of target level but **WITHIN** the appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.	
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 April 2025	**Risk rating**	**= 12 *(High)***	**= 8 *(Moderate)***	
Next Review (Quarterly based on risk score)	01 July 2025				

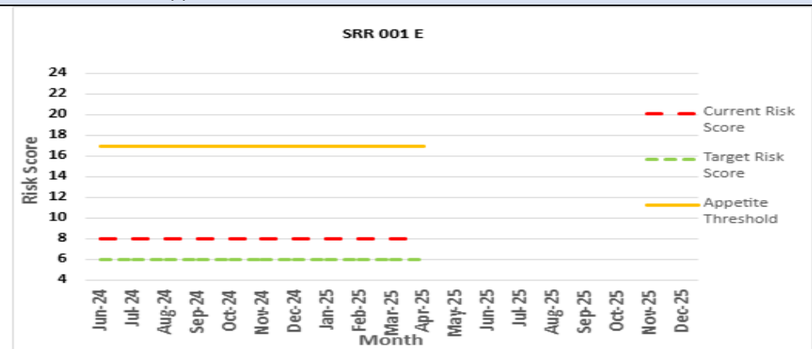
Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, Medium, and Long-Term Plans need to be included)*
• All Wales Industrial Action Planning Group • Local Health Board planning arrangements • Section 234A of the Trade Union and Labour Relations (Consolidation) Act 1992; and • CODE OF PRACTICE Industrial Action Ballots and Notice to Employers • Business Continuity Processes - Redeployment Principles and Risk Assessment agreed. • Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture • Effective derogation processes including Christmas Day cover definition. • Local Negotiating Committee (LNC) • Services Business continuity plans in place. • Terms and conditions agreements in place for medical cover supported by NHS Wales Employer guidance. • Command and control structure and leads established. • Derogation test completed. • Executive and Senior Manager leads established links with national planning cells. • All Wales training sessions provide by legal and risk to support industrial action. • Reducing impact on patients - Support for early supported discharge prior to industrial action. • Picketing guidance supported and agreed.	• Agreement reached in England for Medical & Dental Staff – re-commencement of negotiations in Wales for Medical & Dental Staff. • Issue of WHC AFC non pay elements of collective agreement 2022-24. Response to WG on immediate assurance by end May 2024 • Review of rotas for junior doctor industrial action (minimum staffing levels based on safety assessment). • Communication plans- public, stakeholders and partners • Establish working mechanisms with NWSSP to consider derogations for junior doctors (who are the employer) and pay application. • Consideration of further additional national legal advice

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)*

Level 1 Operational *(Implemented by the department that performs daily operation activities)*		
• Local Staff re-deployments assessment • Divisional engagement and service planning arrangements in place • Local Negotiating Committee (LNC) • Trade Union Partnership meetings		Further industrial action
Level 2 Organisational *(Executed by risk management and compliance functions)*		
• Reporting to Executive team • Business Continuity groups • Command and control structure in place to be implemented as required.		
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*		
• All Wales IA group and Welsh Government planning group. • Debriefing session planned to reflect and capture learning for any potential future action		

Assurance Rating (*Overall Assessment of controls and assurances) Guidance*			
Negative – Insufficient evidence that the controls	**Reasonable -** adequate evidence that the controls in place are working effectively.	**Positive -** robust evidence that the controls in place are working effectively.	**REASONABLE**

RISK THEME	SERVICE DELIVERY				
LINK TO IMTP	SECTION 3: SYSTEM CHANGE				
Strategic/ Corporate Risk 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)*	**Patient** • Increased patient acuity levels • Worsening of health inequalities • Worsening of health outcomes	**Staff**	**Organisation** • Failure to train teams in multi-morbidity management • Failure to comply with the Wellbeing of Future Generations Act (Wales) • Reputational damage and loss of public confidence • Increased demand	**Risk Appetite Threshold – SCORE 17 AND BELOW** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
				SUMMARY The current risk level is **OUTSIDE** of target level but **WITHIN** the appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.	
Lead Director	Director of Strategy, Planning and Partnerships	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee / Group	Partnerships, Public Health and Planning Committee	**Likelihood**	**2** *(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				

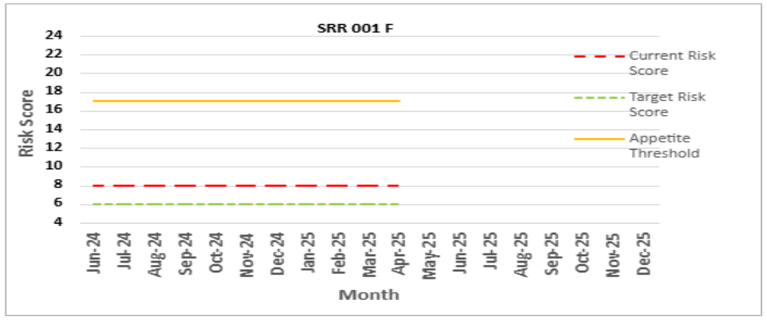


Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, Medium, and Long-Term Plans need to be included)*
• Health Board IMTP and associated KPIs • Public Health Wales surveillance data • Qliksense – performance dashboard • Population Needs Assessment and Area Plan • Marmot Region Programme	• Area plan is being refreshed through the RPB • Marmot Region Implementation Plan • Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. • Refresh organisational strategy with a central focus on population health and wellbeing. • Action through SEW Regional Collaborative to identify additional service areas where collaboration and networking would support sustainability.

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)*
Level 1 Operational *(Implemented by the department that performs daily operation activities)*		

• Qliksense – performance information • SFN – performance information		• Effectiveness of the plans in delivering improvements
Level 2 Organisational *(Executed by risk management and compliance functions)*		
• IMTP Delivery and Outcomes Reporting to Board • Marmot Region Programme • RPB reporting to Board and Population Health, Planning and Partnerships Committee • Regional Planning reporting to Population Health, Planning and Partnerships Committee		
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*		
Internal Audit Reviews 2023-24 • IMTP Planning (Q1) Outcome – Reasonable Assurance **Internal Audit Reviews 2024-25** • Internal Audit Partnership Arrangements – **Limited Assurance**		• Outcome of the Internal Audit Partnership Arrangements scheduled for Q1 2024/25 Plan

Assurance Rating (*Overall Assessment of controls and assurances)* *Guidance*			
Negative – Insufficient evidence that the controls	**Reasonable -** adequate evidence that the controls in place are working effectively.	**Positive -** robust evidence that the controls in place are working effectively.	**REASONABLE**

RISK THEME	SERVICE DELIVERY				
LINK TO IMTP	SECTION 3: SYSTEM CHANGE				
Strategic Risk **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)*	**Patient** • Increased demand • Increased patient acuity levels • Worsening of health inequalities • Worsening of health outcomes	**Staff** N/A	**Organisation** • Failure to train teams in multi-morbidity management • Failure to comply with the Wellbeing of Future Generations Act (Wales) • Reputational damage and loss of public confidence	**Risk Appetite Threshold – SCORE 17 AND BELOW** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
				SUMMARY The current risk level is **OUTSIDE** of target level but **WITHIN** the appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.	
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				

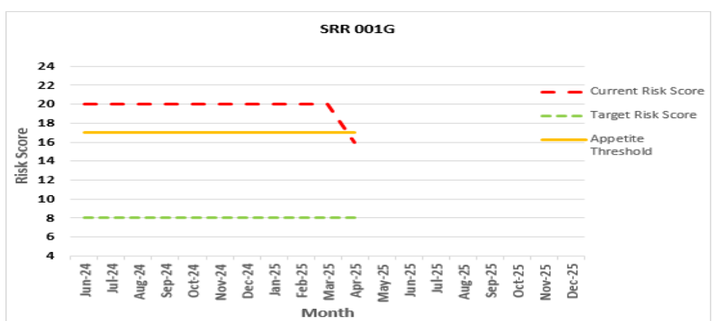
Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, Medium, and Long-Term Plans need to be included)*
• The Health Board's Integrated Medium-Term Plan (IMPT) and associated KPIs • Strategic Programmes in place • Public Health Wales surveillance data – Covid, flu and other communicable diseases. • Qliksense – performance information. • Population needs assessment and area plan development by the RPB. • Southeast Wales Plan for fragile services.	• Area plan is being refreshed through the RPB. • Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. • Review of enhanced local general hospital service models to ensure sustainable quality services. • Development of SEW plan for fragile. • Review of organisational strategy

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)*

Level 1 Operational *(Implemented by the department that performs daily operation activities)*		
• Public Health Wales surveillance data – COVID, flu and other communicable diseases. • Qliksense – performance information		• Evidence of individual arrangements in place to deliver service plans.
Level 2 Organisational *(Executed by risk management and compliance functions)*		
• IMTP delivery and outcomes reporting to Board. • RPB reporting to Board and Population Health, Planning and Partnerships Committee. • Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee. • Regional Planning reporting to Population Health, Planning and Partnerships Committee. • Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee.		
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*		
Internal Audit Reviews 2023-24 • IMTP planning Q1. Outcome – Reasonable Assurance. **Internal Audit Reviews 2024-25** • IMTP – Service Plans (Q2) – Outcome - Reasonable Assurance • Partnership Arrangements. Outcome – Limited Assurance	• Recommendations identified in the Limited and Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan	• Implementation of the management responses to close off recommendations

Assurance Rating (*Overall Assessment of controls and assurances*) *Guidance*			
Negative – Insufficient evidence that the controls	**Reasonable -** adequate evidence that the controls in place are working effectively.	**Positive -** robust evidence that the controls in place are working effectively.	**REASONABLE**

RISK THEME	**FINANCIAL SUSTAINABILITY**			
LINK TO IMTP	**SECTION 4: ENABLER - FINANCE**			
Strategic - SRR 001 G	**There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**		**Publication Status**	**Public**
Threat *(As a result of)*	**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 *(Consequences of the threat)*	**Organisation** • Breach of statutory duty to breakeven over 3 years. • Instigation of NHS Wales Escalation & Intervention Arrangements. • Non–delivery of health board priorities, required improvements, and achieving longer-term sustainability. • Prioritisation and possible disinvestment in service delivery. • Reputational damage and loss of public confidence.			**Risk Appetite Threshold – Score 17 and Below** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.
				SUMMARY The current risk level is **OUTSIDE** of target level but **WITHIN** the appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.
Lead Director	Director of Finance and Procurement	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee / Group	Finance and Performance Committee	**Likelihood**	**4 (**Likely) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	**Impact**	***4** (Major)*	**4** (Major)
Last Reviewed	01 June 2025	**Risk rating**	**= 16 (Extreme)**	***= 8*** **(Moderate)**
Next Review (Monthly based on risk score)	01 July 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)*
• IMTP 25/26-27/28 • IMTP Delivery Framework • Sustainability Route Map revision • Accountability Framework • Performance Framework • 3-year route map to sustainable recovery developed and approved by Board July 24. • Scheme of Delegation • Standing Financial Instructions (SFIs) • Standing Orders (SOs) • Final budget delegation • Financial Control Procedure (FCP) Budgetary control • Financial Budget Intelligence (FBI) • Appropriately trained Finance Team (capacity & capability) • Budget holder training & other business training tools • Cost intervention procedures • 25/26 savings plans & opportunities. • Health Board financial escalation processes. • Health Board Pre-Investment Panel (PIP) process. • Financial assessment and review to incorporate the financial impact of COVID-19 and other key costs. • Executive groups and structures established to deliver statutory duties. • Assessment of financial control environment within divisions and corporate teams. • Financial Escalation Meetings • Regular organisational Recovery plan meetings and briefings • Value & Sustainability Board established. • Revised accountability arrangements part of Executive governance.	• Revised V&SB approach for 2025/26 to help drive financial recovery, separating thematic and divisional scrutiny. • Service Redesign disaggregated as a V&SB theme • Review of programme structures to match V&SB thematic areas • Updated Route Map development • Focus on future opportunity development to deliver 3-year financial plan – through programmes under the VS&B structure.

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)*
Level 1 Operational *(Implemented by the department that performs daily operation activities)*		
• Adherence to SO/SFI/FCPs • Regular AFD meetings to discuss position and performance. • Day 5 comprehensive financial performance review – DoF led. • 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	None	• Greater focus is required on service, workforce, and financial plans all balancing to achieve financial sustainability. • Development of detailed 3-year recovery plan.
Level 2 Organisational *(Executed by risk management and compliance functions)*		
• Regular monitoring at the Executive Team reviewing the level of deliverable recurrent savings along with assessing cost avoidance and deferred investments. • Performance escalation meetings established. • Financial assessment and review report to the Board and Finance & Performance Committee • Financial Governance and Accounting reports to the Audit, Risk and Assurance Committee. • Board Briefing sessions on the financial position.	None	• 2025/26 – 27/28 IMTP plans focussed on 'living within' budget levels. • 2025/26 savings plan to be delivered. • Detailed delivery plans will be a constant development over next 3 years.
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*		
Internal Audit • Annual Report • 2025/26 Audit Reviews **External Audit Reports** • 2024 -25 – Annual Report • 2025/26 - Audit Reviews **Welsh Government** • Financial assessment and review reports to Welsh Government – monthly • Enhanced monitoring T.I. meetings with Welsh Government monthly • IMTP plan to WG end of March 2025	• Recommendations from audits	• Implement management actions to complete the recommendations from audit reports

Assurance Rating (*Overall Assessment of controls and assurances)* Guidance			
Negative – Insufficient evidence that the controls	**Reasonable -** adequate evidence that the controls in place are working effectively.	**Positive -** robust evidence that the controls in place are working effectively.	**REASONABLE**

RISK THEME	COMPLIANCE AND SAFETY		
LINK TO IMTP	SECTION 2: DRIVERS – PERFORMANCE EXPECTATIONS	SECTION 4: ENABLERS – WORKFORCE & CULTURE	

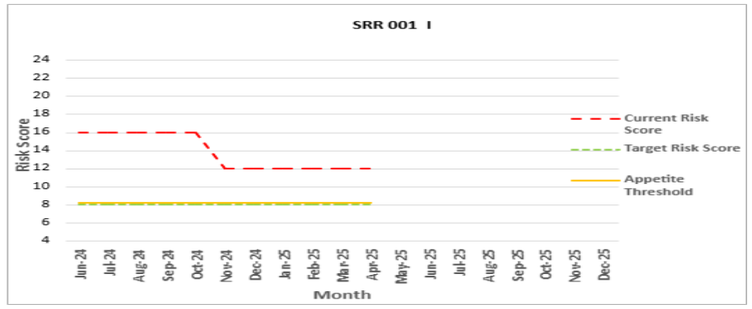
Strategic Risk **SRR 001 I**	**There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, sustainable services that meet the needs of the population.**	**Publication Status**	**Public**
Threat *(As a result of)*	**Due to a failure to implement the required performance 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)*	**Patient**	**Staff**	**Organisation**
	• Unintended Patient Harm. • Negative Public/Patient Experience.	• Reduced Staff Morale leading to potential absence from work.	• Loss of patient/public trust and confidence. • Scrutiny from external organisations. • Adverse publicity. • Punitive Actions. • Financial implications.

Risk Appetite Threshold – SCORE 8 AND BELOW
Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.

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

		Risk Exposure	Current Level	Target Level
Lead Director	Director of Strategy, Planning and Partnerships.			
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 April 2025	**Risk rating**	**= 12** **(High)**	**= 8** **(Moderate)**
Next Review (Quarterly based on risk score)	01 July 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)*
• Performance Management and Assurance Framework • Executive Accountability letters • Divisional Directors Accountability letters • Monthly Assurance meetings with fortnightly meetings for Urgent Care and MH&LD Divisions in place • 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 • Reporting through to Finance and Performance Committee via Executives • Specific areas of focus are discussed at Value and Sustainability Board • System wide way of working to progress an operational framework, develop winter plans, escalation processes, etc. • External scrutiny via Welsh Government and NHS Executive • 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	• 6-month review of Performance Management and Assurance • Alignment of internal mechanisms to national escalation • Focussed agendas targeting specific areas of concern and areas for improvement – working with the Business Partners to ensure a joined-up approach. • Standardised Divisional Assurance Templates (pre-populated) • Commission external reviews to support improvements where required. • Appropriate Business Partnering Support and analytical support • Realign capacity and/or redefine roles to provide explicit support

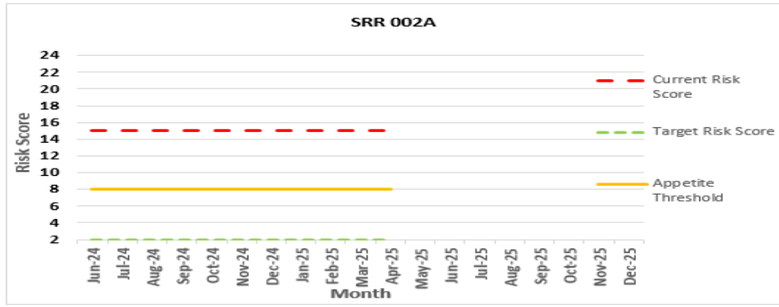
Sources of Assurance *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Actions to Address Gaps** *(What further evidence is required to provide the effectiveness of controls)*
Level 1 Operational *(Implemented by the department that performs daily operation activities)*		

• DMTs in place for all Divisions • Divisional oversight arrangements – monthly/fortnightly meetings • Divisional plans in place and focussed agendas • Cross Divisional meeting monthly – progress the wider system way of working.	• System Leadership Team for awareness and updates	• 12-month Performance Management Framework review in the Autumn	• Outcome if the review will determine if further action is required
Level 2 Organisational *(Executed by risk management and compliance functions)*			
• Established reporting to the Executive Committee • Established reporting to the Finance and Performance and Patient, Quality and Safety • Committee • Established reporting to the Board • Routine reporting through the IQPD process		None	N/A
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*			
• Internal Audit 2024/25 Plan • Directorate Review - Mental Health and Learning Disabilities (Q2) • Divisional Governance Arrangements (Q2) • HIW Inspections • Llais for feedback		• Internal Audit 2024/25 Plan • Findings and recommendations from the Divisional Governance Arrangements (Q2) • Findings and recommendations from the Directorate Review - Mental Health and Learning Disabilities (Q2)	• Implementation of the management responses set out in the final Internal Audit Reports

Assurance Rating (*Overall Assessment of controls and assurances)* *Guidance*			
Negative – Insufficient evidence that the controls	**Reasonable -** adequate evidence that the controls in place are working effectively.	**Positive -** robust evidence that the controls in place are working effectively.	**REASONABLE**

RISK THEME	COMPLIANCE AND SAFETY
LINK TO IMTP	SECTION 4: ENABLERS - ESTATES

Strategic Risk SRR 002 A	**There is a risk that there will be significant failure of the Health Boards Estates.**			**Publication Status**	**Public**
Threat *(As a result of)*	**Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures.**			**Risk Appetite Level – MINIMUM** Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	
Impact *(Consequences of the threat)*	**Patient** • Harm or injury to patients • Adverse impacts on delivery of care to patients across acute and non-acute settings	**Staff** • Harm or injury to staff	**Organisation** • Litigation & Financial Penalties • Loss of estate	**Risk Appetite Threshold –** Score 8 and below Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.	
				SUMMARY The current risk level is **OUTSIDE** of the target level and appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold	
Lead Director	Chief Operating Officer	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee / Group	Partnerships, Public Health and Planning Committee	**Likelihood**	**3** (Possible) x	**1** (Rare) x	
Initial Date of Assessment	01 June 2023	**Impact**	***5*** *(Catastrophic)*	**2** (Minor)	
Last Reviewed	01 June 2025	**Risk rating**	**= 15 (Extreme)**	**= 2** ***(Low)***	
Next Review (Monthly based on risk score)	01 July 2025				



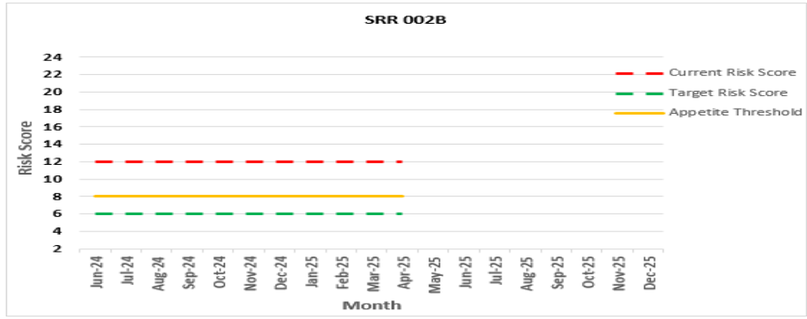
Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, Medium, and Long-Term Plans need to be included)*
• Work to assess the risk has been undertaken with expert external surveyor advice. Repeat surveys undertaken on 6 monthly intervals (most recent December 2025 with report detailing recommendations received in March 2025). • 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 • Remediation work to areas of high-risk areas undertaken • Controlled access to roof areas • Implemented toolbox talks for awareness for estate teams and contractors to work in area where RAAC is present. • Ongoing engagement with expert surveyor • Estates and Facilities Divisional Compliance team engaged in supporting the estate's function response to the ongoing management • Risk assessments completed by the Health and Safety function in departments with props to manage any consequences of the presence of props. Note: H&S assessments are around the location of props not of RAAC itself and they flagged no issues or alterations • Links with NHS England and other Health Boards in Wales for shared learning. • Regular dialogue with Welsh Government and Shared Services Estates.	• 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 • Management Strategy and the Management Plan are completed and scheduled for approval at the March Health & Safety Committee meeting on 9th April.

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)*

Level 1 Operational *(Implemented by the department that performs daily operation activities)*		
• Fortnightly checks in place for the props in place. Recommendation will be made to reduce these checks to monthly due to the fact that regular checks are not finding any alterations required. Proposal will be to reduce to monthly (supported by external expert advice) • Outcome of surveys continuing, and reinspection of conditions (a regular 6 monthly inspection) • Review of existing arrangements in place supported by external body	• Ongoing management of the issues.	N/A
Level 2 Organisational *(Executed by risk management and compliance functions)*		
• Health Board Fire and Health and Safety function engaged in fortnightly governance group to monitor • risks and issues associated with any remedial measures implemented. • Outcome of H&S risk assessment in place and now being reviewed (May 2025) • Formal reporting to the Board/Committees in place • Formal update to the PPHPC in July and SOC being developed, led by Planning team	None	N/A
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*		
• 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. • Management Action Plan agreed following Internal Audit including the development of a Management Strategy. this document has been drafted and will be submitted to the ABUHB Health and Safety 'Committee' in March 2025 • 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.	• Recommendations identified in the Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan	• Repeat surveys have been completed and once the latest report from these surveys is received any necessary additional actions will be implements **Internal Audit 2024/25 Plan** • Implementation of the management responses to close off recommendations been concluded.

Assurance Rating (*Overall Assessment of controls and assurances)* Guidance			
Negative – Insufficient evidence that the controls	**Reasonable -** adequate evidence that the controls in place are working effectively.	**Positive -** robust evidence that the controls in place are working effectively.	**REASONABLE**

RISK THEME	COMPLIANCE AND SAFETY				
LINK TO IMTP	SECTION 4: ENABLERS - ESTATES				
Strategic Risk SRR 002 B	**There is a risk that there will be significant failure of the Health Boards Estates**.			**Publication Status**	**Public**
Threat *(As a result of)*	**Due to significant levels of backlog maintenance and structural impairment.**			**Risk Appetite Level – MINIMAL** Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	
Impact *(Consequences of the threat)*	**Patient** • Harm or injury to patients. • Adverse impacts on the delivery of care to patients across acute and non-acute settings.	**Staff** • Harm or injury to staff.	**Organisation** • Non-compliance with health and safety legislation. • Litigation and financial penalties. • Loss of estate	**Risk Appetite Threshold – SCORE 8 AND BELOW** Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.	
				SUMMARY The current risk level is **OUTSIDE** of the target level and appetite threshold. The target level to be achieved is **WITHIN** 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 May 2025	**Risk rating**	**= 12 (High)**	**= 6 (Moderate)**	
Next Review (Quarterly based on risk score)	01 August 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)*
• Health Board Estates Rationalisation Strategy • Health Board Estates Strategy • Health Board policies and procedures related to the maintenance of Health Board estate. • 6 Facet survey completed in 2019. • Divisional Risk Register • Multiple policies and SOPs published and communicated to staff. • A robust internal training programme in place covering all aspects of estate management including food hygiene. • Improved statutory compliance processes and forum led by Designated Person - DP (Divisional Director) • Asbestos reinspection programme (over the next 3 years) • Additional capital allocation to Estates and Facilities for backlog maintenance reduction of £500k from discretionary allocation • HB-wide groups on compliance (such as Ventilation and water) are widened in membership to ensure clinical services are active participants • A clear approach to compliance monitoring and escalation of AE reports has been implemented	• Active estate rationalisation (including leases) is required to reduce estate demands and help prioritise capital spend to reduce backlog maintenance. • A water/ventilation engineer to enable all critical ventilation systems to undergo annual validation in accordance with HTM 04/01. • 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. • Planning function leading a review of capital priorities which may help identify additional funding priority given to backlog maintenance. • Policies being reviewed and priority given to out-of-date policies, but all policies will be reviewed for effectiveness and compliance with HTM. • Drive clinical service engagement in compliance meetings where engagement is low. • Additional escalation for capital funding by the Division Estates and Facilities to support the prevention of seasonal issues and plant failure if possible. • Continuation of the additional £500k backlog maintenance allocation by the Board to the Estates and Facilities Division in 2025/26 • 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)

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)*
Level 1 Operational *(Implemented by the department that performs daily operation activities)*		
• Divisional reporting of Statutory and Mandatory training of staff • Staff training levels are monitored and reported regularly. If areas of non-compliance are noted, targeted training can be resourced to ensure compliance. • Outcome of the Asbestos reinspection programme	• If the revised approach for monitoring and escalation of AE reports is effective in reducing the level of a deterioration.	• Performance reporting
Level 2 Organisational *(Executed by risk management and compliance functions)*		
• The divisional risk register is reviewed quarterly by the Senior Management Board this is reported to the Quality & Patient Safety Operational Group • Regular reporting on estate condition to the Executive Committee and Partnerships, Health Protection & Planning Committee	None	N/A
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*		
Internal Audit Reviews 2023- 24 • Estates Assurance - Estate Condition. Audit completed and been shared with Audit Committee and • Finance and Performance Committee Internal Audit Plan 2024-25 • Estates Assurance – Energy Management (Q2) Outcome = Reasonable Assurance. Reported to the • November ARA • Authorising Engineer (Shared Service Estates) reports in line with normal timelines, but active engagement with AEs through compliance processes. • Health Board contributes to annual Estates Facilities and Performance Managements (EFPMS) at all Wales level	• Recommendations identified in the Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan	**Internal Audit 2024/25 Plan** • Implementation of the management responses to close off recommendations

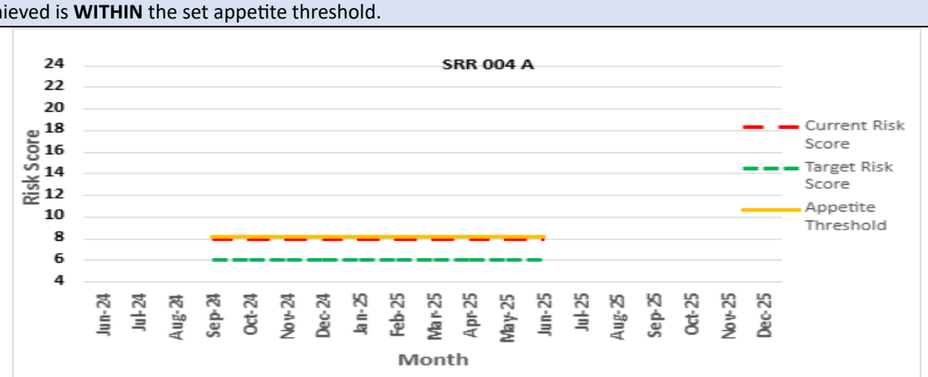
Assurance Rating (*Overall Assessment of controls and assurances*) Guidance			
Negative – Insufficient evidence that the controls	**Reasonable -** adequate evidence that the controls in place are working effectively.	**Positive -** robust evidence that the controls in place are working effectively.	**REASONABLE**

RISK THEME	**COMPLIANCE AND SAFETY**				
LINK TO IMTP	**SECTION 3: SYSTEM CHANGE**				
Strategic Risk **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.**				
Impact *(Consequences of the threat)*	**Patient** • Adverse impacts on delivery of care to patients across acute and non-acute settings • Harm or injury to patients	**Staff** • Inability to respond to a major incident to meet needs of those affected • Harm or injury to staff	**Organisation** • Health Board breaches statutory duties under the Civil Contingencies Act 2004 • Litigation & Financial Penalties • Reputational damage and loss of public confidence		
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				

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.

Risk Appetite Threshold – SCORE 8 AND BELOW
Risks relating to all aspects of patient safety but also including safeguarding, staff and public security in addition risks relating to compliance and/or legal implications.

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



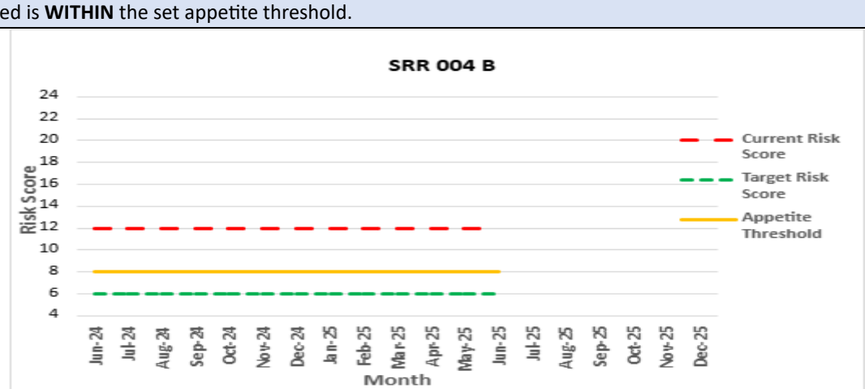
Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, Medium, and Long-Term Plans need to be included)*
• Local/Divisional action cards are in place in key areas • Training undertaken service-specific relating to local response. • 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 • Internal strategic on call training • Executive Team attending 2-day strategic training. • Loggist training is provided and accessed regularly • New all Wales logbooks are in place for use • Regular liaison with Gwent Local Resilience Forum (Strategic and tactical) • Joint Planning and Training with LRF and across Wales. • Ongoing Participation in exercises UK, Wales, LRF and HB. • 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) • Continuing to work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner • LRF Pandemic Solaris undertaken	• Continue to deliver training programmes to support staff preparedness to response to an incident. • Additional 'local' team and intra team exercises to take place for areas to practice and embed their response to a major incident together • Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Coordination) structure of strategic, tactical, and Operational. • 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. • National pandemic exercise Pegasus Autumn 2025 • Development of a pan plan to support pandemic pathways (HCIDs e.g., MPOX)

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)*
Level 1 Operational *(Implemented by the department that performs daily operation activities)*		
• Departmental debrief following an incident to inform learning and enhance controls. • Training records • Plans and action cards in place and up to date • Debrief with key stakeholders following an incident to inform learning and enhance controls.	• All key operational departments could actively respond to a BC incident without EP intervention due to the absence of BSPs.	• Work with key areas to support development of BCP's and action cards with the support of Corporate Governance Directorate.
Level 2 Organisational *(Executed by risk management and compliance functions)*		
• Report to the EPRR Group from debrief of incidents • Reports to the PPHP Committee on Emergency Planning Preparedness	• EPRR Thematic Risk Register	• Develop an EPRR
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*		
Internal Audit Review(s) • Business Continuity Planning 2023-24 (Q2) outcome report published – included MI response - **Reasonable Assurance** • Outcome and feedback from national exercises	• Identification of recommendations to ensure the Health Board is prepared and has the capabilities ato respond effectively.	• Implementation of the recommendations and subsequent management responses.

Assurance Rating (*Overall Assessment of controls and assurances)* *Guidance*			
Negative – Insufficient evidence that the controls	**Reasonable -** adequate evidence that the controls in place are working effectively.	**Positive -** robust evidence that the controls in place are working effectively.	**REASONABLE**

RISK THEME	**COMPLIANCE AND SAFETY**			
LINK TO IMTP	**SECTION 3: SYSTEM CHANGE**			
Strategic Risk **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)*	• **Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident**		**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)*	**Patient** • Harm or injury to patients • Adverse impacts on delivery of care to patients across acute and non-acute settings	**Staff** • Staff absence (injury, wellbeing) • Harm or injury to staff	**Organisation** • Operational flow if services fail to prepare BCPs against the 5 key themes • Loss of infrastructure; • Financial implications due to staff absence • Health Board breaches statutory duties under the Civil Contingencies Act 2004; • Litigation & Financial Penalties; • Reputational damage and loss of public confidence	**Risk Appetite Threshold – SCORE 8 AND BELOW** Risks relating to all aspects of patient safety but also including safeguarding, staff and public security in addition risks relating to compliance and/or legal implications.
				SUMMARY The current risk level is **OUTSIDE** of target level but **WITHIN** the appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.

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 May 2025	**Risk rating**	**= 12** **(High)**	**= 6** **(Moderate)**
Next Review (Quarterly based on risk score)	01 August 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)*
• BC Policy • BC Response Guidance • BC Template & guidance (reviewed and updated April 2025) • Divisional, Directorate & Service BC Plans across a number of key operational areas • BC Exercise • BC debrief learning. • HB and LRF Plans. • 3C (Command/Control, Communication) structure in place to respond to incidents. • 1-2-1 training with Divisional BC leads and delivering BC workshops for services. • EPRR Group Established. • Repository on intranet for BC plans to be added to by areas for audit, maintenance, and review of interdependencies. • Awareness raising of the requirement for BC across the Health Board through various training programmes • Infectious Diseases plan • Joint plan with PH in response to infectious diseases and public health incidence response overall • Internal strategic on call training • Executive Team attending 2-day strategic training. • Regular liaison with Gwent Local Resilience Forum (Strategic and tactical) • Joint Planning and Training with LRF and across Wales. • Ongoing Participation in exercises UK, Wales, LRF and HB. • 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). • Ability to warn & inform the organisation of critical BC incidents via the Health Board communications team.	• Ongoing support to develop business continuity plans. • 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 & exercise, and review plans to mitigate the risks and threats to service delivery. • Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Coordination) structure of strategic, tactical, and Operational. • 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. • 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. • Development of a business continuity dashboard that enables divisions & directorates to manage, RAG rate and provide assurance of their BC planning arrangements. • Joint working with partners – Exercise Pegasus • Pull together a task and finish group to review and plan for the BC recommendations from the Ex Mighty Oak exercise debrief. • Develop an off the shelf BC exercise for divisions, directorates & 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.

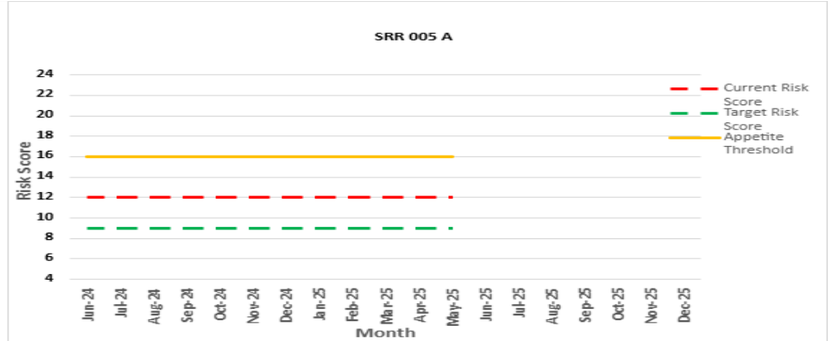
• Health Board service BC supporting plan – to provide a generic response framework if they have no specific plans are in place. • A dedicated business continuity lead for IT applications and networks to reduce the highest key theme risk. • The introduction of a business continuity Incident Response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

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)*
Level 1 Operational *(Implemented by the department that performs daily operation activities)*		
• Plans and action cards in place and up to date. • Div/Service BC risk registers • Service BC training records • Departmental debrief following an incident to inform learning and enhance controls. • Debrief with key stakeholders following an incident to inform learning and enhance controls.	• All key operational departments could actively respond to a BC incident without EP intervention due to the absence of BSPs.	• Work with key areas to support development of BCP's and action cards with the support of Corporate Governance Directorate.
Level 2 Organisational *(Executed by risk management and compliance functions)*		
• Report to the EPRR Group from debrief of incidents • Reports to the PPHP Committee on Emergency Planning Preparedness •	• EPRR Thematic Risk Register	• Develop an EPRR
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*		
Internal Audit Review(s) Business Continuity Planning 2023-24 (Q2) outcome report published – included MI response – **Reasonable Assurance** • Outcome and feedback from national exercise	• Identification of recommendations to ensure the Health Board is prepared and has the capabilities ato respond effectively.	• Implementation of the recommendations and subsequent management responses.

Assurance Rating (*Overall Assessment of controls and assurances*) *Guidance*			
Negative – Insufficient evidence that the controls	**Reasonable -** adequate evidence that the controls in place are working effectively.	**Positive -** robust evidence that the controls in place are working effectively.	**REASONABLE**

RISK THEME	**SERVICE DELIVERY**			
LINK TO IMTP	**SECTION 3: SYSTEM CHANGE**			
Strategic Risk **SRR 005 A**	**There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system**		**Publication Status**	**Public**
Threat *(As a result of)*	**Due to inadequate arrangements to support system-wide patient flow**			**Risk Appetite Level – OPEN** Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.
Impact *(Consequences of the threat)*	**Patient** • Avoidable deaths and significant harm. • Delayed discharges from acute and non-acute settings resulting. in deteriorating patients. • Delays in releasing ambulances from hospital sites back into the community.	**Staff** • Increased workload • Fatigue & burnout	**Organisation** • Litigation & Financial Penalties • Reputational damage and loss of public confidence	**Risk Appetite Threshold – OPEN SCORE 17 AND BELOW** Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.
				SUMMARY The current risk level is **OUTSIDE** of target level but WITHIN appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.

Lead Director	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 May 2025	**Risk rating**	**= 12** **(High)**	***= 9*** ***(High)***
Next Review (Quarterly based on risk score)	01 August 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)*
• Escalation Policy. • Performance and Accountability Framework • Operational Framework • Major incident Procedures • 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. • 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. • 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. • Enhanced monitoring in place for U&EC • Range of performance measures/metrics in place • 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. • Maximum Capacity Plan – Executive team agreed maximum capacity plan to ensure there is clear description ad guide for where extra capacity can be accessed to ensure patient flow is maintained. • Planned care recovery meetings with the NHS execs. • Regular Dialogue with WAST regarding flow across the patch/regional and attending national calls. • WG – IQPD meetings to review areas of focus	• New developments and pathways coming online into FY25/26 • New expanded transfer lounge o New ED extension and reconfiguration • Additional ED consultants coming onboard • Safety Flow agenda delivering wider developments and improvements

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)*
Level 1 Operational *(Implemented by the department that performs daily operation activities)*		
• The Escalation Framework has been enacted and ineffective in mitigating threats and impact to services. • Performance report against measures/metrics	• Evidence that the Escalation Framework is delivering improvements across all areas of patient flow e.g., ambulance handovers. Now working to KPI WG plan. • The impact of the Performance and Accountability framework in improving patient flow	• Close monitoring and reporting of the frameworks in practice to support learning and improvements.
Level 2 Organisational *(Executed by risk management and compliance functions)*		
• Divisional Assurance reviews. • Performance against measures/metrics reported to the Executive Committee	• Effectiveness of the Operational Framework	• Operational framework coming into place in November / December 2024 and will be tested as part of a deep dive exercise.
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*		
Internal Audit Reviews • Intra-site Patient Transfers – Reasonable Assurance accepted by the ARAC on 9th July 2024. • External inspections/visits. -	None	N/A

Assurance Rating (*Overall Assessment of controls and assurances)* *Guidance*			
Negative – Insufficient evidence that the controls	**Reasonable -** adequate evidence that the controls in place are working effectively.	**Positive -** robust evidence that the controls in place are working effectively.	**Reasonable Assurance**

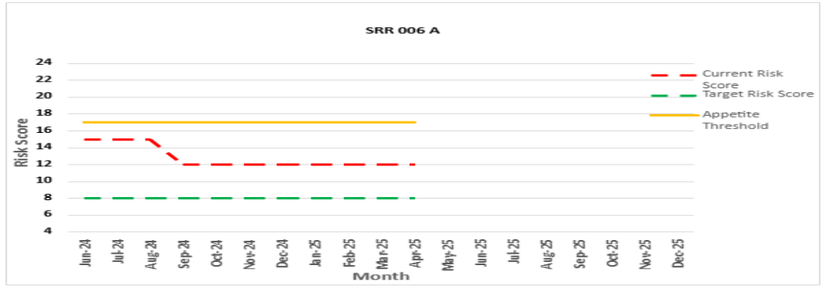
RISK THEME	**SERVICE DELIVERY**			
LINK TO IMTP	**SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY**			
Strategic Risk SRR 006 A	**There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.**		**Publication Status**	**Public**
Threat *(As a result of)*	**Due to the full or partial failure of existing digital infrastructure and systems.**			
Impact *(Consequences of the threat)*	**Patient** • Unintended harm or Injury to Patients.	**Staff** • Unintended harm or injury to staff	**Organisation** • Data Breaches • Litigation and Financial Penalties. • Reputational damage and loss of public confidence.	

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.

Risk Appetite Threshold – Score 17 and Below
Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.

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

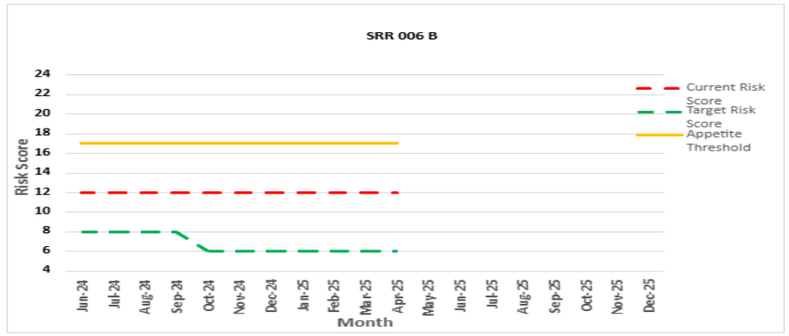
Lead Director	Director of Digital	Risk Exposure	**Current Level**	**Target Level**
Monitoring Committee / Group	Finance and Performance Committee	**Likelihood**	3 (Possible) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	**Impact**	*4 (Major)*	4 (Major)
Last Reviewed	01 April 2025	**Risk rating**	**= 12 (High)**	***= 8 (Moderate)***
Next Review (Quarterly based on risk score)	01 July 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)*
• 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. • Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO) SIRO trained. • New Information Governance and Cyber Security governance and assurance processes reviewed and implemented. • Governance group terms of reference agreed. Meetings started in November 2023. • 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 • 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. • 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. • Implement the recommendations from Templar report: • Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation. • Battle tested OUR cyber incident response, communication cascade and reporting to Cyber Resilience Unit. This will be incorporated into the overall action plan. • 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. · • Maintained the use of Trust ware for all emails Trustwave provides inspection and protection from malicious links embedded within emails. · • 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. • ·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.	• Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation. • A recent cyber incident at several London Hospitals presented an opportunity for ABUHB to battle test its cyber response, communication cascade and reporting to Cyber Resilience Unit. This will be incorporated into the overall action plan. • Updated audit from Cyber Resilience Unit to be undertake in Q2 2025. • Internal Audit review on Shadow IT scheduled for 2025/2026. • Improvements in mandatory training compliance for Information Governance and Cyber Security.

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)*
Level 1 Operational *(Implemented by the department that performs daily operation activities)*			
• Internal directorate meetings setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans. • Single directorate risk registers now in place.		• None	• N/A
Level 2 Organisational *(Executed by risk management and compliance functions)*			
• Regular reporting on progress to the Finance & Performance Committee on the cyber security action plan. • Annual Senior Information Risk Owner report.		• None	• N/A
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*			
• Cyber security Audit in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. • Oversight from NHS Wales Cyber Resilience Unit.	Internal Audit 2024/25	• None	• N/A

Assurance Rating (*Overall Assessment of controls and assurances)* *Guidance*			
Negative – Insufficient evidence that the controls	**Reasonable -** adequate evidence that the controls in place are working effectively.	**Positive -** robust evidence that the controls in place are working effectively.	**REASONABLE**

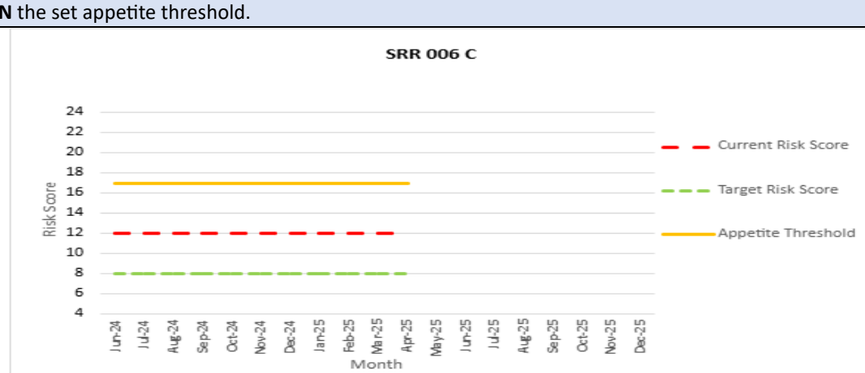
RISK THEME	SERVICE DELIVERY					
LINK TO IMTP	SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY					
Strategic Risk SRR 006 B	**There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.**				**Publication Status**	**Public**
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)*	**Patient** • Unintended harm or Injury to Patients. • Adverse impacts on delivery of care to patients across acute and non-acute settings.	**Staff** • Unintended harm or injury to staff	**Organisation** • Data Breaches • Litigation and Financial Penalties. • Reputational damage and loss of public confidence.		**Risk Appetite Threshold – Score 17 and Below** Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.	
					SUMMARY The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.	
Lead Director	Director of Digital	Risk Exposure	**Current Level**	**Target Level**		
Monitoring Committee / Group	Finance and Performance Committee	**Likelihood**	3 (Possible) x	2 (Unlikely) x		
Initial Date of Assessment	01 June 2023	**Impact**	*4 (Major)*	3 (Moderate)		
Last Reviewed	01 April 2025	**Risk rating**	**= 12 (High)**	***= 6 (Moderate)***		
Next Review (Quarterly based on risk score)	01 July 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)*
• Adoption of formal project management methodologies PRINCE 2 to ensure project plans are developed in conjunction with services. • Formal governance arrangements in place through project boards and programme boards where risks and issues are managed and mitigated. • Each project has a senior responsible officer from the service who can provide challenge and assurance over the delivery of the project work packages. • 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. • Business change team in place to support services in improvement of clinical and administrative processes. • Benefits team in place who identify, track, and ensure any benefits are realised which will ultimately improve service delivery. • Projects support backfilling of clinical time where required. • Assurance activities included in project framework including clinical safety, information governance, health records and cyber security. • 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. • Business change work includes a service readiness impact assessment to enable the project team to develop a realistic plan that incorporates service change requirements. • Aggregated view of risks and issues available to pick up common themes and impact for early intervention or escalation. • Aggregated view of digital Lessons Learned available, and lessons are reviewed during project initiation for best chance of success. • Formal divisional engagement meetings in place monthly to discuss new programmes of work and provide update on critical programmes/projects	• Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance & Performance Committee. • Terms of reference developed, and meeting will be put in place during Q2 2025. • Digital benefits Board development session planned for 2025. • Digital transformation development programme to be provided to the Board in 2025/2026.

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)*
Level 1 Operational *(Implemented by the department that performs daily operation activities)*		
○ Project Boards meet monthly and report into the bi-monthly Digital Portfolio Progress Group (DPPG) ○ Digital Directorate meetings being held monthly to monitor risks to regularly update and to provide assurance over outstanding action plans. ○ Risk management approach and escalation processes in place in line with the Health Board's Risk Framework	• 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.	• Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance & Performance Committee
Level 2 Organisational *(Executed by risk management and compliance functions)*		
• Regular Reporting to the Finance & Performance Committee	• None	• Not Applicable
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*		
Internal Audit 2023/24 • Benefits Management review – Outcome Substantial Assurance • Stakeholder Engagement on IT Projects 2023/24 Q3 – Outcome Substantial Assurance **Internal Audit 2024/25** • Implementation of the Welsh Intensive Care System – future of programme to be decided	• Recommendations identified through audit work	• Recommendations identified through audit work

Assurance Rating (*Overall Assessment of controls and assurances*) *Guidance*			
Negative – Insufficient evidence that the controls	**Reasonable -** adequate evidence that the controls in place are working effectively.	**Positive -** robust evidence that the controls in place are working effectively.	**REASONABLE**

RISK THEME	SERVICE DELIVERY				
LINK TO IMTP	SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY				
Strategic Risk **SRR 006 C**	**There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.**			**Publication Status**	**Public**
Threat *(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)*	**Patient** • Unintended harm or injury to patients. • Adverse impacts on delivery of care to patients across acute and non-acute settings	**Staff** • Unintended harm or injury to staff.	**Organisation** • Data breaches • Litigation & Financial Penalties • Reputational damage and loss of public confidence	**Risk Appetite Threshold – Score 17 and Below** Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.	
				SUMMARY The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.	
Lead Director	Director of Digital	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee / Group	Finance and Performance Committee	**Likelihood**	**3** (Possible) x	**2** (Unlikely) x	
Initial Date of Assessment	01 June 2023	**Impact**	***4** (Major)*	**4** (Major)	
Last Reviewed	01 April 2025	**Risk rating**	**= 12** **(High)**	***= 8*** ***(Moderate)***	
Next Review (Quarterly based on risk score)	01 July 2025				



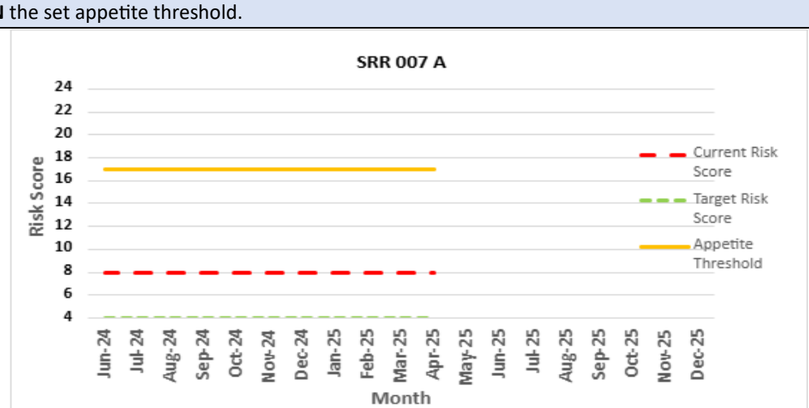
Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, Medium, and Long-Term Plans need to be included)*
○ New Digital Service Request process in place which provides governance in several key areas: ○ Automation of request process via 'Seren' the ICT Portal ○ Information Governance – ensuring new services have appropriate controls to keep patient information safe. ○ Cyber Security – ensuring new services adopted or developed meet the requirements of the cyber assessment framework. ○ Patient Safety – ensuring services do not introduce any patient safety risks. ○ Records – ensuring new systems comply with the requirements of records management. ○ 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. ○ Business change function which ensures implemented systems are effective and deliver the benefits required. ○ Formal framework in place for the adoption of new digital services and best practice guidance followed. ○ Annual planning processes include formal DDAT Annual Operational Plan aligned with service priorities identified in IMTP process ○ New Digital Request processes include fortnightly senior leadership scrutiny of requests, ○ New prioritisation framework & tool Monthly/quarterly Operational delivery aligned to ITIL standards ○ Annual operational plan completed and aligned with IMTP ○ Divisional Digital Oversight meetings with senior Digital & Divisional staff to support identification of digital alignment with service priorities for Urgent Care, MH & LD, CSS, Division of Surgery & PCCS in place ○ Software Development uses an agile product management methodology using DevOps software for managing its backlog, delivery plan and sprints.	• Monthly/quarterly Divisional Digital Oversight meetings with senior Digital & Divisional staff to support identification of digital alignment with service priorities to be arranged for Division of Medicine, • Portfolio optimisation to ensure the resources of the service are aligned to key priorities • New Digital Request quarterly reporting to DDAT sub-committee • New governance structures to be put in place further to directorate restructuring • Development of product management approach to delivery of core software applications and extending use of agile processes to ICT • Development of digital strategies including Electronic Health & Care Record

Sources of Assurance	**Gaps in Assurance**	**Actions to Address Gaps**

(Evidence that the controls/ systems which we are placing reliance on are effective)	*(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	*(What further evidence is required to provide the effectiveness of controls)*
Level 1 Operational *(Implemented by the department that performs daily operation activities)*		
• Quarterly reporting to DDAT sub-committee	• If the NDSR process delivers anticipated improvements • The outcome of the EDRMS audit	• Monitor the performance of the NDSR process • 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.
Level 2 Organisational *(Executed by risk management and compliance functions)*		
• Regular Reporting to the Finance & Performance Committee	• None	• Not Applicable
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*		
Internal Audit 2023/24 • LINC Programme– **Outcome Reasonable assurance** • Network Infrastructure (VPN) - **Outcome Reasonable assurance** **Internal Audit 2024/25** • Electronic document and records management solution - planned for Q4	• Recommendations identified through audit work	• Regular Reporting to the Finance & Performance Committee

Assurance Rating (*Overall Assessment of controls and assurances)* *Guidance*			
Negative – Insufficient evidence that the controls	**Reasonable -** adequate evidence that the controls in place are working effectively.	**Positive -** robust evidence that the controls in place are working effectively.	**REASONABLE**

RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING				
LINK TO IMTP	SECTION 3: SYSTEM CHANGE			SECTION 4: ENABLERS - REGIONAL PLANS	
Strategic Risk: SRR 007A	**There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.**			**Publication Status**	**Public**
Threat *(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)*	**Patient** • Unmet patient need resulting in harm	**Staff** N/A	**Organisation** • Ineffective use of combined resource Delayed decision making • Adverse impacts on delivery of care to patients across acute and non-acute settings • Failure to deliver health board priorities, required improvements and achieve longer-term sustainability • Reputational damage and loss of public confidence	**Risk Appetite Threshold – SCORE 17 AND BELOW** All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.	
				SUMMARY The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.	
Lead Director	Director of Strategy, Planning, and Partnerships.	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee	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 (Moderate)**	***= 4 (Moderate)***	
Next Review (Six Months based on risk score)	01 October 2025				



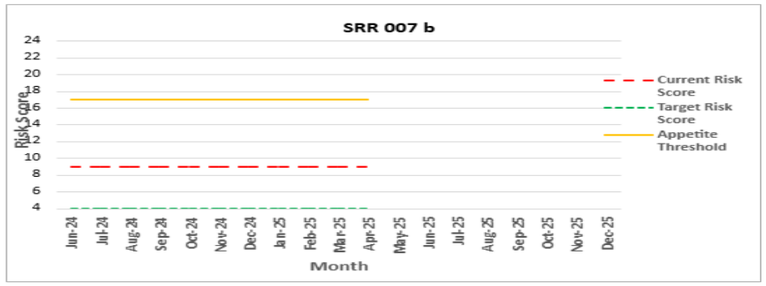
Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, Medium, and Long-Term Plans need to be included)*
The Health Board plays an active role in a range of formal partnership arrangements to enable integrated working for the population including: • 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. • 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. • 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. • Joint working between operational teams including integrated operational arrangements and combined multidisciplinary teams, for example, Community Resource Teams	• Governance review of Regional Partnership Board undertaken in August 2023. • Renewed Strategy for strategic partnership Capital in place and revised governance processes. • New Long-Term Strategy for Health Board to focus on Partnership approach.

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)*

Level 1 Operational *(Implemented by the department that performs daily operation activities)*		
• PMO reporting to the Director of Strategy, Planning and Partnerships. • Regional Leadership Group Reporting	• Systematic reporting of outcomes • Systematic evaluation of schemes • Governance of financial control arrangements	• Implementation plan to be developed following RPB governance review. • Health Board strategy development approach to focus on partnership approach
Level 2 Organisational *(Executed by risk management and compliance functions)*		
• Assurance reporting to the Population Health, Partnerships, and Planning Committee. • Assurance reporting to the Board.	None	N/A
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*		
Internal Audit Plan 2024/25 • RPB Governance Review (Q4) – **Outcome = Limited Assurance.** Reported to ARAC September 2024 • Partnership Arrangements Review (Q1) Deferred	• Recommendations identified in the Limited Assurance RPB Governance Revie	• Implementation of the management responses to close off recommendations

Assurance Rating (*Overall Assessment of controls and assurances)* *Guidance*			
Negative – Insufficient evidence that the controls	**Reasonable -** adequate evidence that the controls in place are working effectively.	**Positive -** robust evidence that the controls in place are working effectively.	**REASONABLE**

RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING				
LINK TO IMTP	SECTION 3: SYSTEM CHANGE			SECTION 4: ENABLERS – REGIONAL PLANS	
Strategic/ Corporate Risk SRR 007 B	**There is a risk that the Health Board will be unable to deliver truly integrated 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)*	**Patient** • Unmet patient need resulting in harm • Adverse impacts on delivery of care to patients across acute and non-acute settings	**Staff** N/A	**Organisation** • Failure to deliver health board priorities, required improvements and achieve longer-term sustainability • Reputational damage and loss of public confidence • Ineffective use of combined resources • • Delayed decision making	**Risk Appetite Threshold – SCORE 17 AND BELOW** All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Strategy Planning and Partnerships	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee / Group	Partnerships, Public Health & Planning Committee	**Likelihood**	**3** (Possible) x	**2** (Unlikely) x	
Initial Date of Assessment	04 January 2024	**Impact**	***3** (Moderate)*	**2** (Minor)	
Last Reviewed	01 April 2025	**Risk rating**	**= 9 (High)**	***= 4 (Low)***	
Next Review (Quarterly based on risk score)	01 July 2025				

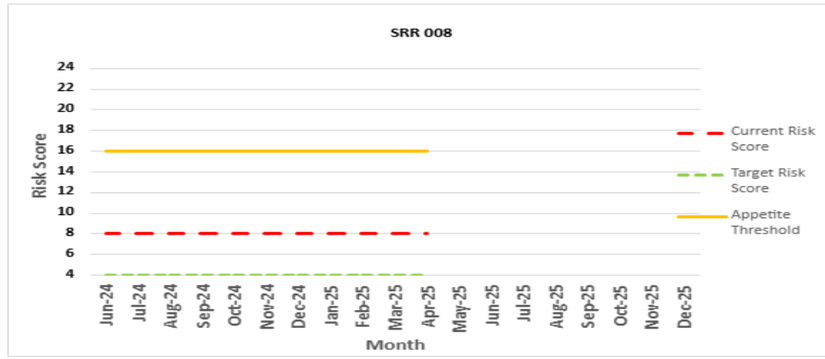


Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, Medium, and Long-Term Plans need to be included)*
• A robust Southeast Wales regional planning infrastructure has been established with clear governance mechanisms in place with attendance from CEO, DoP and COO. • 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. • Four workstreams are established (Orthopaedics, Ophthalmology, Diagnostics and Cancer) and the UHB is well represented and engaged on all. • 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. • 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. • 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. • 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.	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:- • 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 & capacity modelling for proposed LHP services, future development opportunities and programme governance arrangements • 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. 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.

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)*
Level 1 Operational *(Implemented by the department that performs daily operation activities)*		
• Service Divisions reporting to the Chief Operational Officer	• Alignment and effectiveness of partners to deliver integrated services	
Level 2 Organisational *(Executed by risk management and compliance functions)*		
• Assurance reporting to the Population Health, Partnerships, and Planning Committee. • Assurance reporting to the Board. • Regular touchpoint meetings of all key players to review progress and issues arising	None	N/A
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*		

Assurance Rating (*Overall Assessment of controls and assurances)* *Guidance*			
Negative – Insufficient evidence that the controls	**Reasonable -** adequate evidence that the controls in place are working effectively.	**Positive -** robust evidence that the controls in place are working effectively.	**REASONABLE**

RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING				
LINK TO IMTP	**SECTION 4: ENABLER - QUALITY**				
Strategic Risk **SRR 008**	**There is a risk that the Health Board fails to build positive relationships with patients, staff and the public.**			**Publication Status**	**Public**
Threat *(As a result of)*	**Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement.**			**Risk Appetite Level – OPEN** Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.	
Impact *(Consequences of the threat)*	**Patient** • Unmet patient needs resulting in patient harm. • Ineffective use of combined resources • Delayed decision making • Adverse impacts on delivery of care to patients across acute and non-acute settings	**Staff** N/A	**Organisation** • Failure to deliver health board priorities, required improvements and achieve longer-term sustainability • Reputational damage and loss of public confidence	**Risk Appetite Threshold – OPEN SCORE 17 and Below** All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.	
				SUMMARY The current risk level is **OUTSIDE** of target but **WITHIN** the appetite threshold. Target level is **WITHIN** the set appetite threshold.	
Lead Director	Director of Nursing	**Risk Exposure**	**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 January 2025	**Risk rating**	**= 8** **(Moderate)**	***= 4*** ***(Low)***	
Next Review (Six monthly based on risk score)	01 July 2025				

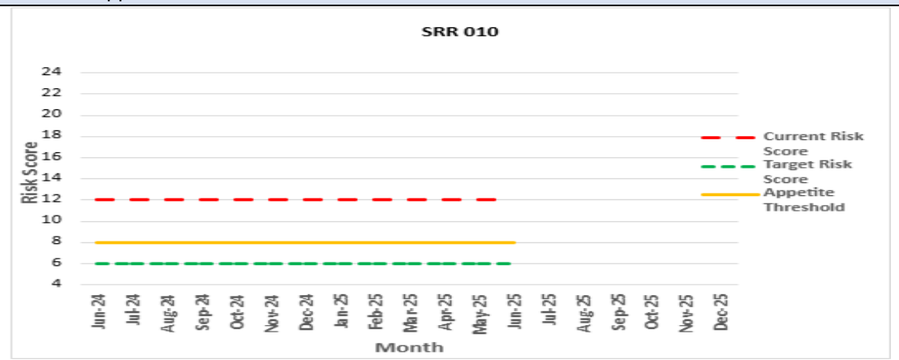


Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, Medium, and Long-Term Plans need to be included)*
• Corporate Engagement Team • Patient Experience and Involvement Strategy- organisational ownership • Person Centred Care (PCC) Surveys and National surveys via CIVICA • PCC KPI's (support PCC Quality pillar) • 'You said…… we did' public facing information for service areas. • PLO service at GUH • Introduction of PALS Service (Oct 23) • Volunteer Patient Experience Feedback • Collaboration to recruit community listeners to support Dementia Awareness • Digital patient stories to support listening and learning. • Patient Experience and Involvement Strategy • DATIX • Oversight of Medical Examiner reports to determine patient experience actions • Public Engagement- Big Conversation Bereavement held 20th March 2024 • People Participation Panel ED in Progress • Patient Experience and Involvement Team oversee patient experience through dedicated work programme and link in with divisional teams.	• Structured graduated approach to roll out of Civica to ensure divisional teams can use and access data. This will ensure sustainable progress. • PCCT staff training to support Civica data entry and retrieval. • Programme Manager for Dementia working regionally to improve public engagement and promote the role of Community Listeners. • 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 QPSOG • 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. • National directives around new national surveys that need to be managed additional to internal roll out programme. • Volunteer feedback to be reviewed to identify themes. • Need to develop bereavement model and improve bereavement offer to meet Bereavement Standards. Resources being scoped.

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)*
Level 1 Operational *(Implemented by the department that performs daily operation activities)*		
• Concerns are fed back to divisional teams when identified. • Outcome of the volunteer feedback to drive improvements. • Patient Experience and Involvement Team undertaking Culturally Competent Accreditation, receiving a silver distinction award in Oct 2024 • Immediate feedback and escalation to clinical teams following PALS queries and concerns • Civica patient feedback in in the process of being rolled out across all – all divisional leaders receive reports for their live areas monthly.	• Currently there is no SMS provision to increase the number of surveys. • No single point of contact or 'drop in' provision for patients/families/staff to raise initial patient experience concerns. • Survey of bereaved people needs to be developed and rolled out to meet Bereavement Standards. • • 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.	• SMS provision for patient experience feedback will be launching in ED and all MIU's in February 2025. • 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. • 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. • Development of a ABUHB bereavement survey has been built within CIVICA and tested. Launch date likely early 2025.
Level 2 Organisational *(Executed by risk management and compliance functions)*		
• Regular reporting to the Patient Quality, Safety & Outcomes Committee (PQSCO) • Listening and Learning reported through QPSOG/ Outcomes Committee • Implemented PALS DATIX Module	None	N/A
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*		
• Bi-monthly LLais Reports • HIW inspections • Advocacy reports	None	N/A

Assurance Rating (*Overall Assessment of controls and assurances*) *Guidance*			
Negative – Insufficient evidence that the controls	**Reasonable -** adequate evidence that the controls in place are working effectively.	**Positive -** robust evidence that the controls in place are working effectively.	**Reasonable**

RISK THEME	COMPLINCE AND SAFETY				
LINK TO IMTP	SECTION 4: ENABLER – WORKFORCE & CULTURE				
Strategic Risk **SRR 010 A**	**There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974**			**Publication Status**	**Public**
Threat *(As a result of)*	• **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.**			**Risk Appetite Level – MINIMAL** Any risk that has a MINIMAL risk appetite level should be managed to a Score of 8 or below.	
Impact *(Consequences of the threat)*	**Patient** • Unintended physical harm to patients • Psychological trauma	**Staff** • Unintended physical harm to staff • Psychological trauma • Increased levels of staff sickness	**Organisation** • Punitive actions from the Health and Safety Executive (HSE) • Loss of estates due to unsafe environments • Financial implications • Adverse publicity • Reputational damage.	**Risk Appetite Threshold – SCORE OF 8 or Below** Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible / low likelihood of occurrence of the risk after application of controls.	
				SUMMARY The current risk level is **OUTSIDE** of target level and appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.	
Lead Director	Director of Allied Health Professions and Health Science	Risk Exposure	**Current Level**	**Target Level**	
Monitoring Committee	Patient Quality, Safety and Outcomes Committee	**Likelihood**	3 (Possible) x	2 (Unlikely) x	
Initial Date of Assessment	01 December 2023	**Impact**	*4 (Major)*	3 (Moderate)	
Last Reviewed	01 May 2025	**Risk rating**	**= 12** **(High)**	**= 6** **(Moderate)**	
Next Review (Quarterly based on risk score)	01 Aug 2025				

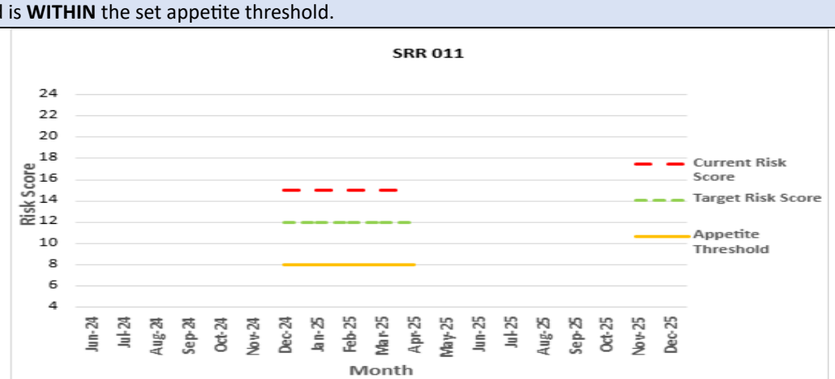


Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, Medium, and Long-Term Plans need to be included)*
• Attendance at Divisional Quality & Patient Safety meetings provides a forum to discuss Health and Safety concerns/best practices. • Health and Safety Policies and Procedures • Dedicated Health and Safety site on ABPULSE • 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'. • Health and Safety training for all staff (include general H&S, fire safety, manual handling, violence & aggression) • Partial Programme of Health and Safety Monitoring (Active & Reactive) • Corporate and Directorate Health and Safety Risk Register established. • Board Training /development (Completed 24 April 2024) • Implementation of Health, Safety, and Fire Improvement Plan for 2023/24 to address 7 risk areas of concern. • Health and Safety Governance and reporting arrangements (Health and Safety Committee)	• Develop and implement a 3-year health and safety culture plan, including the implementation of a new Health and Safety Management System • Suitable and Sufficient Risk assessments (including local risk assessments, specific fire risk assessments, and fire risk assessments) • Consultation and communication with the workforce regarding compliance with the Act • New ways of working with Divisions to ensure accountability for health and safety is recognised. • Implement key performance indicators to monitor health and safety compliance. • Review the governance arrangements for the Health & Safety Committee • Health and Safety Policies and Procedures to be reviewed. • Onboard further Manual Handling trainers across the organisation to improve compliance. • Scope for training non-Health Board staff • Learning from events to be documented and communicated to the organisation.

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)*
Level 1 Operational *(Implemented by the department that performs daily operation activities)*		
Health and Safety compliance data extracted from ESR and Datix and reported	• Implementation of a health and safety performance report • Health and Safety Committee Membership and governance to be reviewed to ensure there is robust scrutiny and challenge on compliance with the Act • Compliance on completion of risk assessments and mitigating actions	• Revise accountability arrangements for Health and Safety being progressed as part of the organisational Health & Safety Governance Framework. • Review the membership and ToRs of the Health and Safety Committee • Risk assessments and mitigating actions to be documented and reported regularly to demonstrate progress against the Improvement Plan
Level 2 Organisational *(Executed by risk management and compliance functions)*		
• Established monitoring of H&S at the Executive Committee • Corporate H&S report risk and assurance to the Health and Safety Committee Established monitoring of H&S at the PQSO Committee	• Thematic Risk Register	• Development of a thematic risk register to be discussed at the Health and Safety Committee
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*		
Internal Audit 2024/25 Plan • Health and Safety Internal Audit – TBR • Performance reviews at All Wales Health and Safety Management Steering Group • South Wales Fire & Rescue Service fire safety audit programme. Health and Safety Executive reviews/inspections.		

Assurance Rating (*Overall Assessment of controls and assurances)* *Guidance*			
Negative – Insufficient evidence that the controls	**Reasonable -** adequate evidence that the controls in place are working effectively.	**Positive -** robust evidence that the controls in place are working effectively.	**Reasonable Assurance**

RISK THEME	SERVICE DELIVERY				
LINK TO IMTP	SECTION 4: ENABLER – GREEN HEALTH				
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)** *This is common to all Health Bodies across the country.*			**Publication Status**	**Public**
Threat *(As a result of)*	**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.** *(The effect of a failure to meet this target is on the wider environment.)*			**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)*	**Organisation** • Failure to meet the target set on Welsh Health bodies for reducing carbon output • Non–delivery of health board priority in this regard, required improvements, and achieving longer-term sustainability for the Health Board and nationally. • Reputational damage and loss of public confidence. • Opportunity cost of reduced energy costs			**Risk Appetite Threshold – SCORE 17 AND BELOW.** Risk driven by the likelihood of the HB missing this target with some cause for optimism regarding making some progress towards reducing carbon emissions in some areas such as ReFit and changes in clinical practice. The impact locally is relatively small.	
				SUMMARY The current risk level is **OUTSIDE** of target level and WITHIN the appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.	
Lead Director	Director of Finance and Procurement	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee / Group	Finance and Performance Committee	**Likelihood**	5 (Almost Certain) x	**4** (Likely) x	
Initial Date of Assessment	30 October 2024	**Impact**	***3*** *(Moderate)*	***3*** *(Moderate)*	
Last Reviewed	01 June 2025	**Risk rating**	**= 15** **(Extreme)**	***= 12*** ***(Moderate)***	
Next Review (Monthly based on risk score)	01 July 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)*
• Quarterly review of projects and workstreams at the Decarbonisation Programme Board • The project structure has 5 key workstreams each with a Health Board Lead covering clinical, communications, resources, • waste and facilities and estates • Regular reporting of financial data available • 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. • 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. • Annual net zero return submitted to Welsh Government • Regular reporting of success stories in this area communicated across the Health Board (e.g., “Gloves R off”) • Decarbonisation Action Plans reported annually Executive lead and publicised on the green health website • SUS Qi training • Met office training • Carbon literacy training HEIW • 4 modules on carbon reduction and net zero ESR • Spread & Scale academy training sessions	• Project structure regularly reviewed should action be needed. • Controls will be implemented further as part of the ReFit programme when it progresses following approval of the Investment Grade Proposal.

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)*
Level 1 Operational *(Implemented by the department that performs daily operation activities)*		
• Regular meetings of the subgroups to discuss position, monitor and new ideas • Bi-annual ISO14001 audit to be undertaken in October 2024. Estates operational meetings	• Detailed level metrics and measures are limited due to data capture equipment.	• All opportunities for funding will be optimised • Training opportunities will be maximised.
Level 2 Organisational *(Executed by risk management and compliance functions)*		
• Six monthly updates to the Board • Executive Committee (Clinical Futures Board) updates – Quarterly • Six monthly updates to the Finance & Performance Committee Decarbonisation Programme Board – Quarterly reporting	• None	• 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. • Funding is the greatest limitation on achieving targets. All opportunities for funding will be optimised • Training opportunities will be maximised.
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*		
Internal Audit Report in July 24. • Received "limited assurance" but not because of controls – the issues were largely around funding limitations. **External Audit Reports 2023 -24**Periodic reports from Audit Wales – considered by the Audit and Risk Assurance committee	• Funding for a comprehensive ABUHB decarbonisation strategy is not available.	• As above - REFIT invest to Save capital opportunities being progressed.

Assurance Rating (*Overall Assessment of controls and assurances)* *Guidance*			
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.	**NEGATIVE**

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

MINUTES OF MEETING HELD		
Date and Time	**Wednesday 21st May 2025 at 09:30am**	
Venue	**Conference Centre, St Cadoc's Hospital and Microsoft Teams**	
PRESENT	Ann Lloyd Richard Clark Paul Deneen Dafydd Vaughan Iwan Jones Helen Sweetland Neil Patrick Penny Jones Louise Wright Phil Robson Nicola Prygodzicz Tracy Daszkiewicz Sarah Simmonds Jennifer Winslade Rob Holcombe Paul Solloway Leanne Watkins Hannah Evans	Chair Independent Member (Local Authority) Independent Member (Community) Independent Member (Digital) Independent Member (Finance) Independent Member (University) Independent Member (Community) Independent Member (Community) Independent Member (Trade Union) Vice Chair Chief Executive Director of Public Health Director of Workforce and OD Director of Nursing Director of Finance & Procurement Director of Digital Chief Operating Officer Director of Strategy, Planning and Partnerships
IN ATTENDANCE	Rani Dash Lisa Charles Liam Taylor Collette Kiernan Chris Williams Ian Savidge Karen Newman Sara Utley	Director of Corporate Governance Regional Director, Llais Cymru Deputy Medical Director Deputy Director of Director of AHPs and Health Science Consultant Interventional Radiologist Patient Assistant Director of Communications and Engagement Audit Wales
APOLOGIES	James Calvert Peter Carr	Medical Director Director of AHPs and Health Science

DRAFT

	PRELIMINARY MATTERS
ABUHB 2105/01	**Welcome and Introductions** The Chair welcomed everyone to the meeting, in particular the Mr Ian Savidge and Dr Chris Williams who would be presenting the patient story, and members of the public who had joined the meeting to observe. It was noted that the meeting would be livestreamed and published on the Health Board's website following the meeting.
ABUHB 2105/02	**Declarations of Interest for Noting** There were no declarations of interest raised.
ABUHB 2105/03	**Consent Agenda** The Chair introduced the Consent Agenda and asked if there were any items to be brought forward for discussion. There were no requests made.
ABUHB 2105/04	**Report from the Chair** Ann Lloyd, Chair, provided her verbal report, with a focus on the following areas: • Considerable effort had been directed toward envisioning what healthcare should look like over the next decade. Whilst there had been a strong focus on secondary care, the Chair had emphasised the importance of prioritising primary and community care in forward-looking discussions. • The Chair had raised with the Cabinet Secretary the need to assess and measure the competence of community services alongside secondary care services. This aligned with the Cabinet Secretary's interest in shifting the focus toward community-based care. • The Chair had expressed encouragement at the growing interest in preventative medicine, commending the work of Tracy Daszkiewicz (TD), Director of Public Health, and highlighted her recent report as a potential blueprint for future development. • A number of Chairs' meetings had taken place, with shared concerns about system-wide pressures, including the rise in staff sickness levels. A meeting had been scheduled for the following week to explore best practice across Health Boards. • The Chair acknowledged ongoing pressures in the primary care system, particularly in the Blaenau Gwent and Torfaen areas. • During recent site visits, the Chair had observed innovative practice and had been pleased to report that staff remained positive, engaged, and full of ideas. Their deep understanding of

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	local populations had been highlighted as a key strength. The Chair concluded by stressing the importance of maintaining a positive and supportive environment for staff. The Board **NOTED** the Chair's updates.
ABUHB 2105/05	**Report from the CEO** Nicola Prygodzicz, Chief Executive, provided her verbal report, with a focus on the following areas: • The Health Board successfully delivered against its financial control total, which was described as a significant achievement. • Planned Care continued to be a key priority, with a substantial volume of work undertaken to improve access and reduce waiting times. • The recovery of part 1A and 1B performance for Mental Health Services was noted and welcomed. The Health Board had also met the developmental target for Child and Adolescent Mental Health Services (CAMHS). • Although the Urgent and Emergency Care system remained under pressure, there had been a reduction in the number of long waits. • A continued reduction in mortality rates was reported, reflecting improvements in quality and safety. • Staff turnover had reduced, contributing to greater workforce stability. • The Health Board had achieved its best cancer performance in recent years, with further improvements planned for the year ahead. • A number of workshops had been held with Local Authority colleagues to strengthen collaboration and support integrated service delivery. • The Cabinet Secretary had set out national priorities, and the Health Board remained aligned with these strategic goals. • The Chief Executive had attended the retirement celebration for three long-serving chaplains, recognising their significant contributions to the Health Board and wider community. • The Chief Executive had officially opened a new drop-in vaccination centre in Cwmbran, enhancing accessibility and flexibility for the local population. • The Chief Executive had launched the new Pharmacy Robot at the Royal Gwent Hospital, marking a major technological advancement in medication dispensing and operational efficiency. • The Chief Executive noted that shortlisting of over 700 nominations was underway for the upcoming staff awards, highlighting the breadth of excellence across the organisation. The Board **NOTED** the Chief Executive's updates.

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ABUHB 2105/06	**Patient Experience Presentation** The Board received a presentation on a patient's experience involving the use of cryoablation for kidney cancer. The presentation was delivered by Dr Chris Williams (CW), Consultant Interventional Radiologist, and featured a personal account from Mr Ian Savage (IS), the patient. IS shared his journey from incidental diagnosis to successful treatment using cryoablation, a minimally invasive procedure that allowed him to return to work within two weeks. CW explained the clinical background of cryoablation, its benefits over traditional surgery, and its growing application in early-stage kidney cancer. The procedure was typically performed as a day case and preserved more kidney tissue than other treatments. The service, initially funded through the Individual Patient Funding Request (IPFR) process, was now fully funded for patients within Aneurin Bevan University Health Board (ABUHB). CW also noted that ABUHB was currently the only provider of this procedure in South Wales. Neil Patrick (NP), Independent Member, inquired about the origins of the service. CW explained that the team had built on their experience with liver ablation, using the same skill set and equipment to expand into kidney and other tumour types. He credited the team's personal drive and innovation for establishing the service, which is now the first of its kind in the UK. CW confirmed that the team currently treats lung tumours and noted that bone metastases represent a key area where service development was needed. The Board expressed its appreciation to Mr Savage for his openness and to the clinical team for their pioneering work, which exemplified the organisation's commitment to patient-centred, innovative care. The Board **RECEIVED** the presentation.
2105/07	**Report from Llais, Gwent Region** Lisa Charles, Regional Director, Llais Cymru, presented the Llais' report and supporting presentation which set out key elements of its 12 month reflection report. The Board thanked Llais for their ongoing support to communities and the insights brought back to the Board to inform future planning and delivery of services.

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	The Board **RECEIVED** the Report from Llais.
2105/08	**Draft Long Term 10-Year Strategy** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the draft Long Term 10-Year Strategy. The development of a new strategy provided an opportunity to look to the future with communities in order to determine what matters to them and how the Health Board can work in partnership to improve wellbeing through place-based care. HE advised that a Midpoint Review of the first ten weeks of engagement had been undertaken in July 2024. Subsequently an engagement summary report had been produced following the completion of the 20-week engagement period. On 18th December a dedicated Board development session had been held on the strategy to shape the draft strategic framework and aims. A set of design principles had been agreed previously by the Board to provide a framework against which this work should be held to account: • People at the heart of everything we do. • Design with data. • Prevention is best. • Make use of what we have • Act with focus to improve outcomes. • Do the hard work to make it simple. • Make things open, it makes things better. • Continuous Feedback. • Be consistent not uniform. • This is just the start. The strategy was described as a deliberate departure from the previous "Clinical Futures" model, and represented a shift in focus toward prevention. High-level outcome statements had been developed and linked to the strategy's aims, with outcome metrics used to assess impact and progress. Penny Jones (PJ), Independent Member, raised a question about the potential impact of political changes on the strategy and whether or not a five-year strategy might be more appropriate. HE stated that the need to shift healthcare delivery towards prevention and community care would remain constant, regardless of political changes. She acknowledged that the framework might evolve due to digital developments but emphasised that this would not

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	reduce the focus on community care. The strategy was designed to be agile and responsive to future changes. Helen Sweetland (HS), Independent Member, praised the level of community engagement and asked how feedback would be provided to those who had contributed. HE responded that the engagement process itself had been valuable and that the team had already begun feeding back to participants. She stressed that this was not a one-off conversation and that ongoing engagement would be supported in collaboration with the Communications team. Sarah Simmonds (SS), Director of Workforce and OD, confirmed that the Health Board would continue to seek views and had recently held a session with trade union colleagues to discuss key themes. A link would be circulated to enable further contributions from staff and teams. Ann Lloyd (AL), Chair, thanked the team for their work and noted that the next step would be to translate the strategy into measurable outcome statements and a design for the future. The Board **NOTED** the draft Strategy acknowledging that the final draft of the Strategy with supporting values and behaviours would be presented to the Board in July 2025.
2105/09	**Cancer Services Annual Report 2024/25** Leanne Watkins (LW), Chief Operating Officer, presented the Cancer Services Annual Report 2024/25. LW expressed her thanks to James Calvert (JC), Medical Director, for his leadership in advancing the Health Board's cancer services to their current position. The report consisted of six core themes that addressed how the Health Board could reduce cancer risks, optimise treatments, improve patient outcomes, and minimise health inequalities for the population. Each of the six themes contained targets that the Health Board had worked towards meeting by 2025: • Reducing the risk of cancer • Early detection • Timely diagnosis • Improved cancer care for everyone • Living well with and beyond cancer • Improving our knowledge of cancer The Health Board had achieved a 67.5% performance rate against the single cancer pathway in March 2025, its best performance to date. Since pre-COVID, there had been a 40% increase in cancer referrals,

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	making this an increasingly busy area. Breast and skin cancer services delivered over 90% performance in March, both being high-volume treatment areas. Substantial work had been undertaken to stabilise and improve cancer services. Innovative initiatives had been implemented which included training beauty therapists to identify signs of skin cancer and the successful completion of the first robotic colorectal surgery. Ann Lloyd (AL), Chair, thanked LW and the cancer team, noting that the report understated the achievements. She praised the team's creativity and innovation in patient care. Paul Deneen (PD), Independent Member, raised concerns about a 50% gap in cancer screening uptake and asked what was being done to improve awareness. LW acknowledged the challenge and noted ongoing community engagement efforts, while recognising that more work was needed. PD also asked about regional service integration. LW confirmed that work was underway to improve regional collaboration, including a potential bespoke workshop to address specific issues. Penny Jones (PJ), Independent Member, inquired whether barbers were included in the skin cancer awareness training. LW clarified that the initial training had been delivered through college networks which did not include barbers, but this would be considered in future phases. Helen Sweetland (HS), Independent Member, highlighted the importance of involving cancer patients in research studies, which LW acknowledged as a priority. The Board discussed the planning of future demand for the Health Board and ensuring that feasibility assessments are conducted when setting performance targets. The Board expressed its appreciation to the cancer services team for their dedication and innovation and requested that the cancer team be congratulated for their hard work and achievements. The Board **RECEIVED** the report as assurance that the Health Board is progressing with its strategy.
2105/10	**Urgent and Emergency Care Update Report** Leanne Watkins (LW), Chief Operating Officer, presented the Urgent and Emergency Care Update Report with a focus on developments since September 2024, which included: • The investment in additional Emergency Department (ED) consultants

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- The expanded transfer lounge and associated model at the Grange University Hospital (GUH)
- The current status of the capital project to expand and reconfigure the ED including the waiting area.
- The development of the operational framework for U&EC.
- A look ahead at expected performance improvements and commitments made.

The Health Board remained under enhanced monitoring for three key areas: ambulance handovers, patients treated within 12 hours, and clinical assessment times. There had been careful monitoring of progress, and the Health Board planning trajectories had been aligned throughout 2025 into 2026 to be able to meet the de-escalation criteria. The Board was thanked for its support during a challenging period, particularly in September, when significant operational pressures were experienced. It was noted that change takes time to embed, and efforts were ongoing to improve consistency and outcomes.

The Health Board had proactively planned and started to deliver against the requirement to improve performance in urgent and emergency care at the GUH.

Key schemes such as the increase in ED consultants, ED waiting area expansion and expanded transfer lounge was supporting this progress. The ED waiting area expansion estimated completion was as follows:

- Phase 1 completion –July 2025 (for the new expanded waiting area)
- Phase 2 completion –October 2025 (for full completion including the internal reconfiguration to the department)

The risk of disruption as the ED expansion project moved into phase 2 through the summer into the autumn 2025 was noted and the Board was assured that it was being planned in detail to reduce clinical risk during this time.

Paul Deneen (PD), Independent Member, noted patient feedback regarding poor food choices and parking difficulties. LW acknowledged that long patient stays contribute to dissatisfaction. Divisional nurses were working with the Head of Facilities to address this. Regarding parking, options were being explored to reduce congestion and improve access.

Ann Lloyd (AL), Chair, asked about the effectiveness of diversion schemes at the ED front door. LW explained that the Health Board was exploring a proactive, preventative model that supported care at home. The preference was for teams to operate further into the community and engage with patients earlier in their care journey.

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	The Board **NOTED** the report.
2105/11	**2024/25 Performance Reporting - Integrated Performance Report, Q4** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Integrated Performance Report. The report focused on specific performance against the organisation's key priorities in line with the National Performance Framework, Ministerial and Cabinet priorities. The key focus for the first quarter of the year was to maintain the delivery of Planned Care commitments with a specific focus on the 104 week+ numbers, and an ambition to maintain or improve on the numbers waiting over 104 weeks, noting the risks in some key surgical specialties. The Health Board was commencing further reviews of Cancer performance by tumour site with actions to continue the improvement trajectory for Single Cancer pathway compliance. There would be a continuation of the work commenced as part of the 50-day challenge to improve flow through the hospital system to improvements in patient experience and system operations. Improvements were being made in the Health Board's key Urgent and Emergency Care measures, with a particular focus on those included in the Welsh Government de-escalation criteria. Sarah Simmonds (SS), Director of Workforce and OD, provided an update on workforce metrics: • Administrative staff uptake had improved, reflecting positive engagement and recruitment efforts. • Sickness absence levels had decreased following the winter period. The Health Board was continuing to work collaboratively with Public Health colleagues to implement strategies focused on sickness prevention. • Variable pay remained stable, with no significant fluctuations reported. • Ongoing work with divisional teams was highlighted to address medical and dental staffing challenges, with a further reduction in the average recruitment time to 64 days. • A national review of mandatory training was currently underway, and the Health Board would be contributing to this process. • Job planning was identified as an area requiring further improvement. Agreed performance measures had been shared with divisions to support compliance and consistency.

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	Neil Patrick (NP), Independent Member, raised a concern regarding the high turnover rate among administrative and clerical staff. SS noted that this was largely due to the use of fixed-term contracts for project-based work. A peer network was being developed to better understand and address the issue. She also noted that there was an expectation to reduce administrative resources over time through digital transformation. The Board **NOTED** the progress achieved at the end of Quarter 4 24/25.
2105/12	**2024/25 Performance Reporting - Quality Performance Report, Q4** Jennifer Winslade (JW), Director of Nursing, presented the Quality Performance Report. The six pillars of quality remained the foundation of the Health Board's approach, though minor changes were expected for the current financial year. • Patient and staff experience and stories • Incident reporting – falls, pressure ulcers, medicines management and mortality • Complaints, concerns and compliments • Health, safety and security • Infection Control and Prevention • Safeguarding JW confirmed that there continued to be a focus on feedback from dissatisfied patients, with a notable and unusual shift in themes. Emotional and physical support emerged as the second most common theme, prompting a deeper review. Additional surveys, including a maternity survey and a looked-after children survey, were being launched. The Health Board continued to prioritise nationally reportable incidents (NRIs). Four NRIs remained outstanding beyond four months, though all were progressing through internal processes. Paul Deneen (PD), Independent Member, raised concerns following a newspaper report regarding delays with bereavement and end-of-life care. Liam Taylor (LT), Deputy Medical Director, acknowledged that this was a recognised issue across Wales, due to the complexity of the Medical Examiner process and the need for timely review. JW confirmed that bereavement process and pathways had been refreshed. The Care After Death team was working to improve early communication with families, and PALS now included a dedicated End-of-Life Officer. The Health Board was actively exploring ways to

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	mitigate delays and improve communication around the medical examiner process. The Board **RECEIVED** the report.
2105/13	**2024/25 Performance Reporting - Financial Performance Report** Robert Holcombe (RH), Director of Finance, Procurement & VBHC, presented the Financial Performance Report at the end of March 2025 (month 12), as: • The full-year budget performance at month 12 was a deficit of £7.185m. • Expenditure within the Health Board for total pay increased by £1.8m (excluding the 6.3% notional pension costs of £51.8m reflected in March) compared with February. The net increase in total pay was attributable to provisions for Medical & Dental substantive pay for GP Out-of-hours annual leave (£1.8m). • Non–pay expenditure (excluding capital adjustments) reduced by £7m compared with February. A significant part of the net reduction was due to a high level of spend in the prior month (£18m as detailed in February's report). Key increases in spend during March related to GP IT refresh programme for GMS (£2m), Pharmacy Contract sustainability payment (£1.2m) and Regional Partnership Board payments (£4m). • Savings – total achievement of £45.5m for 2024/25 compared to planned savings for the year of £40.5m. RH confirmed that the organisation had achieved a positive financial position by year-end, both in terms of financial control and service delivery. The Board **NOTED** the report.
2105/14	**Ethnicity Pay Gap** Sarah Simmonds (SS), Director of Workforce & OD, presented the Ethnicity Pay Gap report for 2024. SS reported that the ethnicity pay gap had improved compared with the previous year. In the Health Board, overall Black, Asian & Minority Ethnic staff earned £1.25 for every £1 that White staff earned when comparing the mean (average) hourly rate, and for the median hourly rate, Black, Asian & Minority Ethnic staff earned £1.13 for every £1 that White staff earned. SS noted that, as there was currently no mandate for Health Board's in Wales to report ethnicity pay gap, benchmarking data was not available.

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	SS confirmed that the Health Board continued to focus on supporting all minority groups, with ongoing efforts to promote equity, inclusion, and progression across the workforce. The Board **NOTED** the report and **APPROVED** the publication of the report.
2105/15	**Gender Pay Gap** Sarah Simmonds (SS), Director of Workforce & OD, presented the Gender Pay Gap report for 2024. SS advised that the gender pay gap was reported as broadly comparable with the previous year, with a slight improvement noted. The comparison of median hourly pay for Agenda for Change (AfC) employees, in the Health Board, was women earned £0.90 for every £1 that men earned. Overall, women's mean (average) hourly pay was 24.7% lower than for men and the median hourly rate, women's hourly pay was 9.68% lower than for men. Women made up 71.8% of employees in the highest paid quartile and 83.4% of employees in the lowest paid quartile. For the submission of March 2024 data, the Health Board had created a new dashboard within the reporting tools on ESR for Gender Pay Gap information. This was the first year that AfC and Medical and Dental information had been combined in the ESR report whereas previously it had been looked at separately. The reason for this was because the Government Portal required the data to be combined as one submission. The Board acknowledged the progress made and the continued commitment to addressing pay equity across the organisation. The Board **RECEIVED** the report and **APPROVED** the report for onward consideration at Board.
2105/16	**Strategic Risk Report, May 2025** Nicola Prygodzicz (NP), Chief Executive, presented the Strategic Risk Report. The report outlined the assessment of strategic risks associated with its strategic objectives and key priorities set out in the 2022/25 Integrated Medium-Term Plan (IMTP) and provided assurance that these risks were being managed effectively. All strategic risks had been reviewed within the appropriate timeframe for their respective levels of risk. The review focused on the control environment, ensuring that the controls remain robust and adequate

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	for managing the identified risks. Additionally, the assurances were tested to verify the robustness of the controls. NP drew the Board's attention to the recommendation to reduce the risk rating associated with delivering a sustainable financial position and longer-term financial plan, reflecting the progress made in this area. It was noted, however, that despite the reduction, the risk remained significant, particularly in light of the ongoing financial challenges anticipated in the new financial year. The report also outlined the key risk areas that remained above the Board's risk appetite and the mitigation strategies in place. A review of the risk management framework had been completed, with key updates incorporated into the report. The Board **RECEIVED** the report and **APPROVED** the proposed risk rating adjustment.
2105/17	**CONSENT AGENDA**
	The Board **APPROVED** the Draft Minutes of the Health Board Meeting, held on 26th March 2025.
	The Board **APPROVED** the Report on Sealed Documents and Chair's Actions.
	The Board **NOTED** the Board Action Log with Updates.
	The Board **NOTED** the Strategic Partnership Updates of the Regional Partnership Board and Public Services Board.
	The Board **NOTED** the Executive Committee Chair's report.
	The Board **NOTED** Key Matters from Committees of the Board.
	The Board **NOTED** the Committee Annual Reports 2024/25 and Terms of Reference.
	The Board **NOTED** the overview of Joint and Partnership Committee Activity of the Joint Commissioning Committee and NHS Wales Shared Services Partnership Committee.
	OTHER MATERS
2105/18	**Any Other Business** Nicola Prygodzicz (NP), Chief Executive, informed the Board that James Calvert (JC), Medical Director, had been offered a secondment opportunity to Welsh Government as Deputy Chief Medical Officer. The Board commended this achievement. It was noted that the Health Board would be recruiting for a substantive Medical Director and interim arrangements were being considered to ensure stability and continuity.

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2105/19	**Date of the Next Meeting:** Wednesday 16th July 2025

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

MINUTES OF MEETING HELD		
Date and Time	**Wednesday 25th June 2025 at 09:30am**	
Venue	**Conference Centre, St Cadoc's Hospital and Microsoft Teams**	
PRESENT	Ann Lloyd Richard Clark Paul Deneen Dafydd Vaughan Iwan Jones Helen Sweetland Neil Patrick Penny Jones Phil Robson Nicola Prygodzicz Tracy Daszkiewicz Sarah Simmonds Jennifer Winslade Rob Holcombe Paul Solloway Leanne Watkins Hannah Evans James Calvert Peter Carr Vivek Goel	Chair Independent Member (Local Authority) Independent Member (Community) Independent Member (Digital) Independent Member (Finance) Independent Member (University) Independent Member (Community) Independent Member (Community) Vice Chair Chief Executive Director of Public Health Director of Workforce and OD Director of Nursing Director of Finance & Procurement Director of Digital Chief Operating Officer Director of Strategy, Planning and Partnerships Medical Director Director of AHPs and Health Science Independent Member (Trade Union)
IN ATTENDANCE	Rani Dash Polly Frazer Julie Rees Bryony Codd Robert Jones Gareth Lewis	Director of Corporate Governance Aspiring Board Member Programme Audit Wales Head of Corporate Governance Assistant Director of Finance Head of Financial Services & Accounting
APOLOGIES	Akmal Hanuk Thokozani Owino Richard Clark	Independent Member (Third Sector) Aspiring Board Member Programme Independent Member (Community)

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	PRELIMINARY MATTERS
ABUHB 2506/01	**Welcome and Introductions** The Chair welcomed everyone to the meeting and offered a particular welcome to Vivek Goel (VG), attending his first meeting as Independent Member (Trade Union), and to Polly Frazer (PF), who was participating in her first meeting as part of the Aspiring Board Member Programme.
ABUHB 2506/02	**Apologies for Absence for noting.** Apologies were received for Akmal Hanuk (AH), Independent Member, Richard Clark (RC), Independent Member, and Thokozani Owino, who would be participating in the Aspiring Board Member Programme.
ABUHB 2506/03	**Declarations of Interest for Noting** There were no declarations of interest raised.
	ANNUAL REPORT AND ACCOUNTS 2024/2025
ABUHB 2506/04	**To RECEIVE Audit Wales' Audit of Accounts Report** Julie Rees (JR), Audit Wales, presented the final Audit of Accounts for 2024/25 and confirmed that an unqualified true and fair opinion would be issued. JR confirmed that there were no uncorrected misstatements to bring to the Board's attention and that a summary of corrected misstatements had been included in Appendix 2 of the report. JR reported that the Auditor General for Wales would issue an unqualified audit opinion on the Health Board's Annual Accounts 2024/25, except for the regularity opinion which the Auditor General would qualify. The latter, because the Health Board had not achieved its first statutory financial duty to break even over a three-year period. It was noted that Health Board did not meet its financial duty to have an approved three-year integrated medium-term plan (IMTP) for the period 2024-27. The regularity opinion was not qualified for this. Ann Lloyd (AL), Chair, thanked JR and Audit Wales for their work. Rob Holcombe (RH), Director of Finance & Procurement, expressed appreciation for the collaborative effort between the Audit and Finance

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	teams, noting the successful outcome of the audit. AL echoed this sentiment, thanking the Audit, Finance and Governance teams. The Board **RECEIVED** the report from Audit Wales.
ABUHB 2506/05	**To RECEIVE a recommendation from the Audit, Risk and Assurance Committee in respect of ABUHB's Annual Report and Accounts 2024/25** Iwan Jones (IJ), Independent Member, presented as Chair of the Audit, Risk and Assurance Committee the Committee's recommendations to the Board. IJ confirmed that the Committee had met on the 24 June 2025 to consider the Annual Report and Accounts, the Audit Wales' Audit of Accounts Report and the Letter of Representation for 2024/25. He stated that the Committee was satisfied with the quality and completeness of the documents and recommended their approval by the Board. The Board **RECEIVED** the Committee's recommendations.
ABUHB 2506/06	**To consider for APPROVAL and SIGNING ABUHB's Annual Report and Accounts 2024/25** The Board received the Annual Report and Accounts for 2024/25 which included: • The Performance Report (Part 1) • The Annual Accountability Report (Part 2) • The Financial Statements (Part 3) The Board **APPROVED** the Annual Report and Accounts 2024/25.
ABUHB 2506/07	**To APPROVE for SIGNING the Letter of Representation, as included in Audit Wales' ISA260 2024/25** The Board **APPROVED** the signing of the Letter of Representation 2024/25.
2506/18	**Any Other Business** There was no other business raised for discussion.
2506/19	**Date of the Next Meeting:** Wednesday 16th July 2025

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	16 July 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 8th May and 3rd July 2025.

The Board is asked to note that one (1) document required the use of the Health Board's seal during the above period.

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

During the period 8th May and 3rd July 2025 one (1) Chairs Action was 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. One document was sealed between the 8th May and 3rd July 2025, as outlined below.

Date	Title
03/07/2025	Form of Agreement by Deed relating to NEC 3 Professional Services Contract Appointment for Clerk of Works for Centralised Decontamination Unit at Royal Gwent Hospital. Between ABUHB and DRAC Consulting Ltd

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 8th May and 3rd July are summarised below:

Date	Title
14/5/2025	**Network Services Contract Variation:** Extension of current contract with British Telecommunications PLC for 12 months Original Contract Value: £477,504 Estimated additional cost due to variation: £276,444 New estimated contract value: £753,948

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 8th May to 3rd July 2025:

Number of Clinical Negligence Claims over £1m	Total value
2	£9.66m

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 Link to IMTP	Choose an item. Enabler
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. 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
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

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 ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. Not applicable to this report

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	16 July 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**NHS Wales Joint Commissioning Committee (JCC) Update Report – May 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 Joint Commissioning Committee (JCC) as a Joint Committee of the Board.

Cefndir / Background

The JCC is a Joint Committee of all Health Boards in NHS Wales. Membership of the JCC consists of the Chief Executive Officer of each Local Health Board; an Independent Chair (the Chair); and not more than five Non-Officer Members (NOMs). The Chair and NOMs (to be known as Lay Members) are appointed by the Welsh Ministers. The JCC's membership also includes an Associate Member, who shall have no voting rights, who will be the Chief Commissioner of the Joint Commissioning Committee Team (JCCT). The Chief Commissioner is employed by CTMUHB as the Host Body and this individual holds the Accountable Officer status, as delegated by Welsh Government, for certain elements of their role, namely the propriety and regularity for public finances as delegated to them through the JCC from Local Health Boards.

Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of services as identified below for residents within their area.

- specialised services for: · cancer and blood disorders

- cardiac conditions
- mental health and vulnerable groups · neurosciences, and · women and children.
- services where there is agreement between the Local Health Boards that they should be arranged on a regional or national basis
- emergency medical services
- non-emergency patient transport services
- emergency medical retrieval and transfer services
- NHS 111 services
- sexual assault referral centres, and
- other services as directed by the Welsh Ministers.

Asesiad / Assessment

The Joint Committee last met on 20th May 2025. The papers for these meetings are available at Meeting Dates and Papers - NHS Wales Joint Commissioning Committee.

The Committee's Assurance Report from this meeting is attached at **Appendix A**.

The Board is asked to **ENDORSE** the following matters approved by the Joint Committee on 20th May 2025:

- **JCC Scheme of Reservation and Delegation of Powers –** The Joint Committee approved the matters further delegated from the Chief Commissioner, all of which must be formally approved by the seven Health Boards, as a schedule to their own Standing Orders – **Appendix B**.
- **Individual Patient Funding Request (IPFR) Policy** – The Joint Committee approved the updated policy and now requires approval from the seven Health Boards and Welsh Government for adoption from 1 July 2025 – **Appendix C**.

The Committee is due to next meet on 15th July 2025, papers for which can also be accessed at the link above. The assurance report from this meeting will be presented to the Board once made available.

Argymhelliad / Recommendation

The Board is asked to RECEIVE this report by way of an update on NHS Wales Joint Commissioning Committee (JCC) Committee activity.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	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 ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	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.

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

Glossary of Terms

- EASC – Emergency Ambulance Service Committee
- WAST – Welsh Ambulance Service Trust+
- SDEC- Same Day Emergency Care
- ICAP – Integrated Commissioning Action Plan
- ROSC – Return of spontaneous circulation
- CHARU- Cymru High Acuity Response Units
- NEPTS- Non-Emergency Patient Transport Service
- EMRTS Cymru – Emergency Medical Retrieval and Transfer Service
- CASC – Chief Ambulance Services Commissioner
- BCUHB – Betsi Cadwalader University Health Board
- CTMUHB – Cwm Taf Morgannwg University Health Board
- C&VUHB – Cardiff and Vale University Health Board
- HDUHB – Hywel Dda University Health Board
- SBUHB – Swansea Bay University Health Board
- DHCW – Digital Health and Care Wales
- SEDC – Same Day Emergency Care
- SPC – Statistical Process Control

Cyd-bwyllgor Comisiynu Joint Commissioning Committee

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	20/05/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Jacqui Maunder – Committee Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Stacey Taylor - JCC Deputy Chief Commissioner/Director of Finance
Noddwr yr Adroddiad / Report Sponsor	Huw George JCC Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Boards	June/July 2025	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer (CEO) Members of the Joint Committee with a summary of the key issues considered by the NHS Wales Joint Commissioning Committee (NWJCC) at its public meeting on 20 May 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Joint Committee (JC) is set out in Paragraphs 2.18 and 2.20 of the NWJCC Standing Orders (SOs).

3. HIGHLIGHT REPORT

(Links to reports highlighted May 2025 – NHS Wales Joint Commissioning Committee)

Status	Update

Alert / Escalate	During the meeting, Members:
	• **Collaborative Commissioning Leadership Group (CCLG)** – Noted that the Terms of Reference for the Collaborative Commissioning Leadership Group (CCLG) included a specific request from HB CEOs that its membership should comprise of Executive Directors from HBs. CEOs were requested to ensure that designated Executive Directors attend to ensure quoracy
	• **Syndrome Without a Name (SWAN)** – Approved recurrent funding for the service
	• **Individual Patient Funding Request (IPFR) Policy** – Approved the updated policy and noted that it will be presented to the 7 x HBs and WG for final approval and adoption from 1 July 2025
	• **Recovered Plasma from Whole Blood Donations for Medicines –** Supported Velindre University NHS Trust/Welsh Blood Service in approaching WG to approve a revised policy position to:
	  ○ Commence supply of plasma recovered from whole blood donations for the manufacture of Immunoglobulin and Albumin products for clinical use in Wales under the terms of a UK-wide contract with Octapharma AG
	  ○ Use the price savings from the contract compared to the commercially sourced equivalent NHS Wales contracts, to cover the additional costs and lost income.
	• **Improving Patient Flow, Oversight and Repatriation in Mental Health Hospitals –** Members noted (i) the impact of a delayed discharge on the patient experience and outcomes and (ii) the longstanding process to recharge HBs for the cost of a medium secure patient placement three months after it has been identified that the patient is ready to move on to the next stage of care. Members approved the recommendation to recharge HBs after one month and to expand this process to cover all mental health placements.
	• **JCC Scheme of Reservation and Delegation of Powers –** Approved the adoption of these for the matters further delegated from the Chief Commissioner, all of which must be formally adopted by the JC and approved by HBs as a schedule to their own SOs. Members approved the financial delegations outlined within the updated financial authorisation matrix.

Status	Update
Advise	• The **Chair's Report** noted the recent end of year appraisal with the Cabinet Secretary for Health & Social Care including the discussion around the establishment and governance of the NWJCC, the progress made in the last 12 months, the priority in quarter 1 and 2 (2025-26) to develop a long-term strategy setting the road map for the Integrated Medium-Term Plan (2026-29) and a focus on recast objectives including quality, safety, culture, strategy, and governance. • The **Chief Commissioner's Report** included an update on: ○ **Quarter 4** – the progress made in relation to the transition including the establishment of the new organisational structure (with a 29% vacancy rate that is having an impact on capacity with the NWJCC) and a shift in focus to the delivery of the NWJCC Foundation Plan following its approval (with HB Executive leads identified for each of the strategic priorities) ○ **CCLG** – working to inform decision-making by the Chief Commissioner and the JC ○ **Internal Audit** – review undertaken to assess embedding the statutory governance framework and the establishment of operational governance arrangements to provide effective oversight. This report stated that the first year of operation was regarded very positively, the governance framework has largely been established and meetings are more strategic and collaborative than the previous arrangements. The report identified the need for quoracy in CCLG meetings and the need to take forward an organisational development plan to embed values and behaviours and new ways of working ○ **Annual Accounts** – reflected within governance and accountability arrangements, assurance was provided that the NWJCC Annual Accounts were submitted to CTMUHB and will be presented to their Board for approval on 26 June 2025 which Huw George will attend in his capacity as Accountable Officer. • Reports from each of the Commissioning Directors: ○ **Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups** – Members noted: ○ The findings of the Perinatal Mental Health Utilisation, Forecasting & Modelling Report (working with the Royal College of Psychiatrists Wales)

Status	Update
	○ Commissioning case management for specialised mental health services, the current variation in provision and the work being taken to address this ○ The impact of a fire incident at Taith Newydd low secure unit has had on medium secure bed availability in south Wales and ongoing discussions around this matter ○ Ongoing discussions with Welsh Government (WG) and NHS Wales Performance and Improvement regarding Sexual Assault Referral Centres ○ In relation to Continuing Healthcare, at the request of the Director General for Health and Social Services, the focus will be the deployment of a digital system and the training of CHC assessors, led by other organisations. ○ **Director of Commissioning for Ambulance Services and 111** – Members noted: ○ The outcome of the Emergency Medical Retrieval and Transfer Services (EMRTS) Judicial Review was anticipated by the end of May 2025 ○ The Emergency Ambulance Performance Framework would be implemented from July 2025 with a shift in focus from time-based targets to clinical outcomes ○ The transfer of the Save a Life Cymru programme to the Welsh Ambulance Services University NHS Trust (WAST), to be commissioned through the JCC enabling a more integrated approach and enhanced community cardiac arrest survival ○ The aim of the national handover improvement group to deliver a maximum 45-minute ambulance patient handover time within 6 months, handover improvement was noted as a recommendation in the Ministerial Advisory Group report ○ Capacity issues within the Non-Emergency Patient Transport Service due to HB service reconfiguration, increased patient complexities and increased costs, work is ongoing with WAST and HBs to address this ○ A review of NHS 111 Wales' roster arrangements with a view to better aligning capacity and demand. ○ **Director of Commissioning for Specialised Services**. Members noted: ○ Key commissioning risks and the reporting of services in escalation to the Quality, Safety and Outcomes Sub-Committee for detailed scrutiny ○ Key commissioning achievements including repatriation of Peptide Receptor Radionuclide Therapy (PRRT) for neuroendocrine tumours and the expansion of

Status	Update
	Stereotactic Ablative Body Radiotherapy (SABR) provision in Wales ○ The Paediatric Intensive Care Unit has been de-escalated to level 2 due to the assurances received in line with the NWJCC Escalation Framework. • **Strategic Development –** Members received a presentation outlining a proposal for the development of the NWJCC Strategy including timelines for engagement and approval process. Work will continue to develop the strategy and to ensure alignment with HB strategies. • **NWJCC Foundation Plan 2025-26 – Implementation Framework** – Members noted a report outlining the implementation framework for the Foundation Plan, including strategic priorities, outcomes, deliverables and milestones.
Assure	• **Governance & Risk Management**: ○ The Risk Register at 31 March 2025 was received and approved ○ The Corporate Governance Report was appended with the draft Annual Governance Statement, the Audit Enquiries Letter and the Annual Plan of Committee Business 2025-2026 for approval ○ Members noted: ○ The update on the Register of Interests/Related Parties ○ That the Health Board SOs (and subsequently NWJCC SOs) would be updated to reflect the recently issued Welsh Health Circular which reduced the timescale for publication of board papers to 5 clear days.
Inform	• Members heard the story of a former inpatient's experience in the Mother and Baby Unit at Tonna Hospital. The story presented the challenges as a physically disabled mother and how the unit had worked hard to address the environment, accessibility issues and the staff's willingness to listen and adapt. These lessons would be shared across other commissioned services • The Committee received the Month 12 Finance Report and the Month 12 Operational Performance Report • The Committee noted an update in relation to an extension of the Blueteq Electronic Prior Approval System contract • The Committee received the following assurance reports: ○ Quality Safety and Outcomes Sub-Committee ○ Planning Performance & Finance Sub-Committee

Status	Update
	○ Individual Patient Funding Request (IPFR) Panel Assurance Report ○ Welsh Kidney Network Board Assurance Report.
Appendices	None.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC **Link to JCC Strategic Objectives(s)**	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals** 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Domains of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality**	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:

Have you undertaken a Quality Impact Assessment Screening?		This is a summary of the latest meeting of the JCC
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb?* / **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ Outcome for Welsh Language (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol)* / **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

5. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 3 of this report.

Agenda Item

Joint Commissioning Committee

Reservation of Powers and Scheme of Delegation

Dyddiad y Cyfarfod / Date of Meeting	01/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public
Awdur yr Adroddiad / Report Author	Stacey Taylor, Director of Finance & Value Jacqui Maunder, Committee Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Rani Dash, Director of Corporate Governance
Noddwr yr Adroddiad / Report Sponsor	Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)		
Committee/Group/Individuals	**Date**	**Outcome**
NHS Wales Joint Commissioning Committee meeting Senior Leadership Team (SLT)	20 May 2025 7 May 2025	Approved Endorsed Endorsed

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf University Health Board
HA	Hosting Agreement
HB	Health Board
MOA	Memorandum of Agreement
NWJCC	NHS Wales Joint Commissioning Committee
SO	Standing Orders
SFI	Standing Financial Instructions

1. SITUATION/BACKGROUND

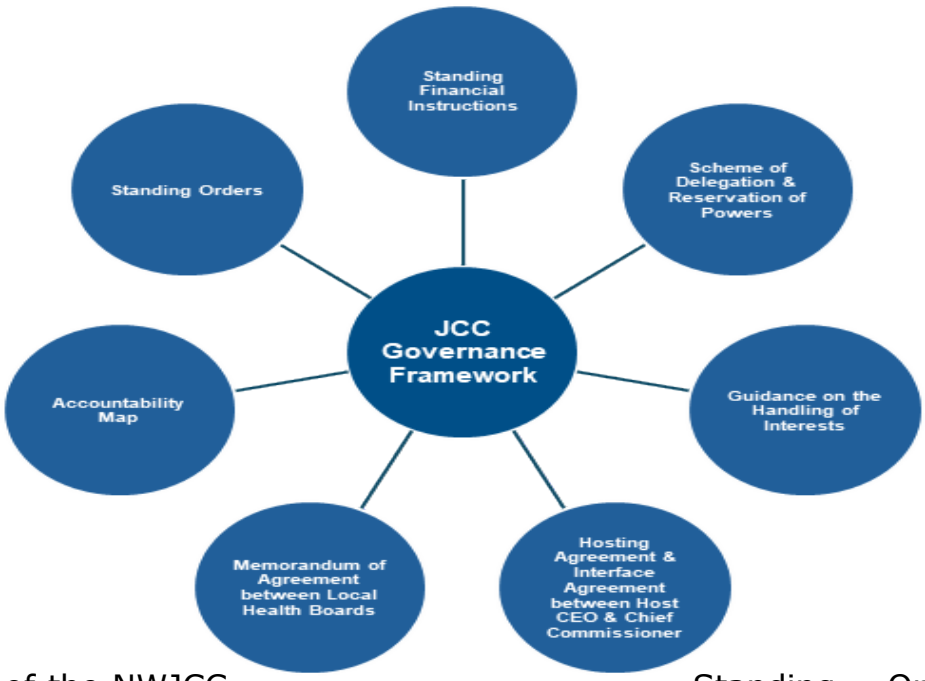
The purpose of this report is to request that the Board approves the updated Scheme of Delegation and Reservation of Powers for the matters further delegated from the NHS Wales Joint Commissioning Committee (NWJCC) to the Chief Commissioner (and other Officers as appropriate) as a schedule to the Health Board's (HB) Standing Orders.

Noting that the NWJCC approved the Scheme of Delegation and Reservation of Powers, for adoption, at its meeting on 20 May 2025.

1.1 GOVERNANCE FRAMEWORK FOR THE NHS WALES JOINT COMMISSIONING COMMITTEE

The Governance Framework for the NWJCC contains a number of key components which, combined, set out the legislative framework, constitution and ways of working for the NWJCC in its operations and handling of business. These documents are an integral part of the wider governance framework of Health Boards and have been developed within that context.

The Governance Framework for the NWJCC will contain the following and an update on each element is provided below:



Section 4 of the NWJCC Standing Orders (SOs) stipulates that the Joint Committee may make arrangements for certain functions to be carried out on its behalf, so that the day-to-day business of the Joint Committee may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Joint Committee must

set out clearly the terms and conditions upon which any delegation is being made. The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

- Schedule of matters reserved to the Joint Committee;
- Scheme of delegation to joint sub-Committees and others; and
- Scheme of delegation to the Chief Commissioner and others as appropriate all of which must be formally adopted by the Joint Committee and approved by LHB Boards as a schedule to their own SOs.

The Joint Committee retains full responsibility for any functions delegated to others to carry out on its behalf.

Each of the seven Health Boards are required to formally adopt the NWJCC's SOs, Scheme of Delegation and Reservation of Powers, and Standing Financial Instructions (SFIs), as part of its overall governance framework for the HB, with the NWJCC being a formal Joint Committee.

Joint Committee Meeting	Governance Document
9 April 2024	**1.Standing Orders** **2.Standing Financial Instructions,** **3.Scheme of Reservation and Delegation of Powers and** **4. NWJCC Transitional Delegated Financial authorisation matrix** The seven HBs approved the NWJCC SOs, the Scheme of Reservation and Delegation of Powers and SFIs in March 2024, and the Joint Committee adopted the NWJCC Standing SO's, the Scheme of Reservation and Delegation of Powers and SFIs at its inaugural meeting on 8 April 2024, and they were included as a schedule to each of the HBs own SOs and have effect as if incorporated within them. The Joint Committee also approved the NWJCC Transitional Delegated Financial authorisation matrix. It was recognised that the Scheme of Reservation and Delegation of Powers and the NWJCC Transitional Delegated Financial authorisation matrix would need to be updated further during the transition phase to reflect developments concerning delegated matters to the NWJCC, the Chief Commissioner, Directors and the new sub-committees once established.
9 April 2024	**1.Accountability Map and** **2.Guidance on the Handling of Interests**

Joint Committee Meeting	Governance Document
	The Accountability Map outlining the formal accountabilities and formal relationships between Welsh Government, Health Boards, Cwm Taf University Health Board (CTMUHB) as the Host Body, the NWJCC and its Team; and the Guidance on the Handling of Interests which sets out the arrangements for the appropriate handling of declarations of interests within the NWJCC's business, were both received by the Joint Committee at its inaugural meeting on 8 April 2024.
17 September 2024	**1.The Hosting Agreement (HA) and 2.Memorandum of Agreement (MoA)** The Hosting Agreement (HA) and the Memorandum of Agreement (MoA) were endorsed by the Joint Committee on 17 September 2024 and were approved by the seven HBs at their September 2024 Board meetings. The Joint Committee were advised that work was ongoing during the transition phase to finalise the last part of the governance framework namely updating the Scheme of Reservation and Delegation of Powers.
20 May 2025	**Joint Commissioning Committee Scheme of Reservation and Delegation of Powers** The Joint Committee approved the adoption of the updated Scheme of Delegation and Reservation of Powers for the matters further delegated from the NWJCC to the Chief Commissioner (and other Officers as appropriate) all of which must be formally adopted by the Joint Committee and approved by HBs as a schedule to their own SOs, and reviewed and approved the updated financial scheme of delegation and the financial authorisation limits.

2.ASSESSMENT

2.1 Scheme of Delegation and Reservation of Powers

The NWJCC's Scheme of Reservation and Delegation of Powers forms an annex to the NWJCC's SOs, which form a schedule to each HBs own SOs and have effect as if incorporated within them. The Scheme of Delegation and Reservation of Powers, sets out in the context of the NWJCC's business:

- Those matters reserved for HBs;
- Those matters delegated from HBs and reserved for the NWJCC; and
- Those matters further delegated from the NWJCC to the Chief Commissioner (and other Officers as appropriate).

The Scheme of Reservation and Delegation of Powers is set out in two parts. The first part is the Schedule of Matters Reserved to the HBs and the Joint Committee see ***Appendix 1*** which is prescribed by Welsh Government; the second part is the Scheme of Delegation to the Chief Commissioner, Corporate Directors and Officers. Section 6.15 of the NWJCC SOs state:

"The JCC will delegate certain functions to the Chief Commissioner. For these aspects, the Chief Commissioner, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Commissioner will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers. (SO 6.15)"

In addition to the responsibilities delegated from the NWJCC, the Chief Commissioner will have delegated responsibilities from the Host Body (set out within the Hosting Agreement) and delegated responsibilities from Welsh Government (set out within an Accountable Officer Memorandum).

It is also necessary for the Host Body to confirm within its respective Scheme of Delegation and Reservation of Powers any functions delegated to the Chief Commissioner and the NWJCC team as the employer and provider of administrative (e.g. finance, workforce) services.

For completeness a mapping exercise has been undertaken to capture all of the delegations into one document, which is presented as the Scheme of Reservation and Delegation of Powers to the Chief Commissioner see ***Appendix 2.*** This includes delegations to the NWJCC, the Chief Commissioner and Tier 2 Directors.

2.2 Financial Authorisation Matrix Limits

The NWJCC's SFIs form an annex to the NWJCC's SOs, which form a schedule to each HB's own SOs and have effect as if incorporated within them. They are designed to translate statutory and Welsh Government financial requirements for the NHS in Wales into day-to-day operating practice. These SFIs will align with the NWJCC's Scheme of Delegation and Reservation of Powers and also be underpinned by an operational Scheme of Delegation which provides delegated authorisation levels and other delegated responsibilities in respect of financial management and control.

The SFIs were approved by the NWJCC at its meeting on 20 May 2025.

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC **Link to JCC Strategic Objectives(s)**	Maximise Value
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals** 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Leadership
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Domains of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Effective
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / **Quality** Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / **Equality** Have you undertaken an Equality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	A Regulatory Impact Assessment is contained with the Explanatory Memorandum to The National Health Service Joint Commissioning Committee (Wales) Regulations 2024.
Cyfreithiol / Legal	Section 4.2 of the NWJCC SOs state: Reservation and Delegation of Joint Committee Functions 4.2 Within the framework approved by each LHB Board and set out within these JCC SOs and subject to any directions that may be given by the Welsh Ministers; the Joint Committee may make arrangements for certain functions to be carried out on its behalf, so that the day-to-day business of the Joint Committee may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Joint Committee must set out clearly the terms and conditions upon which any delegation is being made. 4.3 The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a) Schedule of matters reserved to the Joint Committee b) Scheme of delegation to joint sub-Committees and others, and c) Scheme of delegation to the Chief Commissioner and others as appropriate all of which must be formally adopted by	

	the Joint Committee and approved by LHB Boards as a schedule to their own SOs. 4.4 The Joint Committee retains full responsibility for any functions delegated to others to carry out on its behalf.
Enw da / Reputational	There is no direct impact on the reputation of the Local Health Boards or the Joint Committee as a result of the activity outlined in this report.
Effaith Adnoddau (Pobl /Ariannol) / **Resource Impact** (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.
	There is not expected to be an additional cost associated with the proposal in this report. Determining and approving the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure) is reserved to the Joint Committee and the Chief Commissioner.

3. RECOMMENDATIONS

The Board is asked to:

- **Note** the development of the NWJCC's governance framework, as a key component of the Health Board's governance framework;
- **Note** that the Joint Committee approved the adoption of the updated Scheme of Delegation and Reservation of Powers on 20 May 2025;
- **Approve** the adoption of the updated Scheme of Delegation and Reservation of Powers for the matters further delegated from the NWJCC to the Chief Commissioner (and other Officers as appropriate) all of which must be formally adopted by the Joint Committee and approved by LHB Boards as a schedule to their own SOs.

GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

NHS WALES JOINT COMMISSIONING COMMITTEE

SCHEME OF DELEGATION AND RESERVATION OF POWERS

A. MATTERS RELATING TO THE JCC, RESERVED FOR HEALTH BOARDS		
REF.	AREA	MATTER
A1.	Operating Arrangements	Approval of the Joint Committee's Governance Framework, including: • JCC Standing Orders • JCC Standing Financial Instructions • JCC Scheme of Delegation and Reservation of Powers • JCC sub-Committee Terms of Reference
A2.	Strategy & Planning	Endorse the long-term strategic plan for the development of those functions delegated to the NHS Wales Joint Commissioning Committee (the Joint Committee), as agreed by the Joint Committee
A3.	Strategy & Planning	Endorse the JCC Integrated Medium-Term Plan, as agreed by the Joint Committee for inclusion in LHB Integrated Medium-Term Plans
A4.	Strategy & Planning	Endorse the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure), as agreed by the Joint Committee

B. MATTERS RELATING TO THE JCC, DELEGATED FROM HEALTH BOARDS AND RESERVED FOR THE JOINT COMMITTEE		
REF.	AREA	MATTER
B1.	Operating Arrangements	Develop, vary, and amend the Joint Committee's Governance Framework for LHB approval, including: • JCC Standing Orders • JCC Standing Financial Instructions • JCC Scheme of Delegation and Reservation of Powers • JCC sub-Committee Terms of Reference
B2.	Operating Arrangements	Develop and approve arrangements for the handling of Interests declared by Joint Committee members, in alignment with the Host Body's Values and Standards of Behaviour Framework
B3.	Operating Arrangements	Develop and approve the Terms of Reference and Operating Arrangements for the following which are deemed necessary to provide the JCC with advice in the exercise of its functions: • Expert Panels – Established to review and make technical recommendations on specific subjects which generally consist of experts with relevant knowledge and experience within a particular field. • Advisory Groups – Established to provide advice over an issue/range of subject matters which generally consists of an external chair and internal and/or external stakeholders to make recommendations on a specific issue.
B4.	Strategy & Planning	Develop and approve the long-term strategic plan for the development of those functions delegated to the NHS Wales Joint Commissioning Committee (the Joint Committee)
B5.	Strategy & Planning	Develop and approve the JCC's Integrated Medium-Term Plan, for LHB approval
B6.	Operating Arrangements	Ratify any urgent decisions taken by the Chair, in-line with JCC Standing Order requirements

B7.	Operating Arrangements	Receive report and proposals, after consideration by the appropriate Audit Committee, regarding any non-compliance with JCC Standing Orders (and schedules contained within), and where required ratify in public session any action required in response to failure to comply with JCC SOs for onward reporting to LHBs
B8.	Operating Arrangements	Adopt the Host Body's Values and Standards of Behaviour Framework for the JCC
B9.	Strategy & Planning	Determine and approve the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
B10.	Operating Arrangements	Approve the Joint Committee's Risk and Assurance Framework, ensuring alignment with the Host Body
B11.	Operating Arrangements	Approve the Joint Committee's Performance Management Framework
B12.	Performance & Assurance	Receive reports from the Chief Commissioner on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans
B13.	Performance & Assurance	Receive assurance reports from the Joint Committee's sub-Committees and groups on the performance of those services commissioned by the JCC, and approve action required, including improvement plans, where required
B14.	Performance & Assurance	Receive reports produced by external regulators and inspectors (including, e.g., Audit Wales, HIW, etc.) that raise issue or concerns impacting on the Joint Committee's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Joint Committee sub-Committees (as appropriate)
B15.	Performance & Assurance	Approve the Joint Committee's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government where required
B16.	Performance & Assurance	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Commissioner, set out in the JCC's SFIs, and in-line with any requirements of the Host Body
B17.	Performance & Assurance	Approve the Joint Committee's audit and assurance arrangements, in-conjunction with the Host Body as the provider of an internal audit function
B18.	Performance & Assurance	Receive assurance regarding the Joint Committee's performance against the Health and Care Quality Standards 2023 and the Duty of Quality and the arrangements for approving required action, including improvement plans, to provide onward assurance to LHBs and the Host Body.
B19.	Strategy & Planning	Approve policies for the equitable access to safe and sustainable, high quality health care services across Wales for those services which fall within the scope of the JCC
B20.	Strategy & Planning	Approve the JCC's key plans and programmes required to exercise its functions relating to the planning, securing and commissioning of those services delegated to it (excluding the Integrated-Medium Term Plan [B5]).

C. MATTERS RELATING TO THE JCC, <u>DELEGATED FROM</u> THE JOINT COMMITTEE TO THE CHIEF COMMISSIONER		
REF.	AREA	MATTER
C1.	Performance & Assurance	Responsibility for the leadership and overall delivery of the JCC's: • Integrated Medium-Term Plan; and

		• Budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
C2.	Performance & Assurance	Responsibility for the framework for planning and securing those services delegated to the JCC from LHBs, in-line with the approved Integrated Commissioning Plan (title to be confirmed)
C3.	Performance & Assurance	Responsibility for ensuring the Health and Care Quality Standards 2023 and the Duty of Quality is embedded within Joint Committee Team's activity
C4.	Performance & Assurance	Responsibility for implementing those policies approved by the JCC in relation to the planning and securing of those services delegated to the JCC from LHBs

D. MATTERS RELATING TO THE JCC, <u>DELEGATED FROM</u> THE JOINT COMMITTEE TO SUB-COMMITTEE AND OTHERS (INCLUDING INIDVIDUAL LAY MEMBERS)		
REF.	AREA	MATTER
		To be determined upon establishment of the JCC

	Welsh Government / Chief Executive of NHS Wales	NWJCC	Joint Committee Chair	CEO Host Body and host body committees	Chief Commissioner	Deputy Chief Commissioner and Director of Finance and Value	Director of Commissioning for Ambulance and 111 Services	Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups	Director of Commissioning for Specialised Services	Medical Director	Director of Nursing and Quality	Director of Corporate Planning and Strategy	Committee Secretary and Assistant Director of Corporate Services
Welsh Government Ministers and CEO NHS Wales													
NHS Wales JCC Directions WG24-06 (to health boards to establish a joint committee to exercise the relevant functions)	√												
NHS Wales JCC Regulations 2024 no 135 (W29)	√												
Accountable officer status from WG to Chief Commissioner (letter and memo)	√				√								
Role of the JCC (SO 2.20)													
Determine a **long-term strategy for the commissioning of services delegated to the JCC**		√			√								
Produce an **Integrated Medium-Term Plan** which describes how these services will be delivered on behalf of LHBs through clear 'commissioning intentions' which informs and compliments the LHBs Integrated Medium-Term Plans (IMTPs)		√			√							Lead	
In commissioning services, the JCC will act in accordance with the Directions and Scheme of Delegation of the health boards		√			√								Lead
Identify and evaluate existing, new and emerging services and treatments and advise on the way in which these services should be delivered		√			√					Lead			
Develop policies (service specifications) for the equitable access to safe and sustainable, high quality health care services across Wales for those services which fall within the scope of the JCC (see line 35)		√			√					Lead			
Determine annually those services that should be commissioned on a regional or national basis		√			√								
Determine the appropriate level of funding for the commissioning of directed and delegated services at a regional or national level and determine the contribution from each LHBs for those services (which will include the running costs of the JCC and the Joint Commissioning Team) in accordance with any specific directions set by the Welsh Ministers		√			√	Lead							
Secure the provision of services delegated at a regional and national level including those to be delivered by providers outside of Wales		√			√								
Ensure the JCC operates within an appropriate governance framework.		√			√								Lead
Matters delegated from HBs and reserved for JCC													
Develop, vary, and amend the Joint Committee's Governance Framework for LHB approval, including: •JCC Standing Orders •JCC Standing Financial Instructions •JCC Scheme of Delegation and Reservation of Powers •JCC sub-Committee Terms of Reference (B1)	Accountable for model SOs and SFIs	√		Responsible for inclusion in CTMUHB and all HBs SOs and SFIs									Lead
Develop and approve arrangements for the handling of Interests declared by Joint Committee members, in alignment with the Host Body's Values and Standards of Behaviour Framework (B2)		√			√								Lead
Develop and approve the Terms of Reference and Operating Arrangements for the following which are deemed necessary to provide the JCC with advice in the exercise of its functions: •Expert Panels – Established to review and make technical recommendations on specific subjects which generally consist of experts with relevant knowledge and experience within a particular field. •Advisory Groups – Established to provide advice over an issue/range of subject matters which generally consists of an external chair and internal and/or external stakeholders to make recommendations on a specific issue. (B3)		√			√								Lead
Develop and approve the long-term strategic plan for the development of those functions delegated to the JCC (B4)		√			√							Lead	
Develop and approve the JCC's Integrated Medium- Term Plan, for LHB approval B5		√			√							Lead	
Ratify any urgent decisions taken by the Chair, in- line with JCC SOs (B6)		√	√		√								Lead
Receive report and proposals, after consideration by the appropriate Audit Committee, regarding any non- compliance with JCC Standing Orders (and schedules contained within), and where required ratify in public session any action required in response to failure to comply with JCC SOs for onward reporting to LHBs (B7)		√			√								Lead
Adopt the CTMUHBs Host Body's Values and Standards of Behaviour Framework for the JCC (B8)		√		Responsible for Values and Standards of Behaviour Framework	√								Lead
Determine and approve the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure) (B9)		√			√	Lead							
Approve the JCC's Risk and Assurance Framework, ensuring alignment with the Host Body (B10)		√			√								Lead
Approve the JCC's Performance Management Framework (B11)		√			√	Lead							
Receive reports from the Chief Commissioner on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans (B12)		√			√							Lead	
Receive assurance reports from the JCC's sub-Committees and groups on the performance of those services commissioned by the JCC, and approve action required, including improvement plans, where required (B13)		√			√								Lead
Receive reports produced by external regulators and inspectors (including, e.g., Audit Wales, HIW, etc.) that raise issue or concerns impacting on the JCC's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of JCC sub-Committees (as appropriate) (B14)		√			√								Lead
Approve the Joint Committee's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government where required (B15)		√			√							Lead	
Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Commissioner, set out in the JCC's SFIs, and in-line with any requirements of the Host Body (B16)		√		√	√	lead							
Approve the JCC's audit and assurance arrangements, in-conjunction with the Host Body as the provider of an internal audit function (B17)		√			√	co-lead							co-lead
Health and Care Quality Standards 2023 and the Duty of Quality and the arrangements for approving required action, including improvement plans, to provide onward assurance to LHBs and the Host Body. (B18)		√			√						Lead		
Approve policies (service specification) for the equitable access to safe and sustainable, high quality health care services across Wales for those services which fall within the scope of the JCC (B19)		√			√					Lead			
Approve the JCC's key plans and programmes required to exercise its functions relating to the planning, securing and commissioning of those services delegated to it (excluding the Integrated- Medium Term Plan [B5]) (B20)		√			√							lead	
Matters delegated by JCC to CC - page 40 of SOs)													
JCC's: •Integrated Medium-Term Plan; and •Budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure) (C1 - matters delegated from the JCC to CC)					√	Lead						Lead	
Responsibility for the framework for planning and securing those services delegated to the JCC from LHBs, in-line with the approved IMTP / Foundation Plan (C2 - matters delegated from JCC to CC)					√							Lead	
Responsibility for ensuring the Health and Care Quality Standards 2023 and the Duty of Quality is embedded within Joint Committee Team's activity (C3 - matters delegated from JCC to CC)					√						Lead		
Responsibility for implementing those policies approved by the JCC in relation to the planning and securing of those services delegated to the JCC from LHBs (C4 - matters delegated from the JCC to CC)					√							Lead	
Committee secretary role (SO 6.16)													
Providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance -Facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, its joint sub-Committees and Advisory Groups -Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role -Ensuring that Joint Committee members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs; -Ensuring that in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination; -Contributing to the development of a committee culture that embodies NHS values and standards of behaviour; and -Monitoring the Joint Committee's compliance with the law, JCC SOs and the framework set by the LHBs and Welsh Ministers.				√								Lead

The Committee Secretary is accountable to the Joint Committee Chair for all matters in relation to the responsibilities delegated in respect of the JCC's Governance Framework, within the context of the overarching Governance Framework of the 7 LHBs. The Committee Secretary is accountable to the Chief Commissioner for their performance as an employee of the Host Body and a member of the JCC Commissioning Team.			yes		√							Lead
As a Joint Committee of LHBs, the Committee Secretary will have a relationship with the Directors of Corporate Governance of each of the 7 LHBs, in respect of the overarching governance framework of the 7 LHBs. As an employee of the Host Body (CTMUHB), the Committee Secretary will also have a relationship with the Host Body's Director of Corporate Governance with regard to the governance of those functions delegated to the JCC Team via					√							Lead
Specifics												
The JCC will set out (SO 4.3): 1. Schedule of matters reserved to the Joint Committee 2. Scheme of delegation to joint sub-Committees and others 3. Scheme of delegation to the Chief Commissioner and others as appropriate all of which must be formally adopted by the Joint Committee and approved by LHB Boards as a schedule to their own SOs.		√										
Approve those policies relevant to the business of the Committee as delegated by the LHBs or the host Board (SO 5.1)		√			√					√		
The Joint Committee Chair will have a relationship with the Host Body's CEO given their respective accountability arrangements with regard to their role in holding a shared accountability for the Chief Commissioner (SO 5.4 more in Hosting Agreement			√		√	√						
The JCC will delegate certain functions to the Chief Commissioner. For these aspects, the Chief Commissioner, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Commissioner will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers. (SO 6.15)		√			√							
Lead on compliance with the Standing Financial Instructions				with DOF	√	Lead						
Lead on compliance with Standing Orders and the Governance Framework					√							Lead
To fulfil its functions, the Joint Committee shall lead and scrutinise the operations, functions and decision making delegated to the Chief Commissioner and others undertaken at the direction of the Joint Committee (2.21).		√										
The Committee Secretary is accountable to the Joint Committee Chair for all matters in relation to the responsibilities delegated in respect of the JCC's Governance Framework, within the context of the overarching Governance Framework of the 7 LHBs. The Committee Secretary is accountable to the Chief Commissioner for their performance as an employee of the Host Body and a member of the JCC Commissioning Team. (SO 6.16)			√		√							Lead
The Joint Committee Chair, in consultation with the Committee Secretary and the Chief Commissioner, will set the agenda. (SO 7.10)			√		√							Lead
The Host Body's Standards of Behaviour Policy (Incorporating Declarations of Interest, Gifts, Hospitality, Sponsorship and Honoraria) applies to the Joint Committee's Chair, Lay Members and Chief Commissioner, and prohibits Joint Committee members from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way. (SOs 8.9)			√	√	√							√
Agree Scheme of Delegation for JCC Team (reflecting SoD of JCC) and Approve Financial Limit for JCC Team Responsible Officers					√							
Determine JCC Team Annual Priorities					√							
Approve JCC Team Workplan (based on IMTP)					√							
Sign off DRAFT IMTP for submission to NWJCC prior to WG HSCEYG planning team		√			√							
Annual Review of Hosting Agreement				√	√							
Endorse amendments to any JCC Governance documents such as SOs, SFIs, Hosting Agreement, Memo of Agreement for approval at HBs		√			√							Lead
Approve JCC Branding	√				√							
Sign off relevant reports/papers for Committees relating to professional area					√							
Approve draft annual operating budget for NWJCC		√			√							
Allocate annual budget allocation to relevant functions/programmes of the NWJCC		√			√	Lead						
Approve draft JCC Risk Register for reporting to the NWJCC					√							
Approve JCC staff engagement plan					√							
Approve JCC partnership and stakeholder engagement plan		√			√					Lead		
Approve appointment of Directors of JCC Team					√							
Approve appointment of Deputy Directors of JCC Team (in relevant professional area)					√	*						
Consider redundancy and Voluntary Early Release applications prior to submission to CTMUHB for approval noting WG approval required over £50k settlement				√	√	*						
Approve redundancy and Voluntary Early Release applications for submission to CTMUHB RATS noting WG approval required over £50k settlement				√	√							
Appraisal of Directors of the JCC Team					√							
Appraisal of Chief Commissioner RO in relation to compliance with Hosting Agreement			√	√	√							
Review ToRs for JCC SLT					√							Lead
Approve ToRs for SLT					√							
Establish Sub Groups to report to SLT and agree ToRs					√							Lead
Establish the Collaborative Commissioning Leadership Group					√							Lead
Approve ToRs for CCLG					√							
Review JCC Team Operating Model and Structure to ensure fit for purpose					√	*						
Approve amendments to the JCC Team Operating Model and Structure					√	*						
Engagement of staff within funded establishment					√	√	√	√	√	√	√	√	√	
Engagement of staff outside funded establishment					√	√								
Approval of revised job resulting in change in grade in line with agreed policy and All Wales Terms and Conditions					√	√	√	√	√	√	√	√	√	√
Approve & manage overtime, travel expenses, absence and leave within funded establishment (in accordance with CTMUHB Policies)					√	√	√	√	√	√	√	√	√	√
Approval of mobile phones / IT equipment					√	√	√	√	√	√	√	√	√	√
Management of allocated budgets					√	√	√	√	√	√	√	√	√	√
Approval of in-year budget virements between Director Budgets					√									
Receive reports on progress against performance in delivery of the JCC Team Workplan					√									
Endorse Annual Report, Annual Governance Statement and Annual Quality Report of the JCC prior to submission to CTMUHB		√			√						Lead		Lead	
Approve JCC Annual Report, Annual Governance Statement & Annual Quality Report		√			√								lead	
Agree scope of planned internal audit		√			√	Lead							Lead	
Receive internal audit reports to develop management response		√			√	Lead	√	√	√	√	√	√	Lead	
Approve final internal audit reports	√				√	√								
Receive reports from external/independent parties for consideration and action where necessary	√				√									
Dismissal of staff (in accordance with delegations set out in CTM policy)			√		√	√	√	√	√	√	√	√	√	
Approval of legal action					√								Lead	
Approval of receipt of any gift, hospitality or sponsorship (of individuals) under CTM policy (NB Gifts above £25 should not be accepted; gifts over £25 where it is not possible to decline must be declared and seek approval; tickets to sporting events must not be accepted; all offers of gifts over £25 whether accepted or declined should be declared)					√								Lead	
Approval of receipt of sponsorship in line with CTMUHB policy http://ctuhb-intranet/dir/Corporate/Decs/GHSH/Spon/_layouts/15/start.aspx#/					√	√	√	√	√	√	√	√	Lead	
Approval of JCC Pulse Bulletin and information for publication					√									
Financial limits - See Financial Authorisation Matrix														
Payroll														
Payroll new starters					√	√	√	√	√	√	√	√	√	
Payroll leavers					√	√	√	√	√	√	√	√	√	
Establishment vacancy authorisation					√	√								
Payroll changes financial					√	√								
Payroll changes non financial e.g. financial coding					√	√	√	√	√	√	√	√	√	
Payroll travel expenses					√	√	√	√	√	√	√	√	√	
Payroll study leave					√	√	√	√	√	√	√	√	√	
Financial matters in line with additional delegations from the SFIs														
Funding releases (was WHSSC Management Group)					√	√			√					
Manage reserves and contingencies					√	√								
Manage and control of stocks					√	√							Lead	
Monitor and achievement of management cost targets					√	√								
Recording of payments under the losses and compensation regulations					√	√								
Issuing tenders and post tender negotiations					√	√								
Operation of detailed financial matters including bank accounts and banking procedures			with DOF of host body		√	√								
Corporate														
Information governance					√								Lead	with ctm
Management of concerns					√					Lead				
Lead on health and safety arrangements (not line management duties)					√						Lead			
Investigate any suspected cases of irregularity not related to fraud and corruption in accordance with Government directions					√	√								
Legal advice					√								Lead	
Action on litigation			with Director of Nursing		√								√	
Workforce			with Director of People host body		√								Lead	

Agenda Item

Joint Commissioning Committee

All Wales Individual Patient Funding Request (IPFR) Policy

Dyddiad y Cyfarfod / Date of Meeting	01/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Choose an item.
Awdur yr Adroddiad / Report Author	Iolo Doull, Medical Director JCC
Cyflwynydd yr Adroddiad / Report Presenter	Rani Dash, Director of Corporate Governance
Noddwr yr Adroddiad / Report Sponsor	Iolo Doull, Medical Director

Pwrpas yr Adroddiad / Report Purpose	For Approval Choose an item.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
NHS Wales Joint Commissioning Committee meeting	20 May 2025	Approved
Chairs of the 7 Health Board IPFR panels Chair of the JCC IPFR panel IPFR Quality Assurance Group (QAG) IPFR Policy Implementation Group (PIG) Welsh Government	18/09/2024 – 13 May 2025	Endorsed

Acronyms / Glossary of Terms	
ABUHB	Aneurin Bevan University Health Board
AWTTC	All Wales Therapeutics & Toxicology Centre
CPO	Chief Pharmaceutical Officer
CTMUHB	Cwm Taf Morgannwg University Health Board
DMG	Decision Making Guide
HBs	Health Boards
IPFR	Individual Patient Funding Request
JR	Judicial Review
KC	Kings Counsel
NWJCC	NHS Wales Joint Commissioning Committee
PIG	PIG IPFR Policy implementation group
PTR	NHS Wales Putting Things Right policy
QAG	IPFR Quality Assurance Group
QC	Queens Counsel
ToR	Terms of Reference
VUNHST	Velindre University NHS Trust
WHSSC	Welsh Health Specialised Services Committee

1. SITUATION/BACKGROUND

The purpose of this report is to request that the Health Board note the outcomes from the engagement process with key stakeholders to review the All Wales Individual Patient Funding Request (IPFR) Policy and to seek approval for the proposed changes to the policy.

1.1 All Wales IPFR Policy

The All Wales IPFR Policy is an NHS Wales policy owned by each of the seven HBs who have statutory responsibilities in relation to IPFR decisions. Each HB has its own HB IPFR Panel.

In December 2021, a request for a judicial review (JR) was made in the case of Maria Rose Wallpott (MW)– v- (1) WHSSC (hosted by Cwm Taf Morgannwg University Health Board (CTMUHB)) & (2) Aneurin Bevan UHB (ABUHB) when the JR was allowed and the decision of the WHSSC IPFR panel to refuse funding for treatment was quashed by the court. Subsequently, legal advice indicated the IPFR policy was being interpreted in such a way that was contrary to the original policy intention and the IPFR policy would need to be updated if its original and intended meaning was to be reinstated. This was in accordance with the subsequent advice from the KC that the judicial review had changed the intended meaning on the Policy and if the original meaning was to be returned then the wording of the Policy would need to be revised.

On 28 July 2022 the Chief Pharmaceutical Officer (CPO), Welsh Government (WG) wrote to WHSSC setting out a proposal for addressing the issues raised in relation to the operation of the Welsh Health Specialised Services Committee's (WHSSC's) Individual Patient Funding Request (IPFR) Panel and the review of the NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR) ("The IPFR Policy"). Welsh Government requested that WHSSC lead a process of engagement for a de-minimis review of the Policy wording and the changes to the WHSSC IPFR panel Terms of Reference (ToR) should be undertaken with key stakeholders including the All Wales Therapeutics & Toxicology Centre IPFR Quality Assurance Advisory Group (AWTTC QAG), the Medical Directors and the Board Secretaries of each of the HBs and Velindre University NHS Trust (VUNHST).

1.2 Stakeholder Engagement Exercise

On the 8 November 2022, the JC approved the methodology for engagement for WHSSC to embark on an engagement process and were assured that the process adhered to the specific request from Welsh Government for a specific and limited review of the All Wales IPFR Policy engagement on the WHSSC IPFR panel ToR.

The stakeholder engagement process took place between the 10 and the 22 December 2022. The consultation documentation was issued to a broad range of stakeholders including the WHSSC IPFR panel, the All Wales Toxicology and Therapeutics Quality Assurance Group (AWTTC QAG), the NHS Wales IPFR Policy Implementation Group (PIG), Medical Directors and Board Secretaries of each of the HBs, Welsh Government and Velindre University NHS Trust (VUNHST). Additionally, a stakeholder engagement workshop was held on the 2 December 2022 in Cardiff and a number of engagement briefings were held.

1.3 Independent Legal Advice

David Locke QC (KC) was tasked with reviewing the wording of the IPFR policy and revising if appropriate. He noted that the text of the policy was contradicted by the accompanying Decision Making Guide (DMG).

He highlighted the important distinction in the policy between IPFR submissions where there was a relevant policy or guideline e.g. NICE or AWMSG (part a), or if there was no relevant policy or guideline (part b).
Part a) (there is policy/guidance) requires three criteria:

1) that the patient is significantly different from others with the same condition
2) that the patient will gain significantly more clinical benefit
3) that the intervention offers value for money.

In contrast part b) (no policy/guidance) requires only 2 criteria:

1) that the patient will gain significantly more clinical benefit
2) that the intervention offers value for money.

Unfortunately, the DMG could be interpreted as contradicting this distinction. David Locke emphasised the primacy of the 2017 policy, that the DMG was legally problematic and recommended the removal of the DMG from the policy.

There was initial resistance from the Policy Implementation Group (PIG) to the removal of the DSG, but through an iterative process in consultation with Health Boards (HBs), the IPFR Policy Implementation Group (PIG), the IPFR Quality Assurance Group (QAG) and WHSSC a revised policy (V10) was proposed where the DMG became an accompanying appendix to the policy.

Subsequently, Welsh Government highlighted a potential conflict between the NHS Wales Putting Things Right (PTR) policy and the IPFR policy and wanted clarity that the raising of a complaint under the PTR arrangements relates to the care provided before or after an IPFR decision, and not the process of making the IPFR decision. Finally the Terms of Reference for the JCC IPFR panel were to be amended and updated.

2.ASSESSMENT

In 2024, the NWJCC convened a meeting of the all the chairs of the HB IPFR panels, the chair of the JCC IPFR panel, the IPFR Quality Assurance Group (QAG), the IPFR Policy Implementation Group (PIG) and observers from Welsh Government. All wished to follow David Locke's advice and recognised that the DMG was not part of policy. Through an iterative process minor changes were made to the policy (including a rewording of the DMG) until all were content (V12).

The PTR changes and the ToR of the JCC IPFR panel were incorporated.

Finally Welsh Legal Services advice was sought, and the final minor revisions were made based on their recommendations (V14). One HB expressed concerns but the issues have been discussed with the relevant HB ad they are content with the revised policy.

The updated policy presented at ***Appendix 1*** has been circulated to all of the HB Medical Directors who are content with the final document. The Joint Committee approved the revised policy at its meeting on 20 May 2025, prior to it being submitted to the 7 x HBs for final approval and adoption from 1 August 2025. Welsh Government will be notified once all 7 x HBs have approved the policy.

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Maximise Value

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	A More equal Wales
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Equitable
	Effective Efficient Patient centred
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome:	Access to IPFR has the potential to increase quality

Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	Access to IPFR has the potential to increase equality of access
Cyfreithiol / Legal	Yes (Include further detail below)	
	The document is based on advice from counsel David Locke KC and Welsh Legal Services.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

3. RECOMMENDATIONS

The Board is asked to:

- **Note** the report,
- **Note** that the NHS Wales Joint Commissioning Committee approved the All Wales IPFR Policy on 20 May 2025, for onwards submission to the 7 x HBs for final approval,
- **Approve** the updated All Wales Individual Patient Funding Request (IPFR) policy; and
- **Note** that once the 7 x Health Boards (HBs) have approved the policy it will be presented to Welsh Government and be adopted from 1 August 2025.

4. NEXT STEPS

- Inform the Health Board Medical Directors
- Inform the Health Board IPFR Chairs
- Inform the IPFR Policy Implementation Group
- Inform the IPFR Quality Assurance Group
- Inform Welsh Government

NHS WALES POLICY
MAKING DECISIONS ON INDIVIDUAL PATIENT FUNDING REQUESTS (IPFR)

Reference Number	Policy Reference (as per individual Health Board)	**Version Number**	V14 December 2024
Linked Documents	Health Board Policies on Interventions Not Normally Undertaken (INNU)		

Classification of Document: Clinical Policy

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1 INTRODUCTION

1.1 Background

In 2010, the Director General, Health and Social Services, Chief Executive, NHS Wales requested that Health Boards would work together with the Welsh Health Specialised Services Committee (WHSSC) and Public Health Wales (PHW) to develop an All-Wales policy and standard documentation for dealing with individual patient funding requests (IPFR) for treatment. This policy has been in place since September 2011.

1.1.1 In October 2013, The Minister for Health and Social Services announced a review of the IPFR process in Wales. An independent review group was established to explore how the current process could be strengthened.

1.1.2 In April 2014, the "Review of the IPFR process" report was published. The report concluded that the IPFR process in Wales is comprehensive and supports rational, evidence-based decision making for medicine and non- medicine technologies which are not routinely available in Wales. The review group also made a number of recommendations to strengthen the IPFR process.

1.1.3 In September 2016, following the 2014 review and implementation of its recommendations, the Cabinet Secretary for Health, Well-being, and Sport agreed the time was right for a new, independent review of the IPFR process. The panel would be independent of the Welsh Government and encompass a range of expertise and knowledge.

The "Independent Review of the Individual Patient Funding Requests Process in Wales" report was published in January 2017.

1.1.4 Following a Judicial Review in December 2021, the Welsh Government in July 2022 agreed that a specific and limited review would be undertaken to put beyond doubt how the policy should be interpreted. In 2024 the commissioning responsibilities of WHSSC were transferred to the NHS Wales Joint Commissioning Committee (JCC).

1.2 Purpose of this Policy

1.2.1 To ensure an open, transparent, fair, clearly understood and easily accessible process is followed, the NHS in Wales has introduced this Policy on decision making for IPFR's. It describes both the principles underpinning how decisions are made to approve or decline individual patient requests for funding and the process for making them.

1.2.2 Continuing advances in technology, changing populations, better information and increasing public and professional expectations all mean that NHS Health Boards have to agree their service priorities for the application of their financial and human resources. Agreeing these priorities is a complex activity based on sound research evidence where available, sometimes coupled with value judgments. It is therefore important to be open and clear about the availability of healthcare treatments on the NHS and how decisions on what should be funded by the NHS are made.

1.2.3 A comprehensive range of NHS healthcare services are routinely provided locally by primary care services and hospitals across Wales. In addition, the JCC, working on behalf of all the Health Boards in Wales, commissions a number of more specialist and highly specialist services at a national level. However, each year, requests are received for healthcare that falls outside this agreed range of services. We refer to these as Individual Patient Funding Requests (IPFR).

1.2.4 Each Health Board in Wales has a separate Policy called 'Interventions Not Normally Undertaken' (INNU) setting out a list of healthcare treatments that are not normally available on the NHS in Wales. This is because:

- There is currently insufficient evidence of clinical and/or cost effectiveness; and/or
- The intervention has not been reviewed for the indication under consideration by the National Institute for Health and Care Excellence (NICE) or the All-Wales Medicines Strategy Group (AWMSG); and/or One Wales Medicines process or Health Technology Wales.
- The intervention is considered to be of relatively low priority for NHS resources.

1.2.5 The INNU policy should be read together with this policy on making decisions.

1.2.6 The challenge for all Health Boards and JCC is to strike the right balance between providing services that meet the needs of the majority of the population in the geographical area for which it is then given responsibility, whilst having in place arrangements that enable it to accommodate people's individual needs. Key to this is having in place a comprehensive range of policies and schedule of services that the Health Board and/or JCC has decided to fund to meet local need within the resource available. To manage this aspect of the Health Board and JCC's responsibilities, there will always need to be in place a robust process for considering requests for individual patient funding within the overall priority setting framework. Demand for NHS services is always likely to exceed the resources available and, as a result, making decisions on IPFR are some of the most difficult a Health Board or JCC will have to make.

1.2.7 In line with the requirements of the Equality Act 2010 and the Welsh Government guidance 'Inclusive Policy Making' issued in May 2010, a detailed equality impact assessment has been completed to assess the relationship between this policy and the duties of the Act.

1.3 Explaining Individual Patient Funding Requests (IPFR)

1.3.1 IPFRs are defined as requests to a Health Board or JCC to fund NHS healthcare for individual patients who fall outside the range of services and treatments that a Health Board or JCC has arranged to routinely provide, or commission. This can include a request for any type of healthcare including a specific service, treatment, medicine, device or piece of equipment.

Such a request will normally be within one of the three following categories;

- a patient and NHS clinician have agreed together that they would like a treatment that is either new, novel, developing or unproven and is not within the Health Board's routine schedule of services and treatments (for example, a request to use a cancer drug that has yet to be approved by the Health Board for use in that particular condition);

- a patient and NHS clinician have agreed together that they would like a treatment that is provided by the Health Board in certain clinical circumstances but is not eligible in accordance with the clinical policy criteria for that treatment (for example, a request for treatment for varicose veins for cosmetic reasons alone);

- a patient has a rare or specialist condition that falls within the service remit of the JCC but is not eligible in accordance with the clinical policy criteria for treatment (for example, a request for plastic surgery where the indication is personal preference rather than medical need).

1.3.2 IPFRs should not be confused with requests for packages of care for patients with complex continuing healthcare needs – these are covered by separate Continuing Healthcare arrangements. Further information can be obtained from the Health Board's Nursing Department.

1.3.3 IPFRs should also not be confused with treatments that have already been provided or administered outside of NHS funded care. Requests **will not** be considered for retrospective funding.

1.3.4 If the clinical circumstances for the specific individual patient have changed, an IPFR application form describing / explaining / justifying:

i. why the patient is likely to gain a significant clinical benefit from the proposed intervention; and
ii. demonstrating that the value for money of the intervention for that particular patient is likely to be reasonable,

then a case may be submitted to the Health Board or JCC for consideration for further prospective funding. For example, if a patient funds a treatment themselves and their clinician believes they can demonstrate that the patient has gained significantly more clinical benefit from the intervention than would normally be expected for that treatment, an IPFR can be submitted for consideration.

1.3.5 The three categories of treatment described in 1.3.1 will only potentially be funded in specific clinical circumstances. It is important to note that the NHS in Wales does not operate a blanket ban for any element of NHS healthcare but equally the granting of funding in one case does not mean that funding will be provided for the same treatment for other patients. We will consider each IPFR on its individual merits and in accordance with the arrangements set out in this policy. We will determine if the patient should receive funding based on the significant clinical benefit expected from the treatment and whether the cost of the treatment is in balance with the expected clinical benefits.

1.3.6 In this policy, the words "significantly different to the general population of

patients" means that the patient's condition does not have substantially the same characteristics as other members of that population. For a patient to be significantly different, their particular clinical presentation is unlikely to have been considered as being part of the population for which the policy was made.

1.3.7 In practice, it is not always practical to determine the "benefit" of an intervention in numerical terms in the same way, for example as NICE or the AWMSG. In these situations, a description of the benefit should be used to enable IPFR panels to compare the description of the incremental clinical benefit likely to be obtained. In general, the clinician should compare the benefits of the intervention being requested with what he or she considers to be the next best alternative, which may in some cases be best supportive care.

1.3.8 Whether an intervention provides "value for money" is assessed conceptually in terms of the incremental cost per incremental quality-adjusted life year (QALY) of benefit. Whilst "reasonable" value for money is to be interpreted in the same way that "cost-effective" is used in the Health Technology Appraisal (HTA) process operated by NICE, AWMSG and HTW.

1.3.9 Recognising that it can never be possible to anticipate all unusual or unexpected circumstances this policy aims to establish a clear guide to making decisions on IPFRs to determine whether the evidence that the patient is likely to gain a significant clinical benefit, and the value for money of the intervention for that particular patient is likely to be reasonable, has been presented.

Please refer to the decision-making factors in Appendix one. These are factors the panel may consider when looking at the significant clinical benefit expected by the treatment , and whether the cost of the treatment is in balance with the expected benefits.

2 THE LEGAL CONTEXT OF THIS POLICY

2.1 Health Boards exercise functions delegated to them by the Welsh Ministers under various statutes and in particular under the National Health Service (Wales) Act 2006 and under secondary legislation made under that Act.

2.2 In addition to specific statutory obligations, Health Boards are public bodies, which are required to comply with their legal obligations to act in accordance with the rights if individuals under the European Convention of Human Rights as defined in the Human Rights Act 1998 and under common law.

2.3 Health Boards must therefore be able to demonstrate that their decisions are within their powers and comply with their legal obligations. In terms of the exercise of their powers, they must show that they have taken into account all relevant issues in the decision-making process, giving them appropriate weight and that those decisions are rational, logical, lawful and proportionate.

Careful consideration needs to be given in relation to all decisions; particular care may need to be given in the following circumstances:

- when evidence is not clear or conclusive;
- when the issue is controversial and may not have the support of NICE, AWMSG or HTW;
- when life or death decisions are involved;
- when limiting access to specific services or treatments;
- when setting priorities;
- When other Health Boards or JCC may have used their discretion to make a different decision on a specific topic.

2.4 It is lawful for JCC and Health Boards to adopt policies about which treatments will, and which will not, be routinely funded. It is also lawful for JCC and Health Boards to adopt this Policy to define the circumstances in which a decision can be made to fund an intervention for a patient where other patients are lawfully denied funding for the same intervention as a result of policies or as a result of an absence of a policy approving funding for that intervention.

2.5 Consistency in policy and approach, together with clarity about clinical criteria for treatment and a consistent approach to dealing with IPFR requests should reduce the need for patients to have to go through a review or appeal process at any level. This should be the desirable outcome as far as it is possible.

3 PRINICIPLES UNDERPINNING THIS POLICY

The principles underpinning this policy and the decision making of the Health Board are divided into five areas - the NHS Core Values, the Prudent Healthcare Principles, Evidence-based Considerations, Ethical Considerations and Economic Considerations.

3.1 **NHS Core Values** are set out by the Welsh Government as;

- Putting quality and safety above all else: providing high value evidence-based care for our patients at all times;
- Integrating improvement into everyday working and eliminating harm, variation and waste;
- Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales;
- Working in true partnerships with partner organisations and with our staff; and
- Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems, and environment to work safely and effectively.

3.2 Prudent Healthcare Principles

- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production;
- Care for those with the greatest needs first, making the most effective use of all skills and resources;
- Do only what is needed, no more, no less; and do not harm;
- Reduce inappropriate variation using evidence-based practices consistently and transparently.

3.3 Evidence-Based Considerations

3.3.1 Evidence-based practice is about making decisions using quality information, where possible, and recognising areas where evidence is weak. It involves a systematic approach to searching for and critically appraising that evidence.

3.3.2 The purpose of taking an evidence-based approach is to ensure that the best possible care is available to provide interventions that are sufficiently clinically effective to justify their cost and to reduce inappropriate variation using evidence-based practices consistently and transparently. NICE issue Technology Appraisals and the All-Wales Medicines Strategy Group and Health Technology Wales issue guidance which Health Boards and JCC are required to follow.

3.3.3 Additionally, a central repository for evidence-based appraisals is available which provides support for clinicians making an application. This is located on the shared database. Users are able to upload and access the information available which will continue to be developed over time as evidence /new reports are produced.

3.3.4 It is also important to acknowledge that in decision making there is not always an automatic "right" answer that can be scientifically reached. A "reasonable" answer or decision therefore has to be reached, though there may be a range of potentially reasonable decisions. This decision is a compromise based on a balance between different value judgements and scientific (evidence-based) input. Those vested with executive authority have to be able to justify, defend and corporately "live with" such decisions.

3.4 Ethical Considerations

3.4.1 Health Boards and JCC are faced with the ethical challenge of meeting the needs of individuals within the resources available and meeting their responsibility to ensure justice in the allocation of these resources ('distributive justice'). They are expected to respect each individual as a person in his or her own right.

3.4.2 Resources available for healthcare interventions are finite, so there is a limit to what Health Boards and JCC can routinely fund. That limitation is reasonable providing it is fair, and not arbitrary. It must be based on the evidence both about the effectiveness of those interventions and their cost. A cost-effective intervention is one that confers a great enough benefit to justify its cost. That means policies must be based on research, but research is carried out in populations of patients, rather than individual patients. That leaves open the possibility that what is true for patients in general is not true about a specific individual patient. Fairness therefore also requires that there must be a mechanism for recognising when an individual patient will benefit from a particular intervention more than the general population of patients would. Identifying such patients is the purpose of the IPFR process.

3.4.3 Welsh Government communications set out six ethical principles for NHS organisations and these underpin this policy. They are:

- treating populations and particular people with respect;
- minimising the harm that an illness or health condition could cause;
- fairness;
- working together;
- keeping things in proportion; and
- flexibility

3.5 Economic Considerations

3.5.1 It is a matter for Health Boards and JCC to use its discretion to decide how it should best allocate its resources. Such resources are finite and difficult balancing decisions have to be made. Health Boards and JCC must prioritise the services that can be provided whilst delivering high-quality, cost- effective services that actively avoid ineffective, harmful, or wasteful care that is of limited benefit. The opportunity cost associated with each decision has also to be acknowledged i.e., the alternative uses to which resources could be put.

4 MAKING DECISIONS ON IPFR

4.1 In line with the principles set out earlier in this document, Welsh Government communications set out the key factors for 'good decision making'. These are:

- openness and transparency.
- inclusiveness.
- accountability.
- reasonableness.
- effectiveness and efficiency.
- exercising duty of care.
- lawful decision making; and
- the right to challenge and appeal

This policy aims to ensure that the Health Board and JCC has a clear and open mechanism for making decisions that are fair, open, and transparent. It enables those responsible for decision making to demonstrate that they have followed due process, given full consideration to the above factors, and has been both rigorous and fair in arriving at their decisions. It also provides a clear process for challenge and appeal.

4.2 In accordance with Welsh Government communications, NICE definitions, and the criteria set out in this policy, Health Boards and JCC should make decisions on IPFRs based on; the evidence presented to demonstrate the expected significant clinical benefit, and the evidence presented outlining the patient's individual clinical circumstances. Decisions should be undertaken whilst taking into reasonable account the evidence base, and the economic and ethical factors below:

- **evidence-based considerations** – clinical and cost effectiveness; service and policy implications.
- **economic considerations** – opportunity cost; resources available; and
- **ethical considerations** – population and individual impact; values and principles; ethical issues.

Non-clinical factors (such as employment status) will not be considered when making decisions on IPFR.

This Policy does not cover healthcare travel costs. Information on patient eligibility for healthcare travel costs to receive NHS treatment under the care of a consultant can be found on the Welsh Governments 'healthcare costs' website.

4.3 The following criteria must be used by all Health Board and JCC IPFR Panels when making IPFR decisions. It is the responsibility of the referring clinician to ensure that sufficient information is placed before the panel to allow the panel to be able to determine whether the criteria are satisfied.

A patient will only be entitled to NHS funding for the requested intervention or drug if the panel conclude that the criteria under **either (a) or (b)** below are satisfied:
(a) If guidelines (e.g. from NICE or AWMSG) recommend NOT to use the intervention/drug, or the clinical access criteria of an applicable policy are not met: I. The clinician must demonstrate that the patient's clinical circumstances are significantly different to other patients for whom the recommendation is not to use the intervention; II. The clinician can demonstrate that the patient is likely to gain significantly more clinical benefit from the intervention than would normally be expected from patients for whom the recommendation is not to use the intervention, and III. The IPFR panel must be satisfied that the value for money of the intervention for that particular patient is likely to be reasonable.
(b) If the intervention has NOT been appraised (e.g. in the case of medicines, by AWMSG or NICE), and there is no applicable policy in place: I. The clinician can demonstrate that the patient is likely to gain significant clinical benefit, and II. The IPFR panel must be satisfied that the value for money of the intervention for that particular patient is likely to be reasonable.

4.4 An IPFR panel is required to decide whether the application fulfils Part A or Part B and then consider the application against the relevant criteria. A panel may only approve applications which meet all of the applicable criteria above. It is however the responsibility of the requesting clinician to demonstrate the clinical case for the patient in respect of the criteria outlined.

4.5 Considerations under Part A

4.5.1 Where a recommendation has been made not to use an intervention, the panel is required to consider whether the patients' clinical circumstances are significantly different to other patients for whom the recommendation is made not to use the intervention'. That process will usually require a comparison between the patient for whom treatment is being requested, and other patients with the same medical condition who could have been offered the requested intervention if the relevant guidance and/or applicable policy allowed.

4.5.2 The panel next need to consider whether there is a significant difference between the clinical circumstances of the patient for whom funding is being requested, and the comparator group, and whether the patient is likely to gain significantly more clinical benefit from the intervention than would normally be expected for patients for whom the recommendation has been made not to use the intervention. If, but only if, both of these criteria are met on the facts of an individual Part A case, the panel will then consider whether the intervention is deemed value for money as described at paragraph 4.7 below.

4.6 Considerations under Part B

4.6.1 In the absence of any appraisal or applicable policy, the panel need to consider whether the referring clinician has provided sufficient evidence to conclude that the patient is likely to gain significant clinical benefit from the intervention requested. If this criteriion is met on the facts of an individual Part B case, the panel will then consider whether the intervention is deemed value for money as described below.

4.7 Value for money

4.7.1 The assessment as to whether the intervention provides "value for money" is a matter of judgement for the panel. The panel should reach a decision exercising its broad discretion to decide whether the value for money of an intervention for a particular patient is likely to be reasonable.

4.7.2 The panel should consider the likely overall costs to the NHS of the requested intervention compared with the next best alternative treatment that is routinely funded on the NHS. The panel should in a similar way consider the overall benefit (effectiveness) of the intervention compared with the next best alternative treatment that is routinely funded on the NHS. If the requested intervention is estimated to be more effective and less costly (than the alternative treatment) then it is likely to represent value for money. If the treatment is less effective and more expensive, then it is unlikely to be deemed value for money. If the treatment is more effective and more costly or less effective and less costly then the panel will need to make a judgement as to whether the treatment is likely to represent value for money. For any scenario, other factors may affect treatment choice, and these should be documented as part of the discussion.

4.7.3 Where presented as part of the evidence, an incremental cost effectiveness ratio ("ICER") and quality- adjusted life year (QALY) may be considered by the panel provided this is relevant to the individual case and there is appropriate expertise by the group to do so. When assessing this evidence, the panel should consider relevant thresholds in relation to NICE and AWMSG when considering if the intervention is a cost-effective option.

4.8 When making decisions, the panel are entitled to have regard to the factors set out at Appendix 1 to this policy, if the panel consider that addressing those issues may assist the panel in coming to decisions on the criteria set out at paragraph 4.3 above. The panel are not obliged to consider all the factors set out Appendix 1 to this policy and may consider that some of the factors are not relevant on the facts of an individual case or do not assist the panel in coming to its decision on those criteria.

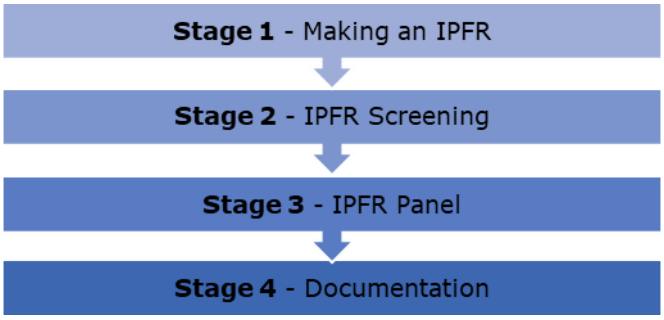
5 HOW TO MAKE A REQUEST FOR FUNDING UNDER THIS POLICY

5.1 Information on how to make an IPFR

A patient leaflet is available explaining how an individual patient funding request (IPFR) can be made. These can be downloaded from the Health Board, JCC or AWTTC website. Further information can be obtained from the IPFR Coordinator.

Copies of this policy and the IPFR application forms can also be obtained via the website, or by contacting the IPFR Coordinator.

5.2 Summary of the IPFR Process



5.3 Stage 1 Making an IPFR

The patient and their NHS clinician (agree together that a request should be made). The IPFR application form is completed by the clinician on the patient's behalf. This will ensure that adequate clinical information is provided to aid the decision-making process.

The requesting clinician must sign the application form to indicate that the patient is aware and agrees with the submission of the request. In doing so, the clinician is providing confirmation that the patient is fully informed of the treatment request and all its associated implications.

Ideally, applications for specialised and tertiary services should be completed by the patient's secondary care clinician, unless extenuating circumstances dictate otherwise. This is to ensure that all pertinent information is included in the form thereby avoiding the delay that will arise from the need to request further information before the application can be processed. All IPFR applications should demonstrate support from the relevant clinical lead, head of department or multi-disciplinary team (MDT). Where relevant, advice may also be sought from the internal clinical team.

It is necessary for clinicians to provide their contact details as there may be times when additional clinical information is required during a panel meeting to aid a decision.

The application form is sent to the IPFR Coordinator electronically or in hard copy so that the authorised consent of the clinician is recorded.

The IPFR application form must be completed in full to enable the IPFR Panel to reach a fully informed decision.

Should the IPFR Coordinator receive an application form which has not been completed sufficiently enough to determine whether or not the request can be screened out or taken to the IPFR Panel, or the incorrect form is completed, the form should be returned to the requesting clinician **within three working days**.

The requesting clinician is responsible for completing and re-submitting the application form **within ten working days**. Should this time elapse, a chaser letter will be sent providing a **further ten working days** to make a submission.

Where the information has still not been provided in the time set, the case shall be closed, and the requesting clinician notified accordingly.

5.4 Stage 2 Screening of the IPFR

The IPFR application will be considered by the IPFR Senior Officer to determine whether the application needs to be screened out because:

(a) the request meets pre-agreed criteria for a service already commissioned/provided and can be automatically funded
(b) an alternative and satisfactory clinical solution is found
(c) the request represents a service development which needs to be passed to the relevant Division or Director for their action.

The IPFR Senior Officer should then communicate the outcome of the screening stage to the requesting clinician using a standard letter, **within five working days** of the decision being made. This letter will also include reasons for the decision and information on any further courses of action required.

5.5 Stage 3 Considerations by the IPFR Panel

Requests that are not screened out will be considered at a meeting of the IPFR Panel. The IPFR Coordinator will ensure that the panel has all of the information needed to reach a decision and will ensure that each case is anonymised before each meeting.

Panels will convene at least once per month in order to ensure that applications are dealt with in a timely manner. The volume and urgency of applications may require panels to meet more frequently as and when required.

The panel will consider each IPFR on its own merits, using the criteria set out in paragraph 4.3 of the Policy. Where possible, they should set out their assessment of the likely incremental clinical benefit and their broad estimate of the likely incremental cost so that their judgements on value for money are clear and transparent. The IPFR Coordinator or Senior Officer will complete a record of the panel's discussion on each IPFR, including the decision and a detailed explanation for the reason for that decision.

A standard decision letter should be prepared to communicate the decision to the requesting clinician. Correspondence will also be sent to the patient to inform them that a decision has been made and their clinician will contact them within 5 working days to discuss. If this has not happened, patients are encouraged to contact their clinician.

These letters will be sent **within five working days** of the panel's decision and will also include information on how to request a review of the process where a decision has been made to decline the request.

5.6 Who will sit on the IPFR Panel?

The Health Board will appoint core members of the IPFR Panel which will comprise:

- Executive Public Health Director (or deputy – Public Health Consultant)
- Executive Medical Director (or deputy - Associate/Assistant Medical Director)
- Executive Director of Nursing (or deputy – Assistant Director of Nursing)
- Director of Therapies & Clinical Science (or deputy - Assistant Director of Therapies)
- Director of Pharmacy and / or Chief Pharmacist or deputy; and
- Two lay representatives.

The Chair of the Panel will be selected from the group of core members and must have a clinical background (with the exception of JCC – see Terms of Reference at Appendix 3).

Each organisation may also wish to appoint up to a further two Panel members at the discretion of the Chair of the Panel, for example a member of the Ethics Committee, Primary Care Director, or Director of Planning.

Please refer to the Terms of Reference at Appendix 2 and 3 for details of the Health Board and JCC IPFR Panel.

5.7 What about clinically urgent cases?

The IPFR Policy and process allows for clinically urgent cases, as deemed by the requesting clinician, to be considered outside of the normal screening and panel processes. In these circumstances, the Chair or Vice Chair of the IPFR panel is authorised to make a decision outside of a full meeting of the panel, within their delegated financial limits. Any such decisions will be made in line with the principles of this policy, taking into account the clinical urgency of the request outlined in the application form by the clinician. Those marked urgent will be considered within 24-48 hours (working days only) as per the application form.

5.8 Can patients and clinicians attend the IPFR Panel?

Patients are not permitted to attend IPFR Panels. The reasons are that it would make the process less fair because it would draw to the attention of panel members characteristics of the individual patient that should not influence their decision-making. The IPFR process is anonymous therefore allowing patients to attend would jeopardise this level of scrutiny. The IPFR Panel will normally reach its decision on the basis of all of the written evidence provided, including the IPFR application form and other documentary evidence which is provided in support. Patients and clinicians are able to supply any written statements they feel should be considered by the Panel**. Any information provided which relates to non-clinical factors will not be considered.** Local Llais teams are able to support patients in making such statements if required.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on specific issues and/or request independent expert clinical advice for consideration by the panel at a future date. The Chair of the IPFR Panel, may also contact the referring clinician to get more clarification in respect of an individual referral.

The provision of appropriate evidence to the IPFR Panel will be entirely at the Chair of the IPFR Panels discretion.

5.9 Documentation

The IPFR Coordinator will maintain a confidential electronic record of all requests. A separate, confidential hard copy file may also be maintained. This information will be held securely in compliance with Data Protection requirements and with Caldicott Guidance.

The IPFR Administration Team retains a record of the IPFR application and subsequent decision and any outcome data that is provided by the clinician. Data will be retained to help inform future planning requirements by identifying patient cohorts both at a local and national level. Data will also be used for the production of an annual report on IPFR's every year as required

by the Welsh Government. This will not include any identifiable data and will use aggregated data.

In addition, a central repository for clinical evidence will be available and will develop over time as and when new evidence reports are produced / become available.

Any information will be held in line with the NHS Information Governance Retention Policy

6 HOW TO REQUEST A REVIEW OF THE PROCESS

If an IPFR is declined by the panel, a patient and their NHS clinician have the right to request information about how the decision was reached. If they are unhappy with the decision the NHS clinician on behalf of the patient can either:

Resubmit an IPFR application, but only if there is either significant new clinical information or a significant change in clinical circumstances, or

If the patient and their NHS clinician feel the process has not been followed in accordance with the IPFR policy, a review hearing can be requested (see below).

The review process for an application for funding under the IPFR policy does not conflict with a patient's ability to make a complaint about the care that has been arranged in relation to a IPFR funding decision. This is best achieved through the Health Boards or JCC's Putting Things Right process which can be found at

https://www.gov.wales/nhs-wales-complaints-and-concerns-putting-things-right (see section 9).

6.1 The 'review period'

There will be a period of **25 working days** from the date of the decision letter during which they may request a review by the review panel ('the review period"). The letter from the Health Board or JCC that accompanies the original decision will state the deadline for any review request. In calculating the deadline, Saturdays, Sundays, and public holidays in Wales will not be counted.

6.2 Who can request a review?

A review can be requested either (a) by the original requesting clinician on the patient's behalf or (b) by the patient with the original requesting clinician's support. **The review request form must be completed by the clinician**. Both the patient and their clinician must keep each other informed of progress. This ensures the patient is kept informed at all times, that the clinician/patient relationship is maintained, and review requests are clinically supported. Patients are able to access advocacy support at any stage during this process.

6.3 What is the scope of a review?

It does not constitute a review of the merits of the original decision. It has the restricted role of hearing review requests that fall into one or more of three strictly limited grounds. A review request on any other ground will not be considered.

The 3 grounds are:

Ground One: *The Health Board or JCC has failed to act fairly and in accordance with the All Wales Policy on Making Decisions on Individual Patient Funding Requests (IPFR).*

Health Boards and JCC are committed to following a fair and equitable procedure throughout the process. A patient who believes they have not been treated fairly by the Health Board or JCC may request a review on this ground. This ground relates to the procedure followed and not directly to the decision and it should be noted that the decision with which the patient does not agree is not necessarily unfair.

Ground Two: *The Health Board or JCC has prepared a decision which is irrational in the light of the evidence submitted*

The review panel will not normally entertain a review request against the merits of the decision reached by the Health Board or JCC. However, a patient may request a review where the decision is considered to be irrational or so unreasonable that no reasonable Health Board or JCC could have reached that conclusion. A claim that a decision is irrational contends that those making the decision considered irrelevant factors, excluded relevant ones, or gave unreasonable weight to particular factors.

Ground Three: *The Health Board or JCC has not exercised its powers correctly.*

Health Boards and JCC are public bodies which carry out its duties in accordance with the Statutory Instruments under which it was established. A patient may request a review on the grounds that the Health Board or JCC has acted outside its remit or has acted unlawfully in any other way.

6.4 How is a review request lodged?

A review request form should be completed and logged with the IPFR Coordinator of the Health Board or JCC within the review period. The review request form must include the following information:

- The aspect(s) of the decision under challenge and
- The detailed ground(s) of the review request

The review request form should be sent to the IPFR Coordinator so that the signatures of both the patient and their clinician are recorded. A scanned version sent electronically will also be acceptable as long as signatures are present.

If the patient signature cannot be obtained in a timely manner or at all, the requesting clinician can sign to indicate that the patient is aware and agrees with the submission of the request. In doing so, the clinician is providing confirmation that the patient is fully informed of the treatment request and all its associated implications.

6.5 Initial scrutiny by the IPFR Senior Officer

The review documents lodged will be scrutinised by the IPFR Senior Officer who will look to see that they contain the necessary information. If the review request does not contain the necessary information or if the review does not appear to the IPFR Senior officer to fall under any one or more grounds of

review, they will contact the referrer (patient or their clinician) to request further information or clarification.

A review will only be referred to the review panel if, after giving the patient and their clinician an opportunity to elaborate or clarify the grounds of the review, the Chair of the review panel is satisfied that it falls under one or more of the grounds upon which the review panel can hear the review.

The Chair of the review panel may refuse to consider a review that does not include all of the above information.

6.6 What is the timescale for a review to be heard?

The review panel will endeavour to hear a review **within 25 working days** of the request being lodged with the Health Board. The date for hearing any review will be confirmed to the patient and their clinician in a letter.

This review process allows for clinically urgent cases, as deemed by the referring/supporting clinician, to be considered outside of the panel process by the Health Board's Chair together with a clinical member of the review panel. Any such decisions will be made in line with the principles of this policy.

6.7 Who will sit on the Review Panel?

The Health Board will appoint members of the review panel. The panel will comprise (see Terms of Reference at Appendix 4 for full details);

- Health Board Independent Board Member – Lay (Chair of the Review Panel)
- Health Board Independent Board Member (with a clinical background)
- Health Board Executive Director, or deputy (with a clinical background)
- Representative from Llais
- Chair of the Local Medical Committee, or deputy
- JCC Representative at Director level (where applicable)

The Health Board will intend to inform the patient and their clinician of the membership of the review panel as soon as possible after a review request has been lodged. None of the members of the review panel will have had any prior involvement in the original submission.

In appointing the members of the review panel, the Health Board will endeavour to ensure that no member has any interest that may give rise to a real danger of bias. Once appointed, the review panel will act impartially and independently.

6.8 Can new data be submitted to the review panel?

No, because should new or additional data become available then the IPFR application should be considered again by the original panel in order to maintain a patient's right to review at a later stage.

6.9 Can patients attend review panel hearings?

At the discretion of the panel, patients and/or their unpaid representative may attend review panel hearings as observers but will not be able to participate. This is because the purpose of a review hearing is to consider the process that has been followed and not to hear new or different evidence.

If new or different evidence becomes available, the case will automatically be scheduled for reconsideration by the IPFR Panel. Patients and/or their unpaid representatives are able to make their written representations to this IPFR Panel in order for their views to be considered.

It is important for all parties to recognise that review panel hearings may have to discuss complex, difficult and sensitive information in detail and this may be distressing for some or all of those present. Patients and/or their unpaid representatives should be aware that they will be asked to retire at the end of the review panel discussion in order for the panel to make their decision.

6.10 The decision of the review panel hearing

The IPFR Senior Officer will complete a record of the review panel's discussion including the decision and a detailed explanation for the reason for the decision. They will also prepare a standard decision letter to communicate the decisions of the panel to the patient and referring/supporting clinician.
The review panel can either;

- uphold the grounds of the review and ask the original IPFR Panel to reconsider the request; or
- not uphold the grounds of the review and allow the decision of the original IPFR Panel to stand.

There is no right to a further review unless new and relevant circumstances emerge. Should a patient be dissatisfied with the way in which the review panel carried out its functions, they are able to make a complaint to the Public Services Ombudsman for Wales.

6.11 After the review hearing

The Chair of the review panel will notify patients and their clinicians of the review panel's decision in writing. This letter should be sent **within five working days** of the panel and will also include information on how to make a complaint to the Public Services Ombudsman for Wales www.ombudsman-wales.org.uk.

6.12 How will JCC undertake a review?

As the JCC is a collaborative committee arrangement to support all Health Boards in Wales, it will not be able to constitute a review panel. JCC will therefore refer any requests it receives for a review of its decisions to the Health Board in which the patient resides. A JCC representative who was not involved in the original panel will become a member of the review panel on these occasions.

The Health Boards IPFR Senior Officer will be present at these review hearings to advise on proceedings as per their governance role. In the interests of transparency, and not to confuse the applicant, the JCC Senior IPFR Officer will be responsible for circulating the review documentation to review panel members, clerking the hearing, and preparing the standard decision letter to communicate the decision of the review panel to the patient and clinician.

7 QUALITY ASSURANCE

The IPFR Quality Assurance Advisory Group was established in 2017 to monitor and support all IPFR panels to promote quality in decision making and consistency across Wales. The Group meets quarterly to assess anonymised random sample IPFR reports in relation to their completeness, timeliness, and efficiency of communication in line with the NHS Wales IPFR policy process.

8 REVIEW OF THIS POLICY

8.1 This Policy should be reviewed every 3 years or as required to reflect changes in legislation or guidance. The review will be undertaken by the All-Wales IPFR Policy Implementation Group. Any changes made will be undertaken in line with the groups Terms of Reference (see appendix 5) and authorised by the responsible Health Board and JCC Committee. Any delay in conducting a review will not prevent JCC or a Health Board from being able to rely on this policy.

8.2 Any of the following circumstances will trigger an immediate review of the linked INNU Policy:

- an exemption to a treatment policy criterion has been agreed.
- new scientific evidence of effectiveness is published for all patients or sub-groups.
- old scientific evidence has been re-analysed and published suggesting previous opinion on effectiveness is incorrect.
- evidence of increased cost effectiveness is produced.
- NHS treatment would be provided in all (or almost all) other parts of the UK.
- A National Service Framework recommends care.

9 MAKING A COMPLAINT

9.1 Making an IPFR does not conflict with a patient's ability to make a complaint through the Health Boards or JCC's Putting Things Right process, details of which can be found at https://www.gov.wales/nhs-wales-complaints-and-concerns-putting-things-right

9.2 If it is not possible to resolve a concern through local resolution the person raising the concern can refer the matter to the Public Services Ombudsman for

Wales (PSOW). Further information is available on the Ombudsman's website www.ombudsman-wales.org.uk.

Patients are able to access advocacy support at any stage during this process.

APPENDIX 1: DECISION MAKING FACTORS

Panels may find it useful to consider these factors but they are not required to look at every factor set out in the table. Furthermore, there may be factors in the table that are not relevant to the individual case. The factors in the table are optional and cannot change the meaning of the criteria under paragraph 4.3 of the Policy.

IPFR Panel Decision-Making Factors	**IPFR Panel Evidence for Consideration in Decision-Making**
SIGNIFICANTLY DIFFERENT AND SIGNIFICANT CLINICAL BENEFIT	
Is the clinical presentation of the patient's condition significantly different in characteristics to other members of that population? Does this presentation mean that the patient will derive a greater clinical benefit from the treatment than other patients with the same condition at the same stage?	Consider the evidence supplied in the application that describes the specific clinical circumstances of the IPFR: • What is the clinical presentation of this patient? • Is evidence supplied to explain why the clinical presentation of this patient is significantly different to that expected for this disease and this stage of the disease? • Is evidence supplied to explain why the clinical presentation means that the patient will gain a significantly greater clinical benefit from the treatment than another patient with the same disease at the same stage?
EVIDENCE BASED CONSIDERATIONS	
Does the treatment work? What is the evidence base for clinical and cost effectiveness?	Consider the evidence supplied in the application, and supplementary evidence (where applicable) supplied by professional advisors to the Panel: • What does NICE recommend or advise? • What does the AWMSG recommend or advise? • What does the Scottish Medicines Consortium recommend or advise? • What does Public Health Wales advise? • Is there advice available from the One Wales Medicines process or Health Technology Wales? • Is there peer reviewed clinical journal publications available? • What information does the locally produced evidence summary provide? • Is there evidence from clinical practice or local clinical consensus? • Has the rarity of the disease been considered in terms of the ability for there to be comprehensive evidence base available? • Does the decision indicate a need to consider policy or service change? If so, refer to service change processes.
ECONOMIC CONSIDERATIONS	
Is it a reasonable cost? What is the cost of the **treatment** and is the cost of the treatment likely to be reasonable? Is the cost of the treatment in balance with the expected clinical benefits?	Consider the evidence supplied in the application, and supplementary evidence (where applicable) supplied by professional advisors to the Panel: • What is the specific cost of the treatment for this patient? • What is the cost of this treatment when compared to the alternative treatment they will receive if the IPFR is declined? • Has the concept of proportionality been considered? (Striking a balance between the rights of the individual and the impact on the wider community), in line with Prudent Healthcare Principles. • Is the treatment reasonable value for money?
ETHICAL CONSIDERATIONS	

How has the decision been reached? Is the decision a compromise based on a balance between the evidence-based input and a value judgement?	Having considered the evidence base and the cost of the treatment requested, are there any ethical considerations that have not been raised in the discussions? • Is the evidence base sufficient to support a decision? • Is the evidence and analysis of the cost sufficient to support a decision? • Will the decision be made on the basis of limited evidence and a value judgement? If so, have you considered the values and principles and the ethical framework set out in the policy? • Have non-clinical factors been excluded from the decision? • Has a reasonable answer been reached based on the evidence and a value judgement after considering the values and principles that underpin NHS care?

APPENDIX 2

TERMS OF REFERENCE – INDIVIDUAL PATIENT FUNDING REQUEST PANEL (Health Board)

PURPOSE

The Health Boards IPFR Panel is constituted to act as a Committee of the Health Board and holds delegated Health Board authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The IPFR Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support of the application.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

SCHEME OF DELEGATION REPORTING	MEMBERSHIP AND ATTENDANCE
The IPFR Panel cannot make policy/commissioning decisions for the Health Board. Any policy proposals arising from the panels considerations and decision will ultimately be reported to the Health Board's Quality & Patient Safety Committee for ratification. Financial authorisation is as follows: - The Panel's authorisation limit will be set at the delegated financial limit as per the individual Health Board structure. - Any decisions resulting in a financial cost in excess of this must be reported to the Health Board Chief Executive for budget authorisation.	• Executive Public Health Director or deputy • Executive Medical Director or deputy • Executive Director of Therapies and Health Science or deputy • Director of Pharmacy and/or Chief Pharmacist or deputy • Executive Director of Nursing or deputy • Two Lay Representatives A further two panel members may be appointed at the discretion of the panel Chair, for example a member of the Ethics Committee, Primary Care Director, or Director of Planning. In Attendance: • IPFR Coordinator • Finance Advisor (if required) • Senior Pharmacist (if required)

PROCEDURAL ARRANGEMENTS

Quorum: Chair or Vice Chair plus 2 panel members with a clinical background.

Meetings: The IPFR Panel will normally be at least once per month, either virtually, face to face or a combination of both.

Urgent Cases: Provision will be made for occasions where decisions may need to be made urgently. In these circumstances, the Chair or Vice Chair

of the IPFR Panel is authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits.

Recording: The IPFR Coordinator will document the meetings to ensure panel discussions and decisions are appropriately recorded.

Training: All Panel members will receive a local induction.

Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the appropriate skills and expertise to function effectively.

Panel Interest: At the start of the meeting members must declare any personal or prejudicial interests relating to the discussions of the panel.

Consensus: IPFR panel members will seek to achieve decisions by consensus where possible. If the panel is equally split the Chair of the Panel will make the final decision

APPENDIX 3

TERMS OF REFERENCE – INDIVIDUAL PATIENT FUNDING REQUEST PANEL (JCC)

PURPOSE

The NHS Wales Joint Commissioning Committee's IPFR Panel is managed by NHS Wales Joint Commissioning Committee and holds delegated authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The IPFR Panel will act at all times in accordance with the All-Wales IPFR Policy taking into account the appropriate funding policies agreed by JCC.

The IPFR Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support of the application.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

SCHEME OF DELEGATION REPORTING	**MEMBERSHIP AND ATTENDANCE**
The IPFR Panel cannot make policy/commissioning decisions for the Health Boards. Any policy proposals arising from the Panel's considerations and decisions will be reported to the JCC for ratification. Financial authorisation is as follows: **Individual Patient Packages** The JCC scheme of delegation states that financial approval is required for individual NHS patient treatment charges outside of LTS's and SLA's concerning one off treatment costs exceeding £750,000. Therefore, any approved IPFR treatment exceeding £750,000 needs to be reported to the Joint Committee. **Lifetime costs** The JCC scheme of delegation states that financial approval is	• Independent Chair (from open recruitment) • 2 Lay representatives** • Health Board nominated clinician or clinician deputy. • 2 Vice Chairs (appointed from within the panel membership) • JCC Medical Director or nominated deputy. • JCC Director of Nursing or nominated deputy. A further two panel members from the NHS in Wales may be appointed at the discretion of the Chair of the Panel in conjunction with the JCC Medical and/or Director of Nursing, for example a member of an ethics committee. In attendance from JCC • IPFR Coordinator • Finance Advisor (if required) • Governance Advisor (if required) • Other JCC staff as and when required to clarify on policy/commissioning arrangements/evidence evaluation For particularly complex cases the IPFR Panel may invite other individuals with clinical, pharmacy or commissioning expertise and skills, unconnected with the requesting provider to support decision making.

required for individual NHS patient treatment charges outside of LTS's and SLA's for lifetime costs exceeding £100,000,000. Therefore, any approved IPFR exceeding £1,000,000 needs to be reported to the Joint Committee. Any decisions resulting in a financial cost in excess of these limits must be reported to the Chief Commissioner for authorisation and the relevant Health Board for information and if over £1 million to the Joint Committee for approval or ratification (if a chairs action was undertaken).	

** **Definition: Not registered as a healthcare professional, either lay (not currently healthcare worker) or lay plus (no healthcare experience ever) (Health Research Authority 2014) will be eligible.**

PROCEDURAL ARRANGEMENTS

Quorum: The Panel will be quorate with 4 of the 7 Health Boards representatives, 1 JCC Clinical Director or deputy and the Chair or Vice Chair.

Meetings: The IPFR panel will normally be held as a minimum once per month, either virtually, face to face or a combination of both.

Urgent Cases: Provision will be made for occasions where decisions may need to be made urgently.

Where possible, a virtual panel will be held to consider urgent cases. If this is not possible due to the urgency of the request, or availability of panel members, then the Chief Commissioner with either the Medical Director or Director of Nursing and Quality and the Chair of the JCC Panel (or a vice chair) are authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits, on behalf of the Panel.

	Urgent cases will be reported at the next scheduled IPFR panel. An electronic National IPFR database of all cases will be maintained by AWTTC.
Recording:	The IPFR Coordinator will document the meetings to ensure panel discussions and decisions are appropriately recorded.
Training:	All Panel members will receive a local induction programme. Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the appropriate skills and expertise to function effectively.
Members Interest:	At the start of the meeting members must declare any personal or prejudicial interests relating to the discussions of the panel.
Consensus:	IPFR Panel members will seek to achieve decisions by consensus where possible. If the panel is equally split the Chair of the Panel will make the final decision.
Reporting:	The IPFR Chair shall: Report formally, regularly and on a timely basis to the Collaborative Commissioning Leadership Group (CCLG) on IPFR activities. Bring to the CCLG's attention any significant matters and ensure appropriate escalation arrangements are in place.
Review of the TOR:	The Terms of Reference of the JCC Panel will be reviewed in line with the All Wales IPFR Policy.

APPENDIX 4

TERMS OF REFERENCE – REVIEW PANEL

PURPOSE

The IPFR Review Panel are constituted to act as a Committee of the Health Board and holds delegated Health Board authority to review (in line with the review process outlined in this policy) the decision-making processes of the Individual Patient Funding Request (IPFR) Panel.

The Review Panel may uphold the decision of the IPFR Panel or, if it identifies an issue with the decision-making process, it will refer the issue back to the IPFR Panel for reconsideration.

The Review Panel will normally reach its decision on the basis of all of the written evidence which is provided to it and will not receive any new information.

SCHEME OF DELEGATION REPORTING	MEMBERSHIP AND ATTENDANCE
The Review Panel has delegated authority from the Board to undertake reviews, limited to the purpose set out above. In exceptional circumstances, the Review Panel may also wish to make a recommendation for action to the Board. The action can only be progressed following its ratification by the Board (or by its Chief Executive in urgent matters).	• Independent Board Member – Lay (Chair of the Review Panel) • Independent Board Member (usually with a clinical background) • Executive Director or deputy (with a clinical background) • Representative from Llais • Chairman, Local Medical Committee, or deputy • JCC representative at Director level (as required) In Attendance: • IPFR Senior Officer (governance advisor) • JCC IPFR Senior Officer (as required)

PROCEDURAL ARRANGEMENTS

Quorum: As a minimum, the Review Panel must comprise 3 members (one of whom must have a clinical background, one must be an Independent Board Member and one must be a Health Board Officer).

Meetings: As required.

Urgent Cases: It is recognised that provision must be made for occasions where reviews need to be heard urgently and before a full panel can be constituted. In these circumstances, the Health Board's Chair can undertake the review together with a clinical member of the Review

Panel. This ensures both proper accountability of decision making and clinical input.

Recording: The IPFR Senior Officer will clerk the meetings to ensure a proper record of the review discussion and outcome is made.

See detail under section 6.12 on how JCC will undertake a review.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	16 July 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**Proposed Amendments to the Scheme of Delegation**
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

The purpose of this report is to propose amendments to the Scheme of Delegation for Aneurin Bevan University Health Board, specifically, in relation to Individual Patient Placements and the process in relation to the processing of Clinical Negligence/Personal Injury

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

NHS Organisations are required to keep Standing Orders (SO's) and Standing Financial Instructions (SFIs) under review to ensure that they remain current.

The current Scheme of Delegation (SoD) was approved by Board in in September 2024 following a review of the delegated financial limits. Following implementation of the revised SoD, two areas have been identified as requiring further review – Individual Patient Placements and Clinical Negligence/Personal Injury.

This is in line with Section 2.3.2 of the Local Standing Orders, which state: *The Chief Executive may periodically propose amendments to the Scheme of Delegation to Officers and any such amendments must also be considered and approved by the Board.*

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.

The current Scheme of Delegation is provided as Appendix One.

Asesiad / Assessment

Individual Patient Placements (including Continuing Health Care)
The delegated financial limits in the Scheme of Delegation for Individual Patient Placements are as follows:

Body/Committee/Post	Individual Patient Placements (including CHC) £'s
Delegated Budget Holders	N/A
Divisional Directors/General Managers/ Assistant Directors	£50K
Executive or Board level Director	£125K
Chief Operating Officer	£250K
Chief Executive and Chief Operating Officer and 1 Clinical Executive**	£250K - £500K
Board	>£500K
Welsh Government	N/A

The are no proposed changes to the limits provided in the Scheme of Delegation, however it will be updated to clarify that approvals are made at the point of commissioning, subsequent to any further agreed inflationary uplifts.

Also, the current process combines individual patient placement costs and costs for one to one care for an individual, which when combined often exceeds the £250,000 threshold. However, as these are commissioned separately, they should be processed as separate requests, in line with the financial limits. The SoD will be amended to provide clarity on this.

Clinical Negligence/Personal Injury

The delegated financial limits for Clinical Negligence/Personal Injury in the Scheme of Delegation are as follows:

£'s	Clinical Negligence / Personal Injury		Redress	
	Settlements	**Legal Fees**	**Settlements**	**Legal Fees**
<£10K	Head of Legal Services/ Asst. Head of Legal Services	Legal Services Manager	Head of Legal Services/ Asst. Head of Legal Services	Legal Services Manager
£10K to £25K	Head of Legal Services/ Asst. Head of Legal Services		Head of Legal Services/ Asst. Head of Legal Services	
£25K to £50K	Deputy Director of Nursing		Deputy Director of Nursing	
£50K to £500K	2 Clinical Executive Directors*		2 Clinical Executive Directors*	
£500K to £1M	CEO with 2 Executive Clinical Directors*		N/A	
>£1M	Welsh Government and Board		N/A	

*Medical Director, Director of Nursing, Director of Allied Health Professions and Health Science, or their nominated deputy

Following the approval of revised financial limits for Clinical Negligence/Personal Injury claims in September 2024, revised arrangements were developed to approve claims over £1m in between Board meetings. However, this revised process has unintentionally increased the burden on the teams involved. There are no proposed changes to the delegated limits however it is proposed that all claims over £1m will now be handled outside of the Board's formal meetings, agreed between the Chair, CEO, and two IMs (following recommendation from 2 clinical executives), as per the process that has been followed for claims agreed by Chair's action between meetings of the Board. A summary of Chair's Actions in relation to Clinical Negligence/Personal Injury Claims will be included within the 'Governance Matters' report for ratification by the Board.

Argymhelliad / Recommendation

The Board is requested to approve the proposed revisions to the Scheme of Delegation.

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 Link to IMTP	Choose an item. Enabler
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. 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
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

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 ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	Choose an item. Choose an item. Not applicable to this report

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

Aneurin Bevan University Health Board

Scheme of Delegation – October 2024

The Scheme of Delegation, in line with the Health Board's Standing Orders and Standing Financial Instructions provides a framework of appropriate arrangements for certain functions to be carried out and financial approvals to be made on behalf of the Board by designated Committees or Officers within the organisation.

The Scheme of Delegation is designed to enable the day to day business of the Health Board to be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. It also reflects the general consent required from Welsh Ministers for individual contracts and agreements over the value of £1M in each case.

For further advice on the Scheme of Delegation, please contact Rani Dash, Director of Corporate Governance on 01633 435938 or via email rani.dash@wales.nhs.uk.

General Delegated Financial Approval Limits:

Table 1

Body/Committee/Post	**Financial Limit £'s**
Delegated Budget Holders	£25K and below
Divisional Directors/General Managers/ Assistant Directors	£50K
Executive or Board level Director	£125K
Chief Executive/Deputy Chief Executive	£250K
Chief Executive and Chairman/(Deputy Chief Executive/Vice Chairman in their absence)	£500K
Board*	£1M
Welsh Government	>£1M

** Urgent issues between scheduled Board meetings should be referred to the Director of Corporate Governance to seek approval via Chair's action.*

Table 2:

Body/Committee/Post	**Individual Patient Placements (including CHC) £'s**
Delegated Budget Holders	N/A
Divisional Directors/General Managers/ Assistant Directors	£50K
Executive or Board level Director	£125K
Chief Operating Officer	£250K
Chief Executive and Chief Operating Officer and 1 Clinical Executive**	£250K - £500K
Board	>£500K
Welsh Government	N/A

***Medical Director, Director of Nursing, Director of Therapies and Health Science or their nominated Deputies*

Specific Approval Limits:

Where contract awards have been authorised to proceed in line with the approval limits in Table 1 above, authorisation of expenditure against those contracts (regular payments) which exceed these limits, may be delegated to the most appropriate approver, by an Executive Director, in line with operational schemes of delegation.

LOSSES & SPECIAL PAYMENTS

Table 3
Losses & Special Payments:

£'s	Clinical Negligence / Personal Injury		Redress	
	Settlements	**Legal Fees**	**Settlements**	**Legal Fees**
<£10K	Head of Legal Services/ Asst. Head of Legal Services	Legal Services Manager	Head of Legal Services/ Asst. Head of Legal Services	Legal Services Manager
£10K to £25K	Head of Legal Services/ Asst. Head of Legal Services		Head of Legal Services/ Asst. Head of Legal Services	
£25K to £50K	Deputy Director of Nursing		Deputy Director of Nursing	
£50K to £500K	2 Clinical Directors*		2 Clinical Directors*	
£500K to £1M	CEO with 2 Clinical Directors*		N/A	
>£1M	Welsh Government and Board		N/A	

*Medical Director, Director of Nursing, Director of Therapies and Health Science, or their nominated deputy

Ombudsman Claims	Per normal Scheme of Delegation approval limits.

Special Payments	Per normal Scheme of Delegation approval limits.

Capital Scheme of Delegation

(i) Capital Project Approval Limits

Table 4

Value of proposal	Capital Documentation required	Responsibility	Scrutiny	Approval
Less than £25,000	Project Proposal Document	User with sign off from Divisional General Manager or equivalent	Assistant Director for Strategic Capital /Head of Capital Finance.	Assistant Director for Strategic Capital
Less than £50,000	Project Proposal Document	User with sign off from Divisional General Manager or equivalent	Assistant Director for Strategic Capital /Head of Capital Finance.	Assistant Director of Planning/Assistant Director for Strategic Capital
Less than £125,000	Project Proposal Document	User with sign off from Divisional General Manager or equivalent	Assistant Director for Strategic Capital /Head of Capital Finance.	Director of Planning
£125,000-£250,000	Project Proposal Document	User with sign off from Divisional General Manager or equivalent	Assistant Director for Strategic Capital /Head of Capital Finance	Chief Executive
£250,000-£500,000	Project Proposal Document for low risk items such as replacement equipment or ICT or Business Justification Case depending on complexity of proposal	User with sign off from Divisional General Manager or equivalent	Capital Group Pre-Investment Panel (if appropriate) Executive Team	Chief Executive and Chairman/(Deputy Chief Executive/ Vice Chairman in their absence)
£500,000 - £1,000,000	Project Proposal Document for low risk items such as replacement equipment or ICT or Business Justification Case depending on	User with support from Capital Team and Divisional General Manager	Capital Group Pre-Investment Panel (if appropriate) Executive Team	Board

	complexity of proposal			

(ii) Approving Expenditure against Approved Capital Contracts

The previous table shows the process for approving capital projects, whereas this section shows the approval process for payments, where projects have:

- Been authorised to proceed;
- The contract has been approved;
- The contract has been let.

The authorisation of expenditure against those contracts will differ depending on whether or not the project is:

(a) An all-Wales Capital Programme Project
(b) Other Capital Projects (Discretionary Programme)

(a) All-Wales Capital Programme Projects

Where schemes are part of the all-Wales procurement framework, in order for them to accommodate the processing of payments in a timely manner and to comply with the contractual obligations for these major construction contracts, the following process is to be applied where payments exceeding £100K are delegated to the Director of Strategy, Planning and Partnerships.

- The External Cost Advisor (Quantity Surveyor representing the Health Board) shall advise the Health Board that a stage payment to the Supply Chain Partner (SCP) can be made and of the amount.

- The Project Director will have authority to approve payments of less than £50K.

- The Director of Strategy, Planning and Partnerships will have delegated authority to approve any payments exceeding £50K.

(b) Discretionary Capital Schemes

Where projects with an expected value of less than £1M have been authorised to proceed and the contract has been approved and let, then the authorisation of expenditure against those contracts is as follows:

Nominated project manager to certify stage payments where approvals are within delegated limits set out in Table 1 above. If approvals exceed limits the normal approval hierarchy must be followed.

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

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee

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**	**Not Yet Due – Deferred to September 2025**
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 September 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.

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING OF THE BOARD

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	16 July 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Emergency Planning Annual Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Hannah Evans, Executive Director for Strategy, Planning and Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Wendy Warren, Head of Planning – Civil Contingencies

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 has defined roles and responsibilities under the Civil Contingencies Act 2004 (CAA). These are known as Category 1 responder duties (Category 1 responders are those organisations which are usually at the heart of the response to most major incidents). The Health Board must also act in accordance with the Public Health Wales Emergency Response Plan 2016 and meet the Core Standards for Emergency Preparedness, Resilience and Response.

The Health Board needs to be able to plan for and respond to a wide range of incidents and emergencies that could impact on health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease, a major transport accident or terrorist attack. Our ability to deliver a wide range of services within the community at a time when our own staff and resources may be severely impacted will be crucial. The Civil Contingencies Act 2004 requires NHS organisations and providers of NHS funded care to show that they can deal with such incidents while maintaining services to patients.

There is also a requirement to work together with partner organisations in Gwent Local Resilience Forum (LRF) and from across Wales to plan, prepare, train and exercise in collaboration to enable a wider response to events impacting on the community.

Cefndir / Background

This annual report has been prepared for NHS Wales Performance and Improvement in line with a mandated template and is being provided to the Board for assurance and to demonstrate the planning, preparation, participation, training, exercising and partnership working that takes place to enable the Health Board to meet the requirements of the CCA, and be able to reduce, control, mitigate and respond to a Major Incident or Business Continuity incident.

Asesiad / Assessment

This report is an annual requirement for NHS Wales Performance and Improvement to demonstrate the activity undertaken by the Health Board to meet the requirements of the CAA.

The 2024/25 report has expanded with additional questions compared with previous reports; this includes more information required in relation to training numbers and a section on the Charter for the Bereaved.

The report outlines the breadth of work the Emergency Planning team undertakes in collaboration with divisions and partners to meet the requirements of the CAA. The Executive Director for Strategy, Planning and Partnerships is the Health Board lead executive for emergency planning and civil contingencies and chairs the Emergency Preparedness Resilience and Response group with membership from Divisions and Directorates where compliance, delivery, strategy, feedback and challenges are addressed. This group has become well established over the past year with engagement from divisions supporting the development of, and engagement in, exercises and demonstrable improvement in the development of business continuity planning and engagement across the Health Board.

In 2024/25 the Health Board undertook a full Major Incident exercise which included participation of divisions, teams and individuals, a 3 yearly requirement under the CAA. The preparation for this exercise and the learning and ongoing training and development of local action cards and additional local exercising has provided additional organisational resilience for a major incident. The outcome of this exercise has enabled the Major Incident risk to be reduced on the Risk Register.

There has been a significant increase in business continuity activity and engagement across the the divisions with support from the emergency planning team for training and development of plans with a suite of supportive documents, templates and guidance and an opportunity to test and exercise plans.

Emergency Planning has developed a business continuity repository to store all service plans and provides services with BC templates, response guidance and any emergency preparedness resilience and response legislation. Embedded into each service is a BC lead who takes responsibility for uploading service plans to the repository; they also are part of the Health Board’s BC Group.

The Public Health and Emergency planning teams have worked together in response to infectious disease incident responses and to develop robust plans to be able to respond to potential risks. The Health Board continues to work with LRF partners to plan and exercise as a requirement of the CCA and has participated in joint exercises, training and in response local events.
Argymhelliad / Recommendation The Board is asked to support the Emergency Planning Annual Report as assurance of the Health Board's ongoing actions to provide resilience to adverse events and meet the requirements of the CCA.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Board's Assurance Framework Business Continuity: 8
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Choose an item. Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	
• **Workforce**	Not Applicable
• **Service Activity & Performance**	Not Applicable
• **Financial**	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.

NHS WALES EMERGENCY PLANNING, RESILIENCE & RESPONSE ANNUAL REPORT 2024/25

Name of NHS Organisation	Aneurin Bevan University Health Board	**Date**	2024/25
Signature of Chief Executive Officer	**Nicola Prygodzicz**		

Purpose

The NHS Wales Emergency Planning Resilience and Response Annual Report is a mechanism for providing assurance to NHS organisations, the NHS Executive and Welsh Government of the emergency planning arrangements, preparedness and resilience within organisations across NHS Wales. The NHS Executive will review reports from across the system, seeking assurance that organisations:

- **Mitigate where possible against the risks identified within the NSRA and Wales Risk Register;**
- **Have a robust emergency plan in place for major incidents (CBRN, terrorist attacks, major power outages, high consequence infectious disease outbreaks, cyber attacks etc);**
- **Have appropriate business continuity management arrangements in place;**
- **Regularly test the efficacy of organisational plans through training and exercise; and**
- **Ensure staff have the appropriate training in command and control processes and maintain their skills and knowledge including through CPD opportunities.**

Governance

1. **Please provide the name and position of your nominated Executive level lead for civil contingency/emergency preparedness arrangements.**

Hannah Evans – Executive Director of Strategy, Planning & Partnerships

2. **Please provide the name and position of your nominated Executive level business continuity lead if different from the above.**

As above

3. **Please provide the name and position of your officer(s) who has lead day to day responsibility for your civil contingencies/emergency preparedness arrangements.**

Wendy Warren – Head of Planning, Civil Contingencies

4. **Please provide the name and position of your officer(s) with day-to-day responsibility for your business continuity arrangements.**

Andrew Goodenough – Emergency Planning Manager

5. **Please provide the name and position of the officer in your organisation responsible for PREVENT activities (normally delivered as part of Safeguarding).**

Wendy Warren – Head of Planning, Civil Contingencies

6. **Is there a mechanism for discussing and co-ordinating health emergency planning arrangements internally within your organisation?**

YES

7. **Please provide details of your internal mechanism for co-ordinating your emergency planning arrangements – for example: contingency/risk group structure, emergency preparedness strategy, EP work plan etc.**

Emergency Preparedness Resilience and Response (EPRR) Strategy Group

8. **If applicable, who represents your organisation at the Local Resilience Forum meetings?**

Gwent LRF Strategic Group:
Tracy Daszkiewicz – Executive Director of Public Health
Wendy Warren – Head of Planning, Civil Contingencies

Co-ordination Group:
Andrew Goodenough – Emergency Planning Manager

LRF Sub groups have representation from the Emergency Planning Team, Risk Management, Communication team and Public Health depending on the group and Head of Planning and CC chairs the LRF Human Infectious Diseases Group.

9. When were your business continuity arrangements for maintaining critical services last reviewed and adopted by your Board? Please provide detail of your business continuity management arrangements.

- The Business Continuity (BC) Policy was adopted by the Board in 2022.
- Organisational Business Continuity is on the Health Board Risk Register and reviewed quarterly
- There is a Divisional lead for BC in each area.
- There is a full suite of guidance, templates, supporting documentation available for all areas
- The team link with each area to develop plans and run workshops
- All plans are reviewed by team for interoperability and effectiveness and support testing and exercising
- There is a repository for plans on the Health Board's internal Sharepoint site
- Business Continuity including any lessons learnt from live incidents are reported through the Heath Board EPRR meeting and on to Executive Committee

10. Does your organisation's corporate risk register include any business continuity or emergency planning risks? If yes, please provide details of these specific risks and the associated mitigating measures.

Yes – two specific risks on MI and BC
All Divisions are including BC to their local risk registers

Key Areas of Progress 2024/25

11. Please provide details of the key areas of progress against your organisation's EPRR priorities detailed in your 2023-24 Emergency Planning Annual Report.

- Major Incident exercise undertaken
- Continual Improvement in development of BC plans across Health Board
- Increase in team hours
- Dedicated BC post for Cyber
- Dedicated BC Post for Data and Technology
- Commencement of new model of internal Gold and Silver training

Major Incident / Emergency Plan

12. When was your Major Incident/Emergency Plan last reviewed and considered by your Board?

April 2024

13. When was your Major Incident/Emergency Plan last updated to reflect any organisational changes and essential plan contacts?

May 2024

14. **Do you have resilient activation systems, action cards and suitably trained and equipped staff to provide for a 24-hour emergency response to support your Major Incident/Emergency Plan?**

YES

15. **If NO, what are the gaps and how are these being addressed?**

NATIONAL SECURITY RISK ASSESSMENT (NSRA)

The following sections focus on preparedness and risks in relation to some of the highest rated risks within the NSRA and Wales Risk Register. Your organisation's responses to these questions will inform the NHS Executive's programme of work in these areas with a view to improving assurance and resilience across NHS Wales. Please provide any supplementary information in support of your responses below.

Threat Mitigation/ Security

16. **Does your organisation have written procedures that may be needed to respond to a change in threat level to critical?**

YES

17. **When was your organisation's Lock Down arrangements last worked through or tested?**

Dates	Details of what was undertaken
July 2024	Tabletop exercise to assess current site emergency and planned lockdowns was undertaken by the Head of Facilities and Security Manager.

18. **Were any issues identified as a result and if so how has / is your organisation addressing these?**

Planned Lockdown:
There are established planned lockdown processes in place across Health Board estate. These processes range from site lockdowns by Security Officers at large sites through to designated building occupants at smaller community premises.

At all hospital sites there are a mixture of digital and analogue access-controlled doors, deadlocks and thumb locks. There have been issues identified where doors with thumb locks have been used to exit the building out of hours and later found to be open. Work is being undertaken to resolve these issues.

Emergency Lockdown:
The ability to lockdown hospital sites varies across the Health Board. For example there is a SOP, staff training and testing in place in The Grange University Hospital (GUH). In The Royal Gwent Hospital (RGH) there is a less structured approach to emergency lockdown. This is a particular challenge due to the site having a high number of access and egress points.

The Security Manager has begun assessing all current emergency lockdown procedures and consider unique site challenges. SOPs and testing programmes, using a multi-disciplinary approach, for each of the hospital sites have commenced.

Access Control:
The Health Board has invested in an upgraded digital access control system which will begin to be implemented in Autumn 2025. A review and revision of all access group will be completed as part of the implementation to further strengthen security measures.

General Security:
In December 2024 the Health Board transitioned from a mixed, managed service/in-house, security workforce model. This transfer will allow for standardised processes, systems and training to be developed and implemented with a consistent workforce. Furthermore, this will make the workforce more resilient.

The Health Board have an established working relationship with the local Counter Terrorism Security Advisors, to provide additional training for the security team and Facilities Management team.

Power Outage

19. Do your business continuity arrangements include response arrangements for maintaining critical services in the event of a major power outage?

YES ☐ ☐

20. Please describe the preparedness actions the organisation has undertaken over the last 12 months (e.g. protocols, guidance, exercising etc) to respond to a major power outage?

Over the past 12 months, the organisation has maintained and reinforced a range of preparedness measures to ensure resilience in the event of a major power outage. Key actions include:

- Our main sites GUH, RGH, NHH, YYF, and YAB are equipped with automatic standby generators that provide tertiary power in the event of a mains failure. These generators are adequately sized, connected, and configured to restore essential electrical supply within 15 seconds of power loss.
- All generator sets across ABUHB are maintained under a Service Level Agreement with a specialist contractor, aligned with relevant guidance. On-load monthly testing is carried out by our Estates team to verify operational readiness. This provides assurance of generator functionality and early identification of potential issues.

- Each site holds bulk fuel storage to support extended generator runtime. While storage is finite, contingency arrangements are in place to facilitate fuel deliveries during prolonged outages, reducing the risk of fuel depletion.
- In the event of generator activation, a designated Low Voltage Authorised Person is present on site to oversee all electrical aspects, supported by Works & Estates staff who monitor generator performance, switchgear status, and fuel levels. Any issues are escalated immediately.
- If extended generator runtime is anticipated, the specialist contractor can be deployed to site to provide enhanced monitoring and support.
- During generator operations, the Authorised Person provides timely updates to local site teams and incident control structures, ensuring coordinated response and situational awareness.

These combined actions ensure a robust and coordinated approach to managing major power outages, supporting continuity of critical services across our healthcare facilities.

21. What are the key risks to your organisation in respect of a major power outage and how are you mitigating these? Please provide details of key vulnerable sites / facilities, how these have been assessed and dates of last assessments.

A major power outage presents significant risks to patient safety and continuity of critical services. The most vulnerable services include:

- Critical Care (ICU/HDU)
- Theatres and Anaesthetics
- Emergency Departments
- Neonatal and Maternity Units
- Pathology and Imaging Services (e.g. CT, MRI)
- Pharmacy and Medicines Storage (including refrigeration)
- Medical Gases and Ventilation Systems
- IT Systems and Electronic Patient Records

These services are highly dependent on uninterrupted electrical supply for life-sustaining equipment, time-sensitive diagnostics, and digital systems critical to clinical operations.

All five of our main acute and sub-acute sites GUH, RGH, NHH, YYF, and YAB have been identified as high-risk locations due to the presence of the above services. GUH in particular is the major accident and emergency centre and holds the largest concentration of critical care and surgical capacity.

Mitigation Measures

Service vulnerability has been assessed through multi-disciplinary risk reviews. Our responses consider such items as, equipment load mapping, essential service continuity, and past outage response performance.

All key clinical areas are connected to emergency power circuits supported by automatic standby generators. Power is restored to these areas within 15 seconds of failure. Monthly generator testing includes verification of load transfer to clinical areas

Departmental Business Continuity Plans (BCPs) are in place across all high dependency These plans include actions for power failure scenarios such as manual processes, emergency lighting reliance, transfer of patients if required, and critical medication handling.

During outages, there is clear escalation to Gold Command and site-level Silver Command. Site control teams provide updates to service leads to support safe decision-making and coordinated response.

Key departments are briefed on outage protocols and roles during power loss events. On-site facilities teams liaise directly with clinical leads during live incidents or generator testing to ensure real-time situational awareness.

Mass Casualty Incidents

22. Please describe how your emergency planning arrangements ensure your organisation can appropriately respond to a Mass Casualty incident in line with extant Mass Casualty guidance, outlining any limiting factors that could affect timeliness of response.

Cyber Resilience

The Major Incident Plan aligns with the Casualty Dispersal Plan, this was tested and exercised 20 June 2024. There are agreements in place to receive allocation of P1/P2/P3.

23. Do your business continuity arrangements include written procedures for responding to a cyber-attack / ICT incident impacting across the organisation?

YES

24. Has your organisation assessed the risk of a Cyber attack and identified mitigating actions for the vulnerabilities highlighted? Please provide details.

The risks associated with cyber incidents are captured on the DD&T ICT risk register. Ownership and mitigation are captured as part of the risk assessment and reporting process. Risks are reviewed monthly at the Service Delivery Management Group and also form part of the monthly Cyber Report.

The Governance and Assurance framework allows those risks that are above appetite to be escalated to Senior Information Risk Owner (SIRO)

The Cyber Team has a responsibility under Network and Information Systems Directive to escalate any reportable incident to Cyber Resilience Unit and guidance on reporting is included within the Cyber Incident Response Plan (section 22)

The Cyber Manager also represents Aneurin Bevan Health Board on the Gwent Local Resilience Forum and has contributed to the Gwent Local Resilience Forum Cyber Response Plan which aims to provide a co-ordinated approach to a cyber incident business continuity incident that may impact Local Authorities Blue Light and Health across greater Gwent.

25. Please describe the preparedness activity the organisation has undertaken in the previous 12 months (e.g. protocols, guidance, exercising etc) to build its cyber resilience.

Cyber Team has undertaken regular simulated phishing exercises across the entire estate to test staff security awareness around malicious email and provide further email security training guidance to staff where required.

Cyber Team members also attend Governance and Assurance Group meetings again to provide security awareness training around areas of concern Email-Security, Ransomware Business continuity planning, to non-IT Staff to promote a security culture. Tabletop exercise has been arranged with external providers Tarian and will take place in June 2025 and will be built out during 2025-26.

Security messaging and guidance has been provided to all staff through communications sent out through corporate communications and published on Pulse during 2024-25 and will continue going forward.

Communicable Diseases and Pandemics

26. Do your business continuity arrangements include plans to respond to a new pandemic?

The Health Board has in place a ‘Public Health Incident Response Plan’

The document aims are to:

- Ensure that the Health Board is prepared to respond to and recover from public health incidents.
- Establish the key actions required to respond to public health incidents dependant on the categorisation (normal, enhanced or major response).
- Reduce, control and mitigate the impact of standard public health incidents (which, nevertheless, remain significant e.g., the re-emergence of Measles, increase in tuberculosis) within normal working arrangements and processes.
  Ready the Health Board to respond if an enhanced incident, or major public health incident
  It also outlines the governance arrangements, command and control procedures, communications, workforce training and deployment, and debriefing & recovery following an incident.

If an incident is declared, the plan outlines three levels of response:

1. Normal – Incidents of this nature will be responded to within business-as-usual operational arrangements led locally by the Health Protection Service.
2. Enhanced – Public Health Incidents that require co-ordination and resources above those provided by the Health Protection Service and will initially be sought from the wider ABUHB Public Health team.
3. Major - The scale of the response requires a more significant mobilisation of resources and a level of strategic response across the organisation.

The plan provides a framework for establishing, reviewing, and improving resilience to enable the Health Board to undertake an effective, appropriate, and timely response to a public health incident when required.

The plan is currently being reviewed with a view to update it to ensure alignment with the updated Communicable Disease Control Plan for Wales and the Health Protection Framework for Wales, and to inform the planning that is currently underway to prepare for Exercise Pegasus. Relevant operational plans to enable the mobilisation of a local response e.g., testing and clinical treatment pathways including the provision of post exposure prophylaxis are, as part of this, are also being reviewed and updated as appropriate. There are also plans in place to draw together the Health Protection system across Gwent to review roles and responsibilities and understand our local capacity and capabilities to mount a timely response.

27. What are the major risks in terms of your organisation's resilience / capabilities to be able to respond to a new pandemic?

The level of response that is required depends on the scale of the incident or emergency, and the associated public health threat. Whilst there will always be a risk in the face of a new pandemic, the review of the ABUHB 'Public Health Incident Response Plan' (see above), used in conjunction with existing ABUHB Major Incident procedures has helped mitigate those risks and gives the guiding principles for an appropriate response to the majority of scenarios.

Dependant on nature of the 'new' pandemic arising, the Health Board's plan can be flexed and adapted to meet the demands of the emerging risk. As part of the preparedness planning, including for Exercise Pegasus, the Public Health Incident plan and associated operational plans are being reviewed.

Following the Covid-19 Pandemic the Health Board recognise the impact on staff well-being and that a number of staff will have left the organisation or moved to new roles.

There is also recognition of human factors and resilience of staff and patients mindful of the lower vaccination uptake post in 24/25

There are a high number of single occupancy rooms across hospital sites, there is however aged estate across supporting enhanced Local General Hospitals (eLGHs) with multiple bedded bays with the subsequent risk of infection consequently effective bed management is essential.

Patient pathways for infectious diseases have been established and tested

There is training and experience re donning and doffing PPE, this and fit testing for respiratory protection would need immediate action/mobilisation.

There would be increased demand on microbiology services – work would need to be prioritised dependent of the nature of the pandemic.

The health service already under considerable pressure with year-round systems pressures this would affect ability to release capacity

28. Following the preparedness activity colleagues across NHS Wales undertook during 2024, please describe the organisation's priorities for 2025/6 in relation to HCID preparedness.

ABUHB has a HCID group consisting of key members of the health board (including Public Health, Emergency planning, Infection Control, Primary Care, Emergency Departments, Microbiology etc) as well as representation from Public Health Wales. This group was established initially to deal with Clade 1 Mpox risks (including developing pathways, laboratory processes, PPE provision and training etc), however the scope of the group has been expanded to provide oversight in the discussion and development of relevant HCID policies and pathways for the Health Board.

Public Health Incident Response Plan and Infection Prevention and Control pathways for infectious diseases identify the following processes in readiness:

- Negative pressure rooms are available within ED, MAU, ITU and C4 at Grange University Hospital (GUH) however always in use so quick access to capacity is essential.
- Policy and procedures available would link to national guidance
- Admission assessment screening questions in ED
- Mask fit testing promoted

The Health Board does not have an Infectious Disease Consultant/Team. Two substantive and one locum consultant have training in infectious diseases whilst working in other specialities, but not role specific. One of these consultants attends ID MDTs in Cardiff to provide a link with the South Wales Infectious Disease Service commissioned in CVUHB

Sustainability of PPE training very challenging and would use more experienced staff

Key staff have attended HCID Cascade training in Sheffield and the training PPE trolleys have arrived for staff to practice

HB policy for HCID is currently under review to align with the new PPW requirements and national changes

CBRN

29. Do your business continuity arrangements include plans to respond to a chemical, biological or radiological incident?

Separate specific plans and guidance for response actions in relation to a CBRN incident.

30. Please describe the actions undertaken over the previous 12 months to ensure the organisation can respond to a CBRN incident.

Guidance is being reviewed. Currently working on creating additional in-depth guidance to accompany 'Break Glass' guidance. A training package is in place and being reviewed. There is regular training on PRPS suits and decontamination processes with Emergency Department staff.

Training provided as part of induction to department but also ED Nurse in Charge training. Meetings have taken place with CBRN NILO for South Wales Fire and Rescue (SWFRS) to review current processes, also a meeting with CBRN TAC Officer for Gwent Police as part of partnership information sharing. A review of counter measures PGD's. Ongoing work with facilities team to develop a waste removal process.

31. What are the key risks / vulnerabilities for your organisation and how are you addressing these?

A policy for waste process removal post CBRN incident is being developed Due to location of decontamination unit and construction in the area a 'real time' exercise currently not able to be undertaken, this is registered as a risk on the Emergency Department risk register.

Training and Exercise

32. Does your organisation have robust arrangements for reviewing emergency plans that take account of lessons from incidents and exercises (including following the process set out in the NHS Wales Lessons Identified Register)?

YES

Please describe these below and provide a copy of your lessons identified register if one is held locally.

When plans are being reviewed lessons are reviewed. If there is a significant event, locally or nationally, lessons will be reviewed against plans in place.

33. Please provide the dates during 2024/25 when your organisation tested its Major Incident / Emergency Plan, through:

a. Carrying out a communications/activation test every six months. Please provide details below

Dates	Details of communications/activation test undertaken
20 July 24 19 Dec 24 28 Mar 25	WAST test Gwent Police Gov.notify test Exercise Wales Connect alert test

b. Carrying out a tabletop training exercise within the last year. Please provide details of the nature of all exercises below

Dates	Details of tabletop training exercise
16 May 24 10 July 24 12 Sept 17 Oct 24 19 Mar 25	BC workshop - Medical Illustration Internal Gold training – with tabletop scenarios BC workshop - PACCT Internal Gold training – with tabletop scenarios BC exercise - Facilities

c. Carrying out a major live or simulated exercise within the last three years. Please provide details below (include national and local exercises)

Dates	Details of major live or simulated exercises undertaken
3 & 4th	

June 24 20 June 24	Live exercise at NHH, Loss of IT applications/systems - Digital & Data Major Incident Exercise Euclid

34. Has your organisation had to initiate your major incident / emergency plan between April 2024 to March 2025?

NO ☐

a. If YES, what was the nature of the incident?

b. Were post-event reports produced for these incidents? NA

c. If post incidents reports were produced, have these been shared with the Emergency Planning Advisory Group and any lessons identified uploaded on the Wales NHS Lessons Identified Register?

NA

35. Have you undertaken an assessment of staff training needs in relation to your Major Incident /Emergency Plan?

YES ☐

Please provide further information of the needs identified through this process.

Individual areas involved in the MI response have assessment undertake for training needs and development All Divisions have BC planning and workshops identified as part of planning process

36. Do you have a staff training programme to support your Major Incident/Emergency Plan?

YES

Please provide further details including

	Number	**Training Provider**
Number of staff trained in Gold roles	31	EP Team
Number of staff trained in Silver roles	35	EP Team
Number of staff trained in Bronze roles	255	EP Team

Number of your Executive Team who've attended Wales Gold in the last 3 years	1	Wales Gold
Number of Senior Managers who've attended Wales Gold in the last 3 years	4	Wales Gold

37. Please provide details of any actions undertaken to prepare for the introduction of the Charter for Families Bereaved by Public Tragedy within your organisation.

Following a discussion and commitment made by The Chair, Chief Executive Officer, Board and Executive Team, Aneurin Bevan were one of 50 organisations to come together on March 18th 2025, including the Welsh Government, local authorities, police forces, and fire and rescue services, to sign the Charter for Families Bereaved by Public Tragedy. This charter commits these bodies to respond to public tragedies with openness, transparency, and accountability, ensuring that bereaved families are treated with care and compassion before, during, and after major incidents. The charter, developed by Bishop James Jones KBE, aims to learn from past tragedies like Hillsborough to prevent similar experiences in the future. The Signing event was attended by Professor Tracy Daszkiewicz, Executive Director of Public Health and Strategic Partnerships who signed the Charter on behalf of the Health Board.

Communication

38. Have relevant NHS organisations and partner agencies been consulted about any role they may have in your Major Incident/Emergency Plan?

YES ☐

Please provide details.

Through the LRF partnership

Assurance

39. Are you satisfied your organisation is fulfilling the principles required by the Civil Contingencies Act 2004 as described below?

	YES	NO	Please provide any further relevant information to support your answer
1) Assess risks to inform your contingency arrangements			
2) Put in place Emergency Plans			
3) Put in place Business Continuity Management arrangements			
4) Share information with other organisations to enhance co-ordination and efficiency			

5) Cooperate with other organisations to enhance co-ordination and efficiency			
6) Have appropriate arrangement to warn, inform and advise the public/others, including in an emergency			
7) Do you have an EPRR lessons identified and lessons learned procedure within your organisation that feeds into EPAG?			

Priorities

40. What are your priorities for 2025/26 to strengthen your organisation's emergency planning, resilience and preparedness arrangements?

- Continue the ongoing work with operational teams to develop, test, and exercise business continuity plans
- Continue the training, testing and revision of action cards for the services who support the Major Incident plan
- Work with Public Health Protection team to prepare and engage in Exercise Pegasus
- Complete LRF Pandemic Tactical plan and work with all Wales HID LRF leads to agree shared planning
- Revision and further development of CBRN plans, internally and with partner organisations

When submitting the completed report, please include an electronic copy of the following:

- **your current Major Incident /Emergency Plan;**
- **an organisational chart setting out your organisation's emergency preparedness structure;**
- **a copy of your local EPRR risk register where available;**
- **an organisational chart setting out your organisation's emergency response structure; and**
- **any additional information you wish to share which demonstrates your organisation's preparedness for the risks described above.**

Whilst organisations are not required to submit Board approved reports, please provide confirmation of the date the report will be considered by your Board within your submission.

Completed and signed report forms with any attachments to be returned by 31 July 2025.

By email to: Sophie.Barrett@wales.nhs.uk

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	16 July 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. Asesiad / 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 during 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 as Appendix 1.

3.1.2. Part 9 Regulations

Part 9 of the Social Services and Wellbeing Act sets out arrangements for co-operation across health, social care and the third sector, with RPBs functioning as a core mechanism for cross-sector partnership working. Welsh Government published amended Part 9 Regulations in May 2025, which provided updated statutory guidance for RPBs. The RPB is considering the amendments and is developing a plan to implement required changes, including:

- Drawing up role descriptions for each member of the RPB
- Appointing additional members, including a member from the Welsh Ambulance Service
- Undertaking a Self-Assessment every two years
- Developing an Annual Delivery Plan to support implementation of the five-year Area Plan.

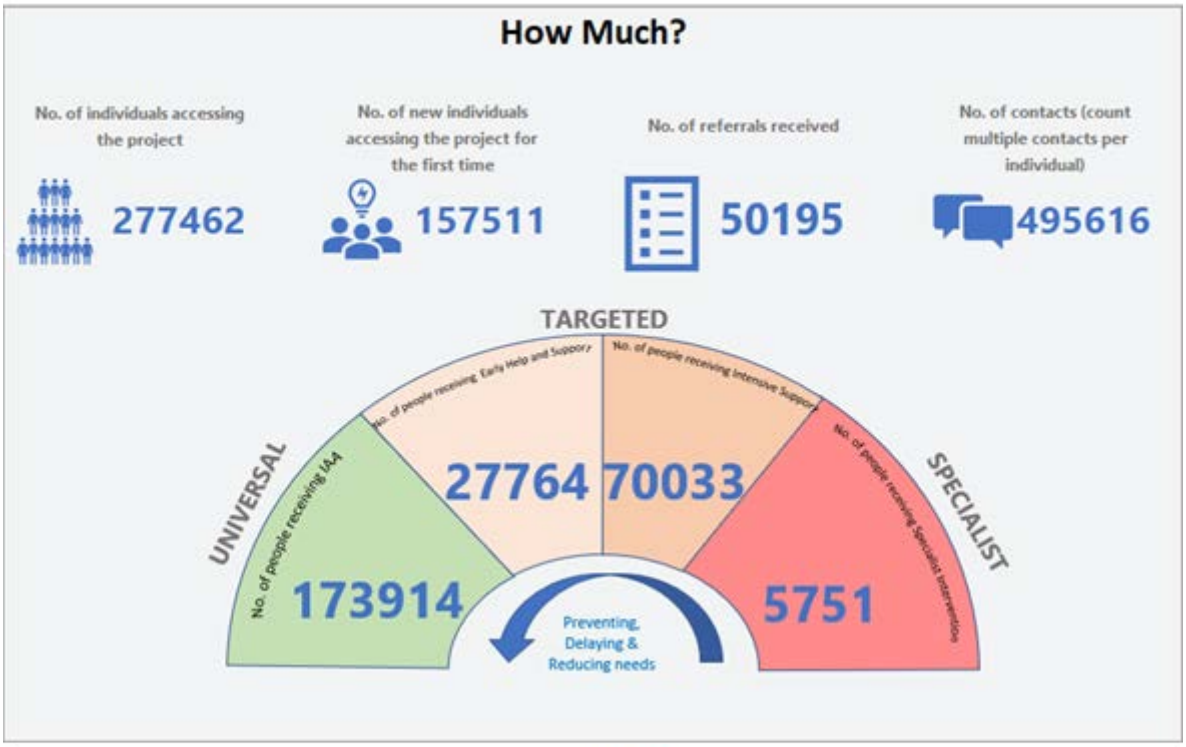
3.2. Gwent RPB Chair and Vice Chair

Councillor David Daniels was appointed Chair of the Gwent RPB from 1 July 2025, as Ann Lloyd stepped down from the role. Councillor Daniels previously held the role of Vice Chair of the Gwent RPB. Therefore, the RPB will appoint a new Vice Chair. The Terms of Reference outline that the Chair and Vice Chair will not be drawn from the same statutory group – therefore, the new Vice Chair must be from either (i) health; (ii) or another membership body (e.g. third sector, or housing).

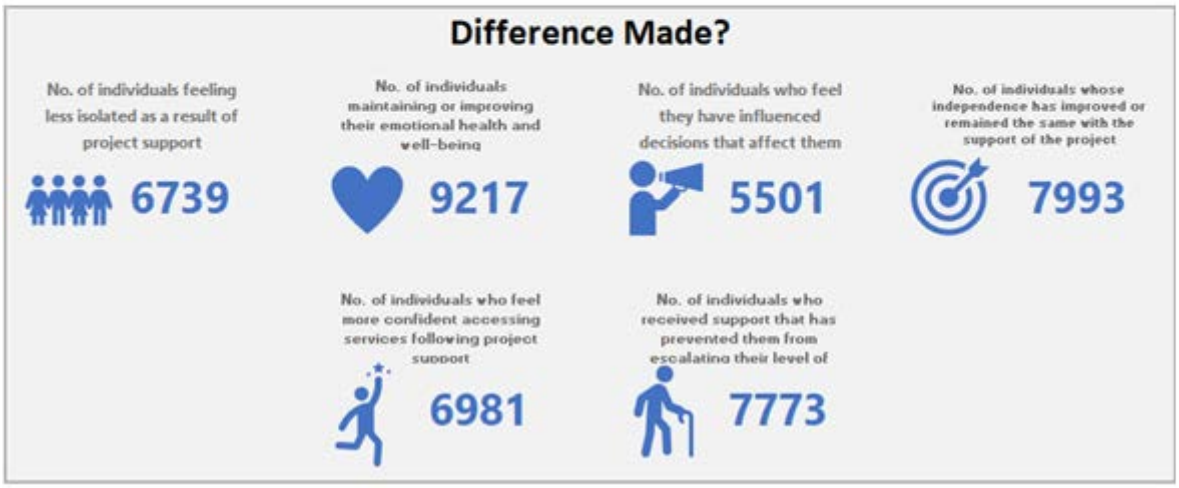
3.3. Revenue Portfolio

3.3.1. End of Year Reporting

The following diagrams provide a summary of activity across the RIF portfolio in 2024/25.







The outcome data across all reports demonstrates that the projects have made a considerable difference to the lives of those supported. Indeed, the following table demonstrates improvements across five 'Difference Made' domains between 2023/24 and 2024/25.

Measure	2024/25	2023/24	Percentage Change
Individuals feeling less isolated as a result of project support	6,739	5,776	17
Individuals maintaining or improving their emotional health and well-being	9,217	8,748	5



Individuals who feel they have influenced the decisions that affect them	5,501	4,810	14
Individuals whose independence has improved or remained the same with the support of the project	7,793	6,879	13
Individuals who feel more confident accessing services following project support	6,981	7,075	-1
Individuals who received support that has prevented them from escalating their level of need	7,773	4,828	61

3.3.2. Impact Assessments

The RPB is undertaking impact assessments across its revenue portfolio. This evaluation process is helping the RPB to understand best use of resourcing across all programmes and projects. This in turn will support informed decision-making around future resource allocation, particularly as a number of RPB funding streams are due to come to an end in March 2027.

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. Decisions have now been made for all 'Red' and 'Amber' schemes for this financial year. With the exception of four discharge schemes, all Health Board 'Red' and 'Amber' projects have been awarded funding for the full financial year. The discharge projects have been awarded funding for Quarters 1 and 2 in the first instance, pending a review of the discharge portfolio across health and social care; this review will be led and undertaken by the Executive Director of Nursing and the five local authority Directors of Social Services in Gwent.

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.

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 is required to ensure appropriate utilisation of the £1.076 million RIF monies.

Strategic Partnerships have been asked to identify priority areas for investment and these will be considered by Regional Leadership Group in August 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 2, the HCF programme is £6.19 million under-programmed across Objectives 1 and 2, and £0.661 million under-programmed for Objective 3.

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	20250605 - DoSS - Integrated Care meeti

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):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life Getting it right for children and young adults Adults in Gwent live healthily and age well Older adults are supported to live well and independently Dying Well as part of life

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	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
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

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



https://futuregenerations.wales/about-us/future-generations-act/	that could help the body to meet its well-being objectives Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves



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

Llywodraeth Cymru
Welsh Government

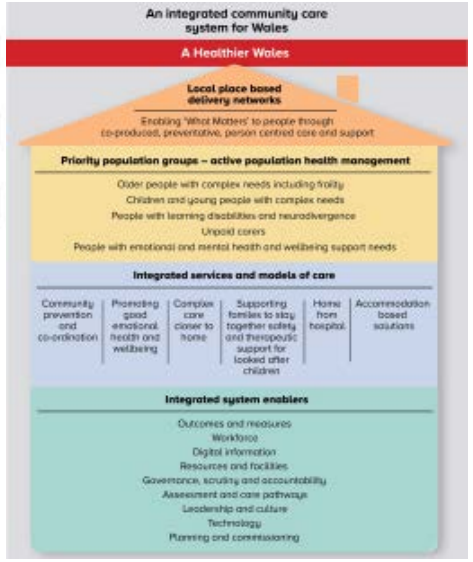
Esblygiad tuag at System Gofal Cymunedol Integredig i Gymru Evolution towards an ICCS for Wales

RIF



2022

ICCS Blueprint v1



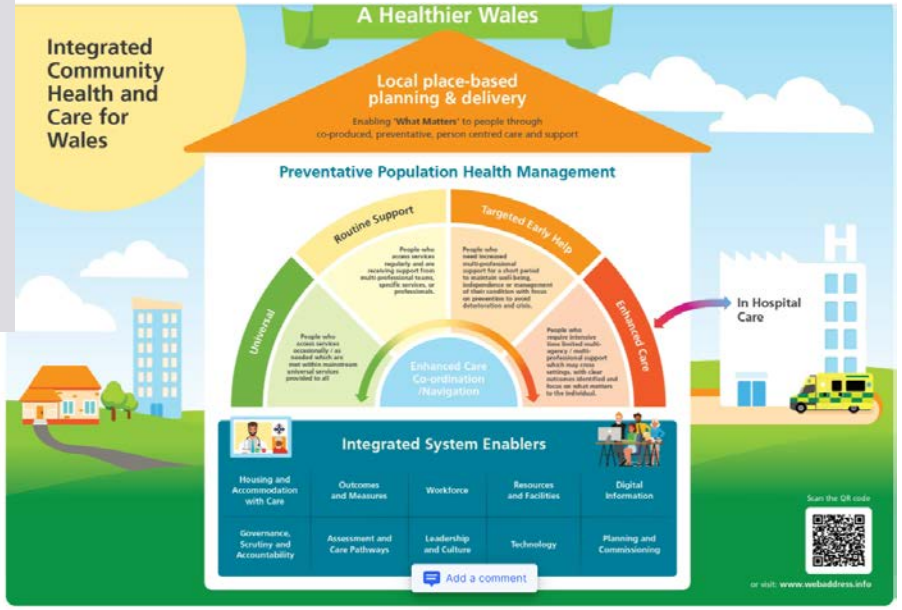
2023

ICCS Blueprint v2
Alignment with 6 Goals and SPPC Programmes



2024

2025
ICCS Blueprint V3



Integrated Community Health and Care for Wales

A Healthier Wales

Local place-based planning & delivery

Enabling **'What Matters'** to people through co-produced, preventative, person centred care and support

Preventative Population Health Management



In Hospital Care

Integrated System Enablers

Housing and Accommodation with Care	Outcomes and Measures	Workforce	Resources and Facilities	Digital Information
Governance, Scrutiny and Accountability	Assessment and Care Pathways	Leadership and Culture	Technology	Planning and Commissioning

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	16 July 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Gwent Public Services Board Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Professor Tracy Daszkiewicz, Executive Director for Public Health & Strategic Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Professor Tracy Daszkiewicz, Executive Director for Public Health & Strategic Partnerships.

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

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper is to provide Board members with an update on the current work of the Gwent Public Services Board (PSB).

Cefndir / Background

The Gwent Public Services Board last met on June 26th, 2025. Chair of the PSB, Cllr Anthony Hunt, Leader of Torfaen Borough Council was unable to attend the meeting. The meeting was chaired by Vice Chair, Tracy Daszkiewicz.

Gwent Public Services Board brings public bodies together to work to improve the economic, social, environmental and cultural well-being of Gwent. The PSB is responsible, under the Wellbeing of Future Generations (Wales) Act, for overseeing the development of a local (five year) well-being plan. The statutory member organisations are:

- Blaenau Gwent County Borough Council
- Caerphilly County Borough Council
- Newport City Council
- Monmouthshire County Council
- Torfaen County Borough Council
- Aneurin Bevan University Health Board
- South Wales Fire and Rescue Service
- Natural Resources Wales

A copy of the Gwent well-being plan is available at:
https://www.gwentpsb.org/en/well-being-plan/gwent-well-being-plan/
Priorities of the PSB are informed by the Gwent Strategic Needs Assessment The Gwent Joint Strategic Assessment 2024/25 Edition - Aneurin Bevan University Health Board

Asesiad / Assessment

Becoming HIV Fast Track Region

The most recent meeting included an important moment for the PSB in the signing of the Paris Declaration on Fast-Track Cities Ending the HIV Epidemic Paris and Sevilla Declarations – International Association of Providers of AIDS Care.

There is still no cure for HIV, however knowing you have the virus means you can receive treatment which can reduce your viral load to zero. In these circumstances, the virus is not detectable and therefore cannot be passed on to others. "Fast Track" will support our work to get people tested and treated as well as sharing information on how to avoid contracting HIV.

- In 2023, there were 119 new HIV diagnoses in Wales, a 16% increase from the previous year.
- The majority of new HIV diagnoses were among heterosexuals (62%).
- 31% of people with HIV were diagnosed late. Gwent has the highest late diagnosis rate in Wales.
- The number of people tested for HIV in Wales increased in 2023, the highest number since 2019.

The Fast-Track approach will support the stopping of new transmissions of HIV, whilst raising awareness and ensuring the right treatment and care is available for those living with HIV.

The signing began with a guest speaker who has lived experience of HIV.

Photos were taken and communications about the signing are due out this month.

Future Generations Report 2025 Findings and Recommendations and Action Summit Observations

The board reflected on the Future Generations 2025 Report. There was general agreement with the recommendations in the report. The discussion included how the PSB needed to support the delivery of the recommendations at a very local level.

At the previous meeting the Future Generations Commissioner had outlined the 50 recommendations to public bodies and Welsh Government on climate and nature, health and well-being, culture and Welsh language, food, and a well-being economy. The commissioner has urged PSBs to commit to:

- Targets to save our nature

- Rebuilding trust in decision making
- A national food resilience plan
- Ringfencing prevention funding
- A Real Living Wage

Climate and Nature Area of Focus Progress Report

The Climate area of focus had an initial workshop with some promising ideas and expertise in the room. It lacked decision makers and a request was made to the PSB for decision makers to be present at a future workshop that hopes to turn the ideas into actions. PSB members committed to the request.

Joint Strategic Assessment and Gwent Indicator Framework

The PSB received a brief presentation on The Gwent Joint Strategic Assessment 2024/25 Edition - Aneurin Bevan University Health Board.

The JSA collates indicators together to provide an overview of the health and well-being of the people of Gwent.

This year the Public Health team has published an updated JSA and a new product called the Gwent Indicator Framework (GIF). The Gwent Indicator Framework provides a comprehensive interactive report of over 250 indicators.

This year the JSA was redesigned to accommodate two pieces of feedback from the initial publication. The first was that the JSA would benefit from a Summary that focuses on key issues. The second was to allow for the ability to refresh the indicators.

Both elements were felt by the Gwent Public Health team to warrant change. To address the points an additional product has been created called the Gwent Indicator Framework (GIF). The GIF is an interactive report with over 250 indicators (close to 100 more than the first JSA) and has been designed in a format that can allow the Gwent Public Health team the ability to update the report more frequently than annually. The team has not yet set a schedule for updating the report which will be worked up in Q2 of 25/26. The JSA itself has become the summary that focuses on the key highlights.

One key highlight from this and last year's JSA is the high rate of Domestic Abuse in Gwent. Following last year's JSA a Domestic Abuse Health Needs Assessment is underway to better understand this issue at a local level.

This year's JSA and GIF also provides comparisons between Local Authorities. To explore the differences between Local Authorities please visit the JSA and GIF website The Gwent Joint Strategic Assessment 2024/25 Edition - Aneurin Bevan University Health Board

It is hoped that the Local Authority comparisons will support targeted interventions. It is the Gwent Public Health teams' ambition to provide comparisons at even smaller locality levels in future editions of the JSA and GIF. To reach the level of smaller geographies PSB members will need to provide locally sourced datasets.

PSB endorsed the use of the JSA and GIF. They also asked if it is possible to create a view of the Marmot Outcome measures or Future Generations indicators which the Gwent Public Health team will explore.

PSB Annual Report Framework

A brief plan of what the report will contain was outlined. The report is due at the end of September and will be a main agenda item at the next meeting.

Forward look

PSB Annual Report
Area Of Focus: Every Child has the Best Start in Life
Area Of Focus: Everyone Lives in a Place They Feel Safe

Argymhelliad / Recommendation

Board is asked to note the update of this paper.

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):	1. Staying Healthy Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Gwent well-being plan https://www.gwentpsb.org/en/well-being-plan/gwent-well-being-plan/ Gwent Joint Strategic Assessment The Gwent Joint Strategic Assessment 2024/25 Edition - Aneurin Bevan University Health Board
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

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 ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	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

Aneurin Bevan University Health Board Key Issues Report			
Board Date:	16th July		
Period of:	5th May 2025 to 14th July 2025	**Report of:**	The Executive Committee
Quoracy met:	N/A		

The Executive Committee meets on a weekly basis and focusses on the breadth of the organisation's business. These formal meetings are supplemented by:

- Informal Executive Team Sessions, which are used to focus on strategic developments, information sharing and Executive Team engagement.
- A 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 (IMTP/Clinical Futures).

During the period 5th May 2025 – 14th July 2025 the following matters were some of the issues considered by the Executive Committee.

1	Quality, Safety and Culture	**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. **Emergency Pressures Escalation Policy**: The Committee approved an updated Policy following the publication of the NHS Wales Guidance *'A Framework for Urgent & Emergency Care System Escalation 2024/25'*. The policy has been fully revised to align the escalation levels (1-4) and actions with the NHS Wales Guidance. The existing action cards have been removed, and each department is required to update their action cards as part of business continuity arrangements **Graduate Management Presentation:** The Committee received a presentation on a graduate's experience of the NHS Graduate Management Programme and welcomed the positive impact the Programme had on the individual's development. **Registered Nurse Vacancy Position:** The Committee received an update on progress and ongoing strategies addressing registered nurse vacancies within the Health Board, which highlighted recruitment successes and future workforce planning. Registered nurse vacancies decreased from 289WTE in March 2024 to 176WTE by March 2025, with staff in post increasing by 202WTE over 12 months. This improvement supports reductions in variable pay and enhances nursing care stability. The Health Board has committed to recruiting 75 Internationally Educated Nurses (IENs) annually, with 59 offers made for 2025/26, alongside 172 nursing student placements commissioned for employment starting September 2025. The Committee was assured of the strategic recruitment decisions supporting workforce sustainability, with full adoption of the supply and demand tool across nursing areas by end of 2025 and further updates planned for 2026/27 recruitment and long-term workforce forecasting.

		Health, Safety and Fire Work Plan for 2025/26: The Committee considered a first draft Workplan for 2025/26 aimed at ensuring compliance with legislation and to reduce risks. The plan aims to achieve and sustain compliance with health and safety legislation and reduce associated risks. The Committee requested further work to differentiate between strategic and operational objectives ahead of agreement. **Patient Safety Leadership Visits:** The Committee discussed the reinstatement of visits to clinical sites by executives and independent members. The visits will follow a similar protocol as before and should complement other engagement processes like drop-ins, ensuring a consistent approach to addressing issues raised. The Committee agreed on the importance of maintaining the integrity of patient safety aspects during visits and ensuring that actions are followed up appropriately. **GRACE Bereavement Model:** The Committee endorsed and supported the full implementation of the GRACE Bereavement Model. The Model was developed to address gaps in bereavement care, including a lack of future care planning, training, and cultural barriers. The model is based on the values and behaviours framework, aiming to support compassionate care and improve outcomes for bereaved individuals, particularly those with protected characteristics. The model aims to support staff, recognise and address grief, and potentially avert complex grief, particularly in cases of sudden loss and suicide. The model will be implemented in full across the health board, with ongoing development of the community of practice and structured staff training. **GRACE End of Life Care Model:** The Committee endorsed and supported the full implementation of the GRACE End of Life Care Model which has been developed to address significant gaps in end-of-life care, including the absence of a structured model and various cultural barriers. Key benefits of the model include supporting the delivery of compassionate care and better recognition of grief; providing structured support for staff involved in end-of-life care; and aims to improve outcomes for patients and families, particularly those with protected characteristics. The Committee supported the establishment of a community of practice and people participation panels to ensure ongoing engagement and feedback. The health board is leading change across Wales with this model, being the only one to

		have held big conversations and engaged directly with the Wales Council for the Deaf. **Sustainability of the Thyroid Service:** The Committee considered the sustainability of thyroid surgery services, following a previous agreement to commission these services from Cardiff and Vale University health Board. The Committee agreed to continue with the commissioning of this activity from outside of the health board, noting that the costs of commissioning could be partly offset by reducing the costs of the current internal service, and any additional activity would need to be costed separately. **Assurance Update on The Mortuary and Care After Death Transformational Agenda:** The Committee received assurance on the transformation of mortuary and care after death services, including plans for a new tracking system, independent review, and internal quality accreditation. The transformation programme includes sustainable staffing, software implementation, and an independent review requested by Welsh Government. Significant progress was noted, including the installation of CCTV and improved checks and balances. **Stroke Improvement Plan:** The Committee received an update on the progress of the Stroke Service Action Plan following the national GIRFT (Getting It Right First Time) review and other related assessments. The report also discussed the ring-fencing policy for stroke beds at the Grange University Hospital (GUH) and addressed ongoing challenges and improvements within the stroke care pathway. The Committee noted that of the 20 recommendations raised by GIRFT, nine have been completed and are within specified deliverable ranges. Work continues on the remaining recommendations, with reconfiguration plans playing a significant role in progress. The Committee was assured that actions taken to-date have led to improvements in key performance indicators reflecting good stroke care across the pathway. **Smoke Free Hospitals:** The Committee received an update regarding the Smoke-Free Hospitals policy of the Health Board, noting that despite a policy approved in April 2024, smoking persists near hospital entrances, posing health risks and generating complaints. The Committee noted the Public Health team's work to reduce smoking in Gwent communities and supported proposals including, enhancing signage and

		communication, re-establishing a smoke-free steering group, exploring stop smoking champions, embedding mandatory staff training, and improving Nicotine Replacement Therapy availability. **Mental Capacity Act and Deprivation of Liberty Safeguards:** The Committee discussed significant risks related to delays in Deprivation of Liberty Safeguards assessments, particularly in hospital settings. These include legal, human rights, financial, and governance risks. A further paper will be considered by the Committee to respond to the risks identified. The Mental Health and Learning Disabilities Committee will also continue to seek assurance on this matter. **Level Three Weight Management Pathway**: The Committee is considering options to respond to critical capacity and demand challenges faced by the Level 3 Adult Weight Management Service (AWMS) within the Health Board. Current staffing and referral rates have led to clinically unsafe waiting times, with some patients facing waits of 9-10 years for initial assessment. Since its 2014 establishment, the service has seen quadrupled referrals, especially post-COVID-19, reflecting rising obesity rates and related health risks in the population. The service capacity is limited to 38 new assessments monthly, while 130-135 referrals are received. The Executive Committee agreed to explore the position across Wales to ensure a consistent approach be taken with any actions that are agreed and to ensure engagement of Llais in ongoing discussions. **Staff Movement App:** The Committee received assurance on the upcoming implementation of the Staff Movement App (SMA) which would be implemented from 07 July 2025 and will replace the current paper based changed forms. The Committee was assured that that only individuals with Manager Self-Serve access will have access to the App in line with the Authorised Signatory List and noted the projected benefits and improvements especially, to overpayments or incorrect payments to staff. **Patient Advice and Liaison Service (PALS) Evaluation Report:** The Committee received an update since the service's launch in November 2023 to End of March 2025: 9,325 contacts had been managed; Only 0.25% (23 cases) escalated to formal complaints and 260 compliments received, with 42 directly for PALS. The

		Committee noted current risks and funding challenges for the service and requested a report in 6 months to understand the impact of the PALS service on the reduction of complaints routed to the PTR team to ensure sustainable funding. **Car Parking:** The Committee is exploring options to enforce safe car parking management through a Standard Operating Procedure (SOP) in collaboration with a car parking management company which will initially be implemented at the Grange University Hospital (GUH) site, with potential expansion to other sites such as Royal Gwent Hospital, Nevill Hall Hospital, and others. Options for additional car parking capacity at the GUH is also being explored.
2	Delivery, Performance and Efficiencies	**Robot Business Case:** The Committee considered a business case for expanding robot-assisted surgery to the colorectal service within the Health Board. The business case outlined the strategic context, benefits, financial implications, and the feedback from the Pre-Investment Panel (PIP) to support the decision-making process. The initial use of robotic surgery showed improvements in waiting times, length of stay, readmissions, and conversion rates to open surgery. Expansion aims to maximise asset utilization and establish Wales' first DaVinci colorectal cancer surgery site. The projected net recurrent cost for the expansion was £146,000 annually, with expected cash-releasing savings. The Committee approved the business case and implementation has commenced. **Winter Respiratory Staff Vaccination Programme Planning 2025-26 Season Update:** The Committee agreed the delivery model of the Winter Respiratory Staff Flu Vaccination Programme for the 2025-26 season, to improve staff vaccination uptake, which has been low in recent seasons, with a dedicated project manager in place to support. **Inter Site Transfer Service:** The Committee further considered an update in respect of the Inter-Site Transfer Service (ISTS), which is critical to patient flow between the Grange University Hospital (GUH) and other local hospitals under the Clinical Futures model of care. The ISTS was commissioned from the Welsh Ambulance Services NHS Trust (WAST) starting October 2020 to facilitate patient transfers between GUH and other local hospitals. The service operates under a standalone Service Level Agreement (SLA) distinct from other WAST contracts. The report outlined

		current service arrangements, performance metrics, operational challenges, and recommendations for future service procurement and management. The Committee was updated on Northumbria Healthcare NHS Foundation Trust's ISTS model, which uses a private provider selected through a tender process. This model reportedly offers improved responsiveness, efficiency, and contractual accountability through financial penalties for underperformance. The Committee agreed to explore further the private provider model with a view to tendering for interest in providing the service. **Digital, Data & Technology Group Terms of Reference:** The Committee approved Terms of Reference for The Digital, Data & Technology Group which will provide strategic direction, oversight, and assurance on digital projects and services, including performance, risk, and alignment with organizational goals. **Efficiency Dashboard Demonstration:** The Committee received a demonstration of a new dashboard for efficiency and noted the benefits to Health Board staff once fully implemented. **Refit IGP:** The Committee approved a proposal to allow the programme of an investment grade proposal to proceed and development of a works contract. The Committee noted the proposals had been developed under the ReFit framework for invest to save capital investment to enhance the health board's hospital estate, reduce carbon emissions and reduce costs associated with energy. **Clinical Coding Update and Review:** The Committee received an update from the Clinical Coding Service which has improved its coding compliance to 87%, showing progress despite workforce challenges. The service plays a critical role in ensuring accurate clinical data coding, which supports clinical governance, performance monitoring, and national reporting. Recruitment and retention difficulties remain due to pay disparities and limited career progression, but efforts are ongoing to address these issues. Automation through Robotic Process Automation (RPA) is expanding to enhance efficiency. The Health Board continues to participate actively in the NHS Wales Clinical Coding Improvement Programme and aims to meet national standards while monitoring the impact of recent audit changes.

3	Strategic Planning and Service Development	**Urology Cystoscopy Recovery:** The Committee considered a proposal to address an urgent capacity deficit in the Urology service within the Health Board due to the recent departure of a key clinical staff member which meant the service was unable to deliver timely flexible-cystoscopies across urgent suspected cancer (USC), surveillance, and routine diagnostic pathways and without a short-term solution, whilst long term training was undertaken, the backlog of cases would increase and urgent suspected cancer waiting times within the bladder sub-tumour site pathway will remain at an unacceptably high rate which would mean poor USC compliance with delayed diagnosis and treatment as well as significant numbers waiting over 8 weeks for routine cystoscopies. The Committee agreed to prioritise cancer services in order to mitigate the risk of extended waiting times and agreed to initiate an Expression of Interest process for both outsourcing and insourcing options, with a preference for insourcing. Concurrently, discussions would be held with Welsh Government to explore funding support. **Planned Care Sustainability and Transformation:** The Committee has spent considerable time in the reporting period to focus on plans to deliver planned care ambitions for 2025/26 and to ensure sustainability for the future. A particular focus remains on 104-week wait performance and responding to Welsh Government's plans for a national outsourcing approach to support outpatient activity. **PIP Annual Report 2024/25:** The Committee received the annual report of the Pre-Investment Panel (PIP) for the Health Board, summarizing its activities, case evaluations, and plans for 2025/26. The annual report highlighted the panel's role in scrutinizing business cases for investment to ensure quality and alignment with strategic priorities. Key priorities for 2025/26 include maintaining scrutiny processes, clear prioritization criteria, enhancing evaluation of benefits delivery, and improving support and training for services preparing cases. **Hand Trauma Service:** The Committee approved a proposal to recruit two additional hand consultants to address urgent capacity issues in the hand trauma service. The need arose from increasing hand fracture referrals and the consequent loss of elective clinic capacity, which without investment in capacity risked patient harm and service sustainability.

		Exercise Pegasus: The Committee was assured by work that had been undertaken by the emergency planning and public health protection teams on the tier 1 exercise required on Health organisations by the UK government.
4	Strategic Partnership Arrangements	**Joint Strategic Needs Assessment Update - Best Start in Life:** The Committee received an update on the Best Start in Life Joint Strategic Needs Assessment (JSNA), focusing on children aged 0-4, 5-16, and 17-25. The aim being to provide a systematic approach to improving equity for children, providing recommendations for action, focusing on early years, school readiness, and addressing health inequalities. The regional Best Start in Life Management Group will oversee the implementation of the JSNA recommendations, working closely with social services, education, and health partners. The discussion emphasized the importance of a comprehensive and systematic approach to improving children's health and well-being, with a focus on early intervention, data-driven insights, and partnership working. **End of 50 Day Challenge Report:** The Committee noted the success of the programme especially in pathway of care delays and noted the submission of the report to the Regional Partnership Board.
5	Other Formal Business	As standing agenda items, the Executive Committee receives: • Quality and Safety Performance Report • Workforce Performance Dashboard • Strategic Risk Report • Financial Performance Report • Activity & Performance Report, including Ministerial Priorities • Welsh Health Circulars and Ministerial Directions • Charitable Funds Bids • Audit Recommendations Tracking In this reporting period, the Executive Committee has also considered development of papers ahead of Board and Committee consideration, including: • Quality Management Framework • Integrated Performance Reporting • Regional Planning Updates • Financial Performance Reporting • Cancer Services Annual Report • Urgent and Emergency Care Reporting

		• Long Term Strategy 2035 • Primary Care Sustainability **System Leadership Group** The Executive Team established monthly System Leadership Group meetings in 2023, which have continued throughout 2024 and 205 with leaders from across the Health Board. The meeting in June 2025 took place on 13th June 2025 and included on the agenda: Long Term Strategy Overview, Values & Behaviours Refresh and Nevill Hall Hospital developments.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	16 July 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**Key Matters from Committees of the Board**
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: **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:

- Patient, Quality, Safety and Outcomes Committee – 3rd June 2025
- Charitable Funds Committee – 4th June 2025
- People and Culture Committee – 11th June 2025
- Finance and Performance Committee – 17th June 2025
- Mental Health and Learning Disabilities Committee – 17th June 2025
- Audit, Risk and Assurance Committee – 24th June 2025
- Partnerships, Population Health and Planning Committee – 1st July 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 Link to IMTP	Choose an item. There is no direct link to the Plan associated with this report, however the work of individual committees contributes to the overall implementation and monitoring of the IMTP.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Choose an item. Choose an item. Choose an item. Choose an item.

Strategic Equality Objectives 2020-24	Not applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Included within the report
Partïon / 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 ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. 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:		Wednesday 16th July 2025		
Date of Committee		Tuesday 3rd June 2025	**Report of:**	Patient, Quality, Safety and Outcomes Committee
Quoracy met:		Yes		
1	Agenda and papers	abuhb.nhs.wales/files/key-documents/patient-quality-safety-and-outcomes-committee/pqsoc-20250603-board-book-final-pdf/		
2a	Matters referred to the attention of the Board	1.1. **Implementation of the Quality Management Framework:** The Committee endorsed a comprehensive framework aligned with the Duty of Quality and Candour, Health and Care Quality Standards 2023, and the ABUHB Quality Strategy 2023–2026. It integrates national guidance and introduces a structured approach to quality planning, control, improvement, and assurance. The framework will underpin the Quality Annual Report to Welsh Government and includes a new governance model and reporting structure. 1.2. **Infection Prevention and Control (IPC) Challenges:** The IPC Annual Report highlighted challenges in achieving Welsh Government reduction targets for infections. Remedial actions include bespoke training, enhanced cleaning, and task and finish groups for catheter management and line infections. The report also covered the impact of community-acquired infections and ongoing work in antimicrobial prescribing and prudent prescribing. Several learning-driven improvements have been established: • Bespoke training and enhanced cleaning protocols. • Task and finish groups for specific infections. • Quality improvement projects on oral hygiene.		

		• Public engagement through visitor leaflets and refreshed intranet content. 1.3. **Mortuary Incident Action Plan:** The Committee received assurance on the transformation of mortuary and care after death services, including plans for a new tracking system, independent review, and internal quality accreditation. The transformation programme includes sustainable staffing, software implementation, and an independent review requested by Welsh Government. Significant progress was noted, including the installation of CCTV and improved checks and balances. Given the sensitivity and regulatory oversight of this area, progress will be monitored closely. 1.4. **Volunteering Programme Sustainability:** The Volunteering Annual Report noted a significant increase in volunteering hours and new volunteer roles. The report also highlighted the diverse volunteer workforce and the impact of volunteer-to-career opportunities. The Committee noted challenges including limited team capacity and a large waiting list for volunteers. It was noted that a Charitable Funds bid had been submitted to support a new coordinator role. 1.5. **Clinical Audit Capacity and Participation:** The Committee acknowledged progress in clinical audit but noted challenges including audit fatigue, lack of funding, and non-participation in some national audits. These issues could impact the Health Board's ability to meet its audit obligations consistently and the Committee, along with the Audit, Risk and Assurance Committee, maintain oversight of clinical audit activity.
2b	Assurance	1.6. **Quality Performance and Outcomes Report** The Committee received the report for assurance which highlighted: • **National Quality Outcomes Framework**: A national quality outcomes framework is being developed, with the first iteration expected in Q1. The framework will focus on quality impact rather than duplicating existing metrics.

		• **Services in Escalation**: An update on services in escalation for quality, which were urgent and emergency care and mental health and learning disabilities divisions. Improvements have been noted in areas such as safeguarding training and addressing open complaints. • **Nutrition and Hydration**: An update on the work of the nutrition and hydration group, focusing on early identification of needs, standard operating procedures, and multidisciplinary collaboration. • **PALS and Civica**: The PALS team continues to perform well, with an average of 481 inquiries per month and a satisfaction rate of 89% in Civica. • **Mortality and Never Events**: The Health Board is performing well in terms of mortality, with no new never events reported in Q4. • **Falls Rate**: The falls rate per thousand bed days has dropped below the national average, indicating improvement in patient safety. • **Early Resolution Performance**: The early resolution performance for complaints was 71% in Q4, showing a focus on resolving issues quickly. • **Infection Prevention and Control**: Challenges remain in reducing C. diff rates, with ongoing work to address complex factors such as comorbidities and antimicrobial prescribing. • **Safeguarding Training**: There is a need to improve safeguarding Level 3 training compliance, with courses for 2025 already oversubscribed. • **Inquests**: The number of inquests being listed has increased, impacting clinical staff. The team is working closely with the coroner to address this issue. 1.7. **Sepsis Management:** The Committee received updates on sepsis management, including a new implementation plan aligned with national guidance and a public engagement campaign. The plan focuses on improving sepsis recognition and management across the health board, with the campaign reaching half a million people on social media. The implementation of standardized early warning scores is a priority, with a robust action plan and training programs in place.
2c	Review of Risks	The Committee reviewed the Committee Risk Register, which includes three high-level risks and

		three sub-risks. No changes to risk scores were reported, and the risk environment remains stable.
2d	Sharing of Learning	Shared learning highlights: **Patient Quality Learning Improvement Forum**: The Forum has been active in sharing patient stories, learning from clinical trials, and promoting cross-divisional collaboration 1.8. **Embedding Quality Management Across the Health Board:** The implementation of the Quality Management Framework reflects a strategic shift toward system-wide quality assurance. It integrates national standards and guidance, including the Duty of Quality and Candour, and introduces a structured approach to quality planning, control, improvement, and assurance.
3	Matters to be shared to other Committees	There were no key risks or issues for reporting or escalation to other Committees.

Aneurin Bevan University Health Board Key Issues Report				
Board Date:		Wednesday 16th July 2025		
Date of Committee		4th June 2025	**Report of:**	Charitable Funds Committee
Quoracy met:		Yes		
1	Agenda and papers	abuhb.nhs.wales/files/key-documents/charitable-funds-committee/cfc-20250604-final-boardbook-pdf/		
2a	Matters referred to the attention of the Board	The Charitable Funds Committee wish to inform the Board that: 1. **Innovative Nature of New Bids:** The Committee observed a growing number of funding bids that are innovative in nature. This trend reflects a shift towards more creative and potentially impactful use of charitable funds and may be of interest to other committees considering similar funding or innovation strategies. 2. **Income and Marketing Strategy:** The Committee discussed how best to utilise charitable funds, particularly in the context of income generation and marketing. This includes exploring ways to promote the charity more effectively and benchmarking against other Health Boards. These insights may support broader organisational efforts around fundraising, communications, and strategic planning.		
2b	Assurance	The Charitable Funds Committee wish to assure the Board that: 1. **Robust Financial Oversight and Transparency:** The Committee received a comprehensive Finance and Performance Report, noting a detailed breakdown of income, expenditure, investment performance, and fund balances. Despite a decrease in income and an increase in expenditure, there were no overdrawn accounts as of 31 March 2025, and all financial movements were transparently reported.		

		The Committee was assured that the overall financial position, while showing a decrease in funds, was being actively monitored, with actions identified to address the imbalance between income and expenditure. 2. **Governance and Strategic Planning:** The Committee approved the Annual Programme of Business for 2025/26 and the updated Terms of Reference, demonstrating a clear commitment to structured governance and forward planning. The Committee also approved the Annual Report for 2024/25, providing a retrospective assurance of performance and compliance. **3. Effective Management of Charitable Funds:** The Committee considered and approved a range of bids and small grants, applying scrutiny to ensure alignment with available resources. Where bids exceeded available funds, a phased approval approach was adopted, ensuring financial prudence. The Committee noted the successful sale of the Clytha Square property and the anticipated reinvestment of proceeds, further strengthening fund availability. **4. Audit and Risk Management:** An update on the Audit Plan 2024/25 was received, including planned audits on deferred income, risk management override, and property sales. This provides assurance of ongoing external scrutiny and risk oversight. **5. Responsive Action on Governance Issues:** The Committee approved the repayment of unutilised grant funding to NHS Charities Together, acknowledging the failure to recruit to a funded post. This demonstrates accountability and a commitment to ethical fund management.

Aneurin Bevan University Health Board Key Issues Report				
Board Date:		15 July 2025		
Date of Committee		11 June 2025	**Report of:**	People and Culture Committee
Quoracy met:		Yes		
1	Agenda and papers	abuhb.nhs.wales/files/key-documents/people-and-culture-committee/pcc-20250611-boardbook-final-pdf/		
2a	Matters referred to the attention of the Board	**Progress update on the Delivery of Welsh Government's Race Equality Action Plan for Wales** The Committee received assurance in respect of delivering the Welsh Government's Race Equality Action Plan, focusing on workforce race equality, staff engagement, and initiatives to support internationally educated staff. Key initiatives include: • **Seen Project**: Finalizing the project and inviting participants to see their portraits. • **Network Relaunch**: Relaunching networks like the Voice to increase engagement. • **Training**: Inclusive leadership and unconscious bias training have been well received and are being rolled out across the health board. • **Beyond Racism eLearning**: Launched in December, with a current completion rate of 61.47%. • **Cultural Competence Training**: Conducted by Diverse Cymru, with two teams enrolled. The Committee suggested exploring funding opportunities through the Charitable Funds Committee for related activities. **Employee Relations & Suspensions over 4 months** The Committee was advised that 14 new disciplinary investigations had been commissioned between January and March, a significant increase from 5 in the previous quarter. The majority (78%) were related to failure to meet required standards of behaviour, while 3 cases involved allegations of fraud. Regarding suspensions, 9 employees (representing 0.05% of the workforce) were suspended, with durations ranging from under 3 months to over a year. The Committee noted ongoing efforts to negotiate with Gwent Police to allow internal proceedings to progress alongside police investigations, as the burden of proof differs between criminal and internal processes.		

2b	Assurance	**Annual Assurance Report on Medical Revalidation** The Committee received assurance on the medical revalidation process, noting that in 2024/25, 84% of secondary care doctors and 83% of primary care doctors in substantive posts completed appraisals, with progress tracked and escalated if doctors failed to engage. The Committee was pleased to learn that a positive Revalidation Support Unit visit in May 2025 recognized ABUHB's robust appraisal and revalidation governance, educational focus, quality assurance efforts, and innovative use of artificial intelligence for constraints reporting. **Annual Review and Refresh of the People Plan and its Priorities** The Committee received an update on the progress of the current People Plan and the development of the new plan. The current plan, which spans three years, is nearing its end, and a refreshed plan is being developed for the next three years. The Committee was assured of the significant progress in staffing, training, and well-being, while also addressing ongoing challenges and work underway to support the development of a refreshed plan. **Welsh Language (Wales) Measure 2011 - More Than Just Words** The Committee received assurance regarding the Health Board's compliance with Welsh Language Standards and progress on the More Than Just Words Framework to enhance Welsh language service delivery. Key highlights included: • **Skill Surgery Programme**: The development of the Skill Surgery Programme for primary school children, which has been turned into a teacher pack to be taught independently in schools. This aligns with the curriculum for Wales and will be shared across Wales. • **Physiotherapy Focus**: Physiotherapy has been chosen as the main focus for increasing the number of clinical consultations conducted in Welsh. This includes monitoring progression and being agile in addressing any issues. • **Welsh Language Commissioner**: The Commissioner has changed their regulation process to a more Co-regulation approach, allowing for more internal monitoring and informal discussions before opening investigations.

		• **Digital Platforms**: Proactive engagement with digital platforms to ensure compliance with Welsh language requirements. Issues with free text translation in the E triage system are being addressed. • **Welsh Language Tutor**: The tutor has been working with individuals to improve their Welsh language skills, including those with specific needs, such as a registered blind staff member. • **Translation Service**: The internal translation service has been effective, leading to significant savings for the Health Board. There has been an increase in translation requests, prompting a review of the current model. • **Welsh Language Workshop**: A workshop was conducted to engage divisional managers and improve understanding of the support available for delivering bilingual services. The Committee was pleased to learn of the various initiatives to promote the use of Welsh in the health board, including educational programmes, digital platform compliance, and internal support for language skills development. **Workforce Planning and Undergraduate Educational Commissioning 2025/26** The Committee received assurance on the workforce planning and undergraduate educational commissioning for the 2025/26 academic year. The Committee was informed of the Health Board's strategy for training, development, and education to meet future workforce needs, particularly focusing on health professions education commissioned through Health Education and Improvement Wales (HEIW) as part of the Integrated Medium-Term Plan (IMTP) submission. The Committee was assured of the comprehensive assessment process conducted annually, noted the challenges related to capacity and demographics, and the ongoing efforts to engage with local schools and promote various training pathways. **Job Planning and Implementation of Medical E-Systems** The Committee received an update on the compliance status of Consultant Job Planning within the Health Board and the progress with medical E-Systems implementation. The Committee was advised of challenges in meeting Welsh Government targets and the actions planned to improve compliance and system integration, including:

		• **Job Planning Audit Results**: The April 2025 audit gave a limited assurance rating, noting a strong organizational focus but consultant resistance impacting job plan completion. Compliance stood at 42.67%, below the 90% target set for September 2025. • **Compliance Challenges**: Key issues included low job plan completion, incomplete personal outcomes, inconsistency between job plans and ESR affecting payments, and reduced focus due to operational forum changes. • **Management Actions**: Measures included accountability through divisional performance reviews, withholding replacements for vacant posts until job plans are updated, and linking study leave funding to compliance. Communications from leadership aim to reinforce contractual obligations. • **Quality and Accuracy Enhancements**: Efforts to make outcome sections mandatory in the e-job planning system and reminders for SMART objectives aim to improve job plan quality. ESR reconciliation processes are being strengthened to prevent payment errors. • **Medical E-Systems Implementation**: The L2P job planning system had been rolled out fully with no data issues; however, job planning compliance remained critical for progressing e-rostering rollout. The Patchwork locum and agency systems are operational, supporting workforce data management and cost control. • **Divisional Compliance Variations**: Compliance varies across divisions, with Mental Health, Urgent Care, Primary Care and Community, and Family and Therapies showing better rates, while Medicine lags behind at 11%, prompting a targeted improvement plan. The Committee focused on the audit findings, current compliance rates, challenges faced, actions taken to improve compliance, and future plans to ensure effective job planning across the health board. The Committee expressed concern at compliance rates and agreed to continue to monitor progress, acknowledging that the Audit, Risk and Assurance Committee was also seeking assurance on this matter. **Workforce Performance Dashboard** The Committee reviewed the Workforce Performance Dashboard which provided assurance on key workforce metrics, such as sickness absence, variable

		pay, time to hire, and the impact of organisational development interventions. The Committee noted the need for improvements with statutory and mandatory training and PADR compliance and noted actions underway to enable this. **Speaking up Safely** The Committee received assurance on the first six months of the Speaking up Safely process within the Health Board which was implemented in December 2024. The Committee was informed that eighteen concerns had been raised since launch, including six anonymously. The Committee discussed an internal audit review of Speaking up Safely which gave limited assurance overall, with reasonable assurance for the new process but limited assurance on resourcing, compliance, and records management of the old process. The Committee discussed the actions underway to respond to the recommendation raised by internal audit. The Committee noted the need for training and communication to support a cultural shift in addressing concerns.
2c	Review of Risks	The Committee received the Risk Register noting no changes had been made. Overall, the discussion focused on the current status of the risk register, specific risks, and ongoing actions to mitigate these risks.
2d	Sharing of Learning	There were no additional aspects of learning for sharing, not already covered within the items summarised in this paper.
3	Matters to be shared to other Committees	There were no items identified for referral to other Committees.

Aneurin Bevan University Health Board Key Issues Report				
Board Date:		16 July 2025		
Date of Committee		17 June 2025	**Report of:**	Finance & Performance Committee
Quoracy met:		Yes		
1	Agenda and papers	abuhb.nhs.wales/files/key-documents/finance-and-performance-committee/f-amp-p-20250617-boardbook-final-part1-pdf/ abuhb.nhs.wales/files/key-documents/finance-and-performance-committee/f-amp-p-20250617-boardbook-final-part2-pdf/		
2a	Matters referred to the attention of the Board	**Performance Management & Escalation Report** The Committee received an update on the escalation levels within the Health Board, the status of the Performance Management Framework (PMF) review, and national escalation status as of June 2025. The report highlighted: • **End of Year Reviews underway:** Operational and Corporate Departments are undergoing End of Year reviews through June and July 2025, which will inform reconsideration of escalation levels by the Executive Team. • **Current escalation status:** Urgent Care and Mental Health Divisions remain in enhanced monitoring for quality, safety, and operational delivery. Finance-related escalations affect multiple divisions including Medicine and Surgery. The Health Board's national status remains at Targeted Intervention Level 4 for Finance and Enhanced Monitoring Level 3 for Urgent and Emergency Care at the Grange University Hospital. • **Urgent Care improvements:** Positive performance trends include reduced >12-hour waits and clinician median wait times at the Grange University Hospital, supported by initiatives such as the Transfer Lounge and Clinical Prioritisation Framework. Monthly safety flow meetings chaired by the Chief Executive oversee ongoing improvements. • **Mental Health progress:** Mental Health services have stabilized improvements and are maintaining national performance standards, with ongoing development of inpatient service models aligned with the Welsh Government strategy and a clear quality improvement program on track for 2025/26.		

		• **National escalation monitoring:** Quarterly escalation meetings with Welsh Government track progress, noting winter pressures, improvements in ED services, financial savings, and operational delivery advances. A national review of escalation levels is expected in summer 2025. • **Performance Management Framework (PMF) review:** The PMF review includes evidence gathering, executive and divisional sessions, and a live survey. Initial findings show most implementation arrangements have been met, with areas for improvement such as timeliness of accountability letters and assurance processes for corporate departments. Suggestions received to date include reviewing quality measures, adding a leadership and governance escalation domain, further clarifying roles and responsibilities, and adjusting review frequencies to improve operational accountability and performance ownership. Feedback from the ongoing survey, internal audit, and committee sessions will be combined to produce a draft update for the Finance and Performance Committee by end of July 2025. **Integrated Performance Report** The Committee received assurance on the Health Board's operational performance against the 2025/26 Integrated Medium Term Plan (IMTP) Key Performance Metrics, including progress and planned actions for various measures. The Committee noted that out of 17 Cabinet Secretary priorities, 10 are meeting or exceeding targets, while 3 are borderline, and 4 are yet to report. Significant improvements were noted in urgent care metrics. Feedback from the Committee on the level of detail required in future committee performance reports has been sought.
2b	Assurance	**Stroke Improvement Plan** The Committee received an update on the progress of the Stroke Service Action Plan following the national GIRFT (Getting It Right First Time) review and other related assessments. The report also discussed the ring-fencing policy for stroke beds at the Grange University Hospital (GUH) and addressed ongoing challenges and improvements within the stroke care pathway. The Committee noted that of the 20 recommendations raised by GIRFT, nine have been completed and are within specified deliverable ranges. Work continues on the remaining

		recommendations, with reconfiguration plans playing a significant role in progress. The Committee was assured that actions taken to-date have led to improvements in key performance indicators reflecting good stroke care across the pathway. **Information Governance Report** The Committee received assurance on the Health Board's compliance with Information Governance, Cyber Security, and clinical coding standards, highlighting recent activities and progress, including: • Significant improvements in subject access request compliance have been made, and ongoing efforts to address low e-learning training compliance through national review and local support are underway; • All incidents investigated from January to April 2025 were assessed as low risk, with confidentiality, integrity, and availability issues monitored; • The Information Commissioner's Office audit shows 65% of recommendations completed and 35% in progress, with ongoing work on policy implementation to improve compliance; • The Health Board exceeds national averages for coding completion and accuracy, with structural changes and additional posts approved to further improve performance; • No server cyber incidents occurred in March-April 2025, desktop incidents were resolved promptly, and a cyber security audit is scheduled for June. **Digital, Data and Technology Group** The Committee received an assurance report from the Digital, Data and Technology Group which detailed the ongoing digital transformation initiatives and their progress, focusing on various programs aimed at enhancing digital services. Key projects include the implementation of OpenEyes for ophthalmology, the redesign of the Welsh Intensive Care Information System, and the completion of BadgerNet for maternity services, with ongoing assessments for integration risks. **Corporate Information Report** The Committee received an overview of the Health Board's performance regarding information requests and inquiries under the Freedom of Information Act and from Members of the Senedd and Parliament, covering Quarters 3 and 4 of the 2024/25 financial year. The Committee was assured that the Health

		Board responded to 96% of Freedom of Information requests within the required 20-working day period for the reporting quarters. **Monthly Financial Performance Report** The Committee received assurance in respect of the financial performance of the Health Board as of 30 April 2025. The report highlighted that the year-to-date budget performance indicated a deficit of £2.542 million, which was £0.8 million worse than the planned profile for the first month of the financial year. This deficit was attributed to the extended operation of winter wards and increased spending on high-cost drugs. The forecast end of year revenue position remained as break-even, with risks associated with achieving this. The Committee was assured that there remained a focus on optimizing efficiency, ensuring the delivery of savings, and addressing any emerging risks and opportunities. The importance of maintaining a balanced approach to performance and financial management was reiterated by the Committee. **Value and Sustainability Report** The Committee received assurance from the Health Board's Value & Sustainability Board, which highlighted efforts to enhance financial and operational sustainability through various initiatives and workstreams established since 2023/24.
2c	Review of Risks	**Committee Risk Register** The Committee reviewed the Committee Risk Register. No changes to risk scores were reported, and the risk environment remains stable.
2d	Sharing of Learning	**Opportunities identified through costing return analysis for ABUHB** The Committee received a presentation of the costing data of 2023/24, which highlighted opportunities and potential actions to improve understanding and potentially unlock savings opportunities. This was being used internally for consideration with clinical services.
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:		Wednesday 16th July 2025		
Date of Committee		17th June 2025	**Report of:**	Mental Health and Learning Disabilities Committee
Quoracy met:		Yes		
1	Agenda and papers	abuhb.nhs.wales/files/key-documents/mental-health-and-learning-disabilities-committee/mhld-20250617-board-book-final-pdf/		
2a	Matters referred to the attention of the Board	**Mental Capacity Act and Deprivation of Liberty Safeguards:** The Committee was assured that a specialist MCA team is in place, supported by a governance structure including regional forums and national reporting. The Committee acknowledged significant risks related to delays in Deprivation of Liberty Safeguards assessments, particularly in hospital settings. These include legal, human rights, financial, and governance risks. The Committee was assured that an SBAR report will be presented to the Executive Committee to escalate and address these issues. The Committee will continue to seek assurance on this matter.		
2b	Assurance	**Mental Health Act Compliance and use of section 4:** The Committee was assured that despite an increase in Section 4 detentions, usage remains within normal variation and is being actively monitored. The Committee was assured that the Division is monitoring this closely and working with consultants and Section 12 doctors to reduce the usage of section 4. The Committee also noted improvements in Section 136 usage and the successful recruitment of 10 new hospital managers, which had helped reduce backlog and improve capacity. **HIW Mental Health Act Annual Report and ABUHB Response:** The Committee reviewed the Healthcare Inspectorate Wales (HIW) Annual Report and ABUHB's response. While many positive findings were noted, the Committee acknowledged that further improvements are needed to meet quality standards. The Committee was assured that the division is undertaking internal self-assessments and has a governance framework in place to monitor		

		progress against HIW recommendations. A Divisional Improvement Plan is being implemented, and assurance was provided that quality standards are being actively pursued. **Right Care, Right Person (RCRP) Implementation:** The Committee received an update on the phased implementation of the RCRP model. While phases 1, 2, and 4 are operational, phase 3 (conveyance and transport) remains a challenge due to operational and financial constraints. The Committee noted the need for further planning and resourcing to ensure 24/7 coverage. **Performance in Adult Mental Health and CAMHS:** • Adult Mental Health Services achieved 90% compliance with Part 1A and 1B targets. Work continues to improve Care and Treatment Planning and reduce psychological therapy wait times. • CAMHS achieved full compliance with Part 1A and 1B and is the only Health Board in Wales to meet the neurodevelopmental target. A new neurodiversity early support hub has been launched. • The Committee noted strong performance from the 111 Press 2 mental health support line, with 96% of callers receiving support at first contact. Plans are underway to establish a 24/7 integrated care offer by year-end.
2c	Review of Risks	The following risks emerged from the Committee's meeting which will be considered through the Health Board's risk management framework: 1. **Deprivation of Liberty Safeguards (DoLS) Delays and Compliance Risks:** • Significant backlog in hospital settings may result in patients being deprived of liberty without legal authorisation. • Incomplete capacity assessments pose human rights and safeguarding risks. • Fragmented governance and insufficient operational accountability are causing delays. • Workforce capacity is reduced due to a lack of trained signatories and under-delivered hospital-based assessments. • Financial pressures from the consortium funding model are disproportionately affecting the Health Board. 2. **Operational and Financial Challenges in Phase 3 of Right Care, Right Person (RCRP):**

		• Phase 3 (conveyance and transport) has been deferred due to lack of funding and capacity. • Current reliance on Health Board transport alongside police is unsustainable without additional resources. 4. **Mental Health Act – Section 135 Warrants:** • Ongoing issues with receiving executed copies of Section 135 warrants from police and courts. 5. **Governance and Financial Risk in Mental Capacity Act Implementation:** • The MCA governance structure is active, but financial risks and fragmented accountability remain. • The transition to Liberty Protection Safeguards (LPS) has been delayed, prolonging reliance on outdated frameworks.
2d	Sharing of Learning	The following aspects were identified as areas of learning and improvement: 1. **Recruitment and Capacity Building in Mental Health Act Oversight:** The successful recruitment of 10 new hospital managers has significantly reduced the backlog of Mental Health Act cases and improved operational capacity. 2. **Collaborative Implementation of Right Care, Right Person (RCRP):** The phased implementation of the RCRP model has benefited from strong multi-agency collaboration with Gwent Police, local authorities, and third-sector partners. Shared learning forums have enhanced clarity of roles and responsibilities and improved patient advocacy.
3	Matters to be shared to other Committees	There were no matters identified to be shared with other Committees.

Aneurin Bevan University Health Board Key Issues Report				
Board Date:		Wednesday 16th July 2025		
Date of Committee		24th June 2025	**Report of:**	Audit, Risk and Assurance Committee
Quoracy met:		Yes		
1	Agenda and papers	abuhb.nhs.wales/files/key-documents/audit-risk-and-assurance-committee/arac-20250624-main-meeting-final-boardbook-pdf/		
2a	Matters referred to the attention of the Board	**Health Board's Annual Report Part 1,2 and 3** The Audit, Risk and Assurance Committee recommended that the Board: • **RECEIVE** the Audit Wales Audit of Accounts Report (2024/25) • **APPROVE** the Annual Report and Accounts 2024/255, comprising: 1. The Performance Report; 2. The Annual Accountability Report; and 3. The Financial Statements • **APPROVE** the Letter of Representation; and • **AUTHORISE** the Chair, Chief Executive Officer, and Director of Finance & Procurement, to sign the documents where required. **Audit Wales, Audit of Accounts (ISA 260) including Letter of Representation** Audit Wales issued an unqualified opinion on the financial statements, but noted a qualified regularity opinion would be issued due to the Health Board's failure to meet the three-year break-even target. The adjusted three-year deficit stood at £93.793m. **Head of Internal Audit Opinion and Annual Report (2024/25)** **Following a review of the 26 completed audits, which had given rise to the following outcomes:** • 1 Substantial Assurance • 20 Reasonable Assurance • 4 had Limited Assurance • 2 Advisory Reports, the Head of Internal Audit overall conclusion was reasonable assurance.		

2b	Assurance	**1. Counter Fraud Functional Standard Return Declaration** The committee received assurance that the Heath Board was fully compliant with all twelve components of the required self-assessment. **2. Post Payment Verification (PPV) 2024/25 Annual Report, including, the Annual Workplan for 2025-26** Assurance was received that the PPV 2024/25 workplan is coming to a close with: • 62 General Medical Services (GMS) visits planned and completed during 2024/25: 20 routine and 42 revisits. • Welsh Government requested additional verification of Covid and RSV vaccines, to begin in 2025/26. • 18 of 20 General Ophthalmic Services (GOS) visits completed; 2 would carry over to 2025/26. • New services (WGOS 4 and IPOS5) would also be verified in 2025/26. • All 42 planned General Pharmacy Services visits in progress. **3. Internal Audit Progress Report** Assurance was received that all audits from the 2024/25 work plan had been completed and work for 2025/26 was due to commence. **4. Clinical Audit Activity Annual Report 2024/25 and Clinical Audit Plan 2025/26** The committee received assurance that the Health Board had maintained its focus on ensuring full participation in the Welsh National Clinical Audit and Outcomes Review Plan. Key developments included: • introduction of standardised audit reporting templates, which improved consistency and the scrutiny of action plans, • further embedding of the Audit Management and Tracking system (AMaT) across the organisation to enable more controlled tracking of audit outcomes and actions.

2c	Review of Risks	The Committee reviewed the strategic Risk Register which contained nine principal risks and 21 sub-risks. It was noted that 6 of the 21 remained outside the Board's risk appetite and were subject to ongoing review with executive leads to identify additional measures for mitigating potential threats.
2d	Sharing of Learning	None to note.
3	Matters to be shared to other Committees	None to note.

Aneurin Bevan University Health Board Key Issues Report				
Board Date:		16 July 2025		
Date of Committee		01 July	**Report of:**	Partnerships, Population Health and Planning Committee
Quoracy met:		Yes		
1	Agenda and papers	abuhb.nhs.wales/files/key-documents/partnerships-population-health-and-planning-committee/pphc-20250701-final-boardbook-compressed-1-1-pdf/		
2a	Matters referred to the attention of the Board	**IMTP Priority Programmes** The Committee held a discussion on the structure, focus areas, and governance of the IMTP priority programmes, highlighting the importance of alignment (to local and national priorities) and tracking progress and impact. The Committee will receive focused reports on each of the priorities throughout the year. The key Programmes were: • Place-Based Care and Population Health: This programme combines place-based care and population health due to their interdependencies. • Six Goals Programme: Focuses on transformational system pieces and includes areas such as discharge work. • Planned Care: Includes a significant agenda around theatres, outpatient transformation, and health pathways. • Cancer: Focusing on the delivery of the cancer strategy. • Mental Health and Learning Disabilities: Aims to bring transformation programmes into focus, with standardization and executive oversight. • Clinical Redesign: Focuses on significant service model changes, including the acute medical model and care of the older person models. **Emergency Planning Resilience and Response Annual Report** The Committee received an overview of the Health Board's emergency planning, resilience, and response activities for the year 2024/25, demonstrating compliance with legal requirements and collaboration with partners. The Committee was pleased to note that in 2024/25, the Health Board conducted a full Major Incident exercise involving divisions and teams, fulfilling a three-year statutory requirement and enhancing organisational resilience, which had led to		

		a reduced risk rating on the risk register. In addition, there has been significant growth in business continuity planning and engagement across divisions, supported by the emergency planning team through training, development of plans, and a new repository for storing service plans and guidance. The Committee held discussions regarding the role, if any, of Independent Members in a Major Incident response and requested a board development session on Major Incident Planning to consider this further.
2b	Assurance	**Population Health Management** The Committee was provided with an update on the Gwent Population Health Management (PHM) Programme, which aimed to use linked data for proactive care to improve health and reduce inequalities. The Committee was sighted on the delays and challenges faced in the Gwent PHM Programme's initial stages, particularly regarding data governance and technical issues. **Joint Strategic Needs Assessment Update - Best Start in Life** The Committee received an update on the Best Start in Life Joint Strategic Needs Assessment (JSNA), focusing on children aged 0-4, 5-16, and 17-25, the aim being to provide a systematic approach to improving equity for children, providing recommendations for action, focusing on early years, school readiness, and addressing health inequalities. The regional Best Start in Life Management Group will oversee the implementation of the JSNA recommendations, working closely with social services, education, and health partners. The discussion emphasized the importance of a comprehensive and systematic approach to improving children's health and well-being, with a focus on early intervention, data-driven insights, and partnership working. **Regional Planning Update** The Committee received an update on regional planning within the Health Board, focusing on various ongoing service planning programs in South-East Wales with a focus on addressing high-risk areas, improving capacity, and ensuring effective communication and coordination among stakeholders. **Primary Care Sustainability Report** The Committee received an assurance report, which emphasised the importance of primary care in delivering improved outcomes and addressing health inequalities. The Committee's discussion highlighted

		the ongoing efforts to address workforce challenges, improve the primary-secondary care interface, and enhance operational support. The Board's ongoing focus on place-based care and early intervention aims to improve outcomes and prevent escalation of health issues.
2c	Review of Risks	**Committee Risk Register** The Committee received the Risk Register noting no changes had been made. The Committee discussed the significant risk related to the condition of the Health Board's estate, noting that it was of concern and likely to become more critical, especially with the upcoming winter. The Committee was provided with an update on actions being taken to address the estates risk, including capital investment and the development of an estates strategy. Overall, the discussion focused on the current status of the risk register, specific risks, and ongoing actions to mitigate these risks.
2d	Sharing of Learning	There were no additional aspects of learning for sharing, not already covered within the items summarised in this paper.
3	Matters to be shared to other Committees	There were no items identified for referral to other Committees.

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 July 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	**NHS Wales Shared Services Partnership Committee (NWSSP) Update Report – May 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 comprises 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 22nd May 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 17th July 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 Link to IMTP	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 Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	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 ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	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	James Quance, Assistant Director of Corporate Services
Date of meeting	22 May 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:

- continued regular duties expected of the Chair, including oversight and engagement with Committee matters;
- regular meetings with NF to discuss ongoing governance and operational issues;
- participating in NWSSP Senior Leadership Group meetings;
- attended multiple Cabinet Secretary events covering Ministerial Priorities;
- representing NWSSP at the NHS Wales event following the publication of the Ministerial Advisory Group Report on Performance and Productivity;
- NF and I meeting with the Chair and Chief Executive of VUNHST to clarify hosting arrangements;
- participating in follow-up engagement through the Chairs' Peer Group on 29 April.
- chairing the Welsh Risk Pool Committee meetings on 19 March and 21 May.
- upcoming participation in a Chairs' Meeting next week, which will include an agenda item on the Welsh Risk Pool; and
- undertaking Chairs' Action, as required, between formal meetings.

The Committee **NOTED** the Chair's Report.

Chair's Action: All Wales e-Rostering Contract – The Chair confirmed that the Chair's Action was endorsed by the Vice Chair and NWSSP's Managing Director and that in accordance with the Standing Orders, the decision requires formal ratification by the Committee. Due to the timing of the matter, it was necessary for the action to be taken outside of a scheduled Committee meeting. Chair expressed appreciation for the support received from colleagues in progressing the matter appropriately.

The Committee supported the approval given via Chairs action and **RATIFIED** the decision.

Managing Director Update - The Managing Director presented his report, which included the following updates:

- The Welsh Risk Pool Committee met on 19 March and 22 May. During this period, £27 million was reimbursed, and the reported year-end expenditure totalled £145 million, subject to external audit. The Committee also agreed the 2025–26

assessment programme, with a confirmed timetable for fieldwork and reporting.

- Governance arrangements remain under review, with confirmation received that current hosting arrangements will stay in place pending the outcome of the governance review.
- A balanced financial position was reported for the 2024–25 year-end, subject to audit.
- NWSSP's Integrated Medium-Term Plan was acknowledged by Welsh Government, with no requirement for resubmission.
- Progress was reported in decarbonisation efforts, particularly within Laundry Services. Capital investment, supported by slippage funding, and successful Targeted Estates Fund bids will enable the rollout of water and wastewater heat recovery systems across several sites following a successful pilot in Swansea.
- Deep dives into the Medical Examiner Service identified ongoing system challenges. Further engagement is planned with organisations to improve the death certification process. A winter planning event is scheduled later in the year to address seasonal pressures, with a focus on communication, record transfer, and responsiveness.
- The remodelling of HQ and Companies House was completed using surplus repurposed furniture, supporting sustainability and the wider agile working strategy.
- Discussions are ongoing with Welsh Government regarding long-term storage solutions for PPE, including potential integration with the South West Wales Medicines Hub.
- On 25 March, NWSSP's Director of Procurement Services gave evidence to the UK COVID-19 Public Inquiry in relation to Module 5, covering PPE and procurement. The final report is awaited.
- Regional staff award events were successfully delivered at Denbigh Stores, Matrix House (Swansea), and IP5 (Newport), following the main virtual event held in February.

Members acknowledged the significant contribution of NWSSP and expressed appreciation for the quality of services delivered. While concerns were raised regarding the potential impact of the ongoing governance review on staff beyond the directorate level, assurance was provided that measures are in place to minimise disruption to service delivery. The review is expected to conclude by the end of July, with appropriate support to be provided to the Governance Team. Members were encouraged to engage with the process, and NWSSP was commended for its recent achievements, including IMTP approval and national recognition through awards.

The Committee **NOTED** and **DISCUSSED** the Managing Director's Report.

Items for Noting

RadioPharmacy and Transforming Access to Medicines (TrAMS) Update - The Committee received an update on the TrAMS programme, which aims to modernise aseptic medicine production across NHS Wales through regional hubs, addressing capacity, regulatory, and workforce challenges. The build element of the RadioPharmacy unit in South East Wales is now progressing, with enabling works due to complete in May 2025 and go-live planned for April 2026. Dependencies include microbiology lab readiness, workforce recruitment and training.

The South East Hub has secured planning permission and issued its Outline Business Case, with the Full Business Case expected in Quarter 4 2025–26. The South West Hub continues site selection following earlier setbacks.

Digital system development will begin with a minimum viable product, with future

integration into EPMA and ChemoCare. Workforce planning is aligned with HEIW's 2026–27 plan, supported by funded training roles. TUPE and OCP discussions are ongoing with partners and governance mapping is underway to support timely business case progression.

Concerns were noted by Committee members regarding engagement from VUNHST and the need to maintain momentum within the current planning window. The programme remains red rated due to funding and capacity risks and will remain so until the Full Business Case is approved. Committee Members were encouraged to raise any outstanding queries or governance issues in advance of the July meeting to support timely consideration of the Outline Business Case.

The Committee were informed that the intention remained to bring the TRAMS South East hub OBC for approval to the July meeting, with a draft already in circulation with partners to support their local governance arrangements.

The Committee **NOTED** the presentation on RadioPharmacy and TrAMS.

NWSSP Duty of Quality Annual Report 2024-25 Update - The Committee received the update on the second NWSSP Duty of Quality Annual Report 2024–25. The interactive format and inclusion of staff voices were praised for effectively demonstrating compliance with the Quality Bill and the role of support services in delivering quality. The Report is designed as a public-facing document and will be submitted as a chapter to the VUNHST Quality, Safety and Performance QSP report, while also being suitable for wider use to demonstrate organisational involvement in quality.

The Committee **NOTED** and **ENDORSED** the NWSSP Duty of Quality Annual Report 2024-25 Update.

Finance, Performance, People, Programme and Governance Updates

Finance Report - The financial position, as at month 12, was reported as a final underspend of £15k following the distribution of £3.6m to NHS partners. £750k of COVID-related funding was returned to Welsh Government due to timing, though it will be required in the current year. Public Sector Payment Policy targets were met, and progress was noted on variable pay controls, including a new overtime approval app in trial. Capital expenditure totalled £11.2m, including £4.4m related to IFRS 16 lease adjustments. The Welsh Risk Pool outturn was £145m, up from £136m, with increased clinical negligence costs. The Risk Sharing Agreement was triggered and long-term provisions now stand at £1.7bn.

People and Organisational Development Report – The Committee received the latest workforce update to May 2025. The key messages detailed in the overarching report were:

- Sickness absence increased slightly to 3.46% (from 3.28%).
- Turnover decreased to 9.82% (excluding SLE) and 21.64% overall, reflecting ongoing retention efforts.
- Statutory and mandatory training compliance remains high at 92.62%.
- PADR compliance was reported as 84.9%, the second highest in NHS Wales.
- Staff experience initiatives included the Staff Recognition Awards, outcomes from the 2024 Staff Survey, and the launch of engagement roadshows.
- Laundry Services was identified as a focus area for cultural improvement, with targeted support being developed to address training access, shift-based challenges, and team cohesion.

- Shared learning opportunities were discussed, including interest in the overtime approval app.
- Time to hire performance was noted to vary with application volumes, and future alignment with Transformation reporting was requested to ensure consistency.

Performance Information Report - Key Performance Indicators (KPIs) from December 2024 to March 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 40 of 44 high-level indicators achieving target, which were explained in detail in the overarching report. Professional influence benefits generated by NWSSP amounted to £338m at year end. Quarter 4 meetings with partners were completed and these sessions are key for sharing data, receiving feedback, and addressing any issues or compliments.

Outcome Measures Report – The report focused on outcomes aligned to NWSSP's strategic objectives across services, people, and value. Highlights included increased engagement with the NWSSP website, improved call handling and enhancements to Digital Workforce Solutions. Customer satisfaction remained high, with continued compliance with the Customer Service Excellence standard. Positive trends were reported from the staff survey, including improvements in pride, recognition, and feeling valued. NWSSP maintained a 43% Welsh spend within the foundational economy, contributing to a total spend of £1.057 billion. In terms of planned improvements, a benchmarking exercise against other similar organisations is planned for the longer-term.

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 update reflected that RAG ratings remained stable, with 102 objectives on track or complete, which were detailed in the overarching report.

Integrated Medium Term Plan (IMTP) Update Quarter 4 of 2024-25 – The position reported positive progress as 76% of objectives reported as on track, showing a slight improvement from the previous year. Divisional engagement and SLG oversight supported progress and escalation where needed. 19 objectives will be carried forward, primarily due to timing, technical barriers and reprioritisation. 12 of these are linked to external factors such as engagement, resourcing and time constraints. Accordingly, these will receive targeted focus in the year ahead. Progress was highlighted thematically, including decarbonisation, foundational economy initiatives, diversity and inclusion, staff engagement, and speaking up safely.

NWSSP Corporate Risk Register – The position was reported as stable. There are 16 risks identified for action, of which there are six red risks and nine amber risks. The Committee's attention was drawn to the Primary Care Workforce Intelligence System (PCWIS) risk, which is expected to reduce to yellow by the end of June, reflecting positive progress. The SLG continues to review the Register regularly and the importance of aligning risk updates with other Committee reports was emphasised.

Draft Annual Governance Statement 2025-25 - Although not a statutory requirement, NWSSP continues to produce the AGS to provide overarching assurance and transparency to internal and external stakeholders. The format and approval route remain consistent with previous years, with updates made to improve clarity and reflect the current governance framework. The draft acknowledges the ongoing governance review as a material post balance sheet event, with further updates to be incorporated depending on the timing of the final report. The final version will include carbon footprint data and the Head of Internal Audit Opinion, expected to provide a reasonable assurance rating.

The Committee **NOTED** and **DISCUSSED** the above Reports.
Papers for Information
The following items were provided for information only and the Committee **NOTED** the reports: • Finance Monitoring Returns (Month 12 of 2024-25 and Month 1 of 2025-26) • Personal Protective Equipment (PPE) Report – March and April 2025 • 2024-25 Audit Assurance Arrangements - NHS Wales Shared Services Partnership • NWSSP Counter Fraud Annual Plan 2025-26 - been through NWSSP Audit Committee - • NWSSP Internal Audit Plan 2025-26 – been through NWSSP Audit Committee - • SSPC Forward Plan 2025-26
Any Other Business (AOB)
Proposed Autumn Committee Development Day – 10 October 2025 Committee Members were asked to confirm any conflicts with the proposed date to finalise arrangements. **Healthcare Financial Management Association (HFMA) Conference – 18 September 2025** Due to a clash with the HFMA conference, Members were asked to confirm attendance so the Committee meeting can be rescheduled if necessary.
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	Thursday 17 July 2025, 10.00am to 12.00pm