Anuerin Bevan University Health Board Public Board Meeting

Wed 21 May 2025, 09:30 - 12:00

Conference Centre, St Cadoc's Hospital

Agenda

1. Preliminary Matters

PB20250521_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

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*

PB20250521_Agenda_Item_4.2_Report from Llais_Growing our Community Voice - Llais Gwent 2024-25.pdf (9 pages)

5. Items for Decision

5.1. Draft Long Term 10-Year Strategy

Attachment *Director of Strategy, Planning and Partnerships*

PB20250521_Agenda_Item_5.1 Draft Long Term 10-Year Strategy.pdf (9 pages)
PB20250521_Agenda_Item_5.1 Appendix 1_Draft Long Term 10-Year Strategy.pdf (17 pages)

6. Items for Discussion

6.1. Cancer Services Annual Report 2024/25

Attachment *Chief Operating Officer*

PB20250521_Agenda_Item_6.1_Cancer Services Annual Report.pdf (5 pages)
PB20250521_Agenda_Item_6.1_Appendix a_Cancer Services Annual Report.pdf (36 pages)

6.2. Urgent and Emergency Care Update Report

Attachment *Chief Operating Officer*

PB20250521_Agenda_Item_6.2_Urgent and Emergency Care Update Report.pdf (13 pages)

6.3. 2024/25 Performance Reporting

Attachment *Executive Leads*

a. Integrated Performance Report, Q4

b. Quality Performance Report, Q4

c. Financial Performance Report

PB20250521_Agenda_Item_6.3a_Integrated Performance Report Q4.pdf (5 pages)
PB20250521_Agenda_Item_6.3a_Appendix 1_Integrated Performance Report Q4.pdf (48 pages)
PB20250521_Agenda_Item_6.3b Quality Performance Report.pdf (4 pages)
PB20250521_Agenda_Item_6.3b_Appendix a_Quality Performance Report.pdf (10 pages)
PB20250521_Agenda_Item_6.3c Board Finance Report 24-25 M12.pdf (35 pages)
PB20250521_Agenda_Item_6.3c_Appendix a_Board Finance Report 24-25 M12.pdf (36 pages)

6.4. Pay Gap Reports 2024

Attachment *Director of Workforce and OD*

a. Ethnicity Pay Gap

b. Gender Pay Gap

PB20250521_Agenda_Item_6.4a Ethnicity Pay Gap.pdf (5 pages)
PB20250521_Agenda_Item_6.4a Appendix A_ Ethnicity Pay Gap.pdf (12 pages)
PB20250521_Agenda_Item_6.4b Gender Pay Gap.pdf (6 pages)
PB20250521_Agenda_Item_6.4b Appendix A_Gender Pay Gap.pdf (9 pages)

6.5. Strategic Risk Report

Attachment *Chief Executive*

PB20250521_Agenda_Item_6.5 Strategic Risk Report.pdf (8 pages)
PB20250521_Agenda_Item_6.5 Appendix A_Strategic Risk Assessments and Dashboard.pdf (44 pages)

7. Consent Agenda

7.1. For Approval

7.1.1. Draft Minutes of the Health Board Meeting, held on 26th March 2025

Attachment *Chair*

PB20250521_Agenda_Item_7.1.1_Draft Minutes of Public Meeting Held on 26 March 2025.pdf (13 pages)

7.1.2. Report on Sealed Documents and Chair's Actions

Attachment *Chair*

PB20250521_Agenda_Item_7.1.2_Report on Sealed Documents and Chairs Actions.pdf (6 pages)

7.2. For Noting

7.2.1. Board Action Log with Updates

Attachment *Chair*

PB20250521_Agenda_Item_7.2.1_Board Action Log.pdf (2 pages)

7.2.2. Strategic Partnership Updates

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

a. Regional Partnership Board

b. Public Service Board

PB20250521_Agenda_Item_7.2.2a_Regional Partnership Board.pdf (7 pages)
PB20250521_Agenda_Item_7.2.2a_Appendix 1_50 Day Challenge.pdf (16 pages)
PB20250521_Agenda_Item_7.2.2a_Appendix 2_Strategic Capital Plan.pdf (49 pages)
PB20250521_Agenda_Item_7.2.2 b_Public Service Board.pdf (7 pages)

7.2.3. Executive Committee Chair's Report

Attachment *Chief Executive*

PB20250521_Agenda_Item_7.2.3_Executive Committee Chair's Report May 2025.pdf (8 pages)

7.2.4. Key Matters from Committees of the Board

Attachment *Committee Chairs*

PB20250521_Agenda_Item_7.2.4_Key Matters from Committees of the Board.pdf (15 pages)

7.2.5. Committee Annual Reports 2024/25 and Terms of Reference

Attachment *Director of Corporate Governance*

PB20250521_Agenda_Item_7.2.5 Cover Report Board Annual Reports and ToR.pdf (5 pages)

7.2.6. An Overview of Joint and Partnership Committee Activity

Attachment *Chief Executive*

a. Joint Commissioning Committee

b. NHS Wales Shared Services Partnership

PB20250521_Agenda_Item_7.2.6a JCC Update Report.pdf (4 pages)
PB20250521_Agenda_Item_7.2.6a_Appendix A_JCC Highlight Report - JCC 18 March 2025.pdf (7 pages)
PB20250521_Agenda_Item_7.2.6b_Shared Services Partnership Committee Update Report.pdf (3 pages)
PB20250521_Agenda_Item_7.2.6b_Appendix A_SSPC Assurance Report 25 March 2025.pdf (6 pages)
PB20250521_Agenda_Item_7.2.6b_Appendix B_Aneurin Bevan Q4 24-25.pdf (18 pages)

8. Other Matters

8.1. Any Other Business

8.2. Date of the Next Meetings:

2nd July 2025

BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

MEETING OF THE BOARD

AGENDA			
Date and Time	**Wednesday 21st May 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	Draft Long Term 10-Year Strategy	Attachment	Director of Strategy, Planning and Partnerships
6	**ITEMS FOR DISCUSSION**		
6.1	Cancer Services Annual Report 2024/25	Attachment	Chief Operating Officer
6.2	Urgent and Emergency Care Update Report	Attachment	Chief Operating Officer
6.3	2024/25 Performance Reporting: a. Integrated Performance Report, Q4 b. Quality Performance Report, Q4 c. Financial Performance Report	Attachment	Executive Leads

6.4	Pay Gap Reports 2024: a. Ethnicity Pay Gap b. Gender Pay Gap	Attachment	Director of Workforce & OD
6.5	Strategic Risk Report, May 2025	Attachment	Chief Executive
7	**CONSENT AGENDA**		
7.1	**FOR APPROVAL**		
7.1.1	Draft Minutes of the Health Board Meeting, held on 26th March 2025	Attachment	Chair
7.1.2	Report on Sealed Documents and Chair's Actions	Attachment	Chair
7.2	**FOR NOTING**		
7.2.1	Board Action Log with Updates	Attachment	Chair
7.2.2	Strategic Partnership Updates: - a. Regional Partnership Board b. Public Service Board	Attachment Attachment	Director of Strategy, Planning & Partnerships and Director of Public Health
7.2.3	Executive Committee Chair's report	Attachment	Chief Executive
7.2.4	Key Matters from Committees of the Board	Attachment	Committee Chairs
7.2.5	Committee Annual Reports 2024/25 and Terms of Reference	Attachment	Director of Corporate Governance
7.2.6	An overview of Joint and Partnership Committee Activity a. Joint Commissioning Committee b. NHS Wales Shared Services Partnership Committee	Attachment	Chief Executive
8	**OTHER MATTERS**		
8.1	Any Other Business		
8.2	Date of the Next Meetings: • 2nd July 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



GROWING OUR COMMUNITY VOICE

Llais Gwent 2024–25

llaiswales
01633 838516
gwentenquiries@llaiscymru.org



OVERVIEW...

Llais is the national, independent body set up by the Welsh Government to give the people of Wales a stronger voice in their health and social care services.

OUR 3 MAIN ROLES:

1. To engage with and listen to you about your experiences of health and social care. You might see us out in the community, at events, in drop-ins. We try to meet you in the places that matter, to give you a chance to have your say.

2. To represent your views to decision makers in health and social care. By law, they now must let us know what they plan to do with your feedback. If they can't act on it, they need to tell us why.

3. To provide a complaints advocacy service in every area of Wales for complaints about health and social care.

GWENT PRIORITIES FOR 2024-25

- Community Services (health and social services)
- Mental Health Services
- Getting care quickly when you need it



OUR REACH

Advocacy

513 people supported by our Complaints Advocacy Service

Engagement

2100 people engaged with for their views on health and social care in Gwent

Representations

104 representations made to NHS bodies and Local Authorities, making sure people's feedback is used by decision makers to shape services

Service Change

30 Service Changes in relation to Health and Social Care Services were shared with Llais







COMMUNITY SERVICES

We have conducted various research and engagement activities to understand the availability of community services, and the experiences of people and communities accessing them.

Older People



Llais and Access conducted research to assess the integration of health and social care support within community services for older people (65+) in Gwent, and how these services focus on prevention.

The aim was to identify areas of good practice as well as service gaps, to inform improvements in integrating health and social care services for older people in Gwent. Key areas of focus include:

1) Communication and information
2) Community Support
3) Transport
4) Health Services
5) Housing

Summary of key challenges:

- Digital exclusion of older adults (75+) and dispersed information
- Challenges in accessing community support
- Issues with accessible transport
- Gaps in health services filled by third parties
- Lack of housing support and limited availability
- Lack of integration across Local Councils leading to fragmented provision across the region

This intelligence was shared with Gwent Regional Partnership Board.



Access to General Practices

In February 2025, Llais made a number of representations and conducted a series of on-site engagements at various GP Practices across Gwent, to gather feedback from the community regarding their experiences with accessing services

This initiative was driven by concerns raised by people and communities about access to GP services towards the end of 2024. Of particular concern were issues reported to us relating to practices managed by the GP Partnership of Dr Ahmed and Dr Allinson, and E-Harley Street Primary Care Solutions – a management company set up by the GP partners with responsibility for the administration of their practices.

- Pontypool Medical Centre (Main Surgery)
- Pontypool Medical Centre (New Inn)
- Pontypool Medical Centre (Goytre Surgery)
- Bevan Health & Wellebeing Centre (Tredegar Medical Pracitce)
- Blaenavon Medical Practice
- Lliswerry Medical Centre
- Rhymney Integrated Health & Social Care Centre (Meddygfa Cwm Rhymni Practice)
- Meddygfa Gelligaer Surgery
- Bryntirion Surgery
- Markham Medical Centre

So what?

Using people's voices, we collated the information received and made representations to the Primary Care Team about self-check-in machines, access to appointments and the NHS App.

You can read our full report and response from Aneurin Bevan University Health Board, here



GETTING CARE QUICKLY WHEN YOU NEED IT

Enough waiting: Llais wants urgent action on emergency care in Wales







During the past year, Llais has been hearing a lot about the challenges people face when needing emergency healthcare in Wales.

Over 5 weeks starting in late September 2024, our teams visited 42 hospitals across Wales, including Minor Injury Units, Medical Assessment Units and Emergency Departments, to gather people's experiences. We also conducted an online survey and focus groups. In total, we heard from over 700 people about their emergency health care experiences.

We have submitted our position statement and full report to health boards across Wales for response to representations including future service improvements.



MENTAL HEALTH SERVICES

The people and community voices of Gwent, alongside a "whole person, whole system" approach, highlighted Mental Health Services to be of a significant concern in Gwent and across Wales. Children and Young People's access to mental health support drove the need for improvement which was highlighted in the joint report by the health, care and education inspectorates in Wales.

Llais want to ensure every voice is heard and valued, so made Mental Health a priority of focus in Gwent for 2024-25.



We carried out a mix of formal and informal engagement to capture voices of staff working within the field, people and communities:

- Mental Health Survey
- On-site engagement at inpatient mental health wards
- Transformation of the Community Mental Health Duty Desk with Health and Social Care
- Insights from our Complaints Advocacy Service
- Co-production with Aneurin Bevan University Health Board of the vision statement for mental health and learning disabilities strategy
- Llais early conversations and involvement with the Local Recovery College

You can read the full report here

LOOKING FORWARD...

As we conclude this year, we reflect on the invaluable insights and deeper understanding we have gathered from people and communities regarding health and social care services across Gwent.

We're here to make sure your views and experiences are used by decision-makers to plan and deliver better health and social care services.

We are driven to enhance and improve future services with people voices at the heart, ensuring that people and communities needs are met with compassion and effectiveness.



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.

Feedback

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

Contact details

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	21 May 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Strategy 2035: First 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 Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

1. Sefyllfa / Situation

The Health Board is developing a new strategy to build upon the success of 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 and then 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 further tested 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 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.

The Board are asked to;

- **Discuss** the first draft of the Strategy



- **Note** the development of the long list of values and behaviours for further refinement before inclusion in the final draft of the strategy
- **Note** the development of the supporting outcome statement which will be refined with metrics before inclusion in the final draft of the strategy

The final draft of the Strategy with supporting values and behaviours will be presented to the Board in their July meeting.

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 rapidly changing. 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 too. 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 offer 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.

Therefore, it is timely that the Health Board considers a new long-term strategy which articulates its joint commitments with the population of Gwent through to 2035. The development of a new strategy 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 based on need. People, Patients, carers, families and staff.

- **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 just 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.

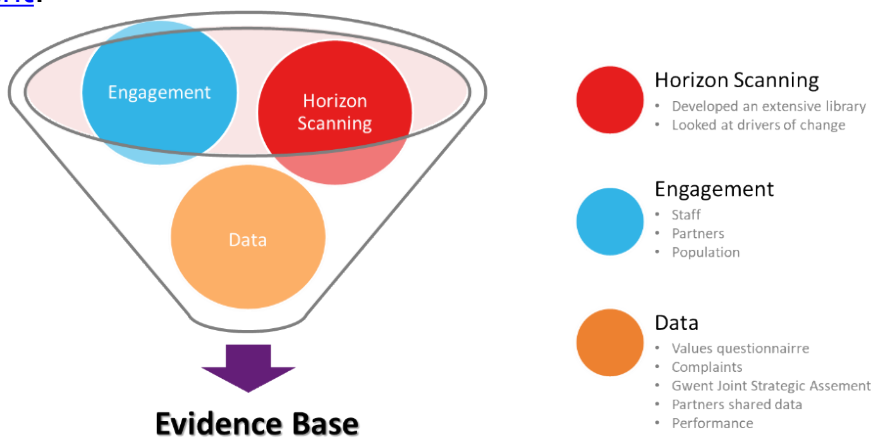
- **This is just the start.**

We are not done, this does not finish.

3. Asesiad / Assessment

3.1. Strategy and Values Development

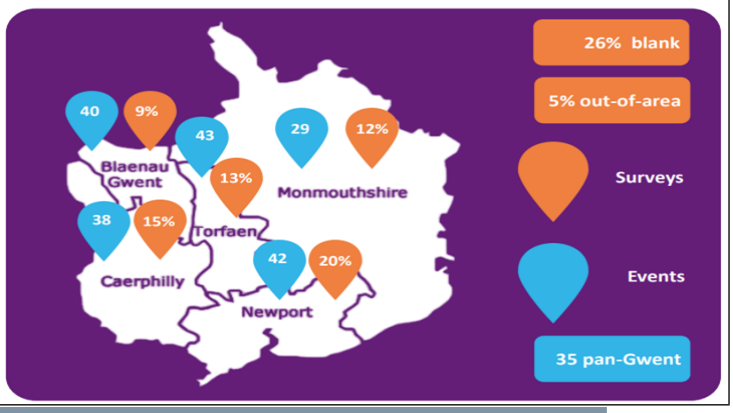
The development of the Strategy from 2025 to 2035 for the Health Board has ensured a comprehensive evidence base that has included an extensive horizon scanning library, engagement with staff, partners and population and significant data analysis from a range of sources including the Gwent Joint Strategic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



Engagement Activity

As a Health Board we believe that we need to design our future together with the people of Gwent. Through A conversation for a healthy future, we wanted to speak to as many people as possible from as many different backgrounds as possible.A full summary of the engagement activity and its findings were shared through Planning, Population Health and Partnerships Committee. We spoke to 6,830 people which is over 1% of the total population of Gwent. This means that A conversation for a healthy future is among the largest public engagement exercises undertaken by the NHS in Wales.







Guiding Legislation& Standing Orders

The below diagram summarises the key pieces of guiding legislation and the standing orders our Board need to reflect when shaping the future strategic direction of the Health Board.

National Health Service (Wales) Act 2006

Each Local Health Board must, at such times as the Welsh Ministers may direct, prepare a plan which sets out a strategy for improving—
(a)the health of the people for whom it is responsible, and
(b)the provision of health care to such people.

ABUHB Standing Orders

The LHB's principal role is to ensure the effective planning and delivery of the local NHS system, within a robust governance framework, to achieve the highest standards of patient safety and public service delivery, **improve health and reduce inequalities and achieve the best possible outcomes for its citizens, and in a manner that promotes human rights.**

Wellbeing of Future Generations Act 2015

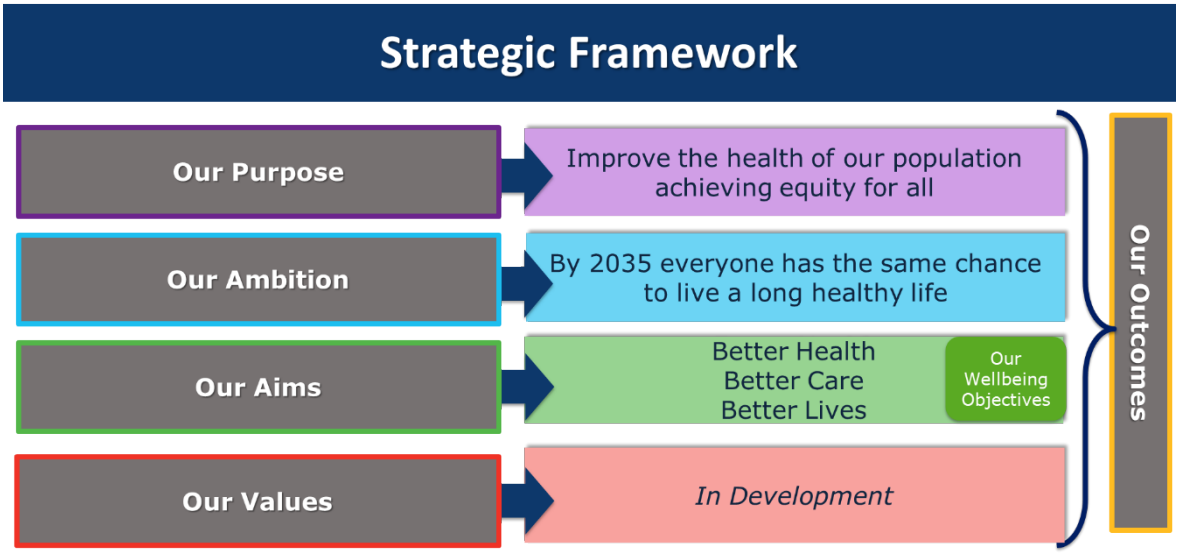
Well-being duty on public bodies
(1)Each public body **must carry out sustainable development.**
(2)The action a public body takes in carrying out sustainable development must include—
(a)**setting and publishing objectives** that are designed to maximise its contribution to **achieving each of the well-being goals**, and
(b)taking all reasonable steps to meet those objectives.

The sustainable development principle
The body **must act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.**

Consideration of the evidence base coupled with the guiding legislation and standing orders has been pivotal to the development of the first draft of the Strategy.

3.2. First Draft of the Strategy

In the dedicated Board Development session, the below strategic framework was discussed. The strategic framework is intentionally avoiding jargon and uses plain English to support understanding across the population. This has been taken forward through the workshops held with partners and staff to shape our collective commitments over the 10 years.



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

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

Through the workshops and robust partner engagement we have further developed each of the three strategic aims. Learning has been taken from the Wigan Deal in its presentation to build a social contract outlining our part and your part under each of the aims. Supporting each strategic aim there is

- Our Part and Your Part
- What will be different, which contains the draft outcome statements
- The actions we will deliver in three time frames
  - Now (1-2 years)
  - Next (3-5 years)
  - Later (5-10 years)
- The six keys to success

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.



A cross organisational working group has developed the following outcome statements which are included in Appendix 1. There is one outcome statement aligned to the Strategy Ambition and three outcome statements for each of the three strategic aims.

Outcome Statements	
Overarching (Aligned with Ambition)	• By 2035 there will be an improved Healthy Life expectancy across Gwent
Better Health	• There will be positive change in the factors that contribute to poor health



	• There will be more people who are a Healthy Weight by proportion of the population • There will be reduction in preventable diseases by proportion of the population
Better Care	• People will have more Healthy Days at Home • Our people are compassionate in the way they behave towards the people they are supporting • In Gwent, more people will be able to access health services in their local communities
Better Lives	• People will find it easier to connect with their communities, use local services, and feel respected • The proportion of 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

An important part of the strategy development has been the values which define the way in which we deliver the strategy, through our behaviours. Through extensive analysis of staff engagement, values questionnaire responses and population engagement nine values with supporting behaviours statements have been developed. These have been tested to be condensed into a smaller number of three but are presented below for consideration by the Board which can be supplemented with a Board development session to allow an extensive discussion.

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

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

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

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

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

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

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

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

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

3.3. Next Steps

The key next steps ahead of the final draft of the strategy being presented to the Board in July include;

- Commission a design company for final draft and branding
- Outcome measure development
- Finalise Values and Behaviours

4. Argymhelliad / Recommendation

The Board are asked to;

- **Discuss** the first draft of the Strategy
- **Note** the development of the long list of values and behaviours for further refinement before inclusion in the final draft of the strategy
- **Note** the development of supporting outcome statement which will be refined with metrics before inclusion in the final draft of the strategy

The final draft of the Strategy with supporting values and behaviours will be presented to the Board in their July meeting.

Appendices	
Appendix 1	Gwent 2035: Better Health, Better Care and Better Lives (First Draft)

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 not yet available** 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




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

GWENT 2035

Better Health

Better Care

Better Lives

A Strategy for Aneurin Bevan University Health Board

Y 10 MLYNEDD NESAF

THE NEXT 10 YEARS

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

GWENT 2035

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 hope there will be lots of fun activities and clubs. I really enjoy playing football and have 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 dream of a Gwent where technology helps us live better lives. 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 – maybe more yoga as my older cousin likes that. 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. I want there to be no more bullying, and for everyone to be kind and respectful to each other. 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

Who we are

At Aneurin Bevan University health Board, our purpose is to improve the health of our population achieving equity for all. We are proud to be named after the founder and father of the NHS. We serve the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport, and Torfaen collectively known as Gwent. We are dedicated to providing high-quality care to our communities. We work with local partners including charities, schools, local authorities and leisure services to keep people well. We deliver a range of healthcare services delivered in GP practices, hospitals, clinics, and community health services, ensuring we do what matters to you to keep you well. We are committed to improving health outcomes and promoting well-being for just over 600,000 people who live in Gwent.

We employ 15,395 people and have 287 volunteers who support us to deliver our services. We want to ensure that we work together to be the very best to do this we asked our staff, partners and population to help us choose our values these are XXXX, XXXX, and XXXX.

Our ambition is that by 2035 everyone has the same chance to live a long healthy life to help us achieve this we have set three aims;

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

GWENT 2035



15,682 Staff and Volunteers

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 Values	*In Development*

Keys to Success: Our People | Quality | Finance | Our Buildings | Digital, Innovation & Technology | Green Health

What will be different: By 2035 there will be an improved Healthy Life expectancy across Gwent

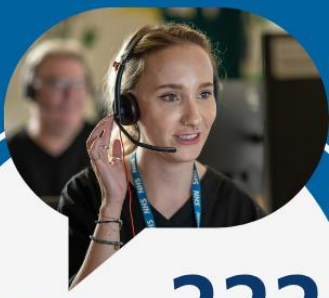
Better Health
- There will be positive change in the factors that contribute to poor health
- There will be more people who are a Healthy Weight
- There will be reduction in preventable diseases

Better 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

Better Lives
- 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 & support good health

A DAY IN THE LIFE OF ABUHB

BETTER HEALTH, BETTER CARE, BETTER LIVES



373 111 calls

222 999 calls



13,518 GP appointments

15 Babies born



1316 District nursing visits

1591 Diagnostic tests

3413 Outpatient appointments

83 Social media clicks

18 Face-to-face engagements

XX Hot meals served

194 Common ailment consultations

200 School vaccinations



150 Melo visits

182 Maintenance tasks completed

XX Staff hours

26 Volunteer hours

261 Minor Injury Unit attendances

242 Accident & Emergency attendances

Gwent

The population across Gwent continues to change. We have seen a rapid aging of our population since 2011 and there are now 20% more people over the age of 65. From 2023 to 2043 the population aged 65 or older will increase by 26%, whilst younger ages will remain mainly the same. As 80% of our staff are from Gwent this means that there will be more people who require our support but fewer working age adults to support them.



If things don't change, the number of people needing the Health Board's services could completely overwhelm the resources we have to offer, which could bring the NHS to breaking point. But there is hope – a large number of conditions and diseases experienced by people across Gwent are actually preventable. Let's take a look at a few examples:

- **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).
- **Heart Disease:** Currently impacts around 63,000 people in Gwent, with obesity being the key risk factor. 65% of people 16 years+ living in Gwent are overweight, obese or severely obese
- **Liver Disease:** Now the most common cause of death in the UK of people aged between 35-49 (deaths from liver disease have doubled in the past 20 years). Excessive alcohol drinking and obesity remain the common causes of liver disease. Of Gwent residents aged 16 years or older, 17% reported an average weekly alcohol consumption over recommended guidelines
- **Diabetes:** Prevalence for all types for people aged 17 plus is highest in Wales with 8.7 people per 100,000. 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% with the implementation of lifestyle changes e.g. increased physical activity and dietary changes.

It's important that we look at some of the reasons why people can experience poor health, these can be due to people's behaviours or their relationships. One fact that 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. Also, there are many benefits to physical activity for physical and mental heath, 36% of those living in Gwent (aged 16+) were active for fewer than 30 minutes the week before being surveyed. A good diet also helps us stay healthy and 76% of Gwent residents (aged 16+) reported eating none or less than five portions of fruit and vegetables the previous day. Over the next two pages we delve a little deeper into Gwent across the different stages of life and each of our five communities.

Gwent is a Marmot Region: 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 illhealth prevention
7. Tackle racism, discrimination, and their outcomes
8. Pursue environmental sustainability and health equity together

The eight Marmot Principles, based on the work of Sir Michael Marmot, are 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 Life Course of Population Health

Birth

- 670 — Mothers smoking at birth (2022)

Early Years

- 24,505 — Children in low income families (2022)
- 92.8% — Uptake of 6-in-1 vaccine (Jul-Sep 23)
- 89.7% — Uptake of 4 in 1 pre-school Booster (Jul-Sep 23)
- 88.8% — Uptake of MMR vaccine 2 Doses (Jul-Sep 23)
- 25.9% — Living with overweight or obesity age 4-5 (2021/22)
- 23.1% — Pupils with special education needs (2021/22)
- 5.5% — Absenteeism rate in schools (2018/19)

Teenage Years

- 79 — Juvenile first time offenders (2021)
- 169 — Conceptions at ages under 18 (2021)
- 1,229 — People diagnosed with chlamydia (2022)
- 85.9% — Pupils eligible for free school meals achieved level 1 in Key stage 4 (2018/19)
- 96.2% — Pupils not eligible for free school meals achieved level 1 in Key stage 4 (2018/19)
- 3% — Adolescents reported as smoking at least once a week (2021)
- 21.3% — Ages 11-16 reported as having tried vapes (2017-2021)
- 15.1% — Adolescents meeting physical activity guidelines (2021/22)

Working Age

- £31,303 — Average gross median earnings (2022)
- 96.7% — Economically active 16-64 yr olds in employment (2022)
- 3.6% — Unemployment rate (2022/23)
- 23.5% — 16-64 year olds not actively participating in the labour market (2022)
- 45% — Predicted households in fuel poverty (April 2022)
- 15% — Estimated living in material deprivation (2022-23)
- 96 — Estimated number of rough sleepers (2019/20)
- 51% — Adults meeting physical activity guidelines (2021/22)
- 29.3% — Working age adults of healthy weight (2021/22)
- 366 — Average metres to nearest green space (2020)
- 248 — Killed or seriously injured on roads (2022)
- 1,279 — Adult and juvenile reoffenders (2018/19)
- 914 — Adult first time offenders (2021)
- 26,689 — Domestic abuse related incidents (2021/22)
- 15.3% — People feeling lonely (2021/22)
- 65 — Number of suicides (2022)
- 297 — Deaths partially attributable to alcohol use (2015-17)
- 16.8% — Adults drinking above the low risk alcohol guidelines (2021-22 & 2022-23)
- 3,091 — Deaths directly attributable to smoking (2016-2018)
- 11.8% — Smoking prevalence in adults (2021/22)
- 3,722 — People diagnosed with a new cancer (2019) (excludes non-melanoma skin cancer)
- 100,819 — People recorded as living with hypertension (2021-22)
- 21,947 — People recorded as living with coronary heart disease (2021-22)
- 58.9 — Years of healthy life expectancy for females born 2018-2020
- 60.1 — Years of healthy life expectancy for males born 2018-2020

Older People

- 4,375 — People recorded as living with dementia (2021-22)
- 78.1 — Years of life expectancy for male born 2018-2020
- 81.7 — Years of life expectancy for females born 2018-2020

Our Communities

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

Monmouthshire

A rural community that borders England and is connected to Bannau Brycheiniog. Steeped in history with numerous castles and the birthplace of King Henry V.

- In 20 years 6% population increase
- 3% people are from an ethnic minority
- Overall, it's the least deprived of the 5 communities
- It has the highest % of adults drinking above alcohol unit guidance of units of alcohol per week
- Life expectancy for males 80yrs, Healthy life expectancy 66yrs
- Life expectancy for females 84yrs, Healthy life expectancy 66yrs
- 95% people satisfied with their local area as a place to live
- 7% of adults smoke
- 17% males 11-16 and 23% females 11-16 tried vapes
- 44% working age adults with a healthy weight

Blaenau Gwent

The birthplace of the NHS. One of the two ex-mining communities. Home to the Guardian of the Valleys sculpture and Wales's oldest picture house in Brynmawr.

- In 20 years 0% population increase
- 2% people are from an ethnic minority
- Overall, it's the most deprived of the 5 communities
- Life expectancy for males 76yrs, Healthy life expectancy 57yrs
- Life expectancy for females 79yrs, Healthy life expectancy 55yrs
- 69% people satisfied with their local area as a place to live
- 16% of adults smoke
- 22% males 11-16 and 33% females 11-16 tried vapes
- 19% working age adults with a healthy weight

Newport

The only city in Gwent and the most diverse. Home to the iconic Transporter Bridge, one of three in the UK. It is a city full of culture and a renowned live music scene.

- In 20 years 11% population increase
- 15% people are from an ethnic minority
- It has the highest reported Domestic Abuse rates in Gwent
- Life expectancy for males 78yrs, Healthy life expectancy 58yrs
- Life expectancy for females 82yrs, Healthy life expectancy 57yrs
- 79% people satisfied with their local area as a place to live
- 14% of adults smoke
- 22% males aged 11-16 and 33% aged females 11-16 tried vapes
- 34% working age adults with a healthy weight

Torfaen

A rich history of iron production. Its industrial heritage can be seen in the UNESCO World Heritage Site which includes the Blaenavon Ironworks and Big Pit Coal Museum.

- In 20 years 4% population increase
- 3% people are from an ethnic minority
- It has the highest reported number of Looked after Children in Gwent
- Life expectancy for males 78yrs, Healthy life expectancy 59yrs
- Life expectancy for females 81yrs, Healthy life expectancy 53yrs
- 91% people satisfied with their local area as a place to live
- 16% of adults smoke
- 18% males aged 11-16 and 26% females aged 11-16 tried vapes
- 35% working age adults with a healthy weight

Caerphilly

One of the two ex-mining communities in Gwent. Home to the largest castle in Wales. Famous for Caerphilly Cheese and the Big Cheese Festival, held every summer since 1998.

- In 20 years 1% population increase
- 2% people are from an ethnic minority
- It has the highest % who have some household members who can speak Welsh
- Life expectancy for males 77yrs,Healthy life expectancy 59yrs
- Life expectancy for females 80yrs, Healthy life expectancy 58yrs
- 88% people satisfied with their local area as a place to live
- 14% of adults smoke
- 27% males aged 11-16 and 33% aged females 11-16 tried vapes
- 28% working age adults with a healthy weight

Our Guiding Principles and Evidence Base

Guiding Principles

We have 10 guiding principles that have helped us to 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 decisions, learning from what has come before.

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 learning and share our work.

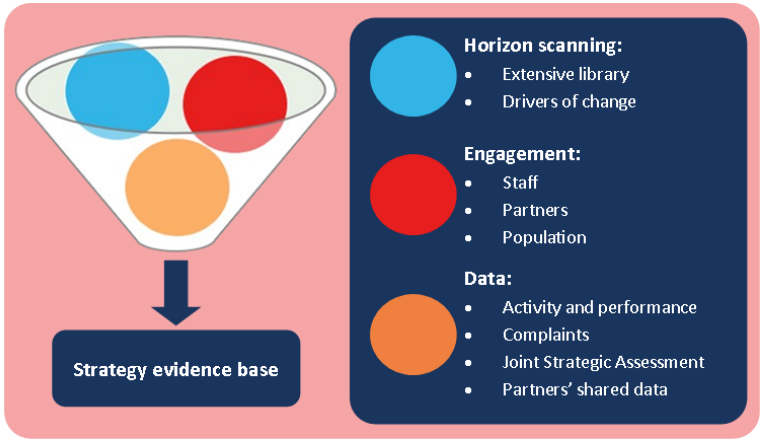
8. Continuous Feedback: We will test early and continue to refine. We said, we did, we need help with; not a singular process.

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 evidence about what improves the health of communities. On the next page we tell you about the engagement we undertook and below is a diagram the summarises the horizon scanning research we found.





What you told us

We believe that we need to design our future together with the people of Gwent. We wanted to speak to as many people as possible from as many different backgrounds as possible. So, we began A conversation for a healthy future to help us understand where we should focus over the next ten years. We asked people 'What's important for you to feel healthy?'. Between May and October we asked this question to nearly 7'000 people:

4,690 people at 225 events

2,140 people via surveys

6,830 Total
1.15% of population

Minimum of 29 events in each of our communities

Population groups include:

- LGBTQ+ groups
- People with mental ill-health
- BAME groups
- Partners
- Women's groups
- Volunteers
- Welsh language groups
- Refugees

We are committed to listening and acting on what our population, our staff and our partners have told us is important for them to feel healthy. People described to us what they need to feel healthy and the actions required to meet these needs. We noticed that people talked about their health and wellbeing needs and the actions required to meet those needs.

- The importance of health education in supporting positive health outcomes
- The challenges they currently experience around the cost and accessibility of gyms and leisure facilities and buying high-quality food
- Wanting to have meaningful conversations with their healthcare provider where they are treated with dignity
- The importance of ensuring that everyone of all needs and abilities can easily access Health Board sites and services
- Wanting their healthcare provider to understand and respect their personal background and circumstances
- The importance of accessing care as soon as possible in order to prevent further problems
- Wanting to access care within their local area, potentially in buildings which have not typically been used for healthcare in the past
- The difficulties they currently encounter when travelling across Gwent
- The positive impact that being in nature had 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 localities and with different backgrounds were more concerned with some themes than others.

- People of all ages wanted good GP services in their community and became more important to people as they got older
- Carers tended to place more importance on mental health and wellbeing services than non-carers
- People living in rural areas often reported feeling isolated and wanted better transport options to help them travel across Gwent
- People aged between 25 and 44 placed more importance on family support than any other age group

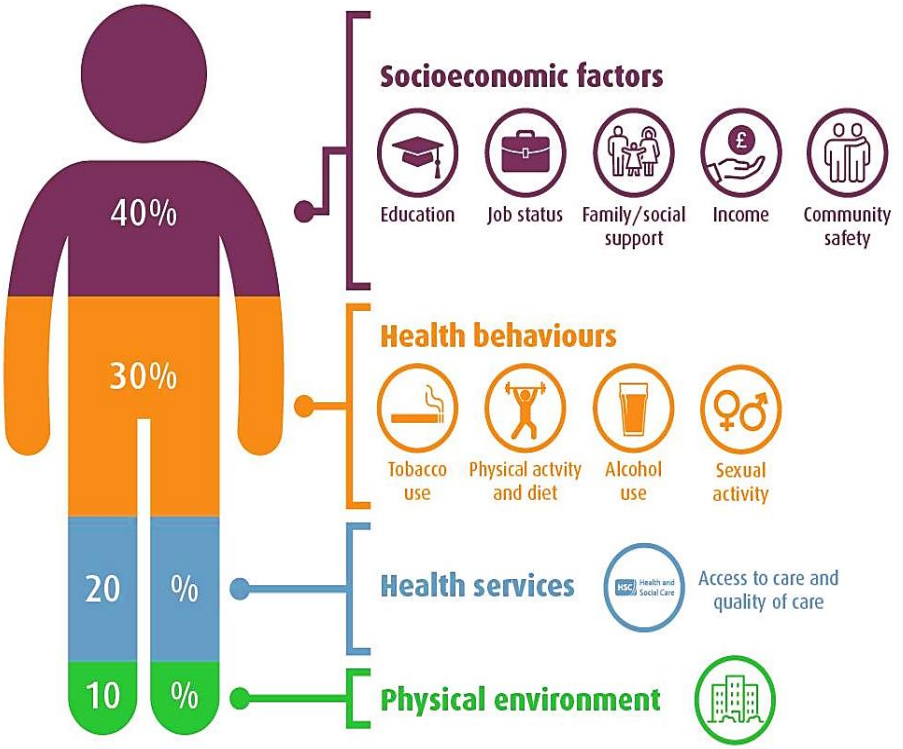
We asked children to draw what was important for them to feel healthy, here are a few of the pictures



What is important to be healthy

We know that only 20% of what makes someone feel healthy is the healthcare they receive. The other 80% is made up of background and environment, as well as home and lifestyle. Here are some of the answers to what you said is important for you to feel healthy we found that 23% of responses related to healthcare and 77% was about background and environment, your home and lifestyle;

What affects our Health



What you said is important to you

- Being Safe
- Finances to eat well and exercise
- Good public transport
- Parks and nature
- Clean and tidy community
- Better wages
- Able to socialise
- Family
- Feeling part of a community
- Places for young people to hang out
- Good Food and knowing how to cook
- Advice on being healthy
- Affordable lifestyle classes
- Keeping a healthy weight
- Keeping active
- Gardening
- Sleep
- Hobbies
- Volunteering
- Mindfulness
- Access to quality services
- Care for older people
- Support from GP
- Community based services
- Shorter waiting times
- Green Spaces
- Facilities to cook good food
- A warm house
- Clean water
- Help so I can stay living in my own home

By listening to what was important to you and learning from research we have set out three aims that will help us ensure everyone has the best healthcare, environment and lifestyle to be healthy.

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

Over the next few pages we will go through each of these aims in more detail we will set what you need from us and our local partners but also what we need from you so that by 2035 everyone in Gwent 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.

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 Part

- 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 you 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 Part

- 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 the health screenings and vaccinations that are available
- 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 be different?

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

There will be more people who are a Healthy Weight by proportion of the population

There will be reduction in preventable diseases by proportion of the population

Better Health

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

What will we do to achieve this?

Now (1-2 years)

- Be in more places to deliver health screening and vaccinations
- Be the balanced view on health providing information and guidance
- Provide training and health information to people in our communities
- Work with leisure providers so we can help Gwent move more and feel better
- Reach out to wider partner organisations to see what we can do together to keep people healthy
- Use our data to help people understand signs they need to do more to stay well especially for young people
- Improve data between all partners in Gwent so we can help each 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

Next (3-5 years)

- Success stories of how people have tried new things to stay healthy are shared across Gwent so our communities can learn from each other
- People are confidently delivering health and wellbeing advice to their communities
- Health and wellbeing services are delivered through leisure providers to improve access
- New ways to keep people healthy in their community to support to stay well are delivered with wider partners
- Data is shared regularly between all Gwent partners to help people to stay well
- Social prescribing is the norm and all healthcare providers have the confidence to refer to community interventions

Later (5-10 years)

- There are known and trusted community spaces that are shared with different organisations that provide information and support on health and wellbeing
- Health and leisure services work seamlessly together to keep people well
- Our health and wellbeing offer with wider partners is expanded so that working together to deliver the best for our communities is the norm
- All Gwent partners are routinely using shared data with purpose to improve people's wellbeing

Our keys to success

Our People	Quality	Finance	Our Buildings	Digital, Innovation & 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 peoples futures	Look outside our own buildings to deliver healthcare in community setting	Use digital, innovation and technology to provide tools to our communities that keep them well	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.

Quality care begins with focusing on what truly matters to individuals 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 well-being of those we serve.

Our Part

- Deliver what matters to individuals
- Embed a culture of listening and understanding that recognises people are experts in themselves
- Make sure that 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 you about your healthcare
- Ensure we act on and are adding to evidence based changes in medical technology and science
- Undertake more research on how we can people well and reduce the inequity across our communities
- With others, deliver regional services where one organisation cannot meet population demand

Your Part

- 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 home when they need to be discharged from hospital
- If you no longer need an appointment or medicines let us know so we 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 a different professional other than a doctor
- Be prepared to travel where we have needed to consolidate services for sustainability and let us know if you need support to be able to get there

What will be different?

People will have more Healthy Days at Home

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

In Gwent, more people will be able to access health services in their local communities

Better Care

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

What will we do to achieve this?

Now (1-2 years)

- Develop and begin to implement our Clinical Services plan so we organise our services to deliver best value
- Improve the patient experience in our Emergency Department through increased staff and space
- Deliver a sustainable model for GP Services and expand the care and support available in local communities
- Ensure those who wish to remain at home at the end of their life are supported to do so
- Reduce waiting times for those who have been waiting longest for our services
- Ensure that our Keeping Well Service provides advice on health and wellbeing to all those waiting for our services
- Ensure that children and young people are able to get the right support at the right time and young people can easily transition into adult services
- Improve women's health focusing our attention on their specifics needs through our women's health plan

Next (3-5 years)

- Fully implement our Clinical Services plan
- Our staff have confidence to refer to things in the community as the first choice
- More care is delivered in community settings in order to keep people well and further improve access to GP services
- There is a wider offer of health checks for children so that we can help them have better health as adults
- Services that support people to remain at home when they are very unwell or at the end of their life are delivered as standard
- Accessing our services is simple and waiting times for our longest waiters are further reduced
- Greater support for mental health and wellbeing is available in the community
- Our services are digitally enabled and we have a wide range of online services that reduce the need for appointments

Later (5-10 years)

- There are widely available services in community setting that keep people well and these are the first choice for all referrals
- Understanding of each child's health throughout their early years is the norm so preventable ill health is reduced in adulthood
- People are able to live well at home through prevention, choice, wellbeing and independence
- If you need our services our care is connected and coordinated so you have the smallest number of appointments possible
- Health services in Gwent seen as preventing ill health rather than fixing people when they are ill

Our keys to success

Our People	Quality	Finance	Our Buildings	Digital, Innovation & 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.

Our current approach focuses too heavily on fixing individuals rather than supporting them in ways that truly matter for living 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. Invest in community growth and well-being will ensure that our efforts help communities thrive, not just survive.

Our Part

- With others, grow and connect our community assets to support your wellbeing
- With others, support local community groups to thrive and publicise them
- With others, inspire our people to have careers in care
- With others, support better housing so we don't return people to the conditions that made them sick
- With others, ensure better transport connections and organise our services so its 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 Part

- 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 be different?

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

The proportion of 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

Better Lives

Together we will create strong, safe and connected communities.

What will we do to achieve this?

Now (1-2 years)

- Be the voice of health when decisions are being made for our communities
- Work more closely with education to help children learn more about prevention
- Increase the opportunities for those with lived experience to support each other
- Continue to train and support people from our communities to have careers in care
- With local partners develop a range of volunteering opportunities that support people into paid work
- Give people the tools they need to have safe and caring relationships
- Make the most of our green spaces and support more community green spaces
- Support community groups by opening up our buildings to them
- Further understand the needs of unpaid carers and the support we can give them with partners
- Better coordinate our services around public transport and work with charities who can help people get around

Next (3-5 years)

- We are continuing to be the voice of health when decisions are being made for our communities
- Closer working with schools so that children and parents have the tools they need to stay well and have safe and caring relationships
- Further develop education and promotion of care as a positive career option supporting those who need them most
- Further develop our volunteering opportunities with partners supporting those who need them most
- Working with others to increase the number of green spaces in our community and ways to connect through nature
- With partners we are delivering an offer of support to unpaid carers to further meet their needs
- Working with local partners so that community assets have the support they need to thrive
- Active and sustainable travel across Gwent is promoted

Later (5-10 years)

- The communities in Gwent are developed in ways that support people to be healthy because of our influence
- Health and education work seamlessly together so that all families are able to stay well and have positive relationships
- There is a wide range of education, volunteering and job opportunities in care which are targeted at those who need them more
- There are a lot of green spaces in Gwent and we routinely work with local partners to make sure they are well looked after
- Community assets are thriving with lots of support and where to go to be connected is well known in each community
- Active and sustainable travel across Gwent is the norm

Our keys to success

Our People	Quality	Finance	Our Buildings	Digital, Innovation & 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 ensures it helps our communities	Our buildings that promote wellbeing, are open to communities to use and is shared with public sector	There are digital tools to support a thriving Gwent and connected communities	Communities across Gwent are able to connect through nature

GWENT 2035

Our Part

- 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 is 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 Part

- 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 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

Agenda Item:

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	21 May 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Cancer Annual Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Dr Ian Williamson

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 work we do and the services we deliver are built upon our five-year Cancer Strategy. This strategy helps to guide and focus our efforts to transform and improve cancer services across Aneurin Bevan University Health Board. We published our Cancer Strategy, Delivering a Vision 2020-2025, in 2019. It consists of six core themes that address how we can reduce cancer risks, optimise treatments, improve patient outcomes, and minimise health inequalities for our population and those we serve. Each of the six themes contains targets that we have worked towards meeting by 2025. Throughout the report we discuss each of these themes in turn and present the work that has been done in each area. We highlight our successes and outline where we still need to make progress.

Cefndir / Background

In 2024, the number of patients suspected of a cancer diagnosis across Aneurin Bevan University Health Board was 43,064. Of these patients, approximately 4995, or 11.6%, had a confirmed diagnosis of cancer.

Asesiad / Assessment

In a year that continued to be defined by unrelenting pressures on the NHS, Aneurin Bevan Cancer Services have continued to improve the care, experiences, and outcomes for our patients, and we have many positive developments detailed within this report. We have again seen an increase in the number of patients with a suspicion of cancer referred to our tumour site pathways and have diagnosed and treated more patients with cancer than in previous years. We have also seen improved ways of working, further development of existing key initiatives, and some brand new innovations, all of which contribute to improving outcomes and experiences for our patients. This information is often routinely captured and reported in national audits. Timely diagnosis and treatment of cancer remains a priority, and the progress we have made in improving our cancer pathways is largely due to the hard work of the tumour site teams across the organisation. These teams have, with support from the core Cancer Services team, effectively eliminated the backlog of patients awaiting cancer treatment. We have seen growth of our Cancer Cafés in the community setting, as more patients access this support network. We have introduced educational programmes both within primary care and the community, including the support of patients with fatigue management during and after their treatment, and built links with hair and beauty professionals, including Coleg Gwent, to provide education around sun safety and early identification of the signs of skin cancer.

Tackling inequity and deprivation across our region continues to be a challenge. To address this, we have introduced a strategic programme of work, which looks at how we can reduce cancer inequalities across the health board. We continue to prioritise the detection of cancer at an earlier stage and, while there is still work to do on improving equitable uptake of our cancer screening programmes, this year we have seen substantial reductions in waiting times for those requiring further diagnostic tests. We look forward to developing this work further in 2025 in collaboration with Public Health Wales, and exploring further work opportunities within our communities.

Aligned with the Welsh Government Ministerial Priorities relating to cancer, we developed Task and Finish Groups in four of our tumour sites. There is a focus on local improvement and implementation of National Optimal Cancer Pathways within these groups to ensure that patients with suspected cancer are seen, diagnosed, and treated within 62 days. Collaboration with our patients and partners has been a particular area of focus in 2024 and we are pleased that our Cancer Patient Panel has grown in strength and become increasingly embedded into the development of our work. As we look ahead to the coming year, we acknowledge significant challenges remain, but the enthusiasm for improvement that our clinicians, patients, and managers demonstrate is very encouraging. We have several exciting projects that near conclusion, such as our work with Velindre Cancer Centre on the opening of the Radiotherapy Satellite Centre at Nevill Hall Hospital, whilst continuing our drive to improve waiting times and improved quality care within Cancer Services at ABUHB. We would like to thank everybody who has worked in collaboration with us this year to do the best for our patients, and we look forward to continuing this journey with you over the next 12 months.

Argymhelliad / Recommendation

The Board is asked to receive the report as assurance that the Health Board is progressing with its strategy and approve it progress to report to Board.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 3. Effective Care 4. Dignified Care 5. Timely Care
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well Choose an item.
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 patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the experience of lesbian, gay, bisexual and trans (LGBTQ+) service users and staff Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	GUH – Grange University Hospital RGH – Royal Gwent Hospital NHH – Nevill Hall Hospital YYF – Ysbyty Ystrad Fawr YAB – Ysbyty Aneurin Bevan MAU – Medical Assessment Unit SDEC – Same Day Emergency Care ED – Emergency Department SACT – Systematic Anti-Cancer Therapy SRU - Satellite Radiotherapy Unit SCP – Suspected Cancer Pathway PTL – Patient Tracking Lists SLA – Service Level Agreement VCC – Velindre Cancer Centre VUNHST – Velindre University NHS Trust

	CAVUHB – Cardiff & Vale University Health Board RDC – Rapid Diagnostic Clinic
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)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Not Applicable
• **Service Activity & Performance**	Yes, outlined within the paper
• **Financial**	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact 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 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

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Cancer Annual Report 2024



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Forward

Welcome to the 2024 Annual Report for Cancer Services at Aneurin Bevan University Health Board. It describes the work and progress achieved in the calendar year 2024, and our continued commitment to quality.

In a year that continued to be defined by unrelenting pressures on the NHS, Aneurin Bevan Cancer Services have continued to improve the care, experiences, and outcomes for our patients, and we have many positive developments detailed within this report.

We have again seen an increase in the number of patients with a suspicion of cancer referred to our tumour site pathways and have diagnosed and treated more patients with cancer than in previous years. We have also seen improved ways of working, further development of existing key initiatives, and some brand new innovations, all of which contribute to improving outcomes and experiences for our patients. This information is often routinely captured and reported in national audits.

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We have several exciting projects that near conclusion, such as our work with Velindre Cancer Centre on the opening of the Radiotherapy Satellite Centre at Nevill Hall Hospital, whilst continuing our drive to improve waiting times and improved quality care within Cancer Services at ABUHB. We would like to thank everybody who has worked in collaboration with us this year to do the best for our patients, and we look forward to continuing this journey with you over the next 12 months.



Ian Williamson
Assistant Medical Director for Cancer Services



Margaret Parrott
Cancer Services Manager



Anne May
Strategic Lead Cancer Nurse



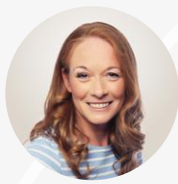
Verity Butcher
Macmillan Optimal Cancer Pathway Manager



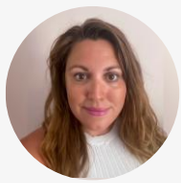
Anne Johnson
Consultant Clinical Psychologist



Mary Craig
GP Cancer Lead



Sian Lewis
Macmillan Lead AHP for Cancer Services



Clare Small
Senior Programme Manager



Elenid's story

Ten years ago, shortly after her 21st birthday, Elenid started her cancer journey for Stage 4 Hodgkin's Lymphoma.

It began with a visit to her GP to find out why she had a cough that wouldn't go away following a chest infection.

Elenid was diagnosed at Aneurin Bevan University Health Board, then treated at the Teenage Cancer Trust Unit at the University Hospital of Wales in Cardiff. The unit is a specially designed facility for 14–25-year-olds from the South Wales area. Elenid attended fortnightly chemotherapy for six months.

Being treated at the Teenage Cancer Trust Unit meant that Elenid and her family were able to build a network of support, not only with the staff at the unit but with other young patients and their families from across South Wales.

In July 2025, Elenid will be celebrating 10 years in remission. Each year, her celebrations focus on how she has been able to do everything she imagined she would do with her life before her cancer diagnosis.

She's got married to AJ and has two beautiful children. They bought a house and had amazing holidays. Although she had to defer her PGCE course for a year to complete her treatment, she went back to university two months after treatment to complete her teacher training and started a brilliant career as a primary school teacher.

Reflecting on her cancer journey, Elenid has the following advice for others.

> ***It's so important that I'm living not surviving.***

Take your time recovering. Don't try to ignore what just happened. Listen to your body. Get therapy and ask for the support and use the support offered, from your healthcare providers and the charities. Its ok to need support well after your treatment ended.

The fatigue is something I didn't expect. I started my PGCE full time just 2 months post treatment, and it was challenging. I wanted to crack on with my life, and I did struggle, but I didn't want to lose more money and more time deferring for another year, I wanted to start my career.

Keep active and eat well, take every opportunity to have cancer screening tests. Smear tests and mammograms are so important and make ringing your GP for an appointment your priority if you are worried.

Listen to your Doctors and Nurses. I was given some firm words from my GP that attending my first diagnostics appointment urgently the next day was much more important than heading to London for a couple of days, which is what my 21-year-old self really wanted to do.

The clinical trial gave me a sense of doing something good with a bad situation, and made this purposeful.

The point of my trial was to look at a treatment that was potentially kinder to the body, with less nasty side effects and better outcomes. It was ten years to track longer term outcomes, such as how my body coped with pregnancies etc.

Being part of the trial gave me such re-assurance, I got extra CT scans and checks, which were re-assuring once you get over the test anxiety!

I cannot exaggerate enough how amazing my care was and how amazing the people in the NHS are, even if the system is under resourced.

The staff on my journey from my GPs and the chest consultant who referred me, through to the nurses on the ward where I stayed following my surgery who got me a private room because I was so much younger than all the other patients in the general ward, through to my consultants and the team at TCT.

I had my special clinical trials nurse who was there for me all the time, through treatment and through these 10 years. I'll have my final follow up with her in the summer. She's given me great consistency of care and a contact when I was worried.

This is such a momentous milestone, both for me and my family, and for cancer research.

Spotlight on cancer in Gwent

Nearly half of all people in the UK will be diagnosed with cancer during their lifetime, and the incidence is set to increase.

As of 2021, Wales has the second highest incidence of cancer in the UK (behind Scotland) with 640 men and 553 women per 100,000 population being diagnosed with a new cancer.[1] The latest data from Public Health Wales shows that around 20,000 people each year will be diagnosed with a cancer in Wales.[2]

The rates of cancer have increased year on year. One of the main causes for the increase of new cancer diagnoses is the growth in population size. In particular, there is an increase amongst older age groups who have the highest risk of cancer.[2]

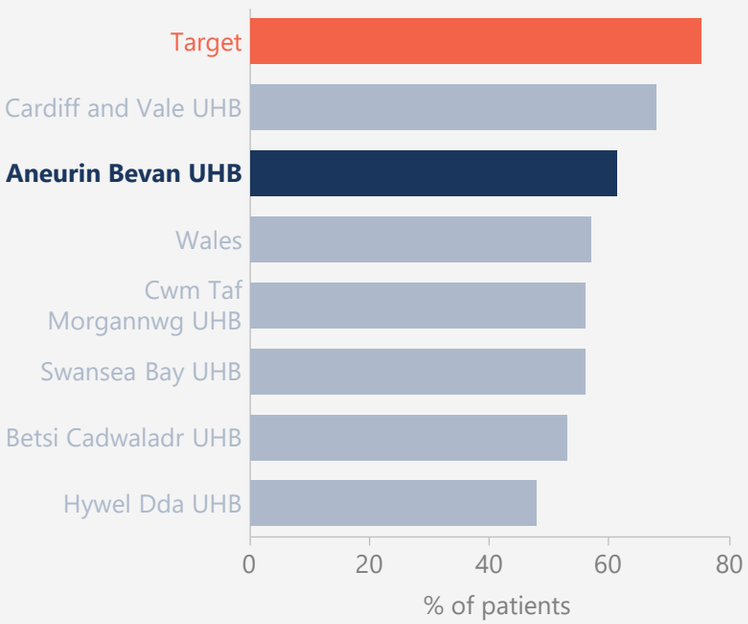
Across Wales, the most common cancers diagnosed are prostate, female breast, lung and bowel.[2] Together, these account for over half of all new cases. Half of people diagnosed with cancer in England and Wales survive their disease for 10 years or more; this rate is higher in women than in men. The five-year survival rate for cancer in men is below the European average in England and Wales.

In 2024, the number of patients suspected of a cancer diagnosis across Aneurin Bevan University Health Board was 43,064. Of these patients, approximately 4995, or 11.6%, had a confirmed diagnosis of cancer.

References

1. Public Health Wales - Cancer Reporting Tool
2. Public Health Wales - Trends in cancer incidence and stage at diagnosis in Wales up to 2019
3. Audit Wales - Cancer Services in Wales

Health board performance against the **62 day Suspected Cancer Pathway Target** (August 2024)[3]

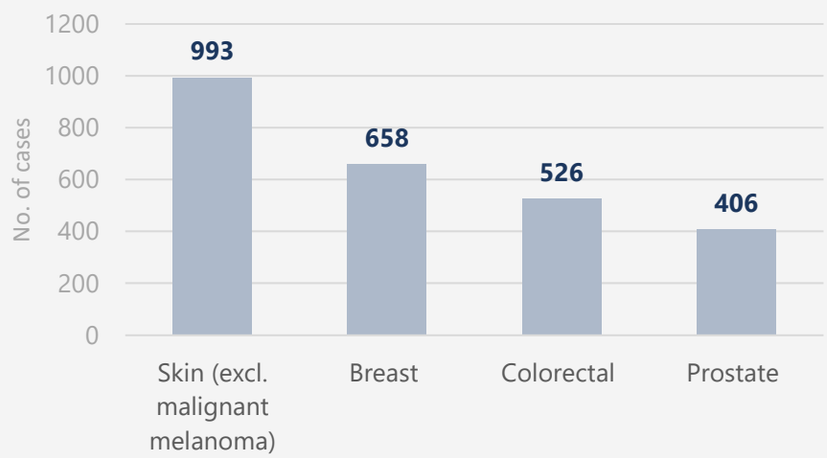


43,064 referrals for suspected cancer across ABUHB

4995 diagnosed with cancer across ABUHB

58.6% of people **survive their cancer for five years or more** across ABUHB

Most common cancers in ABUHB (2023/24)





Cancer accounted for **one quarter** of all deaths in Wales in 2022.[3]



4 in 10 annual cancer cases in Wales could be prevented[3]

Guiding our work

Our cancer strategy

The work we do and the services we deliver are built upon our five-year Cancer Strategy. This strategy helps to guide and focus our efforts to transform and improve cancer services across Aneurin Bevan University Health Board.

We published our Cancer Strategy, *Delivering a Vision 2020-2025*, in 2019. It consists of six core themes that address how we can reduce cancer risks, optimise treatments, improve patient outcomes, and minimise health inequalities for our population and those we serve.

Each of the six themes contains targets that we have worked towards meeting by 2025. Throughout this report we discuss each of these themes in turn and present the work that has been done in each area. We highlight our successes and outline where we still need to make progress.



Our six core themes

Reducing the risk of cancer
Research shows that up to 40% of diagnosed in Gwent each year could be avoided.

Early detection
If cancer is detected early, treatment is more likely to be curative and more people survive.

Timely diagnosis
Investigations to confirm or rule out a suspected cancer are a vital first step in preventing delays to treatment.

Improved cancer care for everyone
Ensuring that patients get the right standard of care that meets their individual needs will help to enhance experience and outcomes.

Living well with and beyond cancer
Each patient should have the appropriate support to cope with the impacts of cancer during and after treatment.

Improving our knowledge of cancer
Improving cancer education for our population and clinicians is fundamental in meeting our aims. Increasing the number of participants in cancer research studies will advance future treatments and care.

Guiding our work

Policies and pathways

In addition to our Cancer Strategy, we are also guided by national policies, standards and pathways. These resources describe what effective cancer services in Wales should look like and help to ensure that we are in line with national priorities.

These documents have been produced in collaboration with all of the Welsh health boards along with other relevant stakeholders. They support the delivery of consistent, high quality care and improved cancer outcomes by detailing the targets or standards that we should be meeting.



Welsh Cancer Improvement Plan 2023-2026

This plan outlines who should be accountable and responsible for actions across the whole patient pathway. It is used by Health Boards and Trusts to help plan and deliver cancer care and is reflected in all aspects of our Integrated Medium-Term Plan.

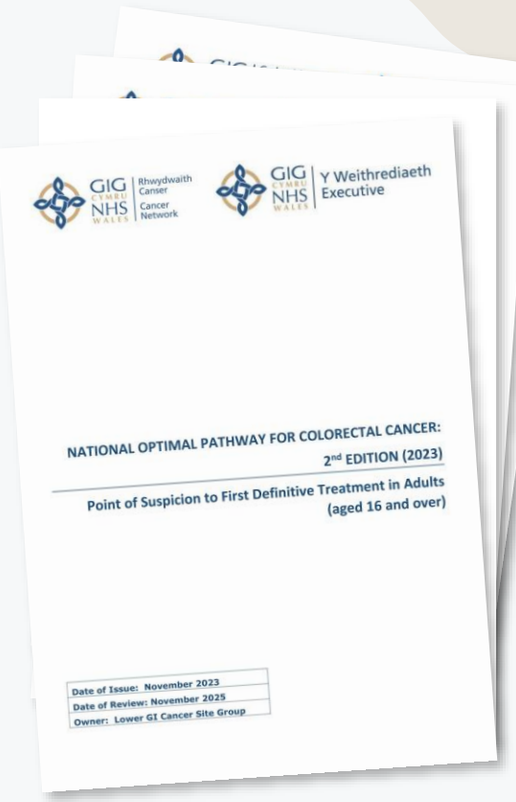
You can read the full plan here:
A Cancer Improvement Plan for NHS Wales 2023-2026



Welsh Government Quality Statement for Cancer 2022

Quality statements are integral to the planning and accountability arrangements for the NHS in Wales. The quality statement for cancer states that cancer services in Wales should be equitable, effective, efficient, person-centred, and timely.

You can read the full statement here:
The quality statement for cancer



Welsh National Optimal Pathways

Nationally Optimised Pathways (NOPs) describe what a patient should expect to happen when they present with a suspected cancer. This not only includes timelines for tests and investigations, but also describes the appropriate support they should receive.

For more information, see the National Optimal Pathways section later in this report.

Guiding our work

NATCAN Audits

The National Cancer Audit Collaborating Centre (NATCAN) oversee 10 national cancer audits in England and Wales. Each audit collects information about how patients are cared for and provides five key recommendations for action.

The audits identify key achievements and areas where improvements are needed in data completeness patient management, outcomes, and survival.

This information is published in State of the Nations Audit reports. In 2024, this includes the first results from the "new" audits:

- breast
- metastatic breast
- kidney
- Non-Hodgkin lymphoma
- oesopho-gastric
- pancreatic
- ovarian

Provider-level data is accessible in most audits to help NHS organisations benchmark their results and identify unwarranted local variation in care and outcomes. Each report is accompanied by a lay summary and a Quality Improvement Plan.

You can find more information at:
www.natcan.org.uk

Aneurin Bevan Highlights 2024

- Participation in the previous 4 and additional 6 new national audits
- These collectively include approximately 50% of our patients diagnosed with cancer in 2022
- Good data completeness and clinical validation across all AB tumour sites within these audits
- Patient numbers in each audit equate to some of the larger healthcare providers in England
- Higher proportion of AB patients diagnosed after emergency presentation in lung and ovarian cancers, but lower in oesophageal / gastric cancers when compared to national average.
- Patient treatment pathways are generally longer in AB and across Wales than in England
- Outcomes and survival – no outliers identified within Aneurin Bevan

Table glossary

CNS *– Clinical Nurse Specialist*
MDT *– Multidisciplinary Team*
PS *– Performance Status*
SACT *– Systemic Anti-Cancer Therapy*

Summary of NATCAN audits published in 2024

Tumour site	Cases ascertained (*year*)	Data completeness	Additional comments
Breast	1243 (*2019-21*)	PS, triple assessment, CNS	Record of PS and CNS contact for non-surgical patients low. Immediate reconstruction rate after mastectomy half national average.
Metastatic Breast	87 (*2022*)	PS, stage, hormonal receptor status	Majority of patients not discussed at MDT meeting in AB or across Wales. Below average data completeness for several key items.
Colorectal	461 (*2022*)	PS, stage, CNS, risk adjustment	Laparoscopic surgery attempt below national average (57% vs 72%) Duration stay > 5 days (62% vs 55%) Lower uptake SACT (42% vs 62%)
Kidney	131 (*2022*)	PS, stage, CNS	SACT mortality 8% vs Wales average 3% but low numbers at Health Board level.
Lung	400 (*2022*)	PS, Stage, CNS	41% diagnosed after emergency presentation – above average. Surgical and SACT rates below national mean.
Non-Hodgkin lymphoma	154 (*2022*)	PS	Record PS below average Time to SACT within 62 days only 43%
Oesophago-gastric	246 (*2022*)	PS and stage	13% diagnosed after emergency presentation – below average. Surgical data regionalised Southeast Wales.
Ovarian	57 (*2022*)	PS and stage	58% diagnosed after emergency presentation – above average.
Pancreatic	88 (*2022*)	PS and stage	AB patients included within South Wales data
Prostate	415 (*2022*)	PS and stage	Staging data could be improved, but good outcomes and low surgical complication rates.
Total	**2453 (*2022*)**	**53% all AB cancers**	

Strategic objectives

Reducing the risks of cancer

Cancer Research UK report that around 4 in 10 UK cancer cases could be prevented through healthy lifestyle changes.

The Public Health team work with partners, including our cancer teams, to improve health through programmes that aim to:

- reduce smoking rates
- increase physical activity
- tackle obesity, and
- reduce alcohol dependency.

Cancer Strategy Aims

Our aims during this period have been to:

- reduce prevalence of tobacco smoking in adults to 15%
- develop smoking cessation services within the Health Board
- offer HPV vaccination of all teenage boys and girls and targeted interventions

The purpose of these initiatives is to reduce cancer risk in our hard-to-reach populations.

Progress

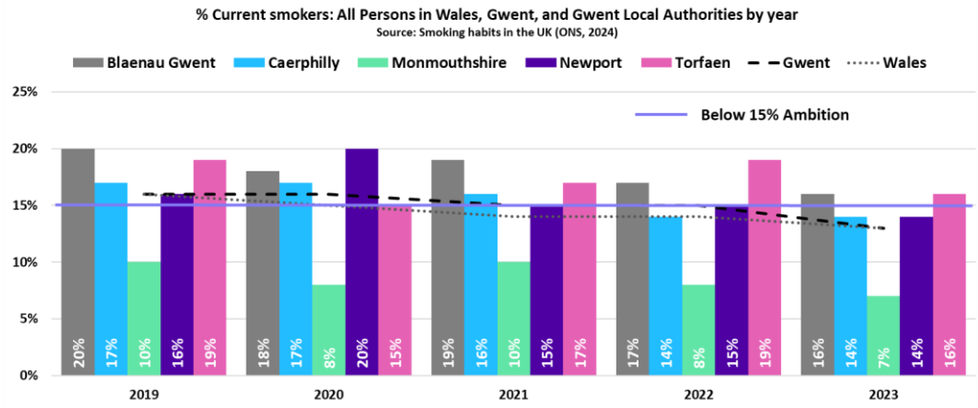
Progress this year includes:

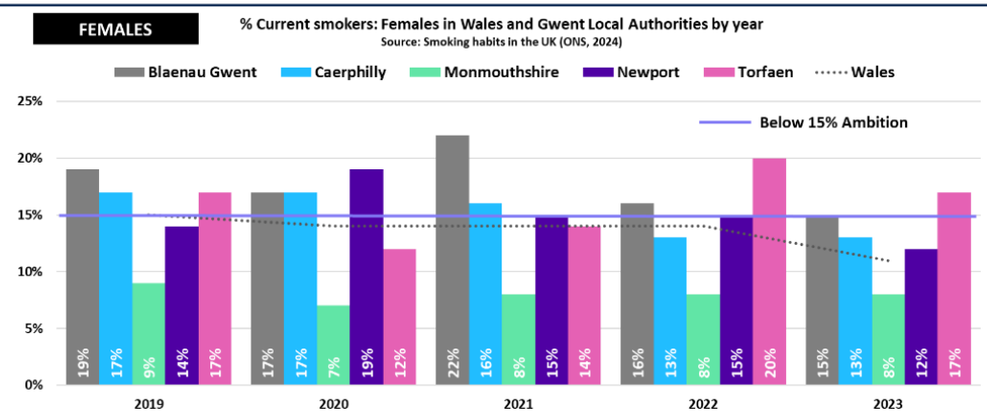
- 3 of our 5 authorities have smoking prevalence below 15%.
- Referrals to smoking cessation were 834 inpatients & 195 at point of cancer suspicion
- HPV vaccine 2021/2022 (last published figures) uptake is 61% in girls and 52% boys.
- Promotion and adoption of our *Strategic Plan for Cancer Inequities*.

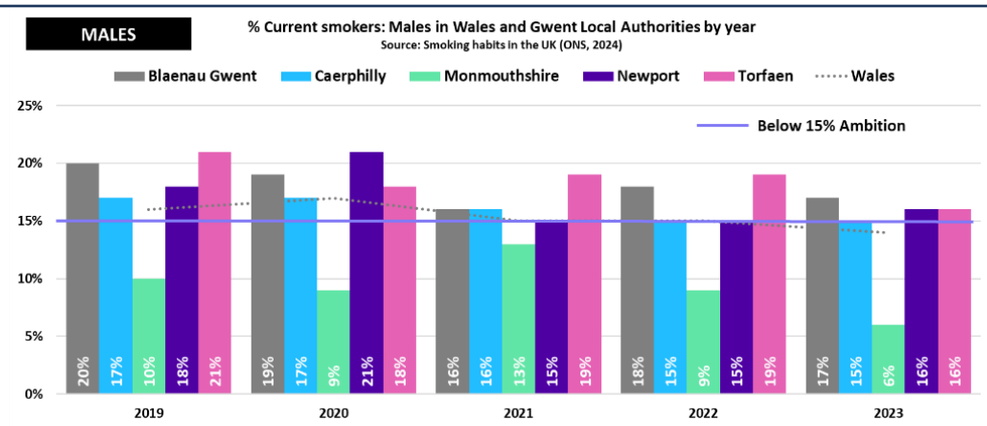


Smoking prevalence

The graphs below show the percentage of smokers within the different local authorities across Aneurin Bevan University Health board from 2019 to 2023.







Inequity strategy

We know that people experiencing material deprivation have a higher prevalence of risk factors for cancer.

People from more deprived populations are often less aware of symptoms, and find it more difficult to access help when they need it. They experience more barriers to participating in screening, and have a higher proportion of cancers diagnosed late and through routes associated with worse survival. They also report worse experiences of care, and receive different treatment at the same stage of diagnosis.

In order to address these issues we have created a *Strategic Plan For Cancer Inequities.* This is a three-year, 14-point action plan which aims to reduce the number of new cancers in socioeconomically deprived populations and improve survival rates by ensuring prompt presentation and diagnosis. It also seeks to help people improve their understanding of major cancer risk factors.

Areas for development

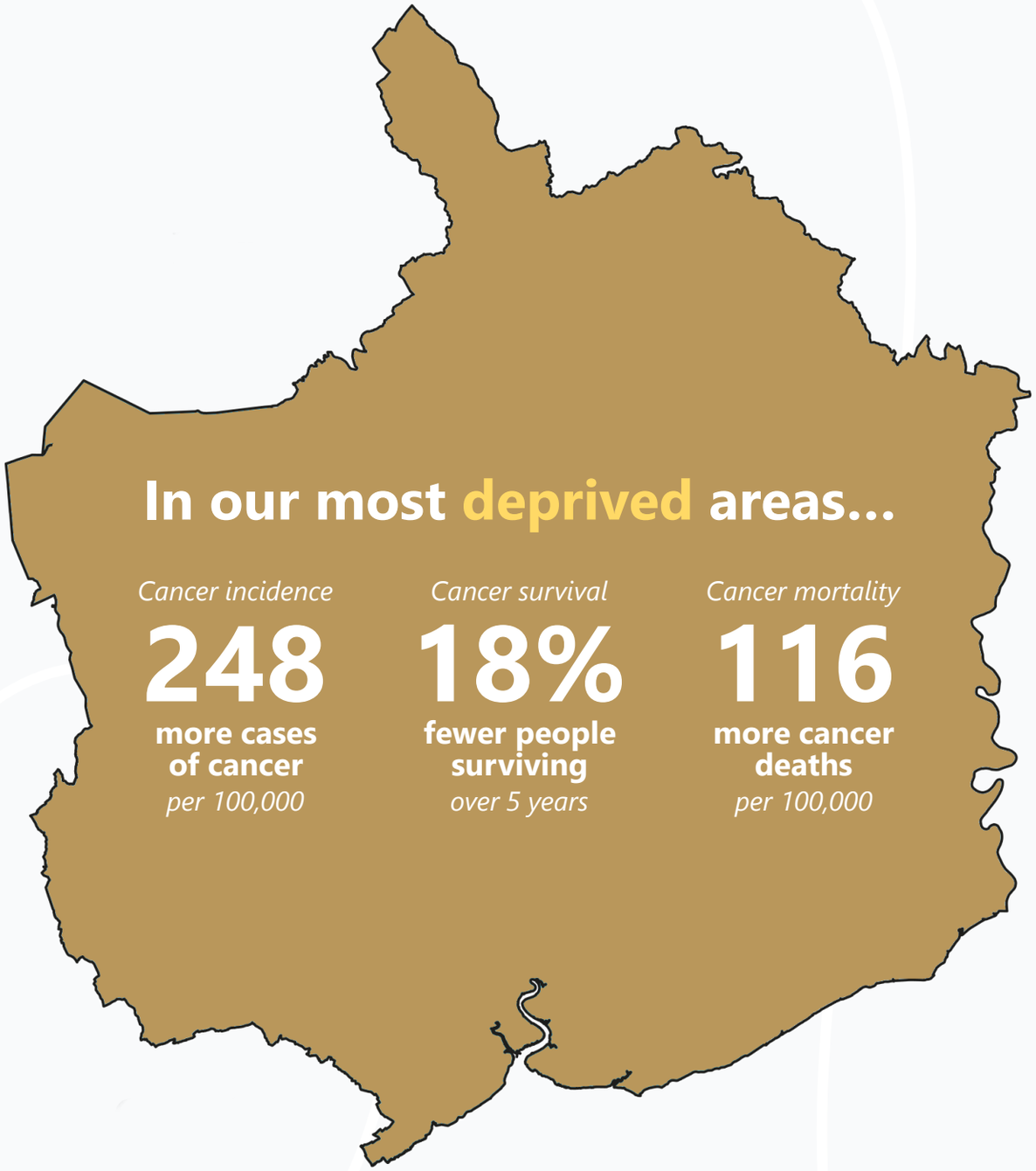
In 2025, we will focus on:

- Understanding and interpreting the data we hold to facilitate targeted intervention
- Improving HPV vaccine uptake
- Reducing inequity in uptake of national cancer screening programmes
- Reducing cancer risk factors by facilitating healthier lifestyle choices
- Evaluate and expand our Device Loan Scheme to reduce digital poverty
- Increasing cancer support in deprived areas in collaboration with the Coalfields Regeneration Trust

Our region

Gwent has Wales' poorest local authorities. Blaenau Gwent is in the most deprived quintile of the Welsh Index of Multiple Deprivation (WIMD), the highest of any local authority in Wales.

Newport, Torfaen, and Caerphilly also have parts of their population in the most deprived quintile.



Weight management services

Being overweight or obese is the second biggest cause of cancer in the UK. Cancer Research UK estimate that it is the cause of more than 1 in 20 cancer cases.

To help address this issue, the Public Health team have commissioned two new weight management services to support adults aged 18 and over who have either:

- a BMI ≥30 kg/m² without co-morbidities
- a BMI ≥25 kg/m² with co-morbidities

The services consist of dietary advice, physical activity, and behaviour change approaches.



Leisure Service

Leisure providers across Gwent are now delivering community based, face to face, group programmes supporting people who wish to lose weight. The programme provides 12 weeks of free support to the people of Gwent, funded by ABUHB. Additional service provision and advertising is being provided to those in more deprived areas.

Digital Service

A digital weight management service has also been created for those who wish to lose weight but may struggle to access a face-to-face service. The digital offer allows for on-line resources to be access continuously and provides a one to one 12-week programme with a weight loss specialist free for the participant, funded by ABUHB.

Both the Leisure and Digital Service will support participants to find solutions to continue their weight loss journey beyond the 12 weeks.



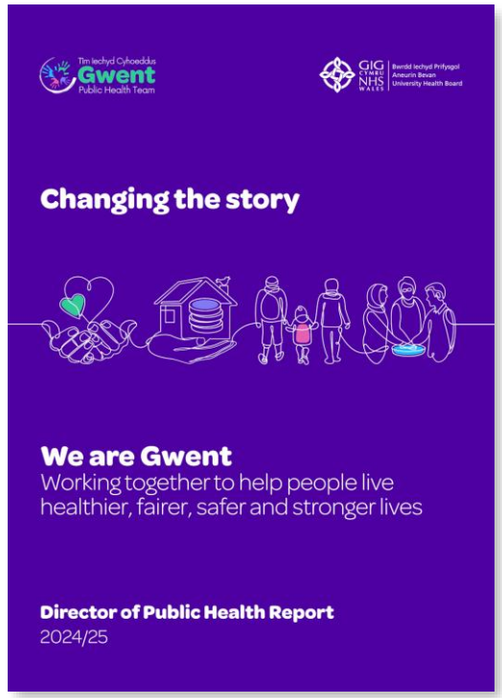
Director of Public Health Report

The focus of the Director of Public Health Report 2024/25 is preventable illness and what can be done to stop people in Gwent dying prematurely.

The report highlights that people in Gwent are dying earlier from things we could prevent than in most of the other parts of Wales, and that cancer is one of the three main causes of this.

The report looks at some of the elements needed to start reducing the incidence of cancer across our population. You can read the full report here:

We are Gwent: Working together to help people live healthier, fairer, safer and stronger lives



Preventing and spotting the signs of skin cancer

The incidence of skin cancer has significantly increased across the UK, with ABUHB recording a **79% increase in treatments for skin cancer since 2019/20**, compared to a 21% increase in treatments across all cancers.

Many skin cancers are caused by exposure to ultraviolet radiation or sun damage and raising awareness on reducing the risk is an important measure. Cancer Services have worked on initiatives to support this, such as training Hair and Beauty professionals and key community stakeholders.

Events

In 2024, we held several events in collaboration with the skin cancer team and the Cancer Psychology Team. During these events, we raised awareness of prevention, educated people on how to spot changes, and explained how to advise clients about seeking an early professional opinion.

The events were **attended by over 120 hair and beauty professionals** from across the region, including 60 from Coleg Gwent.

Attendee feedback

> *What a **fantastic initiative!** So pleased that your **amazing team** have their time to deliver this session.*

> *I am writing to extend my **sincere gratitude** for the invitation to the skin cancer awareness event. It is **an honour for us to participate in this significant initiative**, which addresses such a critical public health issue.*

86% of skin cancers are avoidable, so...



Slip on a t-shirt
T-shirts create a barrier and protects the shoulders. UV tops are great.



Slop on some sunscreen
Use factor 30+ and lip balm. Store your sunscreen in a cool place.



Slap on a hat
Use wide-brimmed hats with a tight weave. Baseball caps do not cover neck or ears.



Slide on some sunglasses
UVR can damage eyes, so look for sunglasses with European CE mark and high protection factor labels. Close-fitting and wraparound sunglasses can ensure that rays don't get through.



Seek shade
Keep babies and toddlers in the shade at all times. Shade is a barrier against UVR.

Optimising health when cancer is suspected

Annually, over 40,000 people are referred onto the Suspected Cancer Pathway (SCP). National Optimal Pathways state that for cases of suspected cancer, patients should be supported to improve their fitness, diet, lifestyle, and wellbeing.

Operating an effective approach to encourage people to change lifestyle behaviours that has maximum reach is challenging. We therefore developed an interactive online assessment tool that allows us to reach a wider audience, which empowers people to play an active role in changing their lifestyle health behaviours.

The **Digital Health Optimisation Self-Assessment Tool (dHOSAT)** helps people make positive changes to their health and wellbeing while waiting for investigations or appointments. It was developed by a small team of healthcare professionals within the Health Board and is being piloted within four GP clusters. We are aiming to roll it out to other GP clusters in 2025.

How does it work?

Patients who are referred to the hospital with symptoms that need further tests are sent a text message via DrDoctor. This text message includes a link to the dHOSAT. It is sent by day four of the SCP.

When a person clicks on the link they will be given seven simple lifestyle questions to complete. Depending on the answers they give, they will be signposted to relevant resources that can help them to make positive changes to their health and wellbeing. There is also the ability to automate referral to smoking and alcohol services.

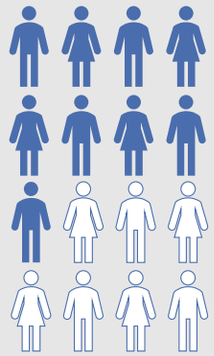
Case study

Patient A patient from Blaenau Gwent was referred with suspected kidney cancer by his GP. He completed the dHOSAT, in which he declared he drinks over 20 units a week and drinks more than 4 times a week. This triggered a referral to the Alcohol Care Team (ACT).

He recorded on the dHOSAT that he would like to reduce his alcohol consumption, and the ACT called him.

Kate met with Patient A in a clinic and discussed his drinking habits, scanned his liver, and discussed possibilities. While engaging with the ACT he had good news: it wasn't cancer.

Patient A considered his circumstance a "wake-up call" and is still engaging with the ACT and is on a plan to reduce his alcohol intake.



10,000 assessments sent to patients
5700 assessments completed
57% completion rate

97% of those who completed the assessment **wanted to change at least one lifestyle behaviour**.



25% smoke
47% who smoke **want to stop**
57% who wanted to stop **accepted appointments** from Help Me Quit



82% do not meet government recommendations of 150 minutes of physical activity per week
67% want to change and increase their physical activity levels



63% eat less than the recommended five fruit and vegetables a day
54% want to change and increase their daily consumption

Strategic objectives

Early detection

Finding cancer early means it's easier to treat and there are improved outcomes for patients.

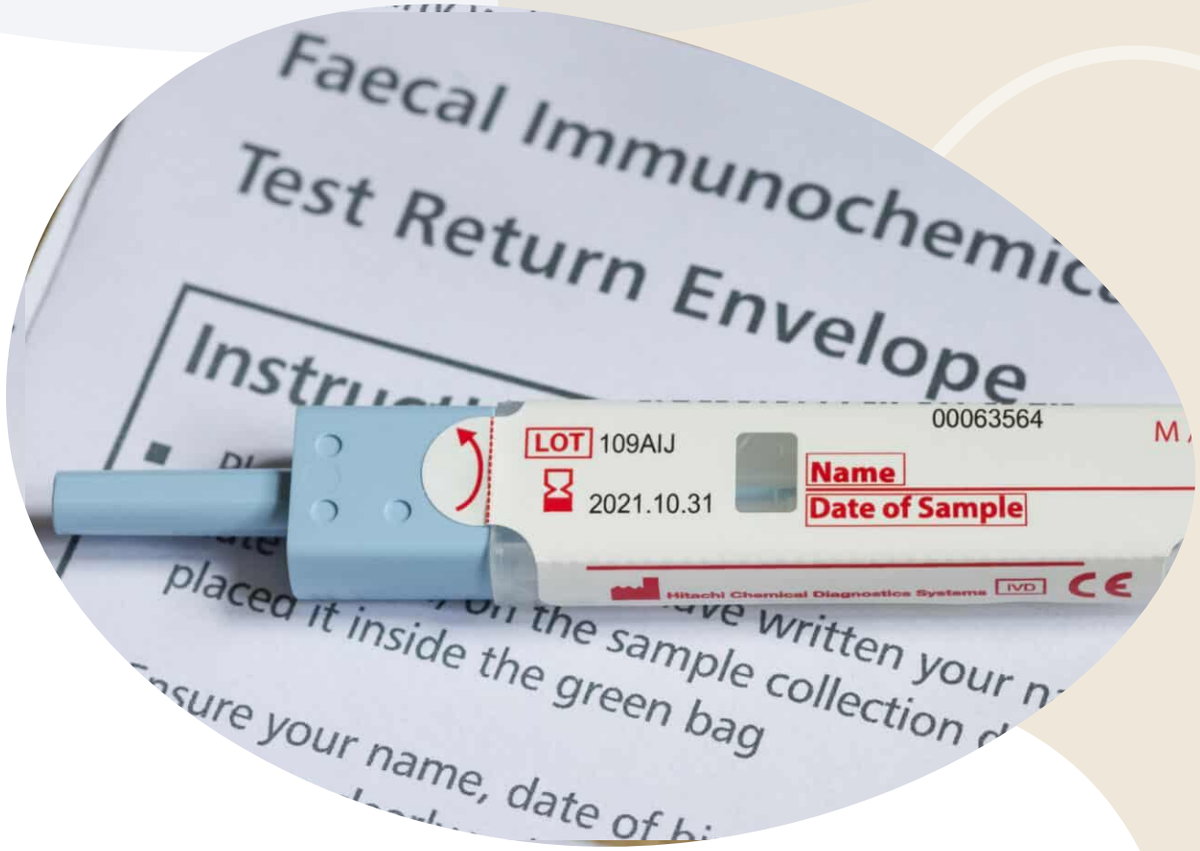
Cancer screening remains one of the most effective methods of identifying cancer at an early stage, but we still face challenges in ensuring that people engage with these programmes in our most deprived communities. Increasing awareness and encouraging uptake has therefore remained a priority this year.

We continue to work with primary care to improve awareness of our processes for referral onto the suspected cancer pathway.



Cancer Strategy aims

- Optimise uptake of breast and cervical cancer screening to 85%
- Increase uptake of colorectal cancer screening within the specified age range.
- Prepare to implement new cancer screening programmes which may include targeted lung cancer screen programme.
- Abolish inequities linked to deprivation across our communities



Colorectal cancer in primary care

In 2024, one of our goals was to embed NICE diagnostics guidance on faecal immunochemical testing (FIT) into practice (NICE DG56). FIT detects small amounts of blood in a faecal sample using antibodies that are specific to the haemoglobin in human blood.

The use of GP electronic test requesting (GPTR) to request FIT has been promoted to Primary Care so that we can analyse issue and return rates across our population groups. This will facilitate our evaluation of approaches to improving equity of access to urgent bowel investigation.

By October 2024, 49 of the 72 practices had used GPTR to request FIT, but this only represented 19% of FIT samples received by our labs. Worryingly, of the 19% requested via GPTR, the completion rate was only 33%. This compares poorly with the rest of Wales who have obligatory electronic requesting and a return rate of 78%.

For 2025 we seek monthly service reporting of FITs requested and returned using GPTR so that we can focus on practices not currently using it and who have low return rates.

Screening

Screening aims to diagnose people at early or pre-cancerous stage so that cancer is prevented or outcomes optimised.

Public Health Wales (PHW) run the following three screening programs in partnership with Aneurin Bevan University Health Board (ABUHB):

- Bowel Screening Wales
- Breast Test Wales
- Cervical Screening Wales

ABUHB relies on PHW for information on our population's screening uptake, which is 2-3 years old at the point of publication. The Screening Division Inequity Report 2023 shows our population's screening uptake to be in the top three health boards in Wales for all three cancer screening programmes.

Progress

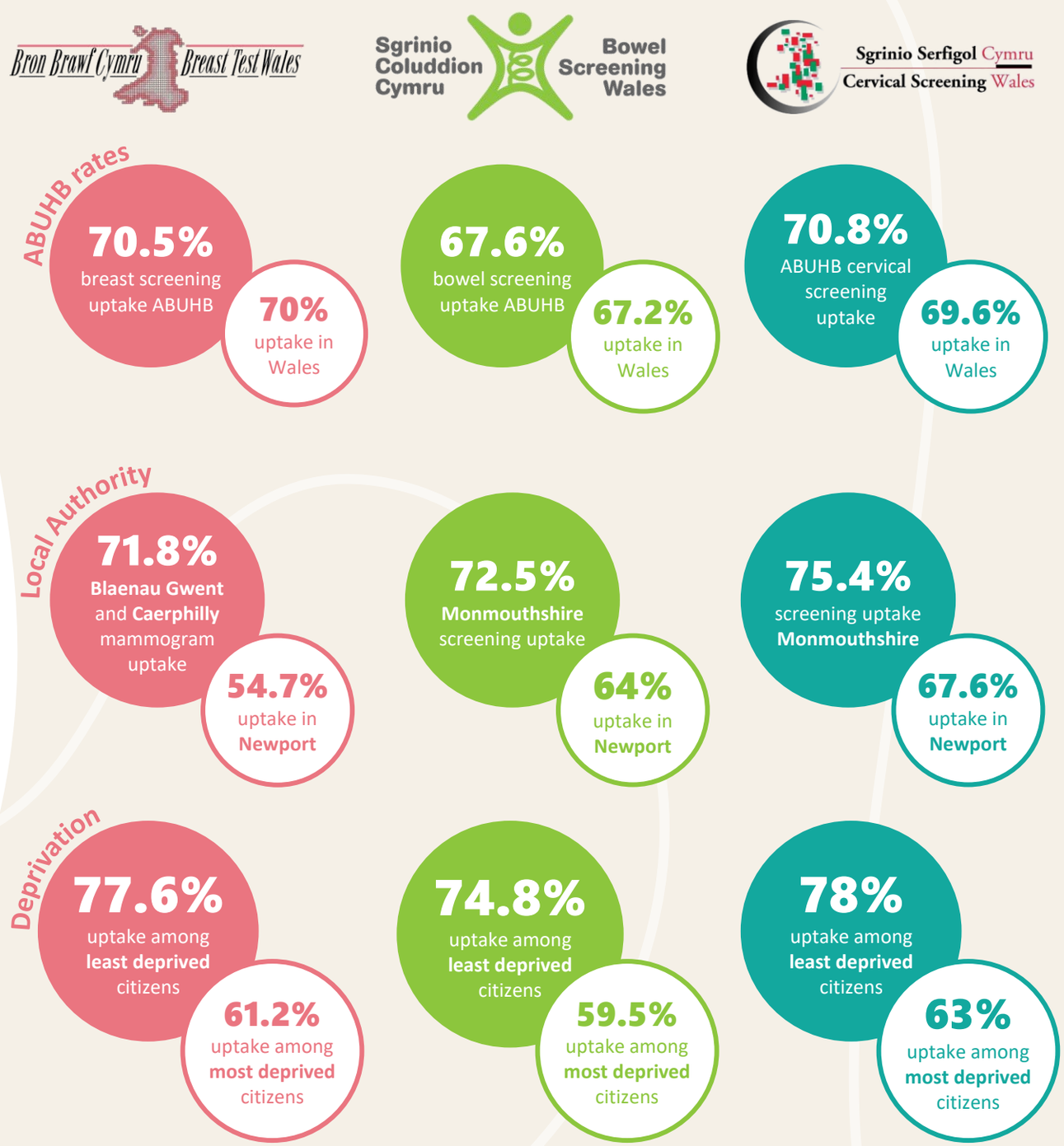
ABUHB performance has significantly improved through 2024 for people found to have a positive test:

- There have been consistent, incremental improvements in 7-day histology reporting times for Bowel Screening biopsies; from 11.4% in January 2024 to 57.5% in November 2024 (latest available data).
- Diagnostic colonoscopies within four weeks of bowel screening assessment have risen from 11.8 to 31% during 2024. The BSW target is 90%.
- Screen detected breast cancer surgery within the 31-day target, has risen from 8.3% in January 2024 to 60% in November 2024.
- Colposcopy waiting times for abnormal smears (moderate dyskaryosis 4-week target and cancerous changes 2-week target) are running at 100%.

Areas for development

There is a 15% gap in uptake between our most and least deprived citizens for all screening programmes. To address this, we seek access to current PHW data as well as striving to meet the information and support needs of citizens who do not currently participate in screening.

We also commit to further improving timely access to diagnostics and treatment for our screen detected cancer patients. 2025 will also be a year of preparation for a fourth (targeted) cancer screening programme to detect lung cancer in high-risk groups.



Strategic objectives

Timely diagnosis

The Suspected Cancer Pathway (SCP) is a Welsh Government target for diagnosing cancer and starting treatment in a timely manner; within 62 days from the point where a cancer might be suspected.

The national compliance target is that 75% of all patients should begin treatment for their cancer within 62 days from suspicion. However, due to capacity constraints and issues around patient willingness and preparedness, NHS Wales Health Boards have agreed an interim target of 70%* to be met by the end of March 2025.

When there is a suspicion of cancer, waiting for a definitive diagnosis can be an extremely worrying and anxious time for patients and their families. It is therefore reasonable that we arrive at a diagnosis and communicate this to the patient as early in the pathway as possible – a maximum of 28 days is a milestone in many of the National Optimal Pathways.

We make every effort to deliver this information to a high percentage of patients, as demonstrated in the table below.

Compliance with the national Suspected Cancer Pathway continues to be a challenge. However, our tumour site clinical and managerial teams continue to work together to highlight areas for improvement, and the Health Board continues to strive to provide high quality, timely care to all cancer patients.

Target	Threshold	Q4 (*2023/24*)	Q1 (*2024/25*)	Q2 (*2024/25*)	Q3 (*2024/25*)
% of patients commencing treatment for cancer within 62 days from point of suspicion	70%*	59.4%	55.4%	58.4%	63.6%

This table indicates our compliance with the national target. As this report covers the period January – December 2024 (and not the traditional NHS reporting year of April – March) the data reflects this.

Priorities and progress 2024

Priority	Progress
Treat at least 70% of all diagnosed cancer patients within 62 days by 31 March 2025.	Ongoing, however incremental improvements demonstrated throughout the year.
Improve compliance with the key milestones in the published National Optimal Pathways to ensure the patient cancer journey is efficient and effective to support good outcomes/prognoses.	All pathways can demonstrate that each step in the published pathways is followed. There is ongoing work to improve compliance with each timed milestone step within the pathways.
Support the Urology, Gynae, Colorectal and Head and Neck Task and Finish groups.	Successful and ongoing work programme within each tumour site.
Accurate and timely data submissions to national audits.	All audit data was submitted within national deadlines.
Complete the transfer from the old cancer system to the Cancer Network Information System Cymru (CaNISC).	National work continues with ABUHB input.
Rapid Diagnostic Clinic (RDC) – refine criteria to support GPs in identifying which patients would benefit most from referral.	Workstreams identified.

Conversion rates

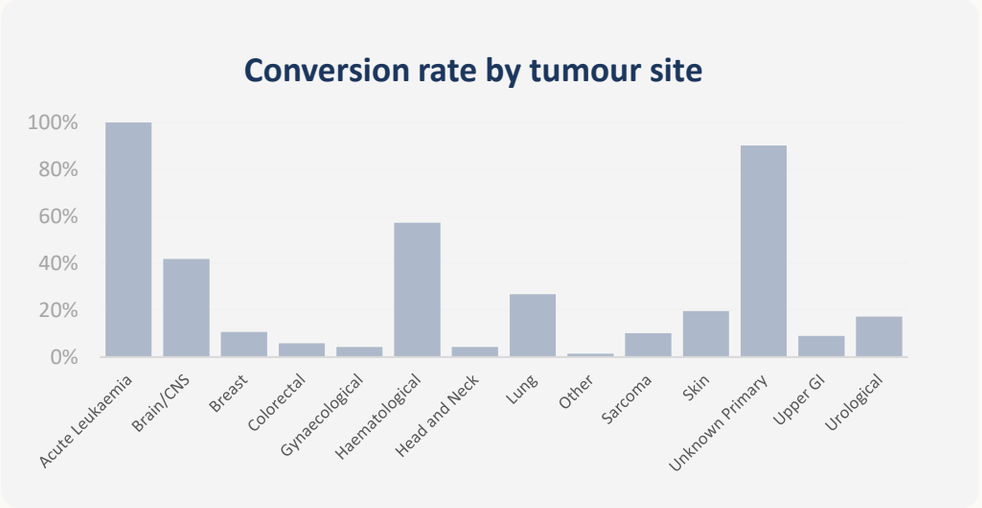
Not all referrals for cancer will result in a cancer diagnosis. In 2024 we received 40,364 referrals for suspected cancer. Of these 4995 or 12.3% had a diagnosis of cancer. This percentage is known as a conversion rate.

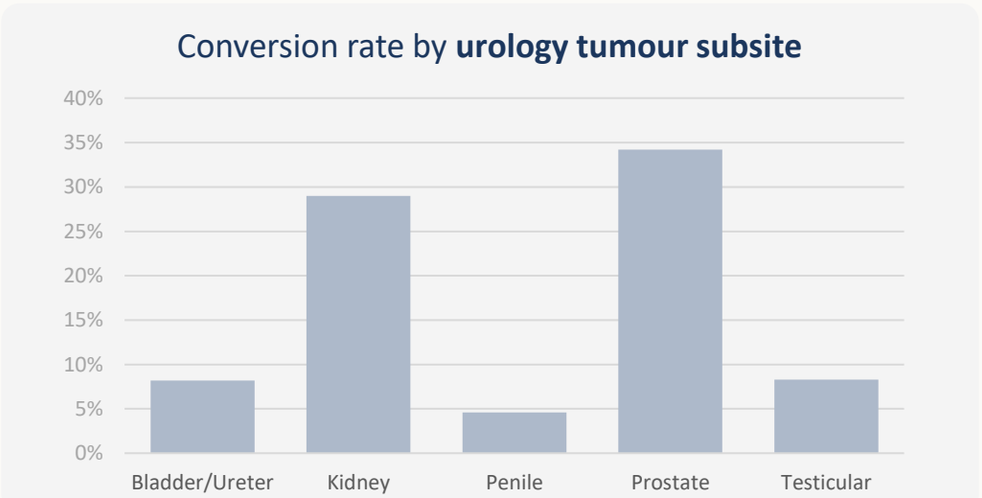
These rates provide insights into the volume of referral activity and improves our understanding of cancer diagnostic pathways and inform resources and intervention planning.

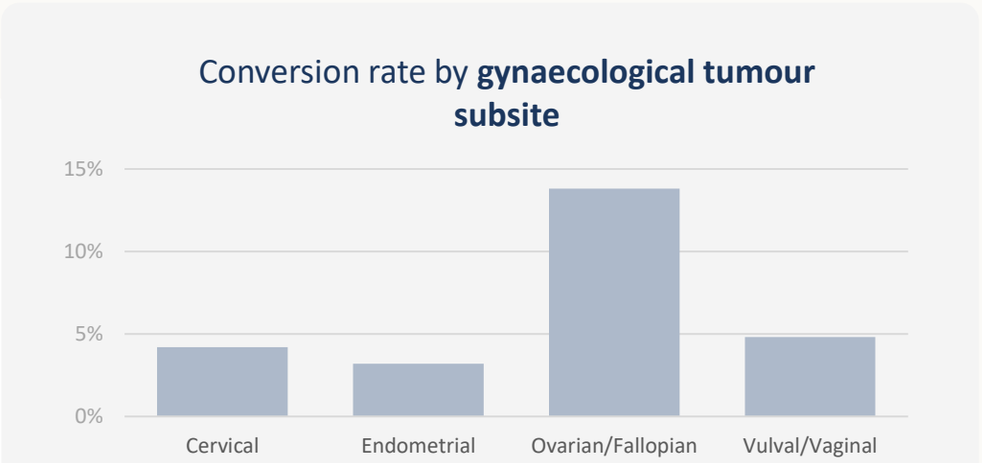
Conversion rates vary by tumour site and this can be seen in the first graph (*Conversion rate by tumour site*). There can also be variation within the specific organ sites and the second two graphs give detail of this breakdown (*Conversion rate by urology tumour subsite* and *Conversion rate by gynaecology tumour subsite*).

In 2024, the overall conversion rate for urology was 17.3%. However, the organ specific pathways each have their own conversion rate. Referrals for suspected bladder cancer have a conversion rate of approximately 8%, kidney cancer is approximately 30%, whilst prostate cancer has a 34% conversion rate. Testicular and penile cancer have lower conversion rates.

Similarly, the overall conversion to cancer rate in gynae-oncology pathway is approximately 4%. The organ specific pathways again differ with ovarian cancer having 13.8% conversion, vulval 4.8%, cervical 4.2%, and endometrial 3.2%.







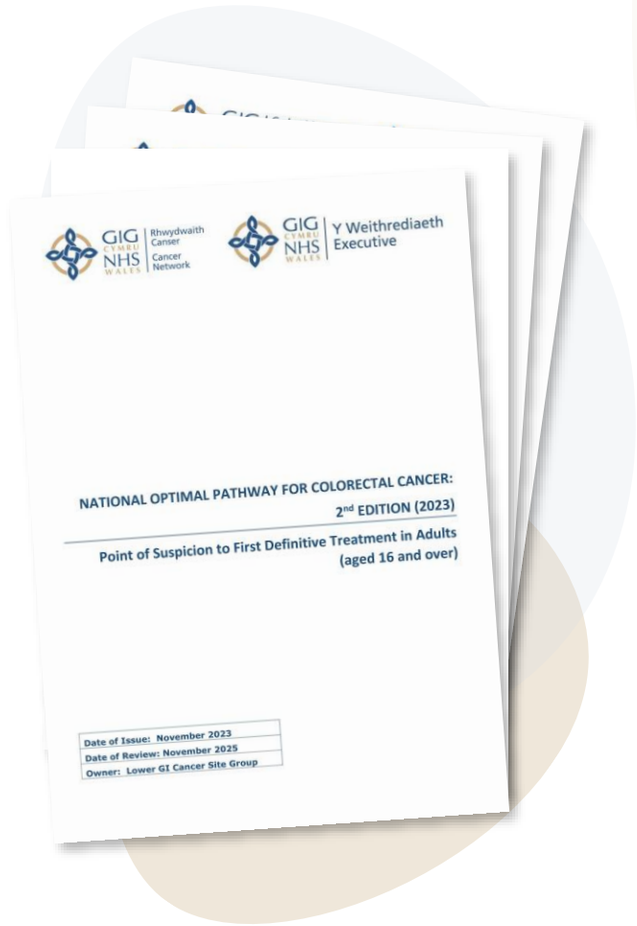
National Optimal Pathway Programme

The NHS Wales National Optimal Pathways (NOPs) have been designed as part of the Suspected Cancer Pathway (SCP) programme.

These pathways highlight best practices for diagnosis through to first definitive treatment. The pathways also specify where patients should receive consistent, tailored information and support.

The NOPs aim to standardise care, reduce unwarranted variation, and drive improvement while enhancing quality care across cancer pathways to meet the SCP cancer waiting time of 62 days for patients presenting with a suspicion of cancer. Implementing these pathways and achieving the recommended milestones will improve the experience and outcomes for cancer patients and provide timely reassurance to patients receiving a non-cancer diagnosis.

The NOP's have been implemented in most tumour sites and all steps of the pathway are undertaken; however, they do not currently align with the recommended days on the pathways.



Breast Pathway	Step	Details
Day 0	Point of Suspicion	Referral received
Day 1	Triage	Breast Team evaluates your referral
Within 10 Days	Diagnostic Clinic	Comprehensive assessment including: • Physical examination • Mammogram/Ultrasound • Biopsy
By Day 28	Multi-Disciplinary Team Meeting (MDTM)	Discussion of treatment: • Potential procedures • Surgical biopsy/wire localisation • Lymph node biopsy • MRI and/or CT scan
Within 21 Days from Diagnosis	Second Outpatient Appointment	Confirm diagnosis & stage: • HER2 and ER receptor results • Discuss treatment options
By Day 35	Pre-Operative Assessment (if needed)	Preparation for surgery or other treatments
Within 62 Days from Point of Suspicion to First Definitive Treatment	Treatment Commencement	Start your treatment

Task and finish groups

The Welsh Government's Ministerial Priorities for Cancer target improvements within four tumour sites: Breast, Colorectal, Gynaecology, and Urology. To address these priorities, Task and Finish Groups have been established for three of the four tumour sites.

The Breast tumour site has not been included at this time as the 1-stop model introduced in the new Breast Unit at YYF has now embedded and compliance is improving. The objective of the Task and Finish Groups is to enhance compliance with the Suspected Cancer Pathway (SCP) is to provide support by identifying constraints and establishing improvement opportunities.

The Groups work towards improving SCP compliance and the implementation of the National Optimal Cancer Pathways. By doing so, they promote enhanced performance, efficiency, and sustainability of service provisions. The Groups ensure that pathways are optimised, clear, and delivered with urgency. A delivery-focused approach is taken, ensuring clinical leadership, engagement of clinical services, and support in the design and delivery of agreed models.

Achievements

Gynaecology

A new pathway has been implemented for women experiencing post-menopausal bleeding, enabling women at higher risk of endometrial cancer to be seen within two weeks. Women with highly suspicious hysteroscopy findings now have access to rapid MRI scans, accelerating their diagnosis pathway and enabling earlier access to treatment.

Colorectal

A Scope to Scan service has been implemented for patients who have a suspicious colonoscopy. This service provides an opportunity for the patient to have access to a staging scan on the same day or within 48 hours. This accelerated diagnosis process enables the Multidisciplinary Team to promptly review and discuss results, facilitating the timely formulation of a treatment plan.

Urology

1-stop Haematuria Clinics have been fully integrated into our service, providing patients with the opportunity to undergo consultation, ultrasound scan, and flexible cystoscopy all in one visit. Patients diagnosed with a bladder or ureteric mass are offered same-day CT staging (or within 48 hours), expediting their pathway to treatment.

The recent implementation of Straight to Test CT scan for patients referred with haematuria, who meet the NICE Guideline criteria, is expected to further expedite the diagnostic stage. Patients diagnosed with a bladder or ureteric mass will bypass flexible cystoscopy and follow an accelerated pathway to an outpatient appointment and treatment plan. Additionally, patients diagnosed with a renal mass will proceed directly to discussion with the Multidisciplinary Team to discuss treatment options, significantly reducing the time to treatment.

Head and Neck

The Head and Neck service, comprising Ear, Nose & Throat (ENT) and the Oral & Maxillo Facial Service (OMFS), has been a focal point of Health Board concern due to overall compliance issues, despite not being a ministerial priority.

A dedicated team of ENT Consultants, Clinical Nurse Specialists and Managers from the department collaborated with Q-Lab (an innovation lab which brings people together to work on and address complex problems in healthcare services). Q-Lab provided grant funding and supported the team by facilitating their participation in Q-Lab initiatives as well as enabling them to test and implement their own innovative ideas in practice.

Following Phase 1 of this initiative, the service observed significant improvements, notably in reducing the time to first outpatient appointments and addressing the backlog of patients waiting over 62 days for treatment. Encouraged by these results, the team successfully submitted a bid for further funding to advance their efforts into Phase 2. The bid was approved, and the team is keen to continue their improvement work into 2025, building on the successes achieved so far.

Accelerated MDT Task & Finish Group

This project focused on optimising the diagnostic pathway for patients with suspected gastrointestinal (GI) cancer following an endoscopic procedure. The primary objective was to expedite referrals to radiology for staging scans, with the overarching aim of eliminating unnecessary delays.

The introduction of a streamlined pathway has significantly improved patient experience by reducing wait times and associated anxieties. The project has successfully shortened the diagnostic timeframe for both Upper and Lower GI pathways. The new protocol aligns with the National Optimal Pathway, ensuring better adherence to national standards. The optimised pathway enhances the ability to get malignant patients to an MDT discussion to plan treatment options.

Other improvements

Breast

Our Breast Care Unit at Ysbyty Ystrad Fawr has seen over a staggering 8000 patients since its opening in February 2024, and its committed team of caring staff are more passionate than ever about supporting patients throughout their breast cancer journey.

The purpose-built unit, located at Ysbyty Ystrad Fawr in Ystrad Mynach, brought together the clinical teams from Nevill Hall and the Royal Gwent Hospitals' breast services under one roof. Providing outpatient care, diagnostic investigations and surgery for breast cancer, the unit's team is made up of a number of different healthcare professionals, from healthcare support workers and breast nurses, to mammographers, radiologists, consultants and surgeons, along with an administration support team.

The newly established unit has implemented a one-stop service that allows patients to have a comprehensive assessment during their first appointment. This assessment includes a physical examination, mammogram/ultrasound and biopsy. This streamlined approach ensures that patients are either reassured and discharged promptly or receive a cancer diagnosis, which accelerates their treatment pathway. As a result, over 90% of patients are now reassured or diagnosed within 28 days.

The team pride themselves on offering a seamless, welcoming experience for patients from the moment they step through the doors of the unit, with high-quality patient care at the forefront.

A patient comments:

"My whole experience from my first appointment to now has been outstanding. Staff are amazing, friendly and put me at ease."

Pathology

Members of the Pathology Department participated in Toyota Lean Management Training and implemented improvements based on this methodology. This work streamlined processes, eliminated waste, and reduced steps in the pathology process, enabling laboratories to process specimens more quickly and reach the reporting stage without delay. This has resulted in a significant decrease in turnaround times for Urgent Suspected Cancer and Urgent specimens.

Radiology

The National Optimal Pathway for many tumour sites requires Straight to Test CT/MRI or same-day Scope to Scan (or within 48 hours at a designated hospital site). The Radiology Department has facilitated access to these diagnostic/staging scans, thereby decreasing the time to diagnosis and treatment.



Rapid Diagnostic Clinic

The Rapid Diagnostic Clinic (RDC) is designed to provide a timely and holistic route to diagnosis for patients who present to their GP with vague symptoms who do not fit the criteria for an Urgent Suspected Cancer referral. This is where the patient does not display clear "red flag" symptoms of a specific cancer.

The service provided aims to:

- Support earlier diagnosis for patients with vague, non-specific symptoms that could be cancer
- Reduce the number of cancers diagnosed via emergency presentation
- Improve overall patient health outcomes by detecting cancer earlier
- Redirect non-malignant conditions to appropriate services within the Health Board

The Health Board's Rapid Diagnostic Clinic has continued to develop over the last year with 828 referrals and a 7% conversion rate to cancer.

Considerations for improvement in 2025 include:

- Enhance communication channels between primary care and the RDC to ensure optimum service is provided to eligible patients
- Establish a systematic approach to collect and analyse data on symptoms, diagnoses, and referral rejection reasons to inform future practice
- Develop education sessions to enhance understanding of the referral process and criteria to the RDC

Patient feedback

Feedback from patients is excellent:

"Made me feel at ease & explained everything clearly."

"I was told everything step by step today."

"…very pleased with service offered and couldn't have got better if I went private!"

Challenges

Workforce

Due to ongoing rising demand for cancer services, the investment in workforce numbers has not alleviated pressure on services. The recruitment of skilled healthcare professionals is a nationwide issue. Despite recruitment drives and incentives, there are still notable gaps in key areas.

These workforce challenges are further compounded by the financial difficulties facing the NHS.

Capacity

The year-on-year increases in suspected cancer referrals, cancer diagnoses, and treatment requirements continue to present significant challenges to our Health Board. As the demand for outpatient appointments, radiological investigations, and surgical interventions grows at an unprecedented rate, our current capacity has not kept pace.

Tertiary providers

A proportion of our patients require diagnostic investigation, disease staging, and treatment beyond our Health Board. Reasons for this include the need for highly specialised procedures, advanced imaging techniques, and complex surgical interventions that are only available at tertiary care centres. Additionally, all Chemotherapy, Radiotherapy and Immunotherapy treatments are delivered by Velindre Cancer Centre.

Unfortunately, these tertiary providers face similar constraints and challenges in meeting the growing demand for their services which impacts on ABUHB patient pathway delays.

As a Health Board, we are investing in the development of local facilities to expand our capabilities and reduce the reliance on external providers.

Patient engagement

Across all tumour sites, patient-initiated delays are frequently reported as a significant challenge in adhering to the Urgent Suspected Cancer (USC) pathway milestone days. These delays occur when patients do not attend scheduled appointments, choose to defer appointments, or request to attend only specific hospital sites for investigations or consultations.

There are multiple reasons for these delays, including:

- **Lack of awareness –** Patients are not always informed that they are being referred for a suspected cancer diagnosis and therefore may not understand the importance of promptly accepting the appointments offered.
- **Fear and anxiety –** The fear of undergoing investigations and receiving a potential cancer diagnosis can lead to patients delaying their appointments.
- **Competing commitments –** Work or family obligations often take precedence, making it challenging for patients to prioritise their health.
- **Short notice –** Appointments given at short notice can be difficult for patients to attend, leading to further delays.

It is crucial to recognise that while short-notice appointments can pose difficulties, patient cooperation plays a vital role in achieving pathway milestones and ensuring timely, definitive treatment.

Improved cancer care for everyone

When a person has a suspected cancer, we must ensure not only that they get the right standard of care, but that care meets their individual needs.

We have nine cancer multidisciplinary teams who manage and individualise cancer care. They tailor treatment to each patient, taking into account best evidence and recommendations as well as genetic, biochemical, and other factors. Where oncology care is required, our teams work with Velindre Cancer Centre. Our teams are also supported by our Acute Oncology Service, who provide personalised care for cancer patients who require emergency interventions.

Cancer Strategy Aims

Our aims for 2019-2025 are:

- Integration of Prehabilitation for all patients within the Single Cancer Pathway
- Ensure sufficient surgical capacity to meet the needs of the population
- Redesign of Systemic Anti Cancer Therapy Services within our Cancer Network
- Review and development of Acute Oncology Service to meet needs of our patients
- Support Velindre Cancer Centre to develop Satellite Radiotherapy Unit at NHH



Getting ready for cancer treatment

Patients have told us that they do not always feel prepared for their cancer treatment, and are not aware of what they can do to help themselves prepare.

Prehabilitation is a well evidenced programme of targeted pre-treatment interventions that help patients get fitter and stronger for treatment. However, this is not currently funded in ABUHB.

To begin to mitigate for the lack of a targeted prehabilitation service, we have worked with patients and staff to co-design and raise awareness of various self-directed interventions.



This work has included the following elements:

Webpage

As part of our work on the Cancer Services website, we have developed a microsite containing advice and guidance on Getting Ready for Cancer Treatment. Work was led by the Macmillan AHP Cancer Lead in collaboration with key stakeholders and patient representatives.

The website contains valuable advice and guidance to supports health optimisation for patients on the Suspected Cancer Pathway. You can access the website here: Getting ready for your cancer treatment

Training

We have delivered training to endoscopy nurses, pre-assessment nurses, physician assistants (anaesthetics), cancer support workers, clinical nurse specialists and Allied Health Professionals (AHPs) in order to better support patients in preparing for treatment.

Customised *What Matters To You* conversation

The *What Matters To You* telephone conversation has been modified to include the core elements for getting ready for cancer treatment. This telephone assessment is delivered in 7 of our 9 tumour sites.

Multi-agency partnerships

We have worked to raise awareness of charities that patients can refer themselves to, including a 45 minute prehabilitation workshop run by Maggie's Cancer Care and The World Cancer Research Fund Nutrition Helpline.

Radiotherapy Unit at Nevill Hall





This new £38 million regional facility is a collaborative between Aneurin Bevan University Health Board, Velindre Cancer Centre, and South East Wales health boards. It will bring radiotherapy treatment to the Nevill Hall site in Abergavenny.

The satellite radiotherapy unit project and operational boards have been very active throughout 2024. They have provided overall direction and management to the construction of the unit and are working towards commissioning and service delivery when complete.

Once the unit is open in Summer 2025, it will operate as an extension of the Velindre Cancer Centre and will be staffed by a dedicated team of Velindre Cancer Service experts.

What is the aim of the unit?

The unit has been developed to:

- Provide high quality, safe and resilient services across South East Wales
- Increase radiotherapy capacity by 20%
- Reduce patient treatments times
- Introduce new treatments and technology for patient treatments over time
- Directly support the improvement of cancer outcomes across the region

Who is it for?

Initially, the Unit will see breast and prostate cancer patients who meet clinical criteria. Patients from across south east Wales who are referred for radiotherapy treatment will be assigned to either Velindre Cancer Centre in Whitchurch or the Velindre Radiotherapy Unit at Nevill Hall.









Radiotherapy unit at Nevill Hall

What will the unit offer?

Service and resources provided by the Satellite radiotherapy will include:

- **Two Advanced Linac Machines -** These state-of-the-art machines will provide precise and effective radiotherapy treatments.
- **Radiotherapy Planning** - Tailored treatment plans to meet your specific needs.
- **On-Treatment Review** - Regular check-ins to monitor your progress and adjust treatments as necessary.
- **On-Treatment Education** - Information and support to help you understand your treatment and manage side effects.
- **CT Simulator** - Advanced imaging to ensure accurate treatment delivery.

When will the unit open?

The Strategic Capital and Estates team are focusing on ensuring that all necessary steps are taken to meet the deadlines, including the installation and commissioning of equipment and the training of staff. Ready to treat the first patient in June 2025.

The overall forecast for the build is currently within budget.

Throughout 2024 service teams at Velindre and ABUHB have developed local and regional pathways for patients to ensure equity in care for cancer patients receiving treatment at NHH radiotherapy centre.

We look forward to welcoming the first patient in 2025.

Strategic objectives

Improved individualised care

What Matters to You conversations

This year we have changed the existing Holistic Needs Assessment (HNA) tool that was delivered digitally into a “What Matters To You” conversation.

The “What Matters To You” telephone conversation takes place after diagnosis. It asks about physical, social and practical concerns and includes targeted questions on health. Following this conversation, we can make referrals to dietetics, Help Me Quit, Alcohol Liaison, emotional welfare support if needs are identified. Patients are also signposted to new a website on self-help initiatives.

The purpose of this intervention is to ensure that patients have a more meaningful consultation and that they are signposted to resources that support their individual needs. This can help empower patients to prepare for treatment, socially, nutritionally, physically and emotionally.



Successes

Staff have reported they prefer the intervention over the previous Holistic Needs Assessment. Previously, the intervention reached a few hundred patients and preparation for treatment was not included in all tumour sites. It is now delivered to nearly 2000 patients a year.

72% of colorectal patients reported that they found the What Matters To You conversation helpful.

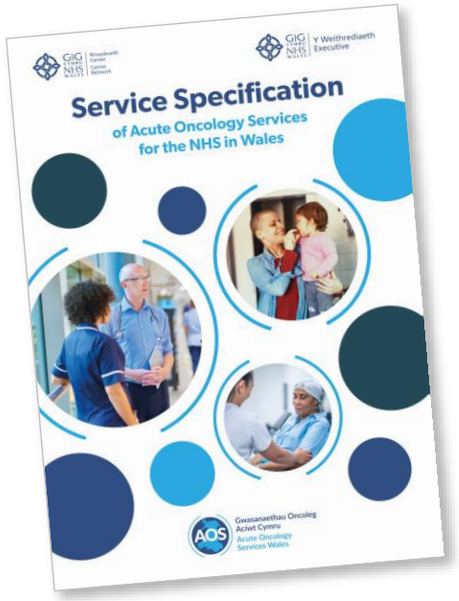
“I feel a lot happier with the way it's being completed at the moment by telephone and follow up letter to the patients.” – *Staff comment*

“Our conversation was caring and encouraging and prepared me mentally for surgery.” – *Patient comment*

Acute Oncology Service (AOS)

Although cancer treatments are improving, patients diagnosed with cancer unfortunately spend an average of 25-30 days in acute care in the last year of life. Oncology services are largely outpatient based, however many patients at some point need emergency cancer support. The Acute Oncology Services (AOS) have expert knowledge and bridge the gap between acute and oncology care. This helps to ensure timely interventions that improve outcomes and experience.

In ABUHB, a first phase business case for AOS was implemented in 2022. This developed the nursing provision alongside specialist and outreach services from Velindre Cancer Centre. Also influencing standards of care are the new Service Specification of Acute Oncology Services for the NHS in Wales.



Progress in 2024

Successes and achievements in 2024 include:

- Increased nursing workforce
- A virtual oncology ward round
- Reduced length of stay due to faster response times, more patients reviewed in 24 hours, pathway changes, and use of SDEC (Same Day Emergency Care)
- A new oncology CUP (Cancer of Unknown Primary) service
- Launch of South East Wales spinal network ensuring patients with metastatic spinal cord compression have rapid access to spinal expertise
- Development of South East Wales key performance and quality indicators

Priorities for 2025

We aim to develop robust pathways for the following key oncological emergencies:

- Immunotherapy toxicities
- Malignant ascites
- Metastatic spinal cord compression compliance with treatment standard (currently only 59% are treated within the standard of 24 hours)
- New diagnosis of cancer (currently the length of stay for new diagnosis of cancer is over 17 days and the longest across South East Wales)

Other areas for improvement are:

- Digitalisation
- Education across the health board

Innovative device for colon polyps

Aneurin Bevan University Health Board has become the first in Wales to pilot the ground-breaking Speedboat Submucosal Dissection (SSD) technology. Currently, patients with pre-cancerous very large polyps often face multiple procedures or major surgery, which can result in lengthy recovery times and higher risks. The Speedboat device allows clinicians to perform a single, minimally invasive procedure to remove pre-cancerous polyps reducing the need for surgery and enabling faster patient recovery.

Doctor Alka Joshi, Clinical Lead for the pilot, commented:

"This pilot is a significant step forward for our patients. By utilising the Speedboat device, we can offer a more efficient, less invasive alternative to traditional surgical methods, improving outcomes and reducing waiting times."

Three patients have undergone the treatment successfully in 2024, with no recorded complications. Each procedure was completed in a single session, and all patients were discharged the same day. One patient even resumed normal activities, including Christmas shopping, the very next day.





State-of-the-art surgical robot introduced at Royal Gwent Hospital

Introduced to urology the robotic arms are equipped with specialised instruments and a high-definition camera, which provides magnified 3D views of the surgical area to enhance the accuracy of delicate surgical procedures, allowing the surgeon to operate the system remotely. As a result, the minimal trauma to surrounding tissues allows faster recovery times, reduced postoperative pain, and improved outcomes for patients.

Consultant Surgeon for Urology at Aneurin Bevan University Health Board, said:

"It allows us to do day-case procedures for prostatectomy – normally that would take a 2–3 day inpatient stay - so we're getting people home the same day. For the patient, this basically means a lot less time in hospital and hopefully a lot more time enjoying themselves and recuperating from the operation in an easy way".

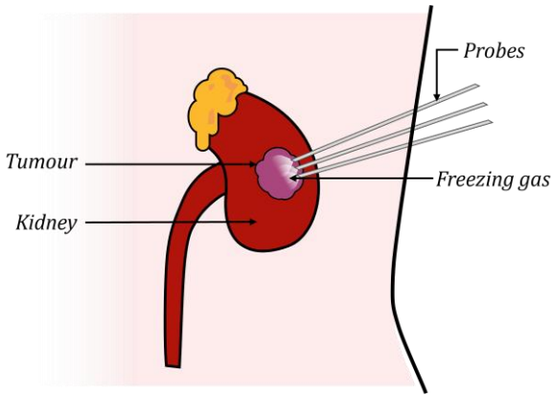
Since June 2024, 51 ROBOTIC cases for cancer have been completed, including robotically assisted prostatectomies (RALP), Cystectomies, Robotically assisted nephrectomies (RAN).

The other positive news is that it can also support other surgeries, and 32 other cases have been completed.



Introduction of cryoablation for kidney cancers

The introduction of cryoablation for kidney cancers offers significant patient-centred benefits, particularly as a minimally invasive alternative to traditional surgery. By utilizing extreme cold to target and destroy tumour cells, this procedure preserves surrounding healthy kidney tissue, thereby maintaining renal function and reducing the risk of long-term complications such as dialysis.



Cryoablation is ideal for patients with comorbidities or those deemed high-risk for surgery as it minimizes physical trauma and can be performed with a lighter anaesthetic or even sedation. Patients experience shorter recovery times, typically resuming normal activities within days, and benefit from reduced postoperative pain, smaller incisions, and lower risks of bleeding or infection.

We have performed cryoablation as a day case procedure in nearly all 20 cases so far making it a more convenient option for patients and saving vital hospital bed days.

Clinically, cryoablation demonstrates robust effectiveness, particularly for small renal tumours, with success rates comparable to surgical interventions. Advanced imaging guidance with CT ensures precise tumour targeting, minimizing damage to adjacent structures and improving oncologic outcomes. The procedure's repeatability allows for treatment of recurrent or new tumours without cumulative risks, offering a sustainable option for long-term care.

Operationally, cryoablation reduces healthcare costs through shorter hospital stays and fewer complications, aligning with trends toward value-based oncology care. By integrating this innovative service, we have increased our therapeutic arsenal, addressing patient needs with cutting-edge technology while prioritizing quality of life and renal preservation.

Increased survival in haematological cancers

Haematology cancer is a type of cancer that affects blood cells. It includes Hodgkin's lymphoma, non-Hodgkin's lymphoma, Leukaemia, and Myeloma. Five and ten year survival across all sub-sites in ABUHB have improved, due to significant advances in treatment (Cancer Survival in Wales).

There have been further NICE approved treatments in 2024, with over 12 delivered in ABUHB. This includes a group of immunotherapy drugs known as Bispecific antibodies (bsAbs) which work by bringing immune cells close to the cancer cells and activating the immune system. Evidence shows that these new regimes will extend how long people live, the time they have without progression, and give relief of symptoms.

However, a consequence of these new therapies is that many patients are seen and treated over a much longer time period. This has resulted in an 86% increase in follow-up appointments over five years and a doubling of day case treatments. In 2025, we will continuing working to sustain haematology delivery.

Strategic objectives

Living well with and beyond cancer

Living with and beyond cancer is a UK wide initiative launched in 2010, to improve services and support for people diagnosed with cancer.

It was recognised that improving diagnosis and treatment alone did not enable people living with cancer to have health and quality of life outcomes.

Initially the concepts for the initiative were narrow in scope and not well evidenced. Over the last 14 years, intelligence gathered from patient experience, practice and other evidence has reshaped delivery, and been integrated into person centred care standards for cancer.

Cancer Strategy Aims

- Improve access to written advice and support for cancer patients
- Provide all patients diagnosed with cancer with a written care plan
- Improve access to psychological support services
- Routinely collect Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) to optimise patient experience and value-based cancer care

Progress

We are progressing well towards implementing the core person centred care elements for cancer. This includes:

- Health optimisation tool delivered at point of suspicion.
- Keyworkers available in all major tumour sites and plans for a breast metastasis nurse in 2025.
- Macmillan clinical support roles added to Haematology, Lung, and Colorectal cancer teams.
- Implemented the “What Matters To You” and “Getting Ready For Treatment” conversation in 7 of the 9 tumour sites. Two tumour sites remain with Holistic Needs Assessment (HNA).
- Treatment summaries offered in 5 of 9 tumour sites.
- Remote or digital follow up available in Prostate cancer team.

Areas for development

- Targeted and specialist prehabilitation
- Mechanism for routine Patient Reported Experience Measures (PREMs) data collection

Individualised care model

Our model of work for living with and beyond cancer in 2024 focused on the following six components:

Access to information
To empower our patients to use information to be informed and active with their health outcomes.

Staff support and training
To ensure our staff and volunteers have the skills and support to provide person centred care.

Patient workshops
To assist patients to deal with uncertainty and difficult feelings so that they can focus on what matters to them most.

Volunteers in cancer
To facilitate the connection of people who have experienced cancer to provide support for each other.

Third sector collaboration
To enable patients to access support that is available.

Patient & staff engagement
Listening to patients and staff, to identify gaps in support and understanding patients needs.

Improved access to psychological support services

Patient feedback at ABUHB reported that there was a gap in our emotional support, which was also highlighted in a patient story in 2021.

Learning from this, we implemented the Enhanced Psychological Wellbeing Project to support all those with cancer, including individuals who may find access difficult.

The model has transformed how patients can gain support. There is more choice and support can be based on patients' individual needs and preference rather than a "one size fits all approach". There is more information, peer support, befrienders, charity sector support, group interventions and an improved specialist psychology service.

Project recognition

In October 2024 the project was shortlisted for Patient Experience Network National Award. We were told:

Great example of system wide improvement informed by patients. There is something for everyone and thought has gone into making support equitable.

The programme demonstrates powerfully how storytelling can motivate change amongst stakeholders and groups that may otherwise be resistant.

Access to specialist psychology support for complex patients

The Cancer Psychology Service are a team who provide specialist psychological assessment, intervention, and support for people with cancer.

This specialist support can significantly improve outcomes or experiences for people living with cancer. It can also help encourage patients to engage with investigations and adhere to treatment.

Our tumour site teams have improved their knowledge and awareness of psychological distress and are referring more patients for assessment.

Predictive statistical modelling suggests that if referrals continue to follow the trend of the last 3 years, they will have increased by 101% by 2025 compared to 2022.

Case Study 1

S was referred to the Cancer Psychology Service by their CNS as they were too distressed to proceed with chemotherapy and radiotherapy. They had presented at VCC for chemotherapy and had a panic attack resulting in a treatment rupture.

S told the medical team that they wanted to use alternative medicines due to their fears around treatment. This would significantly impact on their survival.

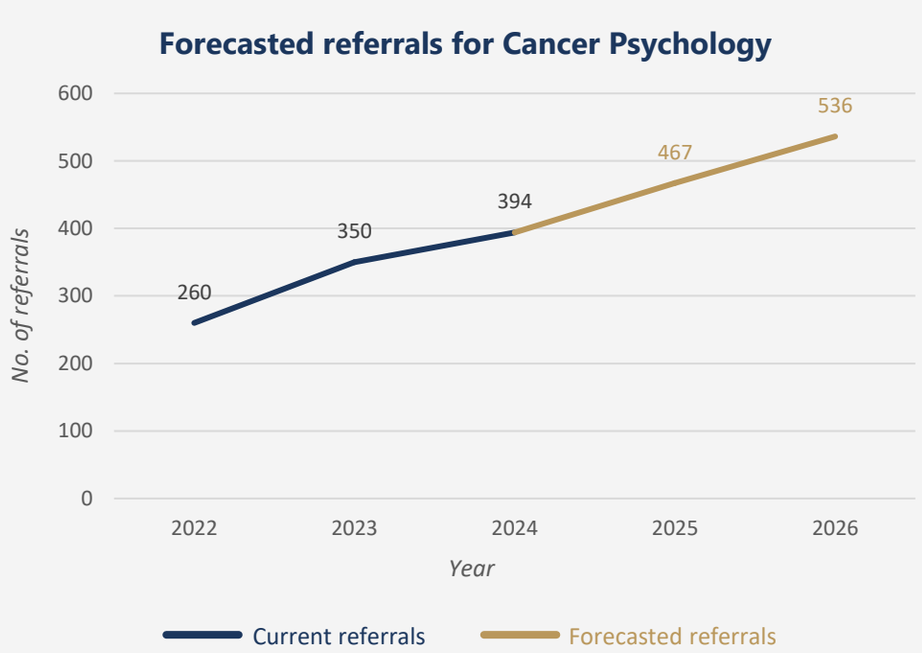
The Cancer Psychology Service worked with S and their medical team to enable them to complete chemotherapy and radiotherapy. They are now in remission.

Case Study 2

K received a palliative diagnosis from the medical team. They expressed to their CNS that they did not see the point in moving forward with treatment or their life.

They accepted a referral to the Cancer Psychology team and through sessions with their psychologist recognised that they could still do the things that matter, be themselves and feel in control and live with a palliative diagnosis.

They have recently signed up to walk the three peaks for charity.



Fatigue pathway co-design event

Cancer-related fatigue (CRF) is the most common symptom of cancer throughout all stages of the illness and treatment. CRF leads to physical, cognitive, and emotional fatigue in many individuals with current or historic cancer diagnoses.

Although holistic support is offered to patients, there was no standardised approach for managing fatigue. As a result, service users felt largely uninformed and unsupported around their experience of CRF.

Here is what some service users told us:

> *I think the cognitive side of the fatigue, I wasn't really prepared for. The fact that I couldn't do basic things.*
>
> *The mental strain that it takes on you, I don't think is addressed. The physical, yes. The physical support was amazing.*
>
> *…it is a little bit daunting. So, I think more communication would be helpful, just to have that reassurance really.*

Having identified this gap in support, senior leadership introduced an improvement strategy that included a fatigue pathway co-design event held with patients and staff.



Key Recommendations for 2025

- Create a clear pathway of support for CRF
- Inform all cancer patients of the risk of CRF and highlight support options throughout an individual's cancer journey
- Develop resources outlining what to expect from CRF
- Co-produce and co-facilitate a fatigue group or workshop
- Deliver training to staff around CRF and the support that can be offered
- Ensure clear and consistent communication in all interactions

Cancer volunteers

Evidence shows that patients supported by volunteers have a positive experience and multiple benefits are perceived. We work closely with the Patient Experience & Involvement Team and have 31 trained volunteers who support various initiatives across our hospital sites and in the community.

Cancer café

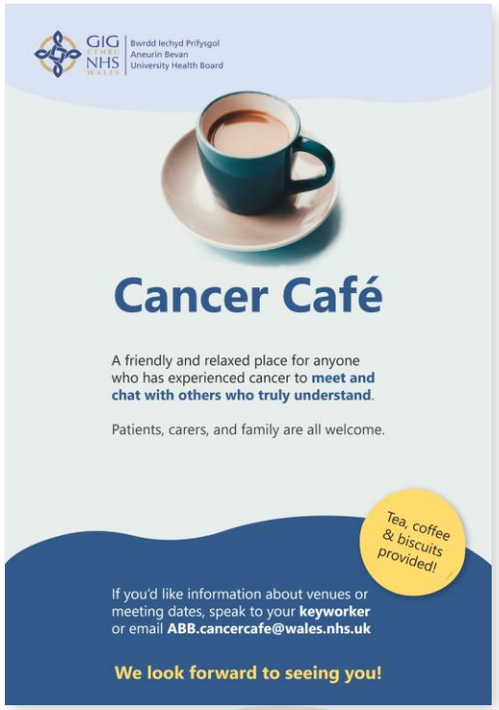
One area we are specifically proud of is our six cancer cafes. Each are supported by a staff and volunteer. They create a friendly space where anyone affected by cancer can meet and chat with others who truly understand.

Here is what patients have told us:

> *These cafes really are a great resource for those trying to move on. It really does help such a lot to speak to other people and realise we are all dealing with the same thing.*
>
> *Friends do not want to talk about cancer. The cancer café is the only place I can talk about cancer.*

Telephone befriending service

Another new provision is our telephone befriending service. This service allows patients to speak to a dedicated volunteer on a regular and one-to-one basis. For some patients this helps to reduce loneliness or anxiety. For others it provides an opportunity to raise concerns or share their experience with someone who will listen and understand.





Patient and public involvement and engagement

We are committed to ensuring that people affected by cancer can tell us about their experience of the care we deliver.

There are various methods of obtaining patient feedback, but we are committed to developing more. Our current engagement with people experiencing cancer across different age ranges includes:

- Qualitative interviews
- Patient questionnaires
- Patient stories
- Putting Things Right team
- Co-design event
- Patient partnership panel

There are examples of feedback and experience from these sources contained throughout this report.

Cancer Patient Partnership Panel

The Cancer Patient Partnership Panel has been running for 18 months and is described as a brilliant group that our patients are proud to be part of. They really value using their experience of the good, and the not so good, to make a difference to future patient care. We achieve this by listening, collaborating, and acting.

Our patient partners tell us that a cancer diagnosis is life changing. It doesn't just affect them physically, but touches many difference aspects of their of life. They want other patients to be shown, where possible, that the patients themselves play an important part in getting better. They also want to make it easier for us to do a good a job.

Here are some comments from participants:

> *"It's the changes that you make from listening to us.*
>
> *It really works with really good decisions and suggestions, it shows you are listening."*



Improved access to written advice and support for patients

Providing cancer patients with information can help to improve knowledge and understanding, reduce anxiety, increase preparedness and compliance with treatment, and raise overall satisfaction. Appropriate access to information is therefore fundamental in meeting patients' needs.

Patient leaflets and other printed sources of information have long been an integral part of our approach to supporting patients. However, our digital information resources have been severely underdeveloped. This was concerning as there has been a long-term trend towards accessing health information digitally. In a 2023 report on *Use of the internet and digital technology to manage health in Wales*, Public Health Wales state that at least 53% of people would like to use the internet frequently to manage their health in the future.

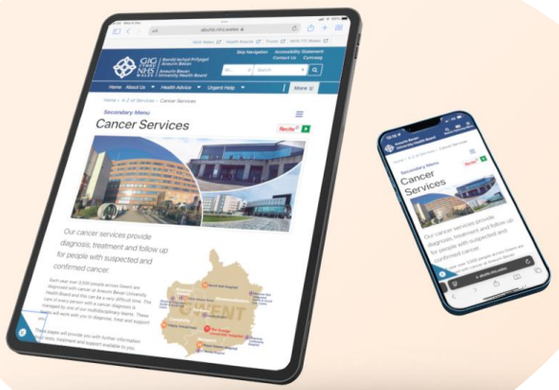
As such, we have worked with our Patient Partnership Panel to develop a dedicated Cancer Services web resource that gives patients access to accurate, accessible information about cancer services and support across ABUHB and beyond.

The website was quietly launched in December 2024, and has been receiving an average of 150 views per week.

Further work

In 2025, there will be a focus on:

- Wider promotion of website to improve usage
- Development and improvement of online resources for each of our tumour site teams
- Tools, resources and strategies to improve digital health literacy among patients



Improvement plan for menopausal symptoms in Breast Cancer

Each year we diagnose over 650 new primary breast cancers in ABUHB. Up to 80% will be advised to take endocrine therapy (anti-hormone therapy) which can cause menopausal type symptoms. This can impact quality of life, sleep, emotional functioning and physical health.

It is therefore understandable why 20% of women have poor adherence after two years of taking the drug and around 50% at five years (SWEET study). We know however that if endocrine therapy is taken for 10 years it substantially reduces the risk of the cancer returning (National Cancer Institute).

In May 2024, our sexual health team conducted an evaluation with 30 of our breast cancer patients. It concluded that a gap remained in the current breast service for women who experienced menopausal symptoms. Breast unit nurses are doing their best to support the need but are limited by both time and resources. There is a recommendation to improve standardised care, and to give careful consideration to timing and volume of information given.

Here is what some of our patients have said:

> ***"In general, I don't think it's talked about enough. It's something so many of us experience but we're all too scared to talk about it.."***
>
> ***"I do feel if we had more time in appointments, we could have discussed things more but I completely appreciate the staff are busy and have other patients to see..."***
>
> ***"...I was given lots of information about the long-term health effects of the treatment, e.g., osteoporosis, but felt the menopause symptoms weren't discussed enough."***
>
> ***".. I do feel at the time I couldn't take it in as there was so much other information given to me."***

Achievements

So far we have:

- Improved collaboration between the breast team and sexual health services.
- Trained the clinical nurse specialist team on identification and support of menopause along with skills on talking about the sexual/intimacy impact of cancer
- Developed specialist knowledge in the team

Further developments

Developments in 2025 will include:

- CBT training for breast nurse
- Continued planning for a dedicated clinic and MDT for the management of menopause in breast cancer

Strategic objectives

Improving our knowledge of cancer

Research, education and learning are all vital parts or the work we do within Cancer Services and the wider health board.

By improving cancer education among our patients and staff we can improve outcomes and experiences. Similarly, by increasing the number of participants in cancer research studies we can help to advance future treatments and care.

Our Cancer Strategy aims are to:

- improve cancer education for our population and clinicians
- increase the number of participants in cancer research studies to 10%
- carry out horizon scanning and rapid adoption of new technologies

GP Education

Primary Care knowledge is key to the effective functioning of the Urgent Suspected Cancer pathways. This includes knowledge of cancer signs and symptoms, awareness of rapid referral processes, and an understanding of what to communicate both to patients and consultants.

During 2024, we explored a number of routes to update Primary Care on cancer pathways and provision. Macmillan Cancer Support provided funding for a series of seven cancer supper learning events. These events were very well received by delegates, but attendance was low and four events were cancelled due to insufficient sign up.

Our dermatologists are providing lunchtime webinars to Primary Care. Again, while highly appreciated by attendees, these do not reach enough clinicians to attain the sea change in confidence with skin lesions that we hope for.

The autumn 2024 Cancer Newsletter was read in depth by 89 primary care clinicians (there are over 700 Primary Care referrers in Aneurin Bevan).

Gateway C is an online Cancer recognition and referral education resource. It is free in Wales for all Primary Care clinicians. Aneurin Bevan leads Wales in sign up to Gateway C, but there have only been 100 completed modules in the 2 years it has been available.

These disappointments in engagement with Primary Care around Cancer Quality Improvement reflect the extreme pressures present in Primary Care. In 2025 we will visit as many practices as possible to feedback current issues and share key messages.

Research & development

Achievements

We have launched the **Research Champion Programme**, which is fostering engagement across all levels of staff and has significantly increased awareness of research. So far, we have completed two inductions with Health Board staff, and the next phase will focus on including patient representatives and community leaders. By empowering them to serve as ambassadors for research, we aim to actively promote research within departments and across the wider Health Board area.

Commercial research in haematology has continued to grow, leading to regular engagement with multiple pharmaceutical companies. Notably, we have been recognised as a preferred participant recruitment site for one commercial company, having been selected for a third research trial with the company in the past 18 months. **We were the first UK site to recruit a patient for this study**, achieving this milestone within one week of opening. Additionally, we are collaborating with neighbouring Health Boards to refer patients to our site when specific studies are not available elsewhere.

The number of cancer trials opened within the Health Board has significantly increased, from 9 to 16. As a result, the proportion of research recruits participating in cancer studies has grown from 3% to 11% over the past year.

Risks and challenges

Challenges with accommodation and supporting services at some sites, such as GUH and YYF, can limit the type of clinical research we are able to conduct. Ongoing discussions and exploration are underway to address and improve these issues.

Supporting research activity across multiple disease areas and sites with available research staff remains a challenge. We are exploring models to better integrate research within standard care settings. However, we recognise that this can be complex, and further work is required to provide adequate support through training, job planning, and resource allocation to ensure successful implementation.

Priorities for 2025

We aim to **expand contributions to the cancer research portfolio**, with a particular focus on extending into other disease areas and aligning with the Welsh Government's *Tackling Cancer through Research* programme.

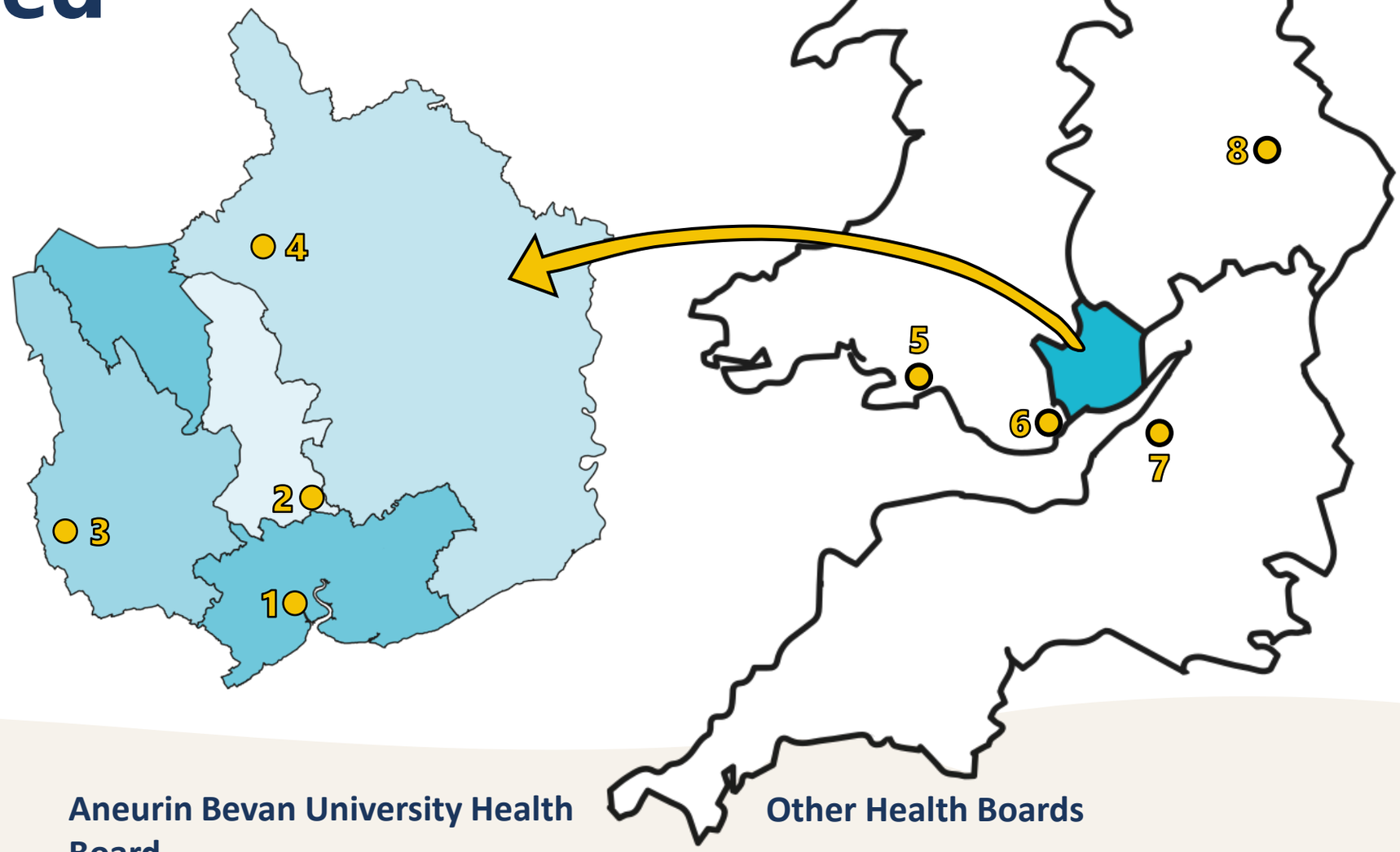
We also hope to **strengthen the integration of research activities within clinical pathways and routine care**, ensuring that research opportunities are effectively highlighted to both staff and patients.

How our services are delivered

Many patients will receive aspects of their care, such as specialist surgery and oncology treatment, outside of the Gwent region.

In order to plan, purchase, and monitor the delivery of healthcare we commission services from other health boards and trusts. We hold long term agreements with all neighbouring health boards, Velindre NHS Trust, and neighbouring English providers.

For example, Velindre Cancer Centre provide radiotherapy and SACT services in addition to tertiary cancer activity. We arrange for the delivery of pancreatic surgery and management of soft tissue sarcoma at Swansea Bay University Health Board. Meanwhile, bone sarcoma patients would be referred to the Birmingham Sarcoma Service.



Aneurin Bevan University Health Board

The principle sites within our health board are:

1. Royal Gwent Hospital, Newport
2. The Grange University Hospital, Cwmbran
3. Ysbyty Ystrad Fawr, Ystrad Mynach
4. Nevill Hall Hospital, Abergavenny

Other Health Boards

Some examples of neighbouring health boards and trust that we work with (this list is not exhaustive):

5. Swansea Bay University Health Board
6. Cardiff & Vale University Health Board / Velindre University NHS Trust
7. North Bristol NHS Trust
8. Birmingham Sarcoma Service

Looking forward

We started 2025 with a review under our new Executive Lead for Cancer, which focuses on what we need to progress and transform to improve outcomes for our population.

This year we are working to transform our structure and governance so that it assures and improves delivery and allows for new work to be developed. This will be developed though system review including a population needs assessment.

Our Cancer Strategy, *Delivering a Vision 2020-2025*, is in its final year, so we are prioritising areas where progress has not been as expected, alongside new areas required to underpin our way forward.



Reducing inequities in cancer prevention & early detection

Reducing inequities will remain an area of focus, especially in our most deprived regions. Those living in Blaenau Gwent are at the highest risk of cancer mortality in the UK. The smoking rate for men in Blaenau Gwent is higher than in other boroughs and so further targeted action will be required.

We need to continue to work to increase uptake of the cervical, bowel and breast screening programmes, and HPV vaccine delivery. We have started the year with a working group focusing on HPV uptake, working collaboratively with our Public Health and School Vaccination teams on improving vaccine uptake across the region. We are also trying to better understand the reasons for not attending screenings or not taking up vaccinations so we can implement appropriate support.

Performance

Performance remains a priority, and we continue with our drive to reduce waiting times and improve compliance with the National Optimal Pathways. Some of the initiatives we have planned include skin telederm and cameras for GP practices for taking photos of patient lesions, and HER2 processing being funded to come back in-house.

Prehabilitation

In 2024 we concentrated on developing a standardised approach for the universal offer for prehabilitation. In 2025 we will aim to develop and source funding for a targeted and specialist service led by Allied Health Professionals (AHP). This will adhere to the updated Macmillan Cancer Support prehabilitation principles and guidance documents.

Patient reported outcomes

Patient reported outcomes will assist us in developing our service and pathways. Although we have increased our patient engagement initiatives, we have not yet implemented a cancer-specific tool to collect patient experience. We hope this can be achieved in 2025 through the implementation and further development of Civica, our patient feedback system.

Working with partners

Partnership working is off to an exciting start in 2025 as we continue our collaboration with Velindre Cancer Centre and the South East Wales Local Health Boards to operationally plan for the satellite radiotherapy unit opening in the summer of 2025. Alongside this work, we continue to support Velindre Cancer Centre in their aim to achieve 45% of their delivery in outreach settings before 2027. We will also prioritise other regional collaborations in Acute Oncology, surgical pathways, and CANISC replacement.

Digital developments

Digital Developments are a key part of our service delivery and development. We can now provide highly accurate data regarding both current and projected activity in cancer. This will be showcased at our ABUHB cancer conference in March 2025, and used to inform future delivery models. In 2025, we plan to continue developing and improving digital health information for our patients, including our Cancer Services website.

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:**	21 May 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	U&EC Developments Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Leanne Watkins - Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Richard Morgan-Evans – Deputy Chief Operating Officer

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 report is to update the Board regarding the key urgent and emergency care-focussed developments since September 2024. This includes:

- The investment in additional Emergency Department (ED) consultants
- 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.

Cefndir / Background

Urgent and Emergency care is a top priority for the organisation and is strategically led through our Six Goals for Urgent and Emergency Care Programme and operationally led through a weekly safety flow programme.

There is an overarching improvement programme aimed at being able to de-escalate from enhanced monitoring with Welsh Government for urgent and emergency care pathways at the GUH with a focus on the performance within the Emergency Department of the GUH. There were two key schemes developed throughout 2024 that received Board approval in September 2024. The first was the GUH transfer lounge expansion. The rationale for this development was due to the current lounge within the GUH only being large enough to hold a maximum of 6 bedded patients and 4 chairs. Due to this small size it has not been able to be used reliably as a high throughput lounge to meet the needs of our discharges and transfers to other hospitals. The GUH has c.50 discharges and 13 'step down' inter-site transfers a day.

The expanded unit is a demountable build next to the current small transfer lounge that is housing 10 beds and 15 chairs. This can be further flexed up to 12 beds and 20 chairs if required. This unit operates a model of 12 hour opening from 8am to 8pm and is a staffed high throughput unit where patients complete their GUH stay. The staff ensure a proactive 'pull' of patients into the lounge and offer vital support such as pharmaceutical provision to enable patients to complete their stay.

The second scheme approved to proceed in September was the investment in additional ED consultants at the GUH. The rationale for this investment proposal was the increase and acuity in patient presentations to the GUH compared to planning expectations. Current fully staffed capacity does not meet existing demand. The proposal was accepted to increase the ED consultant model by 6 consultants. This would focus on senior rapid assessment; substantiating weekend twilight shifts and providing increased support to the CEAU. The Emergency Department (ED) Consultant rota has been updated to include new appointments and additional shifts covered. In the interim any remaining gaps in the roster have been offered to Locum staff.

Finally, after a full capital business case process, the GUH ED expansion project began on 29th January 2024 following discharge of the Planning Conditions, with Morgan Sindall working as the overall supply chain partner. At this time, the original programme, outlined a mid-January 2025 completion for phase 1 and a mid-April 2025 completion for the phase 2 internal refurbishment. It should be noted that the original desired start date had been delayed due to the business case development process and discharge of planning conditions in order for the work to commence on site. The aim of this project is to increase the size of the waiting area to accommodate patients and their families safely as well as to reconfigure the current waiting area space to improve the department's functioning and ability to assess patients flexibly. In addition, the ED Directorate is making good progress with staffing plans for the interim phase of the new build. They are ensuring timely transfers to appropriate Assessment Units and addressing challenges to improve the process.

Asesiad / Assessment

Performance improvement

The schemes outlined below will all contribute to our U&EC improvement ambition aligned to enhanced monitoring. As laid out in original proposals, these

developments aim to reduce ED waits to be seen, decrease 4 and 12 hour waits, reduce ambulance handover delays and improve flow through our system and as a result increase patient safety and decongestion. There are many other initiatives underway to further support these schemes. These trajectories below align with our de-escalation criteria, as set out through the enhanced monitoring arrangements.

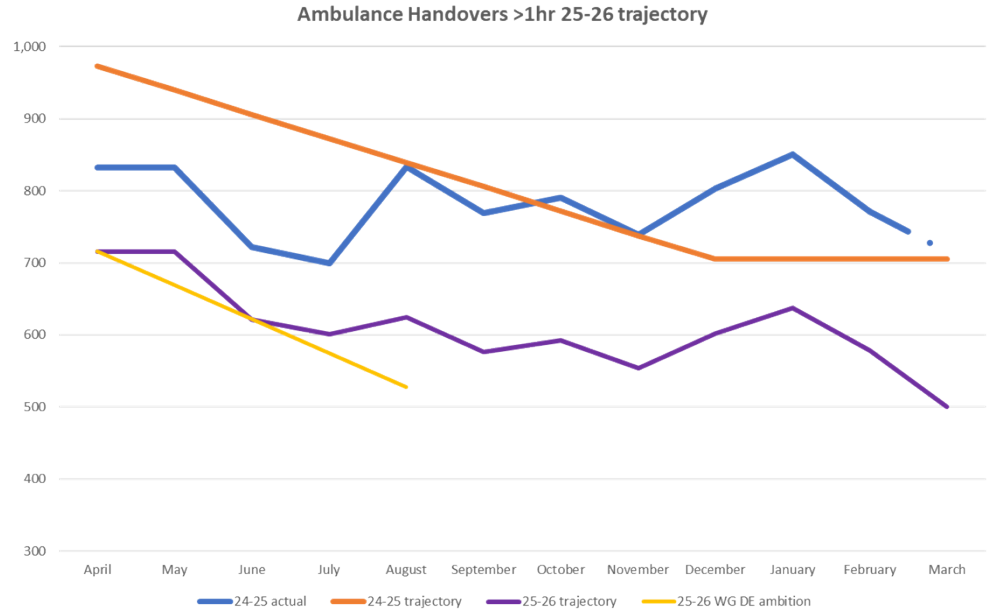
De-escalation Criteria

Ambulances >1 hour	528
12 hour waits in ED	95% seen and treated within 12 hours
Wait to be seen by a clinician	60 minutes

In the FY25/26 annual plan the following has been agreed:

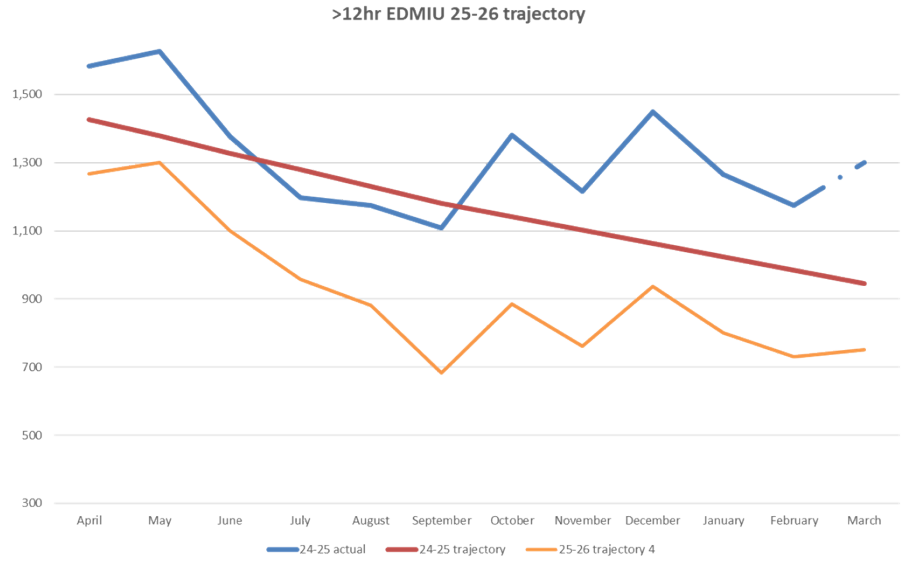
- ***Reduce the number of ambulance patient handovers over 1 hour*** – *national target – zero*

Month	24/25 Trajectory	Actual	25/26 Trajectory	Actual
April	973	832	716	771
May	940	832	716	
June	906	722	621	
July	873	699	601	
August	839	833	625	
September	806	770	577	
October	772	790	593	
November	738	739	554	
December	705	803	602	
January	705	855	638	
February	705	771	578	
March	705	774	500	



- ***Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission****, transfer or discharge compared to the same month the previous year, building towards the national target of zero but delivering no more than 5%. Please note that there is a difference is measurement when you take into account MIU performance, however at present the de-escalation criteria is only linked to GUH ED performance.*

Month	24/25 Trajectory	Actual	25/26 Trajectory	Actual
April	1,427	1,583	1266	1089
May	1,378	1,626	1301	
June	1,328	1,376	1101	
July	1,279	1,198	958	
August	1,230	1,175	881	
September	1,181	1,109	757	
October	1,141	1,380	885	
November	1,102	1,215	761	
December	1,063	1,449	937	
January	1,023	1,266	800	
February	984	1,175	731	
March	945	1,210	750	

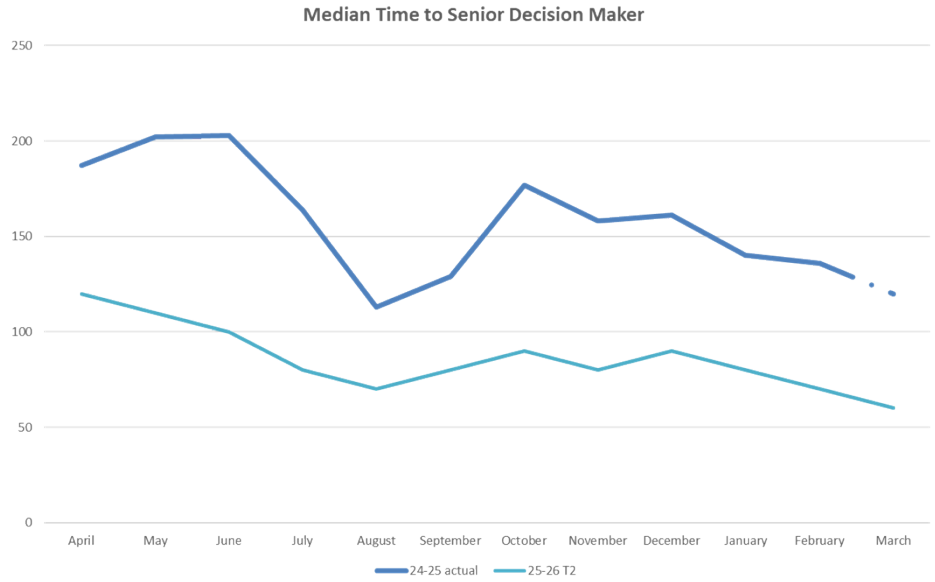


25/26 12hr compliance	Apr-25
GUH ED	84.80%
EDMIU definition	92.90%

The March trajectory of 750 represents 5% of patients waiting more than 12 hours across the GUH ED and MIUs

- **Reduce the median time from arrival at ED to assessment by a clinical decision maker to 60 mins**

Month	Actual	25/26 Trajectory	Actual
April	187	120	112
May	202	110	
June	203	100	
July	164	80	
August	113	70	
September	129	80	
October	177	90	
November	158	80	
December	161	90	
January	140	80	
February	136	70	
March	144	60	



Enhanced Monitoring status

To allow us to de-escalate from our enhanced monitoring status for urgent and emergency care at the GUH we will need to demonstrate a level of consistent improvement. The schemes outlined above aim to all contribute to allow us to get to this improved baseline by March 2025. The Health Board will aim to work through the year to drive an improvement in performance.

Since September's Board there has been positive progress on the two schemes approved as well as wider developments supporting the U&EC agenda.

GUH Transfer Lounge

Since the board approval of the transfer lounge scheme there has been intensive work to enable the facility to be built and become operational. The purpose of the lounge is as an important phase in the patient pathway to facilitate early release of inpatient beds for new admissions and provides an area for patients to complete final treatments and discharge arrangements. This facility is based on the principle that it will be the default discharge/step-down area for all adult patients (excludes maternity and paediatrics), unless there is a clinical exception as determined by the responsible nurse in charge of the patients care. The lounge also provides benefits for patient transport services, enabling patients to be collected from one area, which minimises wasted time and increases patient transport efficiencies.

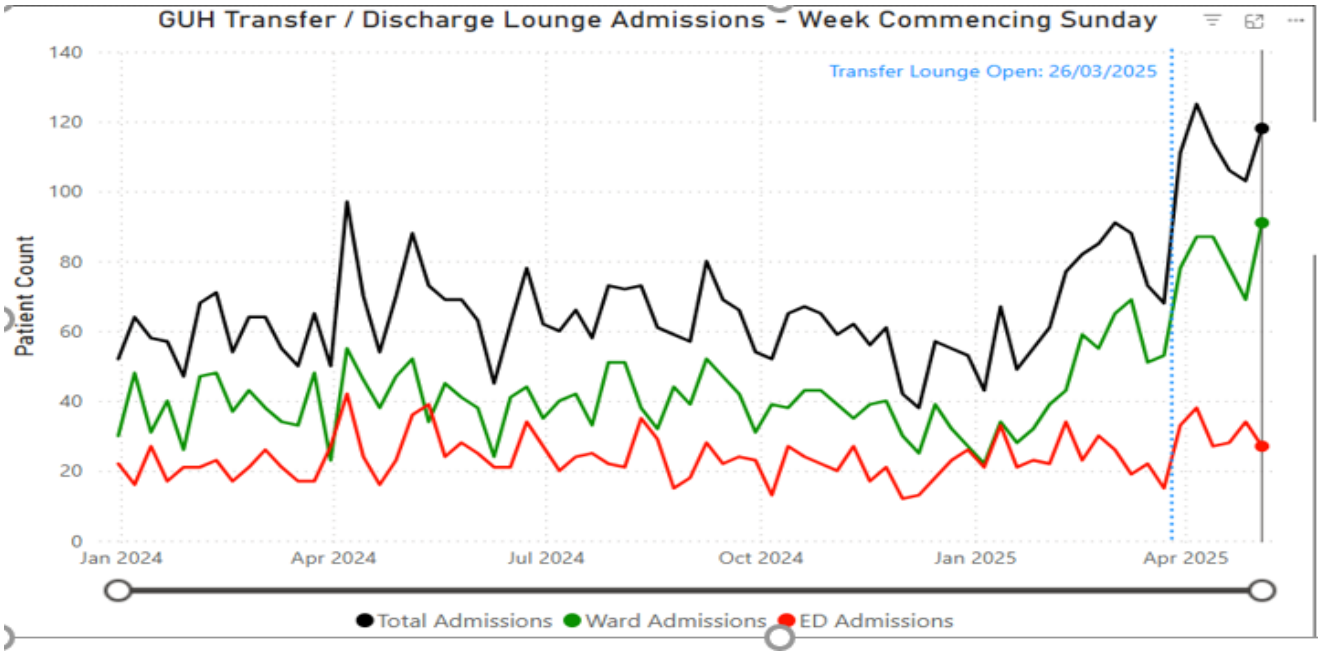
The Urgent Care Division have operational ownership of the transfer lounge to ensure the new facility and the operational processes are embedded and sustained following its opening.

The Transfer Lounge opened successfully on 25th March 2025, with positive feedback from staff and patients.

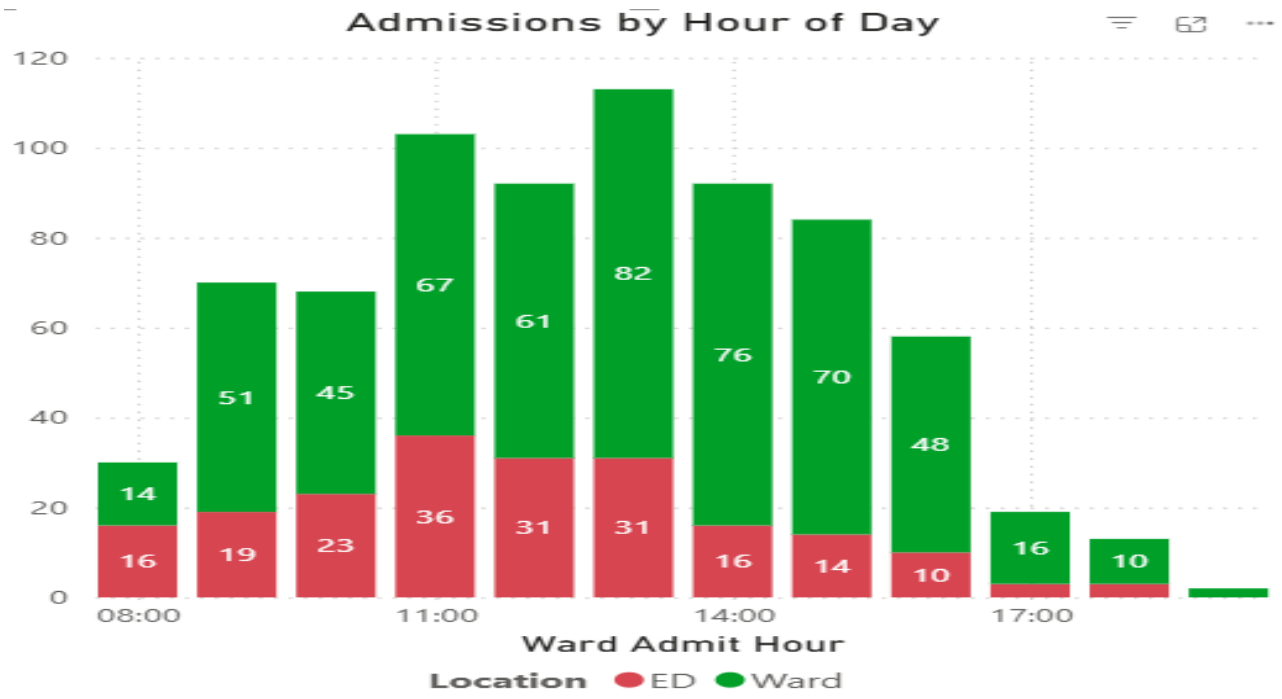
Weekly data is collected to demonstrate usage and highlight potential opportunities to improve flow into the facility.

The most recent data: week commencing 4th May 2025 shows:

Total admissions: 118
Ward admissions: 91
Emergency Department admissions: 27

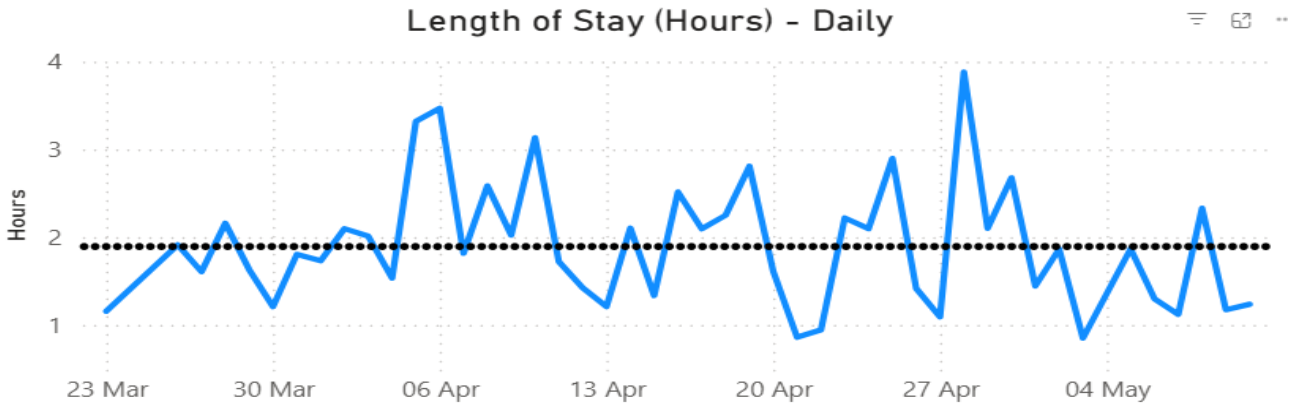


A primary function of the Lounge is to facilitate transfers from wards earlier in the day to improve system flow. Admissions by hour of day has improved however more work can be done to improve earlier transfer to the lounge, particularly in regards to the preparation of take-home medications.



In developing the operational model for the lounge, the patient's length of stay was agreed to be a KPI, length of stay (LOS) was to be no longer than 4hrs in order to maximise the use of the lounge. The below graph demonstrates that

this KPI has been met with no patients remaining in the lounge longer than 4 hours.



The most recent weeks activity demonstrates:

- Longest average LoS of 2 hr 20 mins
- Shortest average LoS of 1 hr 07 mins
- Week commencing 4th May 2025 average LOS of 1hr 30 mins is lower than the overall average of just under 2hrs from when Transfer Lounge Opened

Further efforts are being made to enhance operational processes, improve data collection, and provide staff training to fully optimize the facility.

ED Consultant expansion

After receiving approval in September, a full recruitment exercise took place resulting in appointing 6 consultants. Two of these consultants started in January, one started in February, one is due to start in May, one if is currently on maternity leave with a start date to be defined and the final sixth appointment will start in September.

In the interim the ED Consultant rota has been updated to reflect the phasing of new appointments, with a good fill-rate to support the current model and with extra shifts covered. Remaining roster shift gaps have been offered to locums, and the service are optimistic about increasing uptake.

The following table outlines the WTE increase for the 6 consultants and the theme priority areas of senior rapid assessment; substantiating weekend twilight shifts and providing increased support to the CEAU.

	Job planned value
Baseline Staffing	**24.42**
Additional	
CEAU consultant Substantive	2.31
SRATS Substantive	2.16
Weekend substantive	1.53
Total Recruited	**6**
Locum WTE DCC	
Total additional WTE To meet roster	**6.00**

The expected KPIs and positive impact from this investment includes:

- Learning from recent experience in piloting and industrial action, this would deliver an additional consultant rapid assessment coverage 12 hours a day. This would deliver significant improvements in WTBS and decongesting the department. The expectation of bringing WTBS down to 1hr.
- Substantive weekend twilight shift - This coverage can be inconsistent and requires existing consultants to perform additional shifts beyond their job plan. Providing this substantive cover would therefore avoid additional locum spend
- Bringing about a dedicated level of CEAU coverage which would provide an evening consultant to match the daytime coverage.

ED waiting area expansion capital project

Over the course of the works to date there have been two points where delays have been identified. The current agreed date for estimated completion is 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 revised dates are significantly later than the original schedule. The first delay was communicated in August 2024, moving the completion dates to 17th April 2025 for Phase 1 and 1st July 2025 for Phase 2. In November 2024, an additional six-week delay was announced, resulting in the current formal completion estimates. Then, in April, another delay was communicated, pushing Phase 1 to July and Phase 2 to October.

The delays have been attributed to issues with cladding rails and fire protection amendments to steelwork, among other technical causes. The Health Board Capital Team has implemented weekly meetings and close monitoring to mitigate further delays and ensure timely decision-making.

The GUH project operational team have already begun to plan the operational commissioning and revised model once the full unit is completed later in 2025.

A key risk point for the service and wider system will be the interim arrangement between phase 1 and phase 2 of the works. During this time the new waiting area and triage / assessment rooms will be physically cut off from the remainder of the Emergency Department due to the ongoing building works to reconfigure the internal area. This will create a period of increased risk from the end of July until October. Patients and staff will be required to move from the waiting / assessment areas to the majors area by going outside of the new extension to come back into the existing area. A large portion of what currently is the existing area will not be accessible due to the building works.

To ensure this risk is appropriately mitigated there will be a requirement increase flow out of the ED to prevent congestion. Within the department, early plans have been put in place to run a lower acuity rapid assessment model from the new waiting area extension and then those higher acuity patients requiring a

longer level of assessment or bedding down in a majors trolley will be moved into a form of temporary waiting area within the major department. In effect we will be running two distinct EDs during this time.

To re-provide an ambulance assessment area during this time, one resus cubicle will be repurposed, which will bring our total commissioned resus capacity down one to 7 cubicles.

Intensive work is still in development to mitigate any clinical risk during this time.

Operational Framework

Over the course of 2024 into 2025 there has been a unified drive to define clear operational frameworks for all services and departments in ABUHB. The intention has been to ensure there is a wide understanding of the key metrics and triggers that can impact our services and wider system. The goal behind this work is to aim to avoid needing to go into a high level of system escalation by ensuring the services take proactive action earlier on when certain triggers within their control are met.

Supporting this effort has been executive led deep dives to define key issues as part of the programme. The operational team across all hospital sites is a current focus area to ensure a level of consistency across all staff 24 hours a day. The findings and plans will be developed into the Spring before the next focus area is progressed.

Wider system programmes supporting flow

Through key programmes such as the 6 goals of U&EC as well as the winter '50 day challenge' there is ongoing developments and improvements to ensure continued back-end flow through and out of our hospital system. Close working with all divisions as well as local authorities will ensure a wide lens of focus is kept on all aspects of flow, whilst the Health Board brings online the key schemes within the Grange University Hospital.

Ministerial Advisory Group recommendations

Over the course of last winter a centrally commissioned Ministerial Advisory Group visited all Health Boards in Wales to conduct a wide ranging review on the opportunities and areas of focus both nationally and locally. In April a final report was released. A session was held in Cardiff with the Cabinet Secretary, NHS Executive and Health Board representation. Within this report are key recommendations and actions focussed on urgent and emergency care. These will be tested and aligned with current and future plans as Welsh Government responds to the recommendations.

Quality and Patient Safety

There is a priority focus from quality and patient safety on ED at the GUH. The ED survey for March showed an overall score of 67%, which is a slight increase from the 65% score in February 2025. SMS messaging was introduced in the ED

on 3rd March. Although responses have been lower than expected at around 10% of messages sent, there was a notable increase from 49 responses in February. There was multiple positive feedback, complimenting both nursing and medical staff.

For the Patient Centred Care survey, which covers MIUs, discharge lounges, and SDEC, SMS messaging went live in the MIUs, resulting in a significant increase in responses compared to February. The overall score improved to 88% in March, up from 75% in February. Positive feedback in March 2025 highlighted that staff, from clerical to medical, were very caring and extremely helpful. Comments included praise such as "Staff were amazing. So attentive, respectful, and caring," and "The staff were friendly and compassionate during a difficult time." Areas needing improvement included long waiting times, poor food choices, and parking concerns.

Summary

The Health Board has 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 is supporting this progress. There is careful monitoring of progress and the Health Board planning trajectories have been aligned throughout 2025 into 2026 to be able to meet the de-escalation criteria as set out. Through the summer into the autumn there is a risk due to the building works disruption as the ED expansion project moves into phase 2 and this is being planned in detail to reduce clinical risk during this time.

Argymhelliad / Recommendation

The Board is asked to note this report for assurance.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3. Effective Care 5. Timely Care Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Getting it right for children and young adults 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	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. 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:	Divisional Assurance Executive Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Yes, outlined within the paper
• **Service Activity & Performance**	Yes, outlined within the paper
• **Financial**	Choose an item.
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact 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 Integration - Considering how the public body's well-being objectives may impact upon each of the

https://futuregenerations.wales/about-us/future-generations-act/	well-being goals, on their objectives, or on the objectives of other public bodies

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	21 May 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Q4 Quarterly Integrated Performance Report – March
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 at the end of Quarter 4 of 2024/25, with performance figures including the most up-to-date, validated positions.

The Board is asked to:

- **Note** the progress against key performance metrics
- **Note** the planned Actions and progress against milestones

Cefndir / Background



This report focusses on specific performance against the organisation's key priorities in line with the National Performance Framework, Ministerial and Cabinet 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 is in the quarterly format and will cover the commitments in the Annual Plan, bringing together the wider reporting on system change priorities, value and sustainability and our enablers on a quarterly basis.

The have been several key highlights in Quarter 4:

- The 2024/25 draft reported position is a £7.206m deficit, which is an improvement of £0.150m on the target control total of £7.356m deficit.
- 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 6 months is 106.91 for 2024/25. This is a 5% decrease compared to last year. This is the best performing Health Board compared to All Wales period for 2024/25.
- Following additional funding to reduce the number of patients waiting the longest for Planned Care and diagnostics, the Health Board had revised end of year targets of zero for patients waiting over 104 weeks and 987 for patients waiting more than 8 weeks for a specified diagnostic. Whilst not quite meeting the end of year targets, the Health Board has delivered a hugely improved position over the course of the quarter, reducing 104+ breaches by 3,285 and 8 week+ diagnostics by 1,338, resulting in year-end positions of 288 for 104 week+ and 1,155 for 8 week+ diagnostics. The Health Board sustained a position of no patients waiting over 156 weeks for the final two months of the quarter.
- Following the significant improvement delivered at the end of Q3 for Mental Health Part 1b across both Adults and CAMHS, performance has been sustained through the quarter and continuing to meet the national standard.



For adults, performance achieved a year end position of 95% to meet the revised target submitted to WG in May '24 (94%).

- Neurodevelopmental RTT compliance has also seen a significant improvement over the quarter, rising from 52.2% to deliver a year end position of 81.9% and meet the national standard.
- Pathway of Care Delays (POCDs) further reduced over Q4, reaching a year end position of 171 and having seen a substantial reduction in the numbers of days attributable to the number of delays. This progress has also seen the Health Board and Gwent region meet its ministerial priority targets as set out through the Care Action Committee (CAC).
- Whilst Single Cancer Pathway (SCP) compliance did not reach the end of year target of 70%, the closing position of 67.5% for March 25 demonstrates positive progress and is the highest value over the past 24 months. In addition to this the backlog lists are stable following the reductions delivered in first part of the year.
- The highest number of patient experiences surveys were completed during Q4 at 3,491, with 88% reporting satisfaction.

There are some areas of performance which remain challenged at the end of Q4:

- Sustaining improvements made in the earlier part of the year in the Urgent and Emergency Care System has been challenging, with continued observed variability in performance across days and weeks, exacerbated by the extreme winter pressures. Following a particularly challenged first part of the quarter, performance has begun to stabilise with an improving position,
- 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.
- Sickness absence as a percentage remains above the Health Board target.

Key areas of focus for the first quarter of the year, are:

- Maintaining 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.
- Further reviews of Cancer performance by tumour site with actions to continue the improvement trajectory for Single Cancer pathway compliance.
- Continuation of the work commenced as part of the 50-day challenge to improve flow through the hospital system which will support improvements in patient experience and system operations. Linked to this is improvements in our key Urgent and Emergency Care measures, with a particular focus on those included in the Welsh Government de-escalation criteria.

Argymhelliad / Recommendation

Board is asked to:

- **Note** the progress achieved at the end of Quarter 4 24/25.



Appendices	
Appendix 1	Quarter 4 Integrated Performance Report

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** https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item.

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Quarterly Integrated Performance Report

Quarter 4

- 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



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Section 2: Our Performance & System Change Delivery

Cabinet Secretary Priorities

PERFORMANCE SUMMARY

What went well this period?

- The 2024/25 draft reported position is a £7.206m deficit, which is an improvement of £0.150m on the target control total of £7.356m deficit.
- Within Planned Care there has been significant improvement for our longest waiters. Whilst not quite meeting the end of year targets, patients waiting over 104 weeks reduced by 3,285 and 8 week+ diagnostics by 1,338 over the quarter. The 156 week+ position was also zeroed for the final two months of the quarter. The number of 52 week outpatients substantially improved and was 2,235 ahead of trajectory.
- Following the substantial improvement delivered in Q3 for Mental Health Part 1b for Adults and CAMHS, performance has been sustained through Q4, meeting the national standard. Neurodevelopmental RTT compliance has also seen significant improvements, achieving a year end position of 81.9% meeting the national standard.
- Progress with reducing Pathway of Care Delays (POCDs) has continued, ending the year on 171. The total number of days delayed has reduced significantly, decreasing by 28.9% over the quarter.
- The overall reduction in Administration and Clerical staff has exceeded the 2% reduction of administration target set by Welsh Government.
- The highest number of patient experiences surveys were completed during Q4 at 3,491, with 88% reporting satisfaction.

What were the challenges this period?

- Sustaining improvements made in the earlier part of the year in the Urgent and Emergency Care System has been challenging, with continued observed variability in performance across days and weeks, exacerbated by the extreme winter pressures with high respiratory virus impact. Following a particularly challenged first part of the quarter, performance has begun to stabilise with an improving position.
- 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.
- Sickness Absence as a percentage remains above the Health Board target.

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.
- Expanded Discharge Lounge opened at GUH and a Senior Nurse for Discharge appointed.
- Enhanced monitoring continuing with 3 remaining practices within the A+A partnership.
- Review of high-cost placements in commissioned enhanced care undertaken
- Diabetes prevention model in place for Caerphilly, Newport and Blaenau Gwent, with further roll out planned
- A Strategic Infection Prevention Improvement Group has been established which is led by the Executive Director of Nursing & Executive Medical Director. A Health Board Improvement Plan is being implemented.

What are our risks to delivery?

- Maintaining the improvements made in Planned Care with respect to the 104 week+ and 8 week+ diagnostic positions through Q1.
- Continuing to make performance improvements whilst requiring making financial savings.
- Expected timeline for implementing the improvements with the ED expansion delay.
- Continued national workforce shortages with mitigation plans nationally remaining challenged e.g. Neurophysiology.
- The challenges associated with testing and implementing national informatics schemes alongside clinical operations.

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:

- Enhanced Care in the Community, with a focus on reducing delayed pathways of care
- Primary and Community Care, with a focus on improving access and shifting resources into Primary and Community Care
- Urgent and Emergency Care, with a focus on delivery of the 6 goals programme
- Planned Care and Cancer, with a focus on reducing the longest waits
- Mental Health, including CAMHS, with a focus on delivery of the national programme

Further to these priority areas the Welsh Government and NHS Wales have identified 8 Key Performance Indicators across 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	Link in Performance Report
Enhanced Care in the Community	**Measure:** Number of delayed transfers of care. **National standard/ambition:** 12 month reduction trend **Reporting period:** Monthly	**250** Mar-25	**Yes**	**171** Mar-25 (Trajectory: 250)	Hyperlink to section
Primary and Community Care	**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%**	**Yes**	**100%** Dec-24 (Trajectory: 100%)	Hyperlink to section
	Measure: General Dental Services (GDS) - % of contract value fulfilled **National standard:** 30% of contract value by end Q2, 100% Q4 **Reporting period:** Six Monthly	**30%** Sep-24 **100%** Mar-25	**Yes**	**62%** Sep-24 (Trajectory: 30%)	Hyperlink to section
Urgent and Emergency Care	**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:** 20% reduction by September 2024, further 20% reduction by March 2025 **Reporting period:** Monthly	**945** Mar-25	**Yes**	**1,210** Mar-25 (Trajectory: 945)	Hyperlink to section
	Measure: Number of ambulance patient handovers over 1 hour **National standard/ambition:** 30% reduction by December 2024 **Reporting period:** Monthly	**705** Mar-25	**Yes**	**774** Mar-25 (Trajectory: 705)	Hyperlink to section
Planned Care and Cancer	**Measure:** Number of patients waiting more than 52 weeks for a new outpatient appointment **National standard/ambition:** 40% reduction by end of September 2024, 0 by end of March 2025 **Reporting period:** Monthly	**16,500** Mar-25	**No**	**14,265** Mar-25 (Trajectory: 16,500)	Hyperlink to section
	Measure: Number of patients waiting more than 104 weeks for referral to treatment **National standard/ambition:** 0 by end of December 2024 **Reporting period:** Monthly	**0*** Mar-25	**No**	**288** Mar-25 (Revised EOY Trajectory: 0 with risks)	Hyperlink to section

	Measure: Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route) **National standard/ambition:** 60% by end of December 2024, 70% by end of March 2025 **Reporting period:** Monthly	**70%** Mar-25	**Yes**	**67.5%** Mar-25 (Trajectory: 70%)	Hyperlink to section
	Measure: Number of patients waiting more than 8 weeks for a specified diagnostic **National standard/ambition**: 95% of patients waiting less than 8 weeks by end of December 2024 **Reporting period:** Monthly	**987*** Mar-25	**No**	**1,155** Mar-25 (Revised EOY Trajectory: 987)	Hyperlink to section
Mental Health, including CAMHS	**Measure:** Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years **National standard/ambition:** 80% by end of December 2024 **Reporting period:** Monthly	**80%** Mar-25	**Yes**	**80.3%** Mar-25 (Trajectory: 80%)	Hyperlink to section
	Measure: 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% by end of December 2024 **Reporting period:** Monthly	**94%** Mar-25	**Yes**	**95.0%** Mar-25 (Trajectory: 94%)	Hyperlink to section

Section 2: Our Performance and System Change

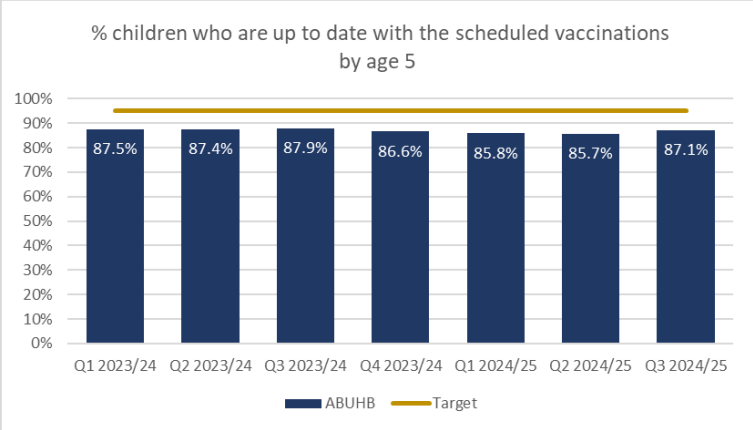
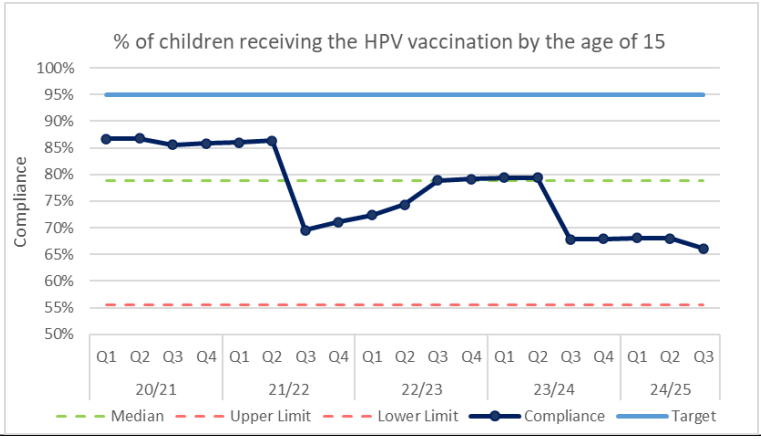
The Performance Report section provides detail of Health Board performance across the quadruple aims and the system change themes identified in the Annual Plan 2024/25.

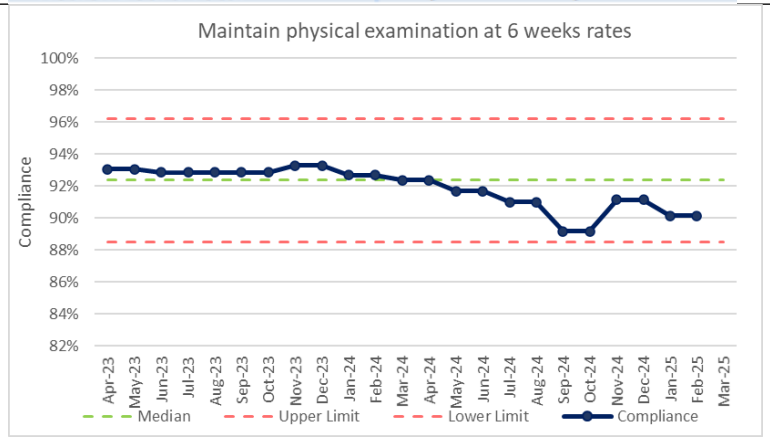
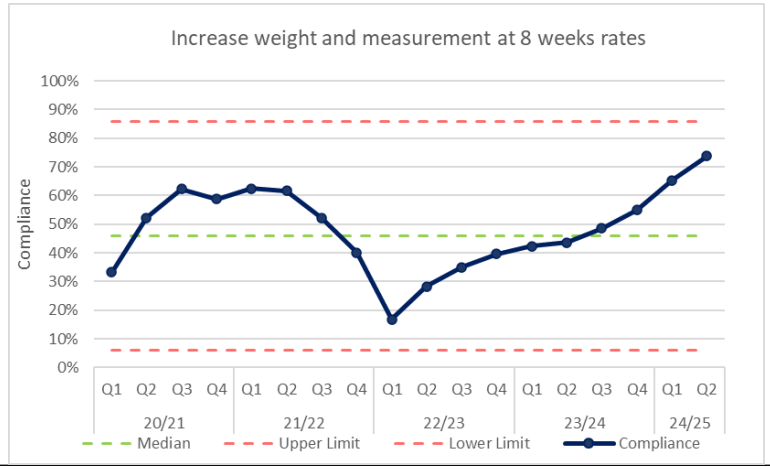
Detail on what is included under each quadruple aim is provided below.

A summary of performance is provided under each aim against the Health Board's priorities and corresponding performance ambitions, including detail of 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

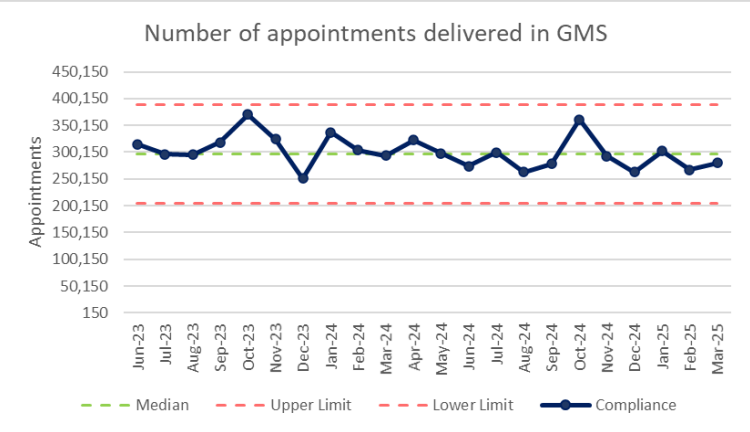
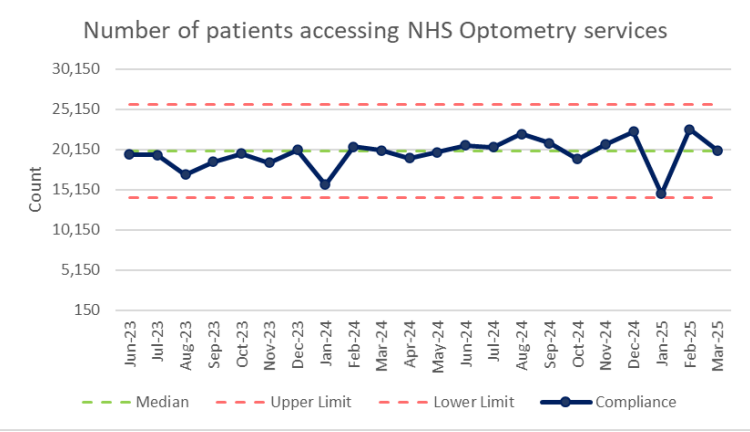
Quadruple Aim 1	Embedding **Prevention** and Population Health in all that we do

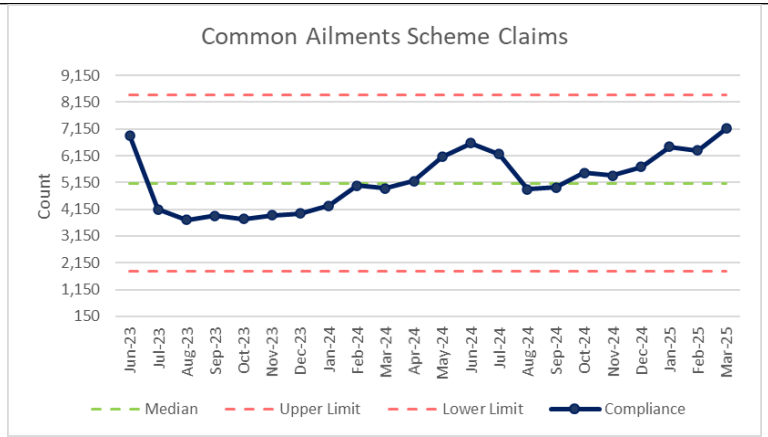
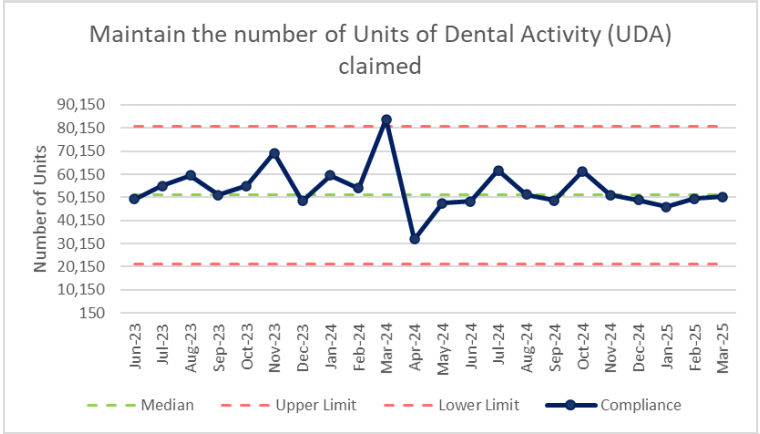
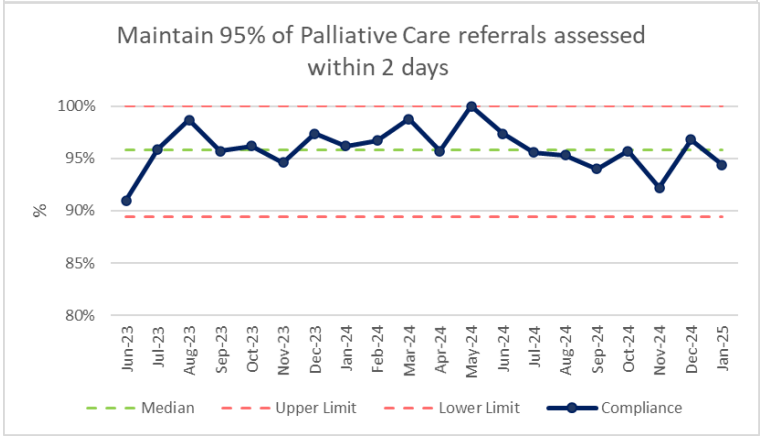
Priority	Performance Measure	Performance against Trajectory	Data / Trend	Actions
Health Protection & Vaccination	Increase percentage of children, who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	87.1% (Q3) Below Trajectory of 93.6%		• NCNs continue to work locally to identify areas where take up is challenged and put in locally focussed initiatives to encourage cohorts to take up offer of vaccinations. • School Health Nurses currently undertaking a robust vaccination plan coupled with dedicated MMR catch up clinics in Vaccination Centres and pop-up clinics. • Work continues to address vaccine inequity through our vaccine inequity strategy with actions being developed based on NHS Executive Feedback
	Increase percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	66.1% (Q3) Below Trajectory of 91.1%		

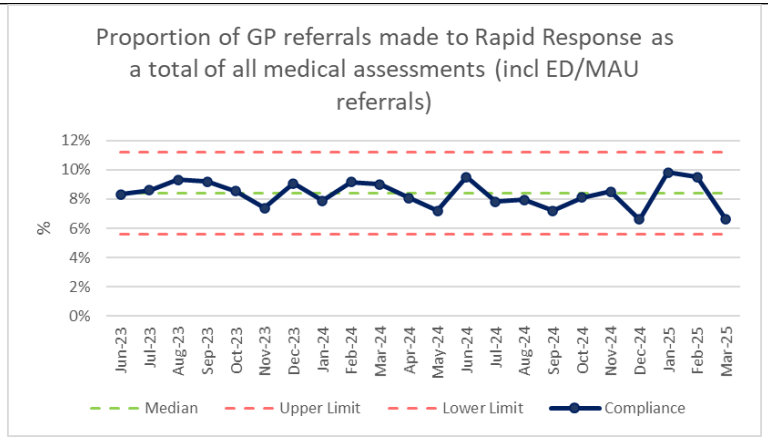
Health Protection & Vaccination	Maintain national target compliance of the uptake of the influenza vaccination amongst adults aged 65 years and over	72.9% (Q4) Below Trajectory of 75%	<table><tr><th rowspan="2">Local Authority</th><th colspan="3">Patients aged 65y and older</th></tr><tr><th>Immunised (n)</th><th>Denominator (n)</th><th>Uptake (%)</th></tr><tr><td>Aneurin Bevan UHB</td><td></td><td></td><td></td></tr><tr><td>Blaenau Gwent LA</td><td>10,197</td><td>15,087</td><td>67.6</td></tr><tr><td>Caerphilly LA</td><td>27,846</td><td>38,693</td><td>72.0</td></tr><tr><td>Monmouthshire LA</td><td>21,963</td><td>27,547</td><td>79.7</td></tr><tr><td>Newport LA</td><td>20,260</td><td>28,905</td><td>70.1</td></tr><tr><td>Torfaen LA</td><td>12,504</td><td>17,067</td><td>73.3</td></tr><tr><td>Health Board Total</td><td>92,770</td><td>127,299</td><td>72.9</td></tr></table>	• Whilst falling marginally short of the 75% target, the Health Board's performance was higher than the all Wales performance of 70.3% for this cohort, and the second highest performing Health Board overall.
Best Start in Life	Maintain physical examination at 6 weeks rates (Healthy Child Wales)	90.14% (Feb) Below Trajectory of 92.7%		• For 6 weeks rates the data collection is through GP appointments. • Increased clinic provision continues to support compliance with data validation processes in place.
	Increase weight and measurement at 8 weeks rates (Healthy Child Wales)	73.8% (Q2) Above Trajectory of 56.8%		• Since the introduction of the well-baby clinics in September 23 for 8 weeks wight and measurement checks, there has been a continued improvement in compliance, recording the highest position in past 5 years. • Validated data not available for Q3/4 (StatsWales publication).

Milestones	Q4 Planned	Q4 Progress	Q4 Comments
Population Health Management	Information governance requirements completed and pilot GP practice identified for adoption.	Significantly off track	The Pilot GP Practice has been identified in Monmouthshire. The Information Governance requirements partially have been completed, and work will continue to progress this throughout Q1 of 25/26.
Health Protection & Vaccination	Next year's action plan developed ready for implementation.	Off track within tolerance	NHS Executive are currently going through all Health Boards vaccine equity strategies to shape the required commitments. Once this feedback has been received it will be factored into the development of the action plan. The action plan will be finalised during Q1 of 25/26.
Premature Preventable Mortality, Cardiovascular & Cancer	Development of the work plan for the Reducing Cancer Inequality Board to ensure actions are in place to address and reduce Cancer inequity and inequalities experienced by our Communities.	Off track within tolerance	Internal governance including the Cancer Board is undertaking a reset and a refocus of priorities. This work will flow down into the Inequalities Board leading into Q1 of 25/26. A new governance structure and workplan is being created in Q1 of 2025/26.
Diabetes	Roll out Diabetes Prevention Model to a further two clusters.	Complete/On schedule	The diabetes prevention model now running in 6 areas across three Neighbourhood Care Networks with 2 in Blaenau Gwent, 3 in Caerphilly and 1 in Newport. Further roll out will continue in Q1 of 25/26.
Best Start in Life	Completion of the initial Best Start in Life Joint Strategic Needs Assessment to inform the Children's strategy.	Off track within tolerance	The Best Start in Life Joint Strategic Needs Assessment has taken longer to complete than originally anticipated due to the level of detail required. Revised timescales for completion are agreed by end of Q1 25/26.
Women's Health	Hold the Women's Health Conference on International Women's Day.	Complete/On schedule	A successful Women's Health Conference was held with dedicated sessions and feedback on how to develop our Women's Health Plan with targeted action in 25/26.

Quadruple Aim 2	Progressing place based models of care and sustainability in **primary and community services**

Priority	Performance Measure	Performance against Trajectory	Data / Trend	Actions
Access	Maintain the number of appointments delivered in GMS	3,501,604 (Q4) Below Trajectory of 3,695,987		• Whilst falling short of the annual target, 94.7% of the total was realised. • Contracts are carefully managed through the Primary Care Contracting Team and any concerns are raised by the team directly with the Contractor. • Contracts are monitored in line with requirements and uploaded to appropriate systems within the primary care contracting team. • Evaluation being undertaken to assess achievement of 24/25 access standards with confirmation expected in Q1 25/26.
	Maintain the number of patients accessing NHS Optometry Services	242,439 (Q4) Above Trajectory of 168,851		• Implementation of new and revised clinical pathways – WGOS 4 and 5 and all providers transitioned to WGOS 4 provision. • Contract monitoring to ensure all Optometry practices are meeting standards of performance (including WGOS activity). • Support the roll out of digitisation and contracts are carefully managed through the Primary Care Contracting Team and any concerns are raised by the team directly with the Contractor.

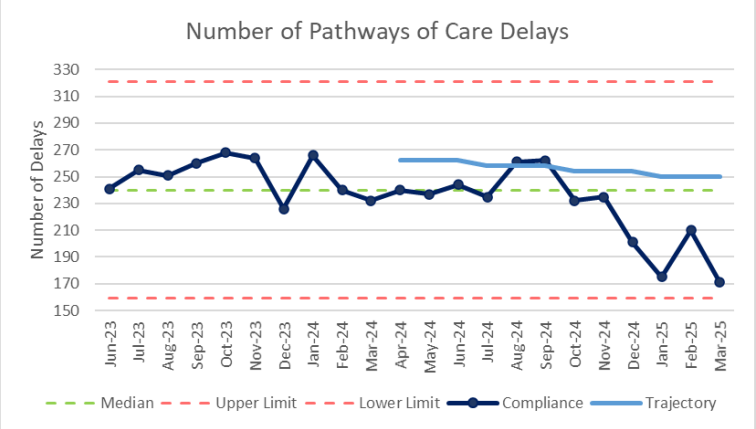
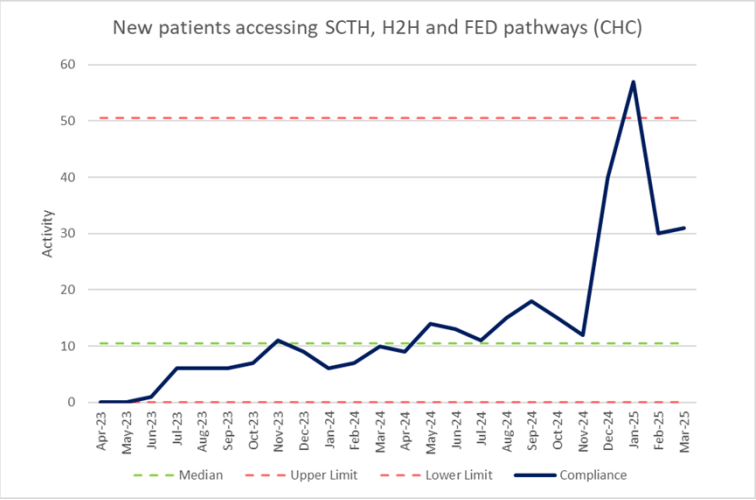
	Maintain the number of consultations undertaken by community pharmacy under the common aliments scheme	70,637 (Q4) Above Trajectory of 47,250		• All Community Pharmacies are now signed up to the Common Ailments Scheme (CAS) and the number of consultations has risen from previous quarter. • A system is being developed for access to all GMS Practices to identify live service provision in their area. This will be for CAS, flu and other services. • 55 Pharmacies have now been commissioned for the Independent Prescribing service in Q4, which has increased from 46 in Q2. • CAS claims in the final quarter of the year were the highest of the year at almost 20,000.
	Maintain the number of Units of Dental Activity (UDA) claimed	597,933 (Q4) Below Trajectory of 615,975		• Whilst falling short of the annual target, 97.1% of the total UDA were claimed. • From 1st April 24, there are 50 UDA Practices, and 25 Practices have opted for contract reform. • There has been successful re-commissioning of services following contract terminations • Usual contract monitoring in place and end of year forecasting now in progress
	Maintain 95% of Palliative Care referrals assessed within 2 days	94.4% (Jan) Below Trajectory of 95%		• Regular monitoring of referrals assessed to meet targets. • Performance is maintained within the current service provision. • Reporting for Feb and March is currently unavailable due to a change in systems used by the Palliative Care teams. The year-to-date average compliance is 96% which is ahead of the Health Board's target.

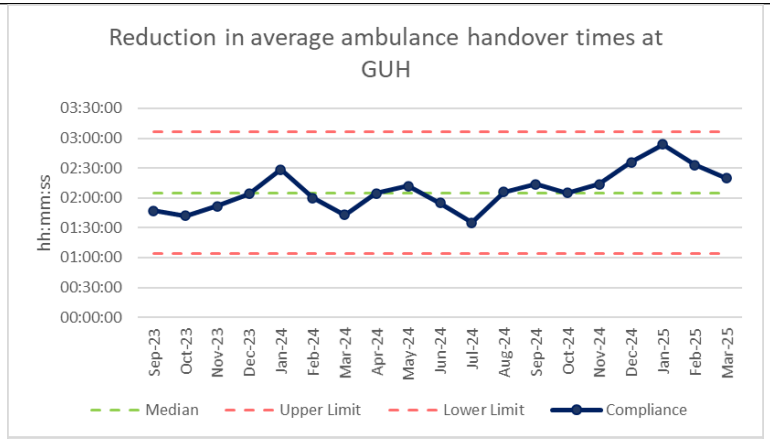
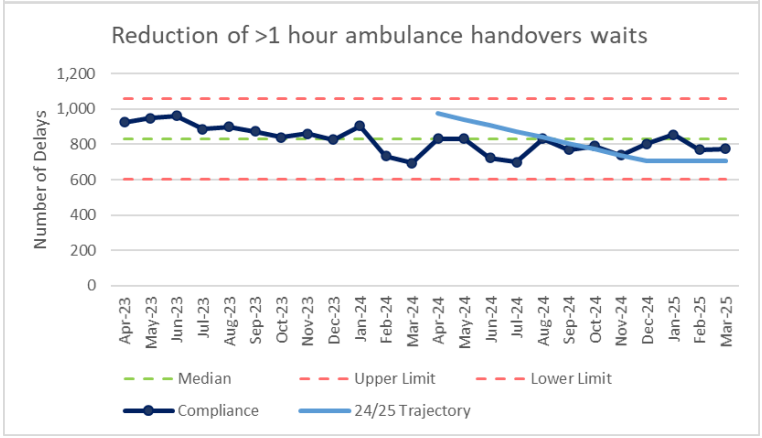
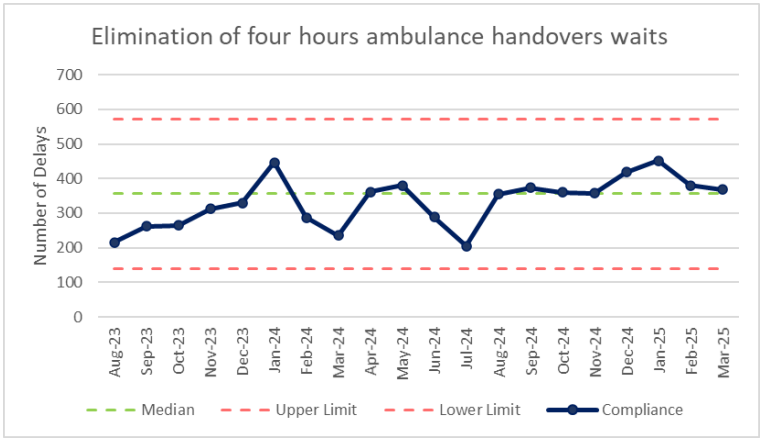
Community Care	Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments (incl ED/MAU referrals)	6.6% (Q4) Below Trajectory of 10.15%		• The expansion of CRT Rapid Medical model is now embedded and operating as business as usual. • CRT Rapids Standard Operating Procedure (SOP) to reduce variation and offer a more equal service across CRT Rapids Teams in place from 30th September. • The Urgent Care Close to Home Programme - Goal 1 (formerly Redesign of Older Adults Programme) includes projects that will directly support the transfer of patients away from ED, e.g. Acute Frailty Response team at GUH. However, this does not directly influence the number of GP referrals made. • GP referrals to Rapid have remained relatively static however there is an increasing trend of referrals made from front door and back door services.

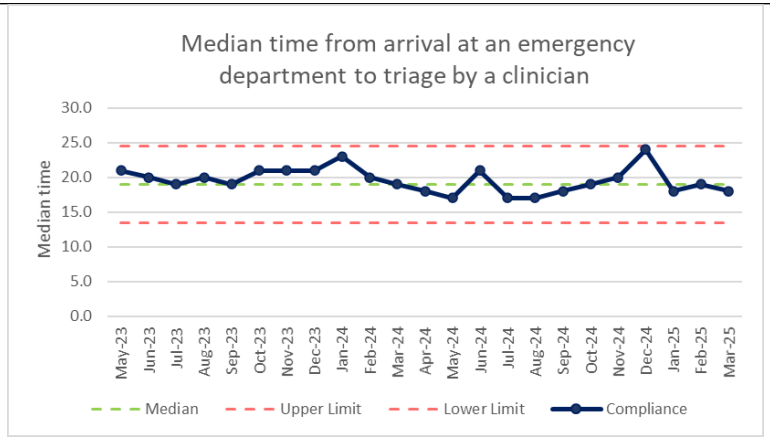
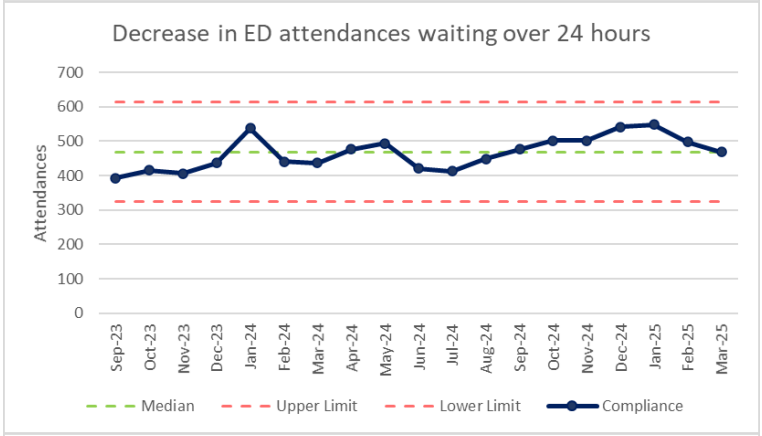
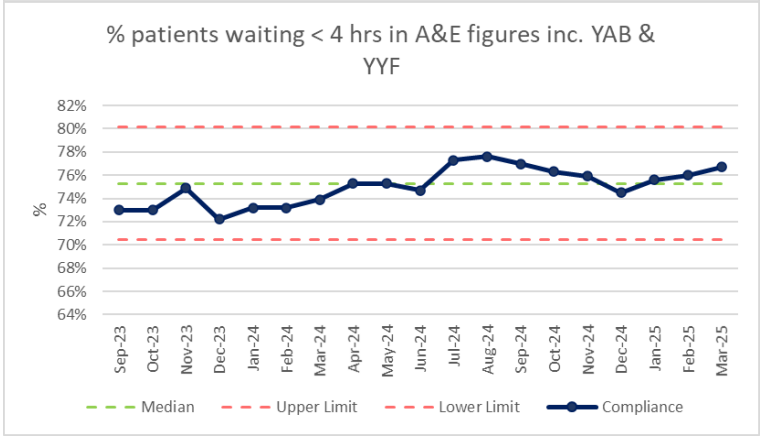
Milestones	Q4 Planned	Q4 Progress	Q4 Comments
Reduction of commissioned enhanced care	Review of high-cost placements shared externally. Increase number of patients supported that have received care that has potentially prevented re-admission to an acute hospital.	Off track within tolerance	Review of high-cost placements has been undertaken and publication is expected in July. The teams continue to support patients that have potentially prevented a re-admission to an acute hospital by managing their complex needs at home.
Access & Sustainability for General Medical Services	Contract monitoring to ensure all GP practices are meeting standards of performance	Complete/On schedule	Continued monitoring processes in place and support continues with practices to ensure appropriate contract monitoring and achievement of the contractual requirements. Continued monitoring of Ahmed and Allinson (A &A) Partnerships: • Enhanced monitoring continuing with 3 remaining practices within the A+A partnership. • Advert disseminated for Patient Participation Group for Brynmawr Medical Centre
Access & Sustainability for General Dental Services	Investment in Dental Services as part of the 19 Hills Health and Wellbeing Centre development.	Off track within tolerance	The enabling work to deliver dental services as part of the 19 Hills Health and Wellbeing Centre development is ongoing. The dental practice will move into 19 Hills in June 2025.
	Contract monitoring to ensure all Dental practices are meeting standards of performance	Complete/On schedule	End of Year processes have been undertaken to review performance and indicative position has been provided which is going through appropriate validation. Supported roll out of Dental Access Portal across Gwent.

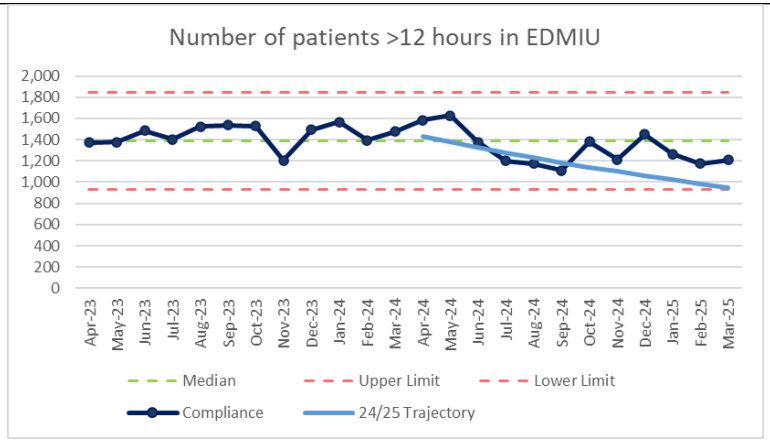
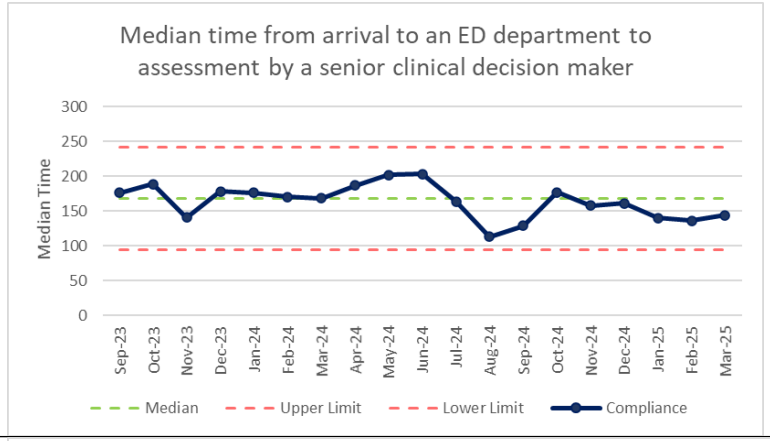
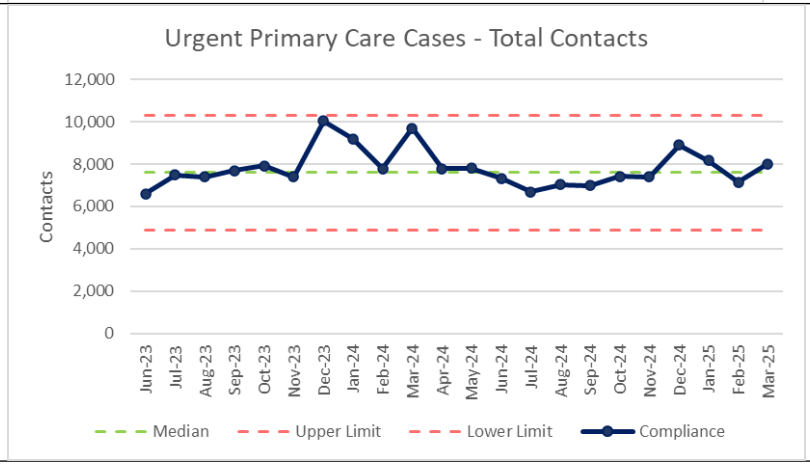
Maximise Community Pharmacies	Increased levels of Pharmacist Independent Prescribing (PIPS) across Gwent with a target of 74 pharmacies.	Off track within tolerance	55 Pharmacies were commissioned to provide PIPS at 31st March 2025. 66 community pharmacists are now able to prescribe with 23 of them providing services at more than one pharmacy. Since Q1 activity has increased from 4590 consultations in Q1 to 8158 consultations in Q4 an uplift of 78%.
Maximise Community Optometry	Review Ophthalmic Diagnosis and Treatment Centre provisions in line with the national glaucoma pathway	Complete/On schedule	All 5 providers of Ophthalmic Diagnosis and Treatment Centre provisions transitioned to WGOS 4 provision in line with the national glaucoma pathway
NCN Development & Partnerships incl ACD Programme	Fully functioning ISPBs and increased number of professional collaboratives	Complete/On schedule	ISPBs are in place in each Borough but at varying levels of maturity. Local priorities are in place within each ISPB and during 2025/26 Q1-Q2 they will be developing implementation plans to further progress Place Based Care.
	Completion of peer review process	Complete/On schedule	Peer reviews undertaken and the reviews focussed on three outcomes taken from the Primary Care Model for Wales and Accelerated Cluster Development programme; Empowered communities, More effective leaders across the primary care system, collaboratives and clusters and Ease of access to community diagnostics supporting high-quality care.
Pathway Optimisation	Commence Clinical Implementation Groups (CIG) in Medicine. Develop improvement plans based on audit findings.	Off track within tolerance	CIGs established with Surgery and Mental Health & LD - 21st May 25. Formal CIGs outstanding for other Divisions but joint workplan has been devised and agreed with each Division via formal meetings.
	Further developments to ensure eye care is delivered in a community setting as part of the new optometry contract.	Complete/On schedule	Full implementation of WGOS 4 will be achieved by spring/summer 25 and successful recruitment to clinical and admin posts to support WGOS service provision. Eye Care Board is fully established and has committed to an Annual Health Board workshop to drive change.

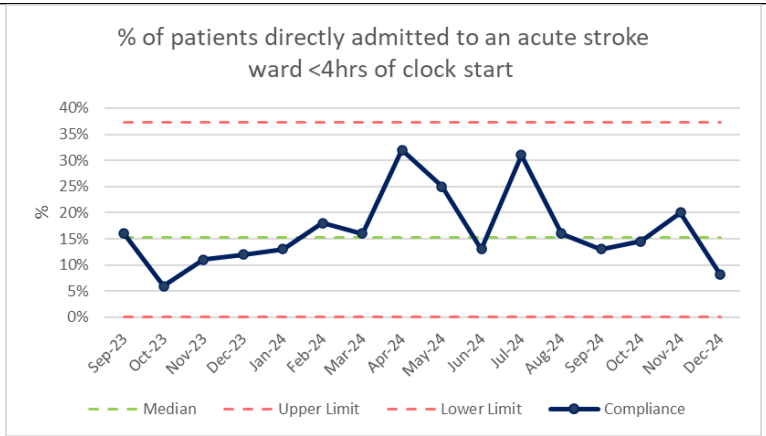
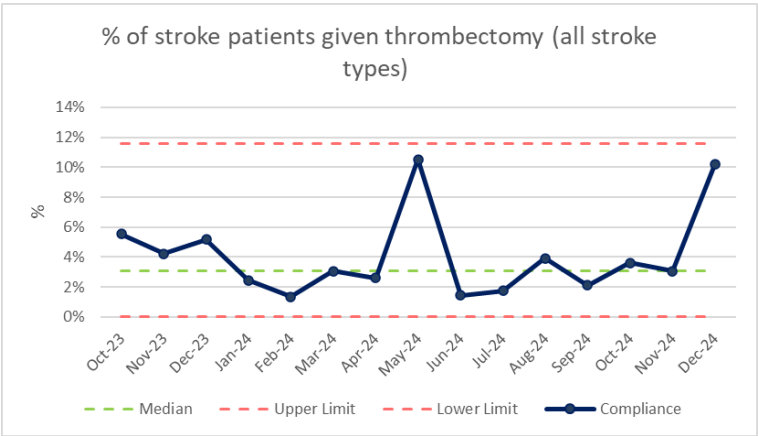
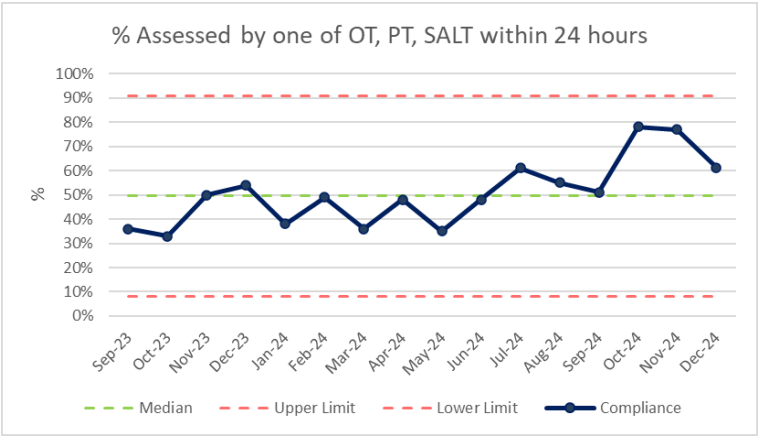
Quadruple Aim 2	Improving our **Urgent and emergency care** system focusing on experience, access and discharge pathways

Priority	Performance Measure	Performance against Trajectory	Data / Trend	Actions
Timely Discharge	Reduction of number of Delayed Transfers of Care	171 (Q4) Below Trajectory of 250		• Pathway of Care Delays (POCDs) have seen sustained improvement through the second half of the year, with further progress through Q4 resulting in a year end position of 171. 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). • 50-day challenge actions commenced in November with strong focus on enabling discharge and reducing POCDs, working in partnership with Local Authorities. Work and actions will continue beyond the challenge period. • Three wards identified at Royal Gwent Hospital to be Optimal Wards, this programme commenced in January with a dedicated nursing lead. • Expansion of the Discharge/Transfer Lounge (DTL) at GUH was completed in March, to support timely and safe discharge/transfer of patients from inpatient wards/assessment units earlier in the day. The DTL uses a nurse led model of care to provide comprehensive discharge/transfer support to patients by continuing basic levels of care, completing any final treatments, co-ordinating discharge medications and management of transport. • Hospital 2 Home has been further supported through the 50-day challenge, and saw a significant increase in number of patients supported through this pathway in January and continued elevated levels through the rest of Q4.
	Increase in Hospital 2 Home & Step Closer to Home Rates	118 in Q4 Meeting Trajectory of Quarter on Quarter increase		

Enhanced Monitoring	Reduction in average ambulance handover times at GUH	140 mins (Q4) Above Trajectory of 50 mins		• Several, key performance measures for Urgent Care peaked in January as the system was subjected to the peak of winter pressures, however they have since trended downwards from this point through the final two months of the year. End of year targets for the two key ministerial priority measures of >1hr ambulance handovers and >12hr EDMIU attendances were not achieved, however there are continued improvement plans in place through 25/26 and performance ambitions linked to WG de-escalation criteria. Despite not achieving the >12hr EDMIU target, compliance for March rose to 92.6% which is the highest performance recorded for 6 months. • Additional capacity of 23 beds for Winter Ward at RGH was implemented in January to support system flow and patient care, with de-commissioning plans now in place. • 5 additional posts for ED consultants have now been recruited to and are expected to be in post by April 25. This will support 8-8 senior rapid assessment model at the GUH to reduce waiting to be seen times and decongest the ED, and improve ambulance handover performance. • Weekly enhanced monitoring meetings remain in place to oversee and support improvements. • A new General Internal Medicine model was implemented at the GUH in November linked to a new model of care for General Medicine patients led by Respiratory. • A pilot of 'SDEC First' has been initiated at GUH for AMU, to help manage demand. • '80 over 8' project underway to assess how pathways could be reconfigured for elderly fallers who spend over 8hrs on the GUH forecourt. • Clinical prioritisation framework protocol has been drafted, led by the Medical Director.
	Reduction of ambulance patient handovers over 1 hour	774 (Q4) Above Trajectory of 705		
	Elimination of four hours ambulance handovers waits	368 (Q4) Above Trajectory of 0		

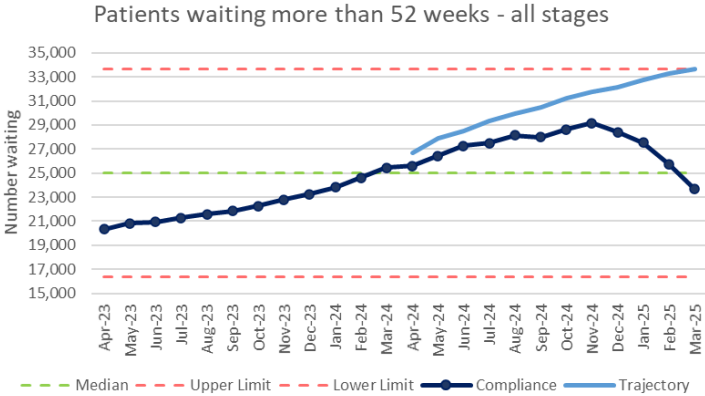
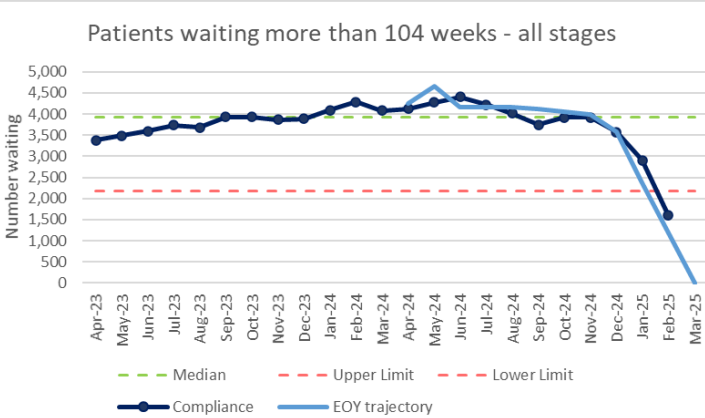
	Reduction in time from arrival to ED triage - no waits over 30 minutes	Median 18 mins (Q4) Median Wait Below Trajectory of 30 mins Not meeting trajectory of zero waits>30mins		
	Decrease in ED attendances waiting over 24 hours	469/6.2% >24hrs (Q4) Above Trajectory of 0% >24hrs		
	Increase and maintain national target of the percentage of patients waiting <4 hours in ED	76.7% (Q4) Above Trajectory of 75.0%		

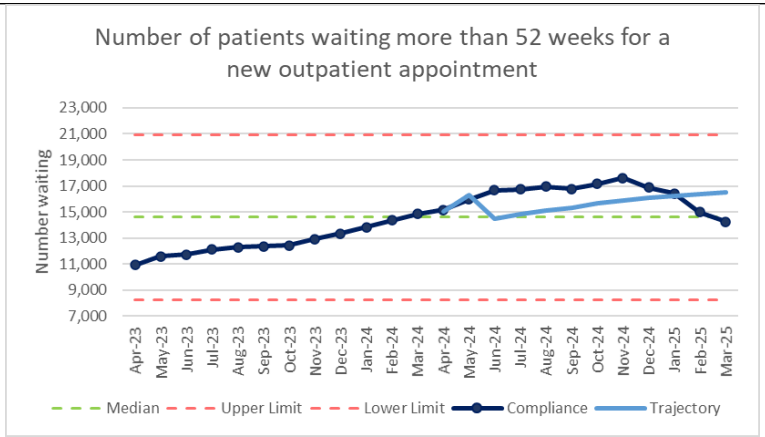
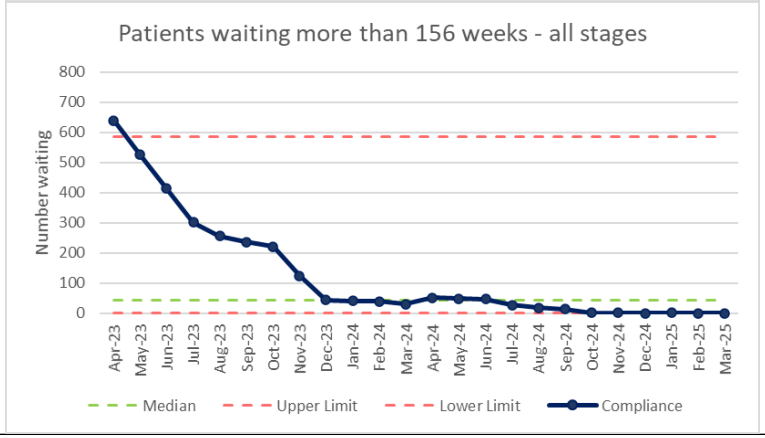
	Reduction in number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	1,210 (Q4) Above Trajectory of 945		
	Reduction in time from arrival to ED to seen by clinician	Median 144 mins 958/12.6% >6hrs (Q4) Above Trajectory of 0 >4hrs		
Urgent Primary Care	Maintain the number of Urgent Primary Care contacts (inc. virtual)	90,676 (Q4) Above Trajectory of 44,171		• Demand and contacts are way in excess of annual plan trajectory, recording over 200% of the target value. • Urgent Primary Care have provided additional support for practices in escalation. • There has been a challenge with reduction of capacity at YYF with co-location within MIU, which has resulted in reduced GP capacity on site and increased IPAC challenges.

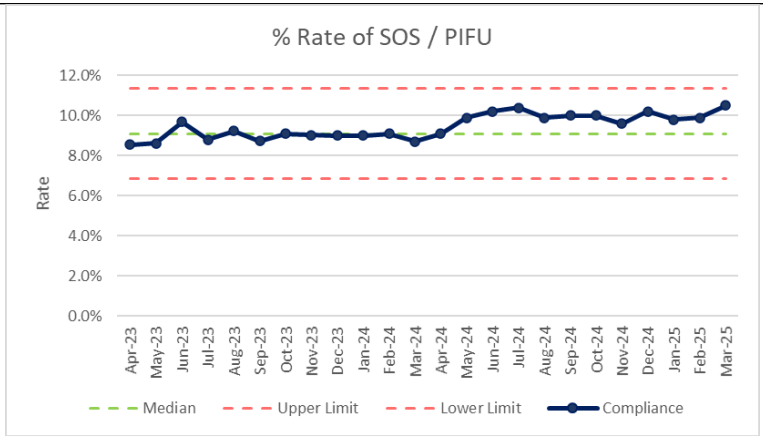
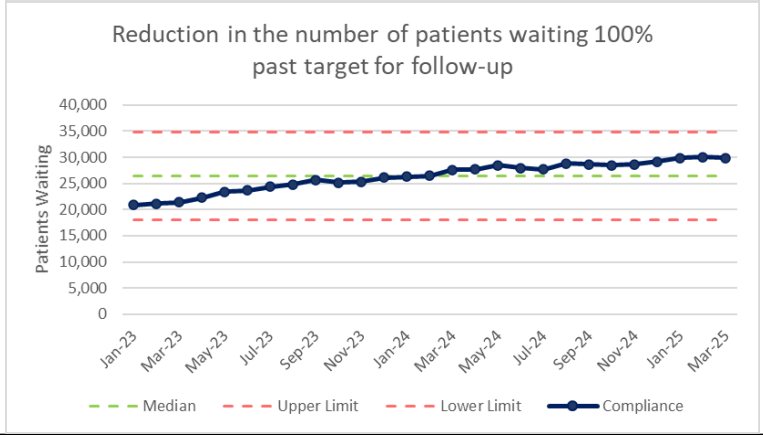
Stroke	% of patients directly admitted to an Acute Stroke Ward <4hrs of clock start	8.16% (Q3) Below Trajectory of 18.2%		• Stroke improvement plan is in place bringing together the 53 recommendations from GIRFT, HIW and the Welsh Government, the workstreams include: imaging, staffing, rehab, prevention, patient flow, governance, education and training, community, acute stay, data capture and audit compliance. • Complete ring-fencing of ABUHB stroke pathway was agreed (HASU & rehab) due to PCH Stroke pathway collapse. • New iPad WAST/Stroke pilot commenced in February with the aim of reducing admissions to GUH. • Stroke performance figures are reported through SSNAP, quarterly in arrears (Q4 due in June).
	% of unique stroke patients given Thrombectomy (all stroke types)	10.2% (Q3) Above Trajectory of 5%		
	% Stroke Patients Assessed by one of OT, PT, SALT within 24 hours	61.2% (Q3) Meeting Trajectory of 61.3%		

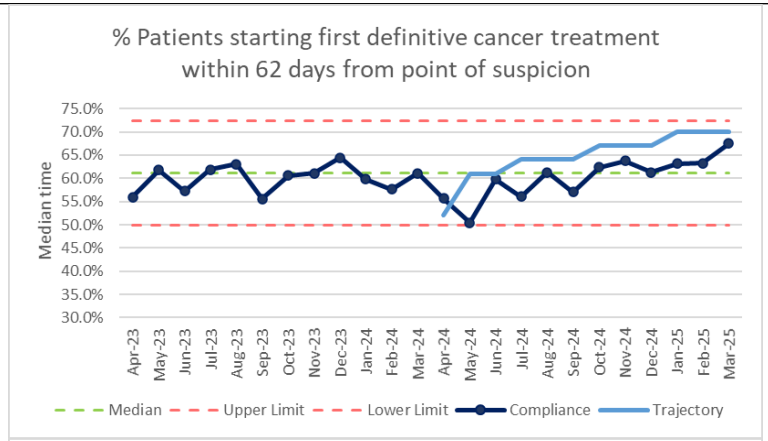
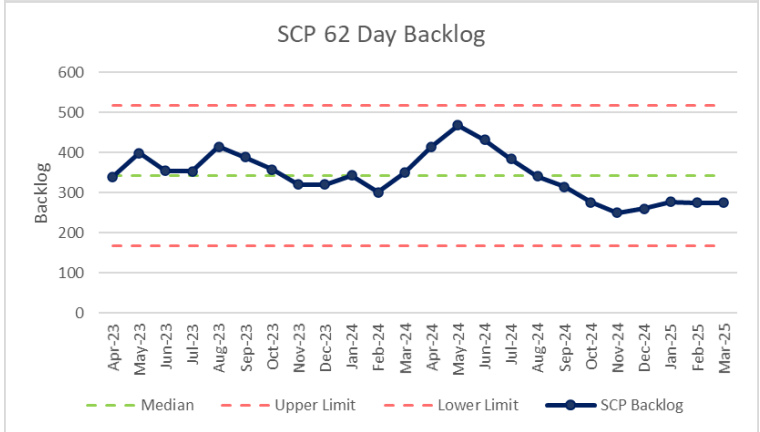
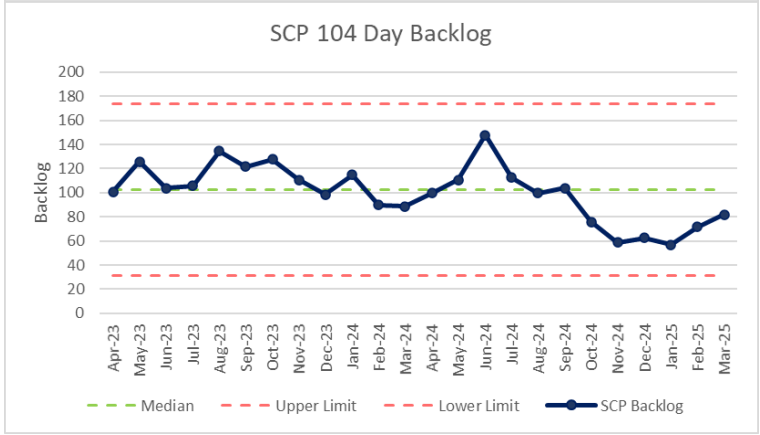
Milestones	Q4 Planned	Q4 Progress	Q4 Comments
System Flow	Make further progress with the build of the ED Extension	Complete/On schedule	Capital and process planning on-going as planned, first phase due to complete in Q2
	Sustained improvement in ambulance handover times and wait to be seen by clinician	Complete/On schedule	Progress made in reduction in handover delays however further work required to reduce the long waits seen over the winter period.
Enhanced Monitoring	Sustained Improved performance metrics in line with Improvement Plan trajectories supported by a system flow dashboard	Complete/On schedule	Whole system safety flow meetings in place on a weekly basis to address continued pressures in supporting timely ambulance handovers. All divisions are represented at the weekly meeting to ensure a joint approach.
	Implement and share learnings from Improvement Plan activity	Complete/On schedule	Service change has been completed and has moved into business as usual. Working with Primary Care colleagues on an integrated front door model.
	Implement a centralised bed management system	Complete/On schedule	Work is on-going though the step-down tracker, use of the new Discharge Lounge and daily meetings to manage flow through the system. Deep Dive of the Operations Hub across the whole system will be carried out throughout April and recommendations from this will support the bed management system.
Redesigning Services for Older People (Goal 1)	Embed changes through right-sizing of Community Services (utilising Further Faster Funding) and Acute Frailty Response Team	Complete/On schedule	CRT extended hours now fully operational. Plans to operationalise single point of access amongst GUH front door teams now underway, with a series of staff engagement workshops scheduled.
Urgent and Acute Transformation (Goals 2,3 &4)	Full evaluation of e-triage outcomes including patient reported experience measures	Complete/On schedule	Evaluation completed and shared with division and national six goals team.
	Commence implementation of programme plan including collaborative learnings.	Complete/On schedule	Embedded as business as usual.
Facilitating Early Discharge (Goals 5&6)	Implementation of service improvements/discharge practices monitored via Discharge Improvement Board	Complete/On schedule	Integrated Discharge Board held fortnightly over the Winter period chaired by Executive Director for Nursing, focus on reduction in Pathways of Care delays. Discharge lounge opened at RGH and a Senior Nurse for Discharge appointed.
	Hospital 2 Home evaluation	Complete/On schedule	Hospital 2 Home evaluation undertaken, preparation of Business Case for core funding of service.
NHH Service Model	Strategic Outline Case refined through staff and stakeholder engagement.	Off track within tolerance	Work continues on the clinical service models, draft Communication and Engagement Plan awaiting sign off.
Medical Model	Medical Model refined through staff and stakeholder engagement.	Off track within tolerance	Table top exercises undertaken across all sites to inform future service model.

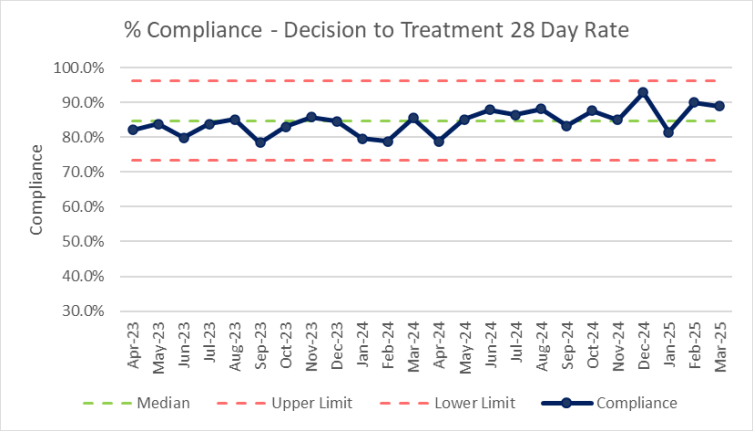
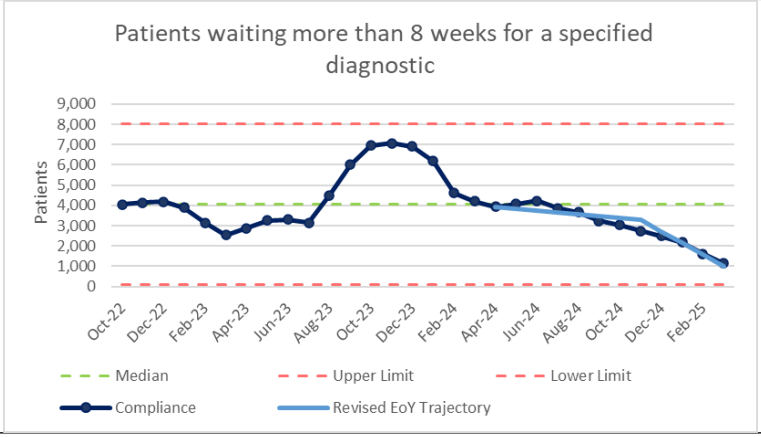
Quadruple Aim 2	Continuing to prioritise **cancer, urgent and the longest waiting patients for planned care**

Priority	Performance Summary	Performance against Trajectory	Data / Trend	Actions
Longest waiting patients	Numbers of patients waiting over 52 weeks (all stages)	23,686 (Q4) Below Trajectory of 33,673		• Additional WG funding received for 104wk+ patients for Ophthalmology (tied to Regional Programme), T&O and ENT, following outcomes of deep dives for the specialties presented to the Executive Team on in August 24. • ENT delivered a zero-year end position, as did Ophthalmology – Cataracts. The final breach position of 288 was made up of T&O (213), Ophthalmology – non cataract (69) and General Surgery (6). Whilst not quite achieving the ambition of zero, huge progress has still been made when considering that the breach numbers were almost 4,000 in November 2024.
	Numbers of patients waiting over 104 weeks (all stages)	288 (Q4) Above revised EoY ambition of 0		

	Number of patients waiting more than 52 weeks for a new outpatient appointment	14,265 (Q4) Below Trajectory of 16,500		• 52 week+ outpatient position has been a net beneficiary of the focussed 104 week+ work, with the position ending the year well ahead of the annual plan trajectory.
	Elimination of total waits over 156 weeks (all stages)	0 (Q4) Meeting Trajectory of 0		• 156wk+ position was cleared in December however there were 2 patients reported in January 2025. The February position returned to zero and was maintained in March.

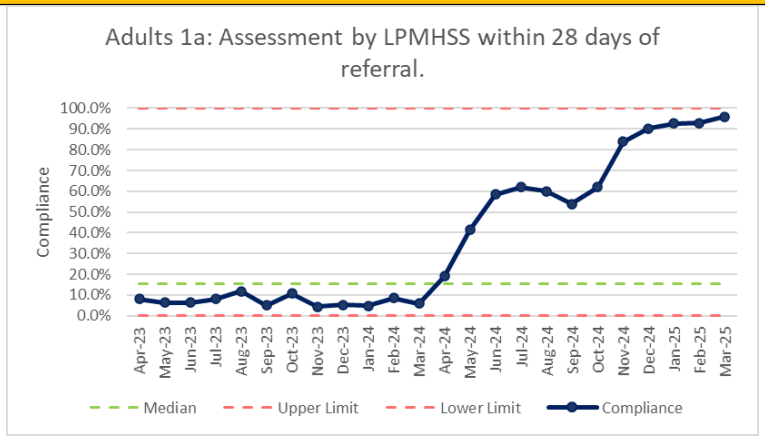
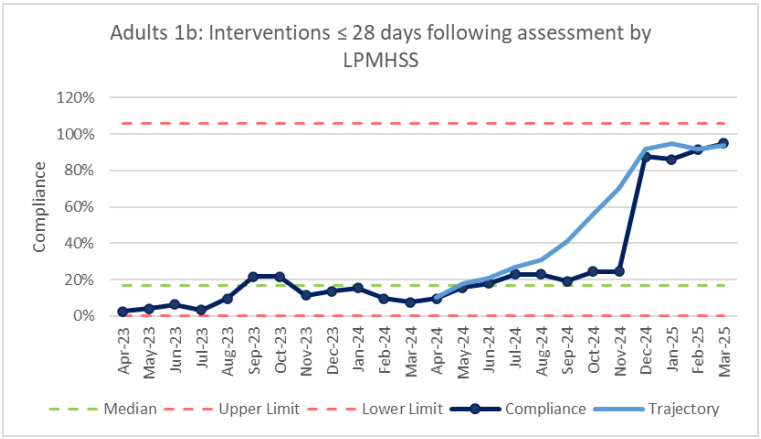
Outpatient Transformation	Increase in the rate of See On Symptom (SOS) and Patient Initiated Follow-ups (PIFU)	10.5% (Q4) Below Trajectory of 14%		• Sharing of pathways from NHS England to identify potential opportunities, new pathways shared with relevant teams if no pathway in existence. • Automated Booking System requirements agreed, and options appraisal undertaken.
	Reduction in the number of patients waiting 100% past Outpatient follow-up target date	29,846 (Q4) Above Trajectory of 6,071		• Individual specialty follows up plans developed as part of Outpatient Transformation plans. • Promotion of Straight to Discharge, SOS and PIFU pathways. • Hospital Initiated Cancellations Policy implemented

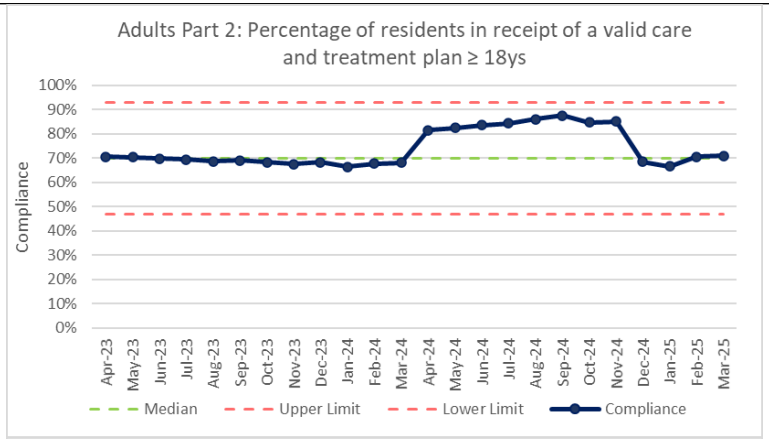
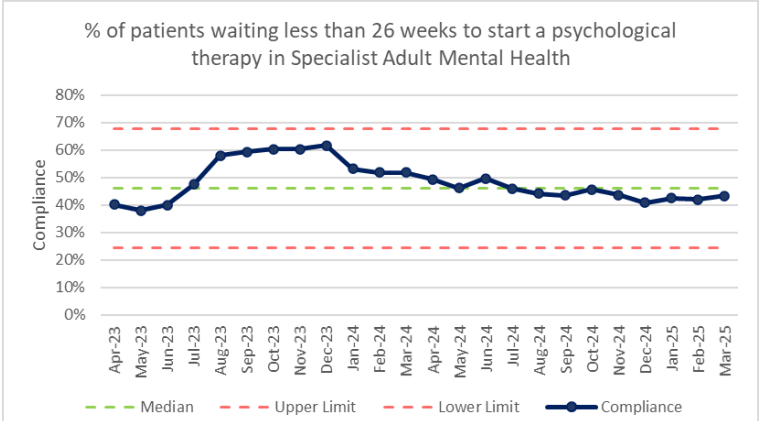
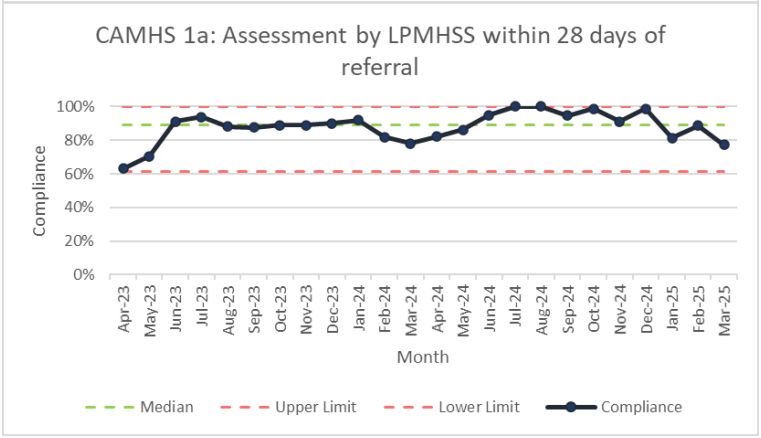
Single Cancer Pathway	Increase in Single Cancer Pathway (SCP) 62-day compliance	67.5% (Q4) Below Trajectory of 70%		• Cancer performance is subject to monthly fluctuations however there has been a broadly increasing trend through the course of 24/25 to date, up from a low of 50.4% in May. Whilst not quite meeting the annual plan target, Q4 performance has been improved and the year end position of 67.5% is the highest over the past 2 years. • The 62 and 104 day backlog for the SCP through the course of 24/25, with the 62 day position remaining stable through Q4 and the 104 seeing only a small increase. 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. • 28-day decision to treat performance has shown a strong performance throughout 24/25, averaging 86.3% and ending Q4 at 90% and 88.9% in Feb and March.
	Reduction in backlog of patients waiting over 62 days (SCP)	275 (Q4) Above Trajectory of 250		
	Reduction in backlog of patients waiting over 104 days (SCP)	82 (Q4) Above Trajectory of 60		

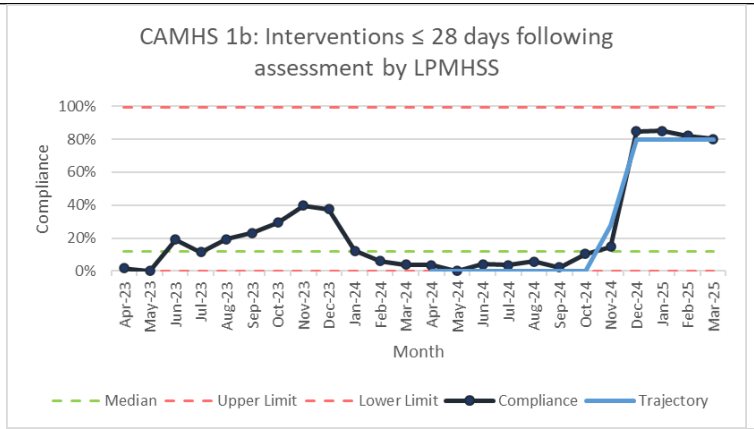
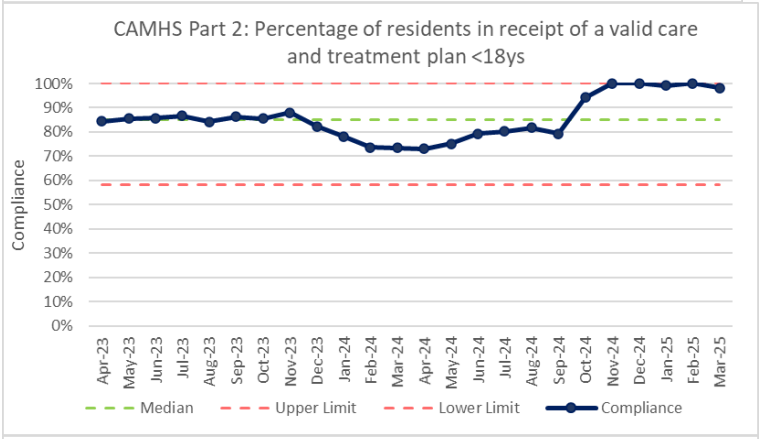
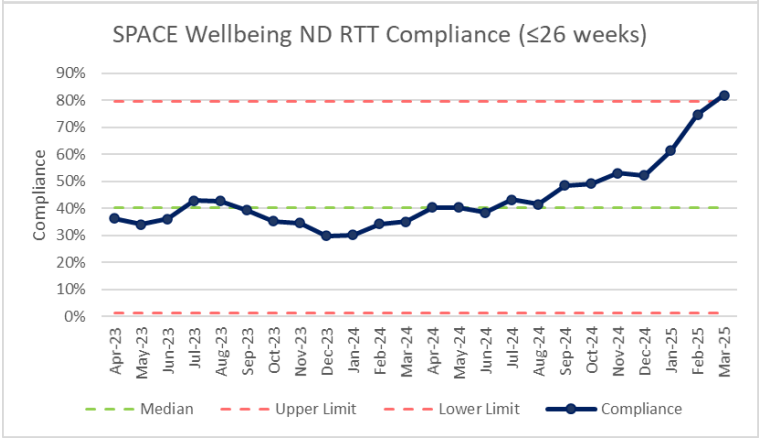
	Increase in rate of cancer diagnosis or discharges within 28 days	88.9% (Q4) Above Trajectory of 80%		
Diagnostics 8 Week Wait	Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic	1,155 (Q4) Above revised EoY trajectory of 987		• Additional WG funding was received for endoscopy and neurophysiology, resulting a new end of year target of 987. Whilst the final position is marginally higher, the volume is still greatly reduced in the context of the past few years. • Radiology performance is currently at >95% being seen in < 8 weeks.

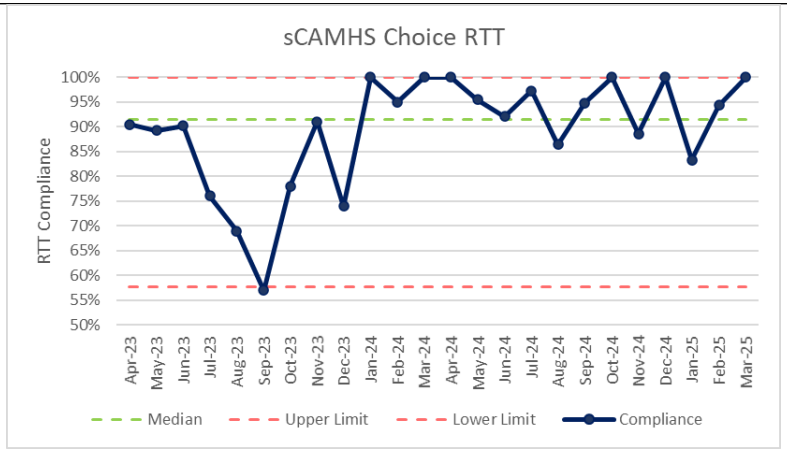
Milestones	Q4 Planned	Q4 Progress	Q4 Comments
Single Cancer Pathway (SCP)	Review and revise workplan objectives for each tumour site	Complete/On schedule	All SCP compliance trajectories have been revised and designated by tumour site, with responsibility for delivery accountable by service. Where trajectories are not met, mitigation plans in put place. Individual work plans for tumour sites are in place with a focus on delivery of actions and new pilots where needed.
	Implement lean pathway in Gynaecology and Urology	Complete/On schedule	All lean pathways (NOPs) are implemented partially; steps are all being undertaken but unable to complete within timescales due to capacity across the organisation. SCP 62-day compliance is improving and is currently at 67.2%.
	Gynae: Evaluate benefits and impact of scope-to-scan and biopsy-to-scan measures from Q2 Colorectal: Evaluate benefits and impact of scope-to-scan and biopsy-to-scan measures from Q2	Complete/On schedule	Gynae: Service has implemented biopsy to scan programme of work, presenting an audit of their findings this month. Scope to scan has been determined as not good clinical practice and won't be taken forward. Colorectal: This is now embedded as business as usual within colonoscopy.
Longest waiting patients	Reduce number of specialities with patients waiting > 104 Weeks	Complete/On schedule	0 156w waiters at end of Mar 25. Ophthalmology only speciality with 104w waiters at Outpatient stage, however this is 362 lower than March 24. Total 104w wait stage 3,784 lower than March 24. Total 52w wait stage 1,494 lower than March 24.
	Continue targeted approach to Treat in Turn to address current variability between specialties	Complete/On schedule	Treat in turn speciality specific targets in place to deliver improvements necessary for stage 1 and 4 to achieve a significantly improved 104 position. Rate for outpatients has doubled in the last 12 months to 30.4% and significantly increased the treatment stage from 20.4% to 51.1%.
Health Pathways	Evaluation of first year of launch of Health Care Pathways. Continue development of pathways for platform.		Evaluation demonstrated continued high utilisation of HealthPathways platform: 2,936 page views in March 2025 and 103 localised pathways live at end of Q4.
Theatre Maximisation	Develop the business case for ORMIS replacement	Significantly off track	Timeframe for delivery of ORMIS replacement business case and procurement due has been delayed due to functionality testing requirements and team capacity.

Getting it Right First Time (GIRFT) & Interventions not normally undertaken (INNUs)	Ensure we learn from the Evidence Based Interventions work in NHS England supported by the establishment of a Clinical Advisory Board	Off track within tolerance	Ongoing monitoring of INNUs with quarterly reviews to identify further opportunities in line with evidence-based interventions project work.
Outpatient Transformation	Roll out of integrated e-advice	Off track within tolerance	Delay in implementation date - scheduled go live date is provisionally May 2025
Diagnostics 8 Week Wait	Continue to deliver 8 week target (CT and MRI)	Complete/On schedule	CT: 8 RTT breachers with 2435 on the waiting list - 99.7% compliance MRI: 13 RTT breachers with 4294 on the waiting list - 99.5% compliance
	Make improvements to reach 8-week target (NOUS)	Complete/On schedule	NOUS: 28 RTT breachers with 4275 on the waiting list - - 99.3% compliance
	Decontamination Unit build initiated at RGH	Significantly off track	Decontamination Unit implementation at RGH delayed until Feb 26.
	Securing JAG accreditation for GUH, RGH and YYF units	Off track within tolerance	JAG accreditation for YYF planned for 06/06/25. Data requirements being pulled together. RGH and GUH will be planned after YYF accredited.

Quadruple Aim 2		Improving our **Mental health** services		
Priority	**Performance Summary**	**Performance against Trajectory**	**Data / Trend**	**Actions**
Adults	Increase in Part 1a to national target for Adult MH (assessment completed within 28 days)	96.0% (Q4) Above Trajectory of 80%		• Part 1a compliance has continued to improve over the quarter, reaching a year end position high of 96% and meeting the national standard (80%) for the fifth consecutive month. Performance is expected to be maintained into 25/26. • The waiting list has reduced from 1,320 at the beginning of the year, reducing for six consecutive months from August to February before increasing in March to achieve a year end position of 581. • Further improvements are expected as part of the BRYN (Brief Review of Your Needs) model, which has been developed to provide a shortened assessment to support previous review from GPs and development of on-line group services to support individuals to engage with alternative therapies. • Robotic Process Automation (RPA) is now in place to help support the management of referrals. This is cutting ~3 days off the referral process between GPs and the PCMH team.
	Increase in Part 1b to national target for Adult MH (interventions completed within 28 days)	95.0% (Q4) Above Trajectory of 94%		• Following the huge improvement in performance delivered in December, this has been consolidated through Q4 with the year end position reaching 95%. This is ahead of the annual plan commitment. • The waiting list has also seen substantial reduction through the course of 24/25, from a high of 2,760 in July to 215 as the end of the year. • Waitlist clinics are in place to provide capacity to ensure performance can be sustained. • Session held with Adult PCMH staff to say thank you for efforts to improve waiting times for patients in February.

Children and Young People	Maintain Part 2 rates for Adult MH (number of individuals with a valid care and treatment plan)	71.0% (Q4) Above Trajectory of 68.3%		• Performance has been strong throughout the year however there was a significant decrease in December to 68.4%, due to issues with the recording of data on the clinical system. The Division have developed an action plan to ensure compliance returns. Compliance has increased slightly over Q4 to the yearend position of 71%. • The Division is working with individual teams on compliance and areas of risk, including quality. • Recent deep dive completed with NHS Exec on CTP as part of monthly assurance.
	Maintain rate of psychological therapy received within 26 weeks for Adult MH	43.2% (Q4) Below Trajectory of 70%		• Compliance remains behind trajectory and has seen a general, slight decreasing trend through 24/25. The number of patients waiting also remains relatively flat at ~1,200, although the longest waiters has reduced slightly. • This measure is the next area for Divisional focus following the delivery of improvements for Part 1. • Plan in place for 25/26 to focus on data validation and pathway improvements.
	Maintain Child and Adolescent Mental Health Services (CAMHS) Part 1a national target compliance (assessment completed within 28 days)	77.2% (Q4) Below Trajectory of 80%		• Performance had been excellent through 24/25 however there was a decrease in March to 77.2% which ends the year just below the national standard (80%). This is due to issues with the clinical system and clock stop/start dates. To mitigate, the Division plan to take a forensic approach to waiting list management and to develop a recovery plan. • SPACE team are managing the incoming demand. • The waiting list has been reduced through the first half of the year before increasing again, however the closing position of 224 is still lower than the opening one (250).

Children and Young People	Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days)	80.3% (Q4) Meeting Trajectory of 80%		• Following the significant improvement delivered in December, with compliance rising to 84.8%, this has been maintained through Q4 to meet the national standard of 80% in each month. Performance is expected to be maintained into 25/26. • Waiting list has also seen significant reduction through the course of the year to date, from 584 in April to a year end position of 74. • 1+1 model is proving successful. The Swell project with Cardiff University is being investigated further.
	Maintain CAMHS Part 2 national target compliance	98.2% (Q4) Above Trajectory of 90%		• Part 2 compliance for CAHMS has remained exceptional through Q4.
	Improvement in Neurodevelopment (iSCAN) compliance	81.9% (Q4) Above Trajectory of 57%		• Following recent funding, the team have been utilising this to improve performance by having a dedicated ND clinician to support through Q4; additional clinics to be held at evenings and weekends; commitment for child & adolescent psychologists, ND clinicians, locum community paediatrician, and CAHMS practitioners; dedicated administrative support for clinics. • This has delivered significant improvements over Q4, with the yearend position reaching 81.9% and meeting the national standard. The longest waits have also now reduced to under 52 weeks.

	Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral	100% (Q4) Above Trajectory of 80%		• Performance remains strong for this measure, achieving a year end position of 100%. • Continued weekly performance meetings and validation of CHOICE assessment and waiting lists demand and capacity.

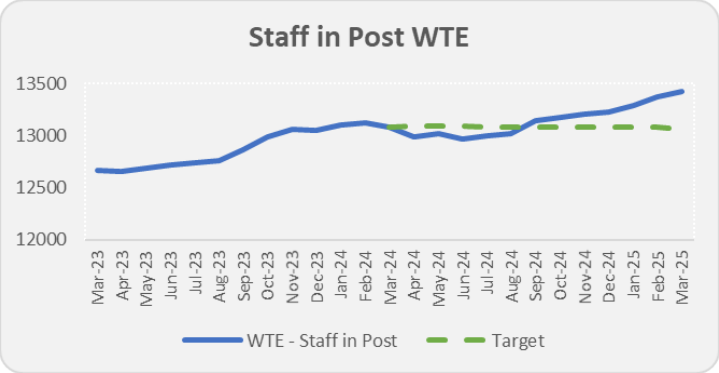
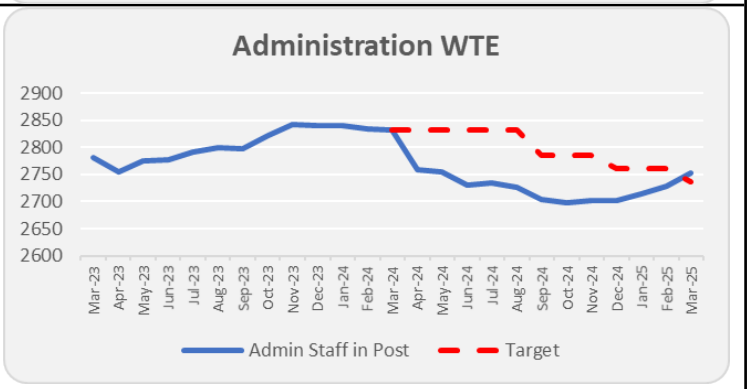
Milestones	Q4 Planned	Q4 Progress	Q4 Comments
Quality Improvement Plan	Continue to drive quality improvement through the programme and robust monitoring at the Strategic Change Board.	Complete/On schedule	Strategic Change Board is well established with robust monitoring in place through standardised reporting. Continued focus on quality improvement through the embedded programme management arrangements.
Recovering Part1 MH Performance (0ver 18)	Agree service model within current resource capabilities and in line with the Mental Health (Wales) Measure to meet targets.	Complete/On schedule	Service model developed to include a BRYN (brief review of your needs), a shortened assessment to support previous review from GPs and development of on-line group services to support individuals to engage with alternative therapies.
Recovering Part1a MH Performance (under 18)	Continued performance monitoring of capacity and demand, job planning to meet 80% compliance target	Complete/On schedule	80% compliance of 1A Primary Care Mental Health Assessment continues, regular performance monitoring of position as capacity is flexed to support the 1B Initial Intervention recovery delivery.
Recovering Part1b MH Performance (under 18)	Continue focus on improving performance for part1 b through targeted action plans for children (under 18)	Complete/On schedule	80% compliance of 1B Initial Intervention and recovery of significant waiting list has been achieved. Continued performance demand and capacity monitoring is undertaken which highlights any risks to non-compliance. Working will continue to sustain the service targets.
SCAMHS Choice Assessments 80% compliance (28 days referral to assessment)	Continued performance monitoring of capacity to delivery CHOICE assessments to continue to maintain RTT compliance	Complete/On schedule	80% target for SCAMHS continues to be met, performance monitoring is consistent. CAMHS concerns re Part 2 partnership waiting lists with over 1 year wait, 200+ young people waiting for intervention due to limited capacity and caseload complexities. Executive update report submitted in Feb 25.

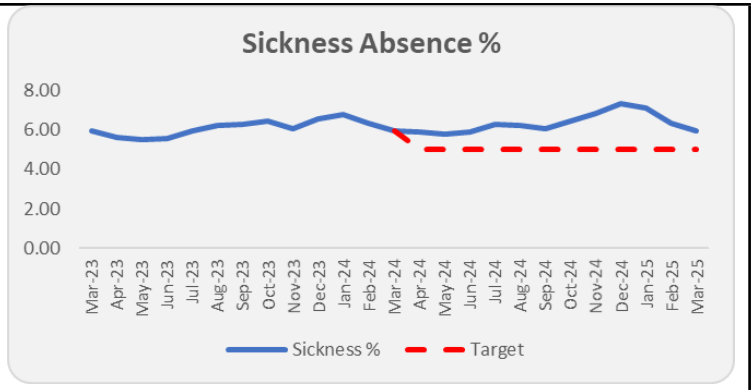
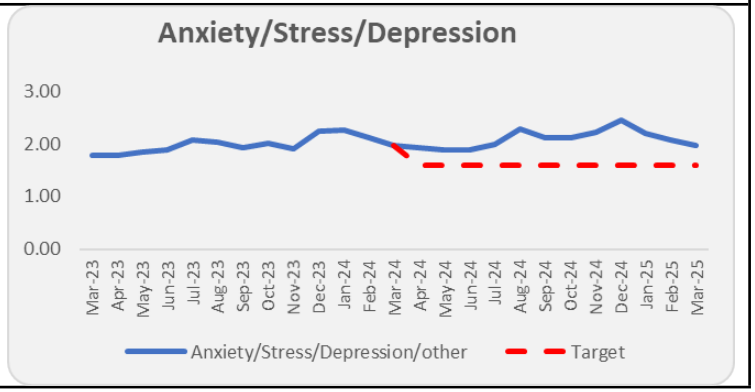
CAMHS Part 2 Care and Treatment Plan	Continued monitoring of Care and Treatment Plans within Part 2 Mental Measure to ensure RTT compliance	Complete/On schedule	90% of Care and Treatment Plans for Part 2 SCAMHS are compliant meeting WG targets. Service highlights concerns with Part 2 partnership extended waits. CAMHS Clinical Information Hub service facilitates young people and families to wait well whilst waiting for intervention.
	Monitoring of SCAMHS CMHT capacity to undertake care coordination	Complete/On schedule	Monitoring continues to ensure that there are sufficient care coordinators to support Part 2 young people and undertake the care and treatment planning (CTP) and sustain delivery of WG targets.
111 Press 2	Action plan to implement strategy in place.	Off track within tolerance	Work around 111 press 2 subsumed into Models of Care programme covering end to end services for MHLD Division.
Complex Needs	New service for community accommodation developed.	Off track within tolerance	Service models defined for Older Adults and Learning Disabilities and will be presented to Strategic Change Board in April and adults working on developing their models following a number of rapid reviews.
Neurodevelopmental services (Over 18)	Develop a universal model for primary care adult neurodevelopmental services that can be deployed across Gwent consistently	Complete/On schedule	Additional demand and capacity work completed and understanding of challenges to bringing services together analysed.
Neurodevelopmental services (under 18)	Implement the children's neurodevelopmental recovery plan that will enable the pathway to adapt to manage the increasing variable demand	Complete/On schedule	Successful recovery of the under 18's ND 80% target -continued work to maintain 80% targets, the service are developing a sustainable service model that focusses on needs and not diagnosis.

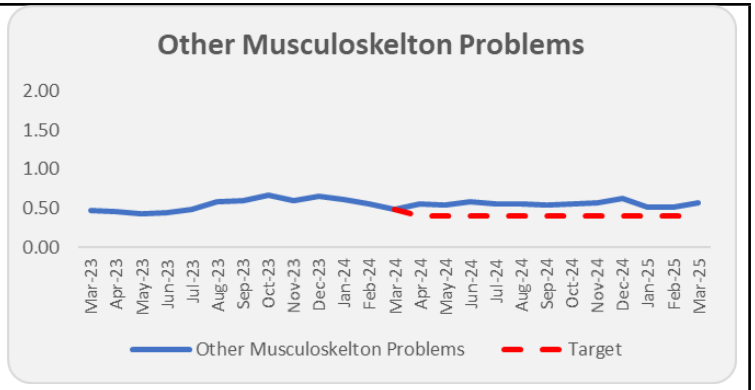
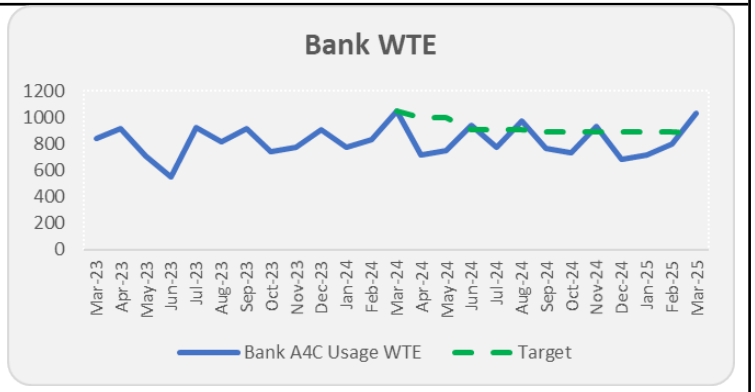
Quadruple Aim 3	Workforce and Culture

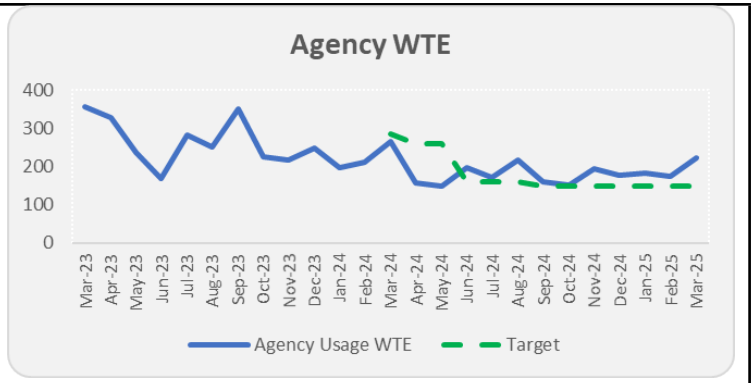
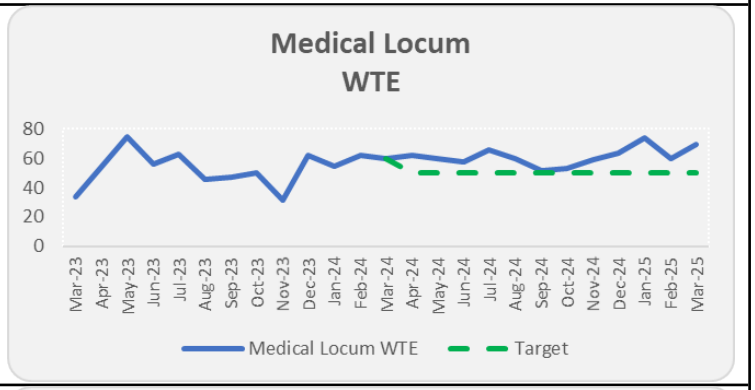
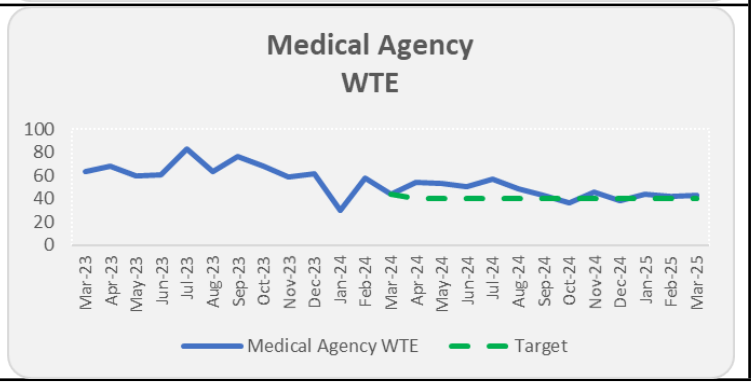
The Health Board's *People Plan, 2022 -2025, 'Putting People First'*, outlines the Workforce and Organisational Development (OD) strategy in relation to workforce improvement, capability, and expertise with a clear focus on wellbeing, inclusion, and engagement of our people. A Workforce & OD Performance 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):

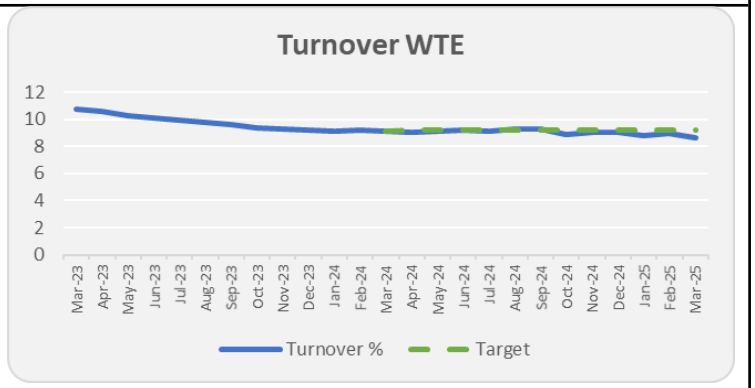
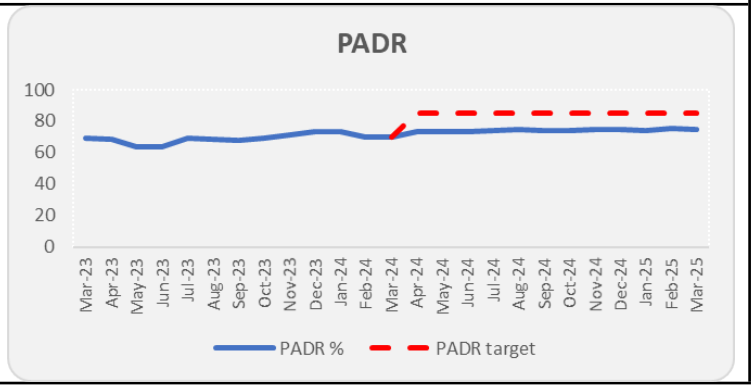
Reporting Period end of March 25

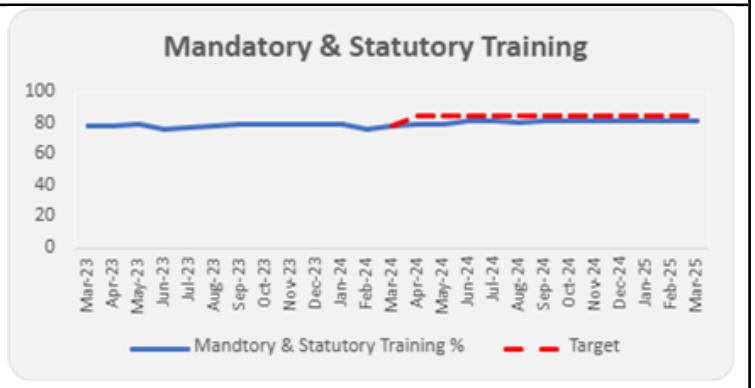
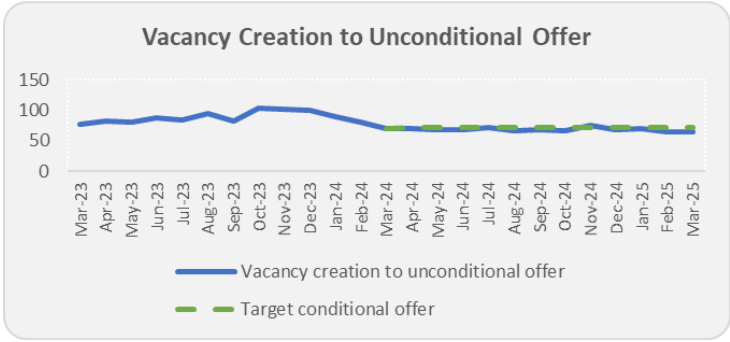
Priority	Performance Summary	Data
Staff in Post	There are currently 13,424 WTE staff in post, an increase of 343 WTE since March 2024 and in increase of 201 WTE in the last quarter This is mostly attributed to: • The largest increase in staffing in the last quarter has been in Nursing and Midwifery, Medical and Dental, Estates and Ancillary. • Recruitment of substantive posts to support a reduction in variable pay.	
Administration Staff in Post	An administration and clerical review has been undertaken, which identified a significant growth in this staff group over the past 5 years. Therefore, the aim is to reduce the number of administration and clerical costs by 2% before the end of the year through turnover and vacancy controls and a review of service opportunities. The total number of posts has reduced by 94 WTE since March 2024 with 59 WTE linked to TUPE transfers. Excluding TUPE transfers the overall reduction in Administration and Clerical staff has met the 2% administration target for wte.	

Sickness	Sickness Absence in March 25 was 5.94 % a decrease from 7.3% reported in December 24. Both Short term and long- term sickness have reduced. Short term sickness accounts for 2.13%. long term sickness (over 28 days) is 3.81 and which attributes to 64% 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: 1. Additional Clinical Services (HCSWs) – 9.96% 2. Estates & Ancillary – 8.65% 3. Nursing & Midwifery – 5.85% All these staff groups have seen a reduction in sickness absence between 1 and 2% 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 order of ranking: 1. Anxiety/Stress/Depression/Other Psychiatric illness - 33% 2. Other musculoskeletal problems - 9.5% 3. Gastrointestinal problems - 8.9% 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 0.57% 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 support reductions in variable pay. Bank usage has increased by 349.44 wte in the last quarter over the winter period linked to additional pressures and capacity. Bank usage is currently 145.30 wte higher than the year end target despite being within the target for most of the year. In Mar 25 the three highest users were HCSW 517.39 wte (50%), Nursing & Midwifery 360.62 wte (35%) and Facilities 98.21 wte (10%). Highest reason for usage is Vacancies 378.25 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 222.31 wte, an increase of 72.31 wte in the last quarter. There has been significant reduction on agency usage since last year. In Mar 25 42.00 wte (19%) were used for HCSW and 180.31 wte (81%) for Nursing and Midwifery. The top three reasons for Agency usage are vacancies 65.12 wte (29%), MH&LD Observation 45.75 wte (21%) and Enhanced Care 43.6 wte (20%) Target in graph was set as part of the deliverables set out in IMTP performance framework. It is anticipated the forecast improved vacancy as a result of successful recruitment campaigns will improve the agency position in 2025/26 in line with MDS targets.	
Variable Pay Medical Locum	Current locum usage is 69.26 wte, which is an increase of 5.49WTE compared to last 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 WTE is 44.06 WTE, showing a sustained decrease in trend to achieving the target of 40 wte. The highest reason for usage is Vacancies 40.28 wte (36%). 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 8.64 %, a reduction from 9.01% the last quarter and 0.46% lower than last year rate, which has been sustained over the last 12 months and within target. Nursing and Midwifery has reduced further with the lowest turnover rate of 5.48% whilst Administration and Clerical have the highest turnover rate of 12.7%. The Stability Rate is 90.86%, the Health Board has retained 13,623 staff. The target in graph was set as part of the IMTP performance framework.	
PADR	Current PADR compliance is 74.91% an increase of 0.5% in the last quarter and continued work towards achieving 85% All Wales target through divisional reporting, renewed tools and training for managers.	

Job Planning	Current compliance rate is 39% an improvement from the 33% reported in the last quarter. The introduction of the new medical e-system is having a positive impact. Once fully implemented, the target is set at 85%. There are 317 Senior Medical Staff (Consultant and SAS Doctors) recorded in progress in the e-system which once completed will take our compliance to 67%.	
Mandatory training	Current compliance rate is currently 81.98%, which is an improvement since March 2024 (78.88%) with a 2.72% increase in achieving the target of 85%. Additional courses have been added to the Statutory and Mandatory training which now includes both clinical and non-clinical training, this has deceased the overall figure, without these compliance against previous reporting may have increased.	
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) is 71 days, Currently the Health Board is achieving this in 64 days and is showing month on month improvements. 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.

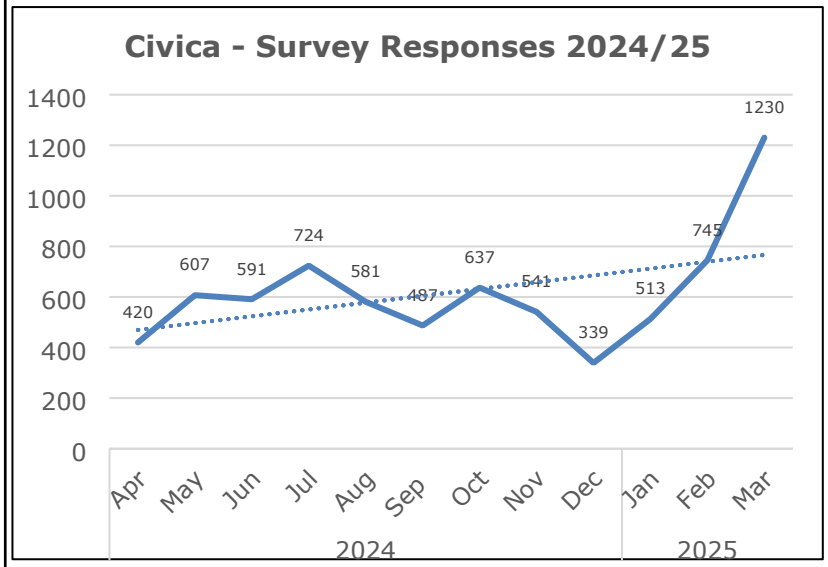
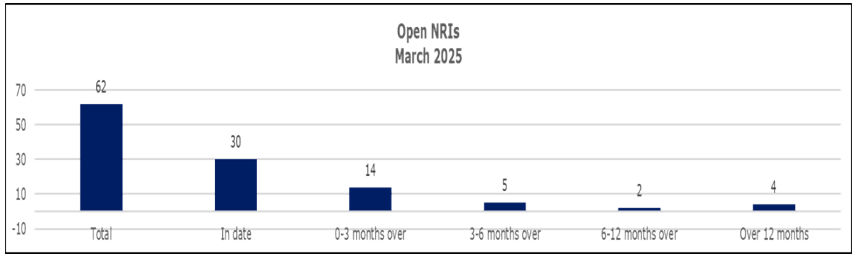
Complaints, concerns, compliments: Concerns – 30-day performance.

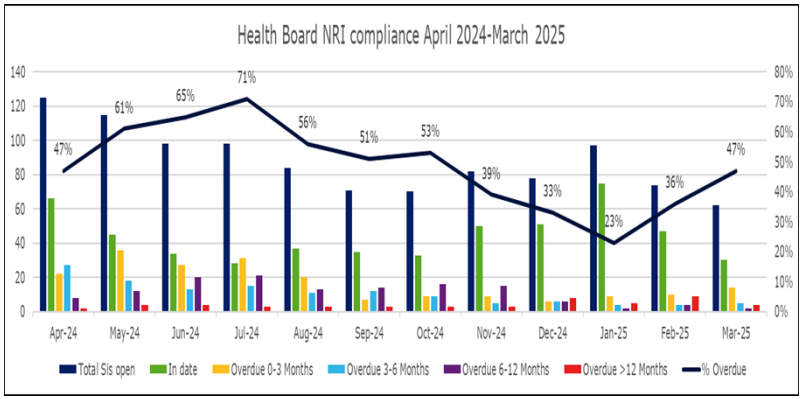
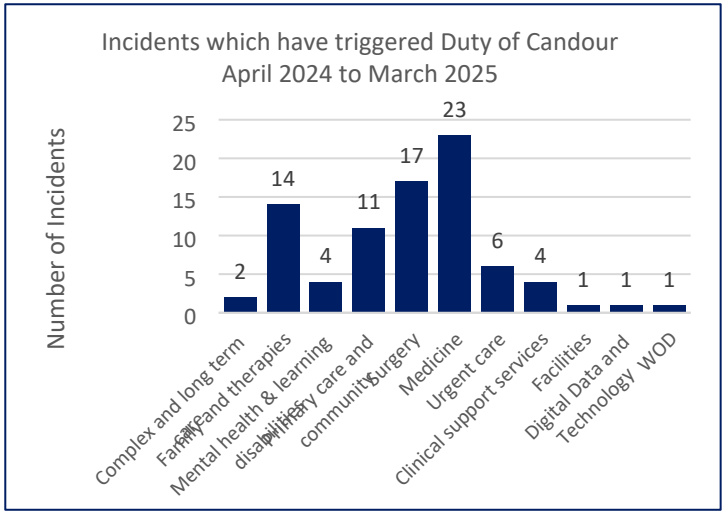
Health, Safety & Security: RIDDOR reporting, H&S training compliance, Compliance HB Health, Safety & Fire risk assessment programme.

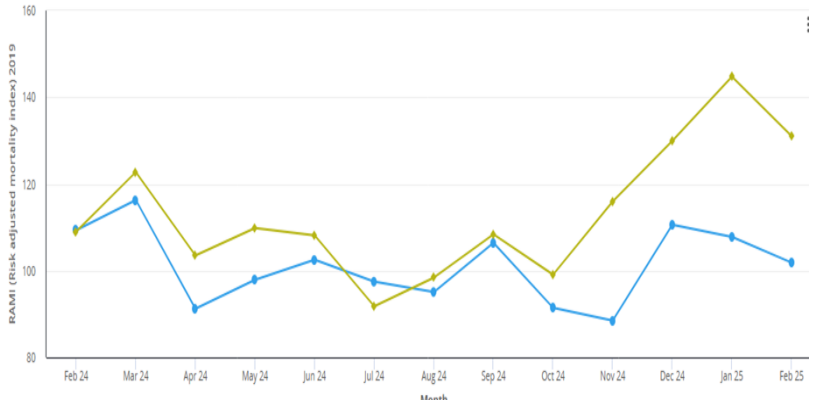
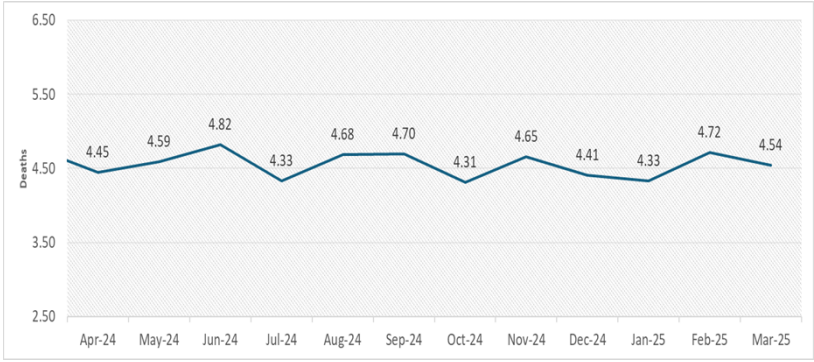
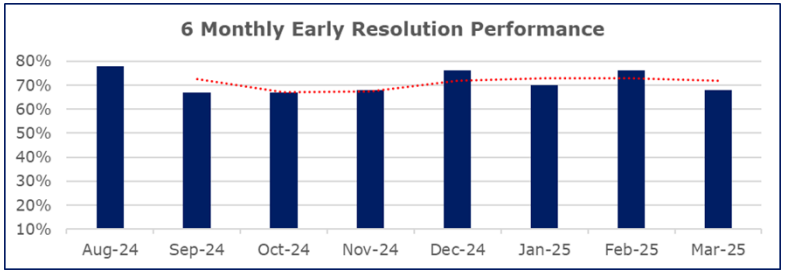
Infection Control and Prevention: Infection Control.

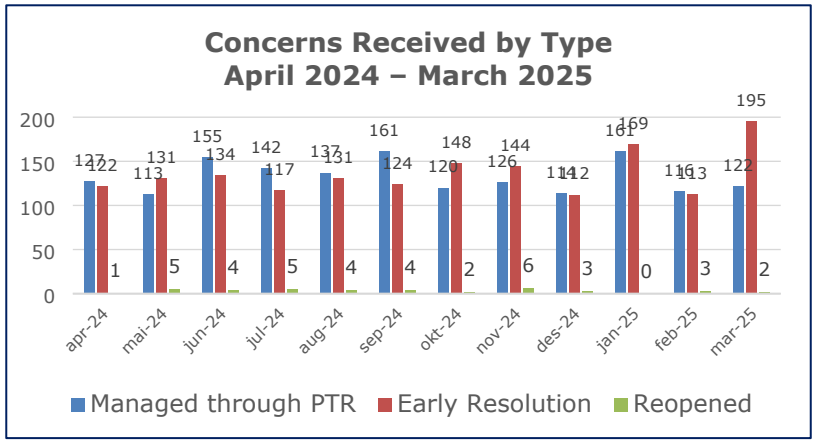
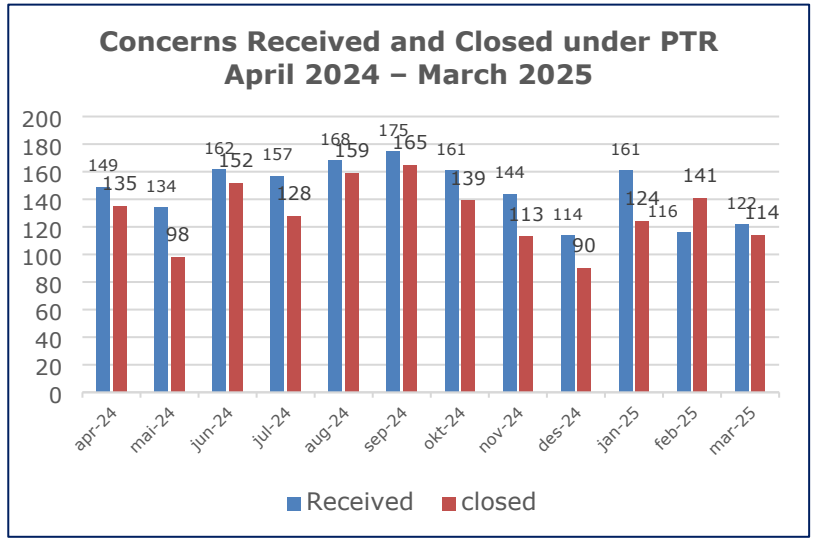
Safeguarding: Duty to report

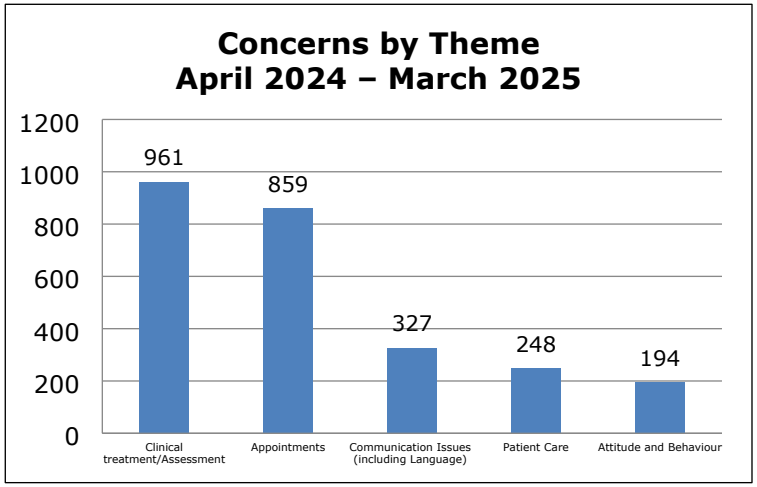
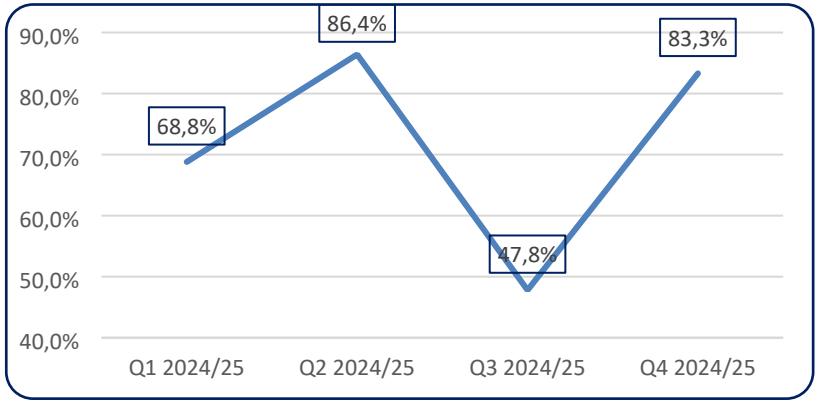
Priority	Performance Summary	Data
Patient Experience **CIVICA**	The total number of surveys that have been completed continues to increase. The survey feedback for Q4 (3491 responses), compared to Q3 (1735), compared to Q2 (1942) compared to Q1 (1733). Top 3 for the PCC themes - What did we do well? • 433 comments around Compassion • 383 comments around Emotional & Physical support • 340 comments around Friendliness Top 3 themes for PCC themes- what could we have done better? • 126 comments around Waiting • 50 comments around Emotional and Physical support • 42 comments around comfort SMS successfully launched 3 March 2025 for ED and MIU, although there has been some delays within CIVICA on	**All surveys Q4 2024/25** **3491 responses** — **88% Satisfaction** **Person Centred Care (PCC) Survey Q4 2024/25** **2488 responses** — **91% Satisfaction**

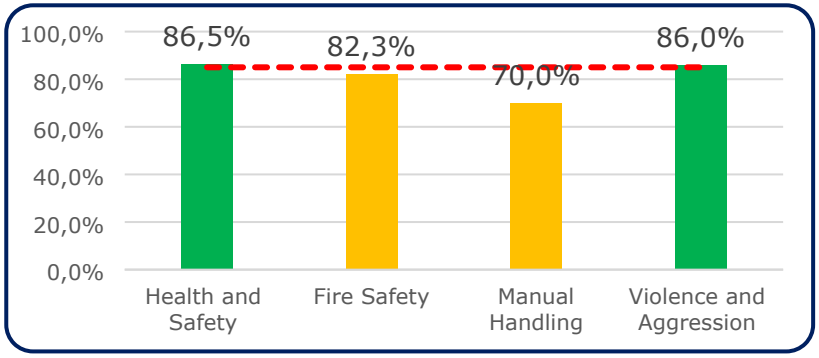
	messages being sent. This has been escalated and under review. There was a significant increase in responses in February 2025 (prior to SMS) with the highest number to date from QR code/paper alone with 983. The February increase noticeable within the Family & Therapies Division. Endoscopy Survey launched in January 2025 with 253 responses. Introduction of reporting on Compliments from CIVICA to Datix in January 2025. Survey changes coming with the launch of the All-Wales Survey – People's Experience Survey (PES) and launch of All Wales Maternity Surveys and Looked After Children Surveys.	
Incidents **National Reportable Incidents**	Graph 1 shows the number and status of compliance for open NRI's as of the end of March 2025. The four NRI's outstanding over 12 months relate to 2 incidents held within the safeguarding arena, one adult practice review and a serious medication error that remains held by the police, thus not allowing progression of the Health Board internal investigation to close these. NHS Executive 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. Recommendations for improving compliance include regular monitoring, monthly reporting to divisional teams,	 **Graph 1 – Open NRIs March 2025**

	enhanced communication, increased training for Investigating Officers, standardised follow-up processes, and fostering a culture of learning among Clinical Investigating Officers. These actions aim to meet NHS targets, bolster patient safety, and ensure quality care.	 **Graph 2 - NRI Run Chart Q4 2024/25**
Incidents **Duty of Candour**	Between April 2024 and March 2025 there were 26661 incidents affecting patients reported on the Datix Cymru system. This is in comparison to **26026** incidents for the same period in 2023/24. There have been 84 incidents that have triggered Duty of Candour. This figure is based on the question - Was Healthcare provided a factor? These incidents covered inadequate supervision resulting in a fall, post-operative complications, communication around discharges, prescribing, and maternity occurrences. All these incidents have undergone the formal DoC process.	 **Duty of Candour Incidents by Division Q1 to Q4 2024/25**

Mortality	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 6 months is 106.91 for 2024/25. This is a 5% decrease compared to last year. This is the best performing Health Board compared to All Wales period for 2024/25. With the delay in coding there is a 6-week lag with the RAMI data being accurate. The RAMI continues to fluctuate – RAMI Q1 97.23, Q2 100.35 and Q3 100.09. 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 ocupied bed days**
Concerns **30-day performance**	Dedicated teams have been created within each division to focus exclusively on Early Resolution cases, ensuring prompt and effective handling. Additionally, comprehensive training sessions have been conducted to equip staff with the skills needed to identify potential issues early and address them proactively. Regular monitoring and evaluation meetings are	

	being held to track progress and make necessary adjustments. The Health Board has also introduced new reporting tools to streamline communication and ensure transparency in the resolution process. These concerted efforts are anticipated to not only maintain but also enhance the efficiency and effectiveness of managing concerns. To ensure that the number of closed concerns exceeds those received, the Health Board has instituted several proactive measures throughout the quarter. Firstly, each Division has been diligent in balancing the management of new issues while systematically addressing existing ones. This approach allows for a more efficient resolution process and prevents backlog. Such efforts underscore the Health Board's commitment to continuous improvement in patient care and service quality within the NHS. This proactive approach is instrumental in maintaining a positive balance between closed and received concerns.	 

		
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**

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Health and Safety Training Compliance</td>
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<td>Infection Prevention & Control</td>
<td>C. difficile Infection: 275 cases with a rate of 46.50 per 100,000 population (Apr 24-Mar 25). This is 20% higher (46 more cases) than the equivalent period 23/24
Healthcare associated = 138
Community acquired = 107
Relapse/indeterminate = 30

Staph Aureus: 189 cases. The rate of Staph Aureus in ABUHB is 32.07 per 100,000 population for Apr 24 – Mar 25. This is 47% higher (60 more cases) than the equivalent period 23/24.
Healthcare Associated = 64
Community Acquired = 116
Relapse/Indeterminate = 9

E. coli BSI: 376 cases with a rate of 63.58 per 100,000 population (Apr 24-Mar 25), 8% higher than the same period in 23/24 (27 more cases).
Healthcare Associated = 97
Community Acquired = 270
Re-isolate/Indeterminate = 9</td>
<td>
Current count of cases for FY 24/25
<table>
<tr><th></th><th>C. difficile</th><th>MRSA bacteraemia</th><th>MSSA bacteraemia</th><th>E. coli bacteraemia</th><th>Klebsiella sp bacteraemia</th><th>P. aeruginosa bacteraemia</th></tr>
<tr><td>Aneurin Bevan UHB</td><td>275</td><td>19</td><td>170</td><td>376</td><td>115</td><td>42</td></tr>
<tr><td>Betsi Cadwaladr UHB</td><td>356</td><td>11</td><td>169</td><td>538</td><td>136</td><td>25</td></tr>
<tr><td>Cardiff and Vale UHB</td><td>210</td><td>14</td><td>169</td><td>286</td><td>120</td><td>41</td></tr>
<tr><td>Cwm Taf Morgannwg UHB</td><td>158</td><td>10</td><td>121</td><td>364</td><td>103</td><td>14</td></tr>
<tr><td>Hywel Dda UHB</td><td>184</td><td>11</td><td>122</td><td>380</td><td>106</td><td>24</td></tr>
<tr><td>Powys THB</td><td>21</td><td>0</td><td>2</td><td>2</td><td>0</td><td>0</td></tr>
<tr><td>Swansea Bay UHB</td><td>275</td><td>5</td><td>126</td><td>224</td><td>121</td><td>18</td></tr>
<tr><td>Velindre NHST</td><td>5</td><td>1</td><td>3</td><td>11</td><td>8</td><td>0</td></tr>
<tr><td>Wales</td><td>1484</td><td>71</td><td>882</td><td>2181</td><td>709</td><td>164</td></tr>
</table>
Rate per 100,000 population
<table>
<tr><th></th><th>C. difficile</th><th>MRSA bacteraemia</th><th>MSSA bacteraemia</th><th>E. coli bacteraemia</th><th>Klebsiella sp bacteraemia</th><th>P. aeruginosa bacteraemia</th></tr>
<tr><td>Aneurin Bevan UHB</td><td>46.5</td><td>3.21</td><td>28.75</td><td>63.58</td><td>19.45</td><td>7.1</td></tr>
<tr><td>Betsi Cadwaladr UHB</td><td>51.73</td><td>1.6</td><td>24.56</td><td>78.17</td><td>19.76</td><td>3.63</td></tr>
<tr><td>Cardiff and Vale UHB</td><td>41.54</td><td>2.77</td><td>33.43</td><td>56.57</td><td>23.74</td><td>8.11</td></tr>
<tr><td>Cwm Taf Morgannwg UHB</td><td>35.58</td><td>2.25</td><td>27.25</td><td>81.98</td><td>23.2</td><td>3.15</td></tr>
<tr><td>Hywel Dda UHB</td><td>47.78</td><td>2.86</td><td>31.68</td><td>98.68</td><td>27.53</td><td>6.23</td></tr>
<tr><td>Powys THB</td><td>15.68</td><td>0</td><td>1.49</td><td>1.49</td><td>0</td><td>0</td></tr>
<tr><td>Swansea Bay UHB</td><td>71.72</td><td>1.3</td><td>32.86</td><td>58.42</td><td>31.56</td><td>4.69</td></tr>
<tr><td>Velindre NHST</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Wales</td><td>47.39</td><td>2.27</td><td>28.16</td><td>69.64</td><td>22.64</td><td>5.24</td></tr>
</table>
Data for April to March 2025 (Q1-Q4)
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	Klebsiella BSI: 115 cases with a rate of **20.37 per 100,000 population** (Apr 24-Mar 25), 15% lower than the same period in 23/24 (20 fewer cases). Healthcare Associated = 41 Community Acquired = 71 Re-isolate/Indeterminate = 3 **Pseudomonas BSI: 42 cases** with a rate of **7.10 per 100,000 population** (Apr 24-Mar 25), 68% higher than the same period in 23/24 (17 more cases). Healthcare associated = 19 Community acquired = 23 **Improvement Plan:** A Strategic Infection Prevention Improvement Group has been established which is led by the Executive Director of Nursing & Executive Medical Director. A Health Board Improvement Plan is being implemented. In addition, the Health Board has a Welsh Government reduction expectation action plan that is monitored via the Infection Prevention and Antimicrobial Stewardship Group. There has been a delay in proactive cleaning as a result of the increased demand for reactive cleaning and capacity constraints.	
Safeguarding	**Duty to report:** Safeguarding activity data must be used with caution when being utilised as a marker of quality improvement.	

	Q3 2024/25	Q4 2024/25	Increase in Last Quarter
Adult DTR's	145	169	17%

	The current data available for 2024/25 Q3 to Q4 highlights there has been a 17% increase in Adult DTRs and a 9% increase in Children's DTRs. Activity has increased progressively over this period 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	Children DTR's 999 1085 9%

Quadruple Aim 4	Finance

The 2024/25 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.

Mar-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	(34)	7,206	**7,206**	⇔
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 £70,555	20,004 28.4%	70,490 99.9%	**(65)**	⇔

Performance against requirements 23/24		**22/23**	**23/24**	**24/25 DRAFT**	**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**	**7,206**	**93,802**
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Capital	✓	**(43)**	**(41)**	**(65)**	**(149)**
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers	x				

Underlying Financial Position (Brought Forward ULP)	**21/22**	**22/23**	**23/24**	**24/25 IMTP**
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	**£20.914m Deficit**	**£89.6m Deficit**	**£81.4m Deficit**	**£27.1m Deficit**

The 2024/25 financial year to date budget performance as at month 12 is an adverse variance of **£7.206m.**

The 2024/25 draft reported position is a **£7.206m** deficit which is an improvement of £0.150m on the target control total of £7.356m deficit.

This position remains draft during the audit period and final Board sign off of the annual accounts.

There remain risks associated with this forecast position, including final allocations from WG including the clawback of planned care underspends, final Prescribing (PAR) data, audit adjustments and partnership (LA's) finalistion of agreements.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	21 May 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Quality Performance Narrative Report- Quarter Four
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jennifer Winslade, Executive Director of Nursing
SWYDDOG ADRODD: **REPORTING OFFICER:**	Leeanne Lewis – Assistant Director for Quality and Patient Safety Tracey Partridge Wilson - Deputy Director of Nursing

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

As an NHS Wales organisation, there are clear expectations set out for the quality standards we must maintain. These are set out through the:

- Health and Social Care (Quality and Engagement) (Wales) Act 2020;
- A Healthier Wales;

Following the launch of the Quality Strategy and Patient Experience & Involvement Strategy, the Health Board has been developing and reporting quality metrics. This iterative process is constantly evolving to capture and report what matters most to patients, their families, and the public. This is demonstrated by the Health Board's commitment to continuously improving its Quality Management System by setting meaningful targets, monitoring, measuring, and reporting performance. This approach ensures high standards of care and the achievement of quality goals.

The Quality Report for the fourth quarter, covering January to March 2025, provides a narrative overview of the quality and patient safety metrics and priorities across the Aneurin Bevan University Health Board as a supplement to the performance metrics contained within the integrated performance report. The report aims to inform the public about the Health Board's performance, ongoing initiatives, and areas requiring attention, focusing on key domains such as patient experience, incidents, concerns, health, safety, security, infection prevention, and safeguarding.



Cefndir / Background

The Health and Care Quality Standards provide a clear framework to help the planning, delivery and monitoring of healthcare services in Aneurin Bevan University Health Board. These continue to be developed to enable delivery of our services around the six domains of quality and the six quality enablers. These outcomes and indicators collaboratively establish a set of quality indicators that align with the Health Board's priorities and strategic goals. The indicators cover all aspects of care, clinical outcomes, patient safety, patient experience, and efficiency.

The quality outcomes framework provides current data on quality and patient safety as mapped against the Pillars of quality:

- 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

These 'pillars of quality' run through our organisation, ensuring that we deliver the highest standards of care under these domains. Providing data across these Pillars of Quality will enable us to review our performance. The pillars are our Quality Markers in our quality management system. Strengthening our quality management system helps us make sure our decision-making focuses on improving the quality of health services.

Asesiad / Assessment

The report provides the full narrative, focusing on data as mapped to the pillars of quality and looking at areas of concern and improvements.

Overall, the Aneurin Bevan University Health Board remains committed to improving patient care and service quality. While there are areas of concern that require ongoing attention, significant improvements have been made through proactive measures, quality improvement initiatives, and enhanced training. The Health Board will continue to focus on addressing these challenges and ensuring the highest standards of care for its patients.

Argymhelliad/ Recommendation

This report is to provide **ASSURANCE** to the Board on the ongoing work to deliver the Duty of Quality and Duty of Candour, through implementing the Quality Strategy and Patient Experience & Involvement Strategy.



Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable currently
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3. Effective Care 5. Timely Care 6.3 Listening and Learning from Feedback 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	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the wellbeing and engagement of our staff Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The Health and Social Care (Quality and Engagement) Wales Act (2020)). Duty of Quality.
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	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.



	If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	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 Choose an item.

Aneurin Bevan University Health Board Quality Report

Quarter Four January – March 25

Purpose of the report

The Quality Report provides the Board with an overview of quality across the Health Board, incorporating the domains of assurance and improvement. The report also provides an overview of the key areas of focus, concerns, improvements, and exceptions within Aneurin Bevan University Health Board for the period of January to March 2025. The aim is to inform the Board about our performance, ongoing initiatives, and areas requiring attention. This report provides the narrative and assurance of progress mapped to the Pillars of Quality, supports our statutory reporting in line with the Duty of Quality and supplements the quality and safety component of the integrated performance report.

1. Patient Experience

There was a significant increase in patient feedback responses in Quarter 4 with 3491 responses reporting an 88% satisfaction rate. February 2025 (prior to SMS) has seen the highest number to date from QR code/paper alone with 983 completed. The February increase was noticeable within the Family & Therapies Division. The Endoscopy Survey launched in January 2025 with 253 responses and SMS was successfully launched on 3rd March 2025 for ED and MIU, although there has been some delays within CIVICA on messages being sent. This has been escalated and is under review.

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

Other developments include a Volunteer who has started to capture Civica Survey feedback in YYF and 155 were completed during the quarter. The introduction of reporting on Compliments from CIVICA to Datix commenced in January 2025

There has been a shift in the last quarter's 'themes', with the 2nd negative theme being 'Emotional & Physical Support' which is not usually in the top 3 negative themes. Further work will be undertaken to understand this and consideration will be made to consider improvements.

Survey changes are coming with the launch of the All-Wales Survey – People's Experience Survey (PES) and launch of All Wales Maternity Surveys and Looked After Children Surveys.

The introduction of the CIVICA Citizen Feedback System has increased the volume of feedback from patients and staff. This system has facilitated the collection of valuable insights, which are used to make informed changes and improvements.

2. Incidents

Nationally Reportable Incidents (NRI's)

There has been improvement in the timely completion of NRIs, performance did reduce slightly in January however this has improved to 47% in March. Managing the Patient Safety Incident process remains a priority and recommendations to improve compliance include regular monitoring, monthly divisional reporting, enhanced communication, increased training for Investigating Officers, standardised follow-up processes, and fostering a learning culture amongst Clinical Investigating Officers. These actions aim to meet NHS targets, enhance patient safety, and ensure quality of care.

Four Nationally reportable incidents (NRIs) have been outstanding for over 12 months these involve safeguarding incidents, an adult practice review, and a case under police investigation, preventing internal closure. The NHS Executive have been briefed on these cases and the reasons for non-compliance.

Datix Incident Management

Within Quarter 4 there were 19 incidents that triggered the Duty of Candour out of 6,916 Datix incidents reported. Duty of Candour incidents are moderate and severe harm incidents where '*Was Healthcare provided a factor'?* is considered. Duty of Candour incidents involve factors like inadequate supervision, post-operative complications, discharge communication, prescribing, and maternity issues. All underwent the formal Duty of Candour process however not all on initial investigation may trigger the formal Duty of Candour.

Incident performance data is collated and reported to divisions on a monthly basis Compliance with incident management will be closely monitored by the Quality Management Group to assure continuous improvement. Work is ongoing to improve Datix reporting with a focus on timely closure of incidents.

No new Never Events have been reported in the quarter.

Patient Safety Incidents

Top Patient Safety Incidents by Category: The most common themes include delayed diagnosis, treatment, healthcare-associated infections (HCAI), and inpatient falls with fractures. Ongoing efforts are focused on addressing these incidents through regular monitoring, enhanced training, and process improvements. Further areas of focused improvement include: a quality improvement project in Endoscopy to reduce did not attend/ could not attend for appointments, a renewed focus on surgical site infection within Maternity, an education programme promoting the use of external female urinary catheters at the Grange University Hospital, a quality improvement programme in Medicine for Pressure Ulcers and End of Life Care, the implementation of the modified Multi-factorial risk assessment in the Emergency Department and the Medical Assessment Units and the use of yellow bands to identify patients at risk of Falls or receiving enhanced care in the assessments areas.

Deteriorating Patient

The Health Board continues its workplan on patient deterioration, which includes standardising the management of acute deterioration. To reduce variation and improve patient safety there is ongoing work to ensure adoption of the standardised tools (early warning systems) used to monitor acute deterioration. Part of this work focuses on Sepsis and escalating care, following protocols like Call for Concern and Martha's Law.

Sepsis

A sepsis awareness campaign was launched for staff in November 2024 with a Public campaign being launched in April 2025 and this year will focus on education for the public by raising sepsis awareness and providing patient information. This includes training and education to enhancing staff knowledge and skills. The Health Board is working collaboratively with the UK Sepsis Trust to embed best practices and align with national efforts to improve sepsis recognition and awareness.

Nutrition & Hydration

A Nutrition & Hydration strategic steering group has been established with a renewed sub-group structure. The food standards sub-group and Clinical sub-group have also met recently. All groups are multidisciplinary groups composing of membership from across the clinical workforce, support services and facilities colleagues and an interim activity and future workplan report have been developed.

Task and finish groups have been established to deliver rapid action against patient safety issues and these will be task and finish pieces of work focused on Fluid Balance & escalation of nutritional needs.

Mortality

The Health Board's Risk Adjusted Mortality Index (RAMI) remains below the All-Wales peer level. RAMI has fluctuated: Q1 97.23, Q2 100.35, Q3 100.09. Q4 is delayed with the 6 weeks coding lag. The mortality rate is stable, with hospital deaths decreasing in 2024. The Health Board also produces a Learning from Death (LFD) Report which promotes various approaches to understand performance, ensuring quality improvement and assurance around death. It includes additional mortality indicators for continuous monitoring, aiming to maintain high care standards and improve patient outcomes.

Inquests

The number of live Inquests has remained high with 123 new Inquests being received in Quarter 4 where the Health Board is an interested party, this has been an increase of 17% on the previous quarter. 224 inquests were concluded in writing by the coroner, this meant Health Board staff had prepared statements which were submitted to the coroner, but those members of staff did not need to attend the inquest in person to give oral evidence. The Health Board received no Regulation 28 reports in Quarter 4.

3. Complaints, Concerns, Compliments

Patient Advice & Liaison Service (PALS)

- **Enquiries Overview**: The average number of enquiries per month for the quarter is 461 with communication issues being the top theme. The PALS team plays a crucial role in addressing these concerns and providing support to patients and their families. Case studies demonstrate that PALS interventions have a positive impact on patient experiences, such as improving communication and ensuring appropriate care pathways.
- **Champion roles in PALS:** a focus on specialist knowledge to enable signposting for patients. Examples include EDI, dementia, veterans, learning disabilities.

Complaints Performance

Early Resolution

The handling of concerns and concerns have focused on early resolution, and the team have maintained performance with an average of 71% in quarter 4. Dedicated teams within each division focus on Early Resolution cases, ensuring prompt handling.

Formal Complaints

The Health Board's 30-day PTR performance remains below the benchmark of 70%, there remains focused work on improving the quality and timeliness of complaints with Divisions, this has included process mapping and strengthened governance. At the end of quarter 4 there were 4 complaints open over 12 months, this is a reduction of 95% with the aim of eradicating such cases from June 2025. Comprehensive training sessions have been conducted to equip staff with the necessary skills to identify and address potential issues proactively. Each division has been supported to actively balance the management of new issues while addressing existing ones to prevent a backlog developing. These proactive measures, targeted at reducing aged complaints have been embedded. Underpinned by revised escalation processes. This approach ensures a more efficient resolution process and underscores our commitment to continuous improvement in patient care and service quality.

Concerns by Theme

Clinical Treatment/Assessment: This remains the most common theme of concerns received, followed by appointments, communication issues, patient care, and attitude/behaviour. These areas require ongoing attention to ensure improvements in patient experience and care quality.

Improvements - **Putting Things Right (PTR)**

- **Quality Improvement Initiatives**: Collaboration with the ABCi to enhance processes using the LEAN Six Sigma approach has been successful. This initiative aims to streamline systems, reduce variation, and improve quality.
- **Regulation 26 Responses**: A collaborative approach with PTR and Legal Services has been established to ensure timely responses where a breach of duty has been identified.

4. Health, Safety & Security

RIDDOR

In the Q4, 2024/25 period the Health Board reported 12 incidents to the Health and Safety Executive (HSE) in accordance with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). The Health Board has seen an improvement in its compliance with the RIDDOR reporting requirements with 83.3% of the cases being reported within the legal timeframes within the legislation. This position reflects the Health Board's commitment to maintaining high standards of safety and reporting.

Training

Health and safety training compliance data, as of the end of March 2024, shows that overall health and safety compliance remains steady with Health

and Safety training at 86.5%, fire safety at 82.3%, manual handling compliance at 70% and Violence and Aggression training at 86%

Inspections

The Health and Safety Team completed 31 workplace inspections, covering 100% of the planned areas in Q4. These inspections yielded an overall average compliance rate of 91.9%. During these inspections, 224 non-compliances were identified and recorded as actions on the AMAT system. To date, 114 of these actions (50.8%) have been completed, while 96 actions remain overdue.

The most common areas of non-compliance identified during the inspections included issues related to the Control of Substances Hazardous to Health (COSHH), seating for Display Screen Equipment (DSE) use, general condition of premises (particularly lighting), signage for anti-violence measures, sharp hazards, and electrical hazards.

In addition to these efforts, the Fire Safety Team completed 74 fire risk assessments, achieving 100% coverage of the planned areas. This thorough approach underscores the Health Board's dedication to ensuring a safe environment for all.

5. Infection Prevention & Control

Healthcare Associated Infections:

The Health Board is below the All-Wales average for C Difficile, E.Coli, Klebsiella and Pseudomonas however the Health Board has seen a rise in the incidence of Clostridium Difficile (C Diff) with C Diff rising by 20% over the last year. MRSA, MSSA and Pseudomonas have also increased based on rates in previous years. The reasons for this rise are complex and measures are being taken to address these rates, including enhanced cleaning protocols, staff training, and monitoring compliance with infection prevention standards. Proactive deep cleaning of clinical areas has been delayed due to increased demand for reactive cleaning and capacity constraints

The Health Board is using Datix for reporting and analysing healthcare-associated infections, this includes reinstating virtual root cause analysis meetings to identify themes and learning. There continues to be support for Divisions to promote best practices in infection prevention.

A Strategic Infection Prevention Improvement Group led by the Executive Director of Nursing & Executive Medical Director is implementing a Health Board Improvement Plan. The Welsh Government reduction expectation action plan is monitored by the Infection Prevention and Antimicrobial Stewardship Group.

Antimicrobial Performance

- **Secondary Care**: Efforts are underway to improve antimicrobial stewardship, including embedding good practices into the new electronic-prescribing system and enhancing divisional engagement with antimicrobial metrics.
- **Primary Care**: A reduction in antimicrobial usage has been achieved, with a focus on a prescriber-based approach to further improve prescribing practices.

6. Safeguarding

Safeguarding data demonstrates an increase in both Adult and Children's Duty to Reports (DTRs) from Q3 to Q4 of 2024/25, there was a 17% increase in Adult Duty to Reports (DTRs) and a 9% increase in Children's DTRs. This rise is attributed to a better understanding of referral needs, improved monitoring and timely referral processes, enhanced data capture methods, and a general increase in safeguarding incidents.

Uptake of Level 1 and level 2 Safeguarding training has improved significantly with compliance over 80% for both Children and Adults at the end of Quarter 4.

Quality Improvement

The Health Board is dedicated to delivering high-quality care to its patients. Evidence and best practices indicate that teams and individuals who receive coaching in support of their quality improvement (QI) work are more likely to achieve their goals.

The Health Board has established several quality improvement programmes, including those within the Safe Care Collaborative, which focuses on key safety priorities. These programs provide structured support for teams to implement changes, leading to effective and sustainable improvements.

The Health Board has committed to continuous learning and development by providing structured training programs, direct coaching, and support for improvement initiatives. This has ensured that staff have the necessary skills and opportunities to drive effective change.

Relaunch of Safe Care Partnership

NHS Wales Executive, and partner organisations will work collaboratively to improve shared quality and safety priorities. The workplan includes:

- **Acute Deterioration Workstream**: Focusing on implementing standardised early warning scores and Call 4 Concern in NHS Wales.

- **Deconditioning Workstream**: Leveraging improvements from the Six Goals Programme to identify key opportunities for improvement through an implementation network.
- **Duty of Quality Leadership Workstream**: Explores support needed within Health Boards to establish quality management systems (QMS) to comply with the Duty of Quality, targeting Executive Directors, Quality Leads, QMS Leads, and QI Leads.

Learning and improving, together

Over the past year, we have built a strong culture of learning and improvement across the Health Board. The *Patient Quality and Safety Learning and Improvement Forum* has been key to this, creating regular opportunities for teams to come together, share experiences, and drive change across services. At the heart of this approach is our *Listening and Learning Framework*. This helps us identify and act on learning in a meaningful way—making sure good practice is shared, and improvements are embedded.

The Health Board has improved its understanding of patient safety by drawing insights from multiple sources of patient safety information. This includes incident reports, medical examiners' reviews, and patient feedback. This comprehensive data collection has enabled more informed decision-making and targeted interventions.

The Health Board has co-produced digital patient stories to support listening and learning. Additional work has included establishing multi agency, public and staff collaboratives. There have been several hosted learning events between teams and there has been attendance from patient, family and carers to ensure there is a collective approach to learning. These digital stories will be presented at Board.

Ward / Team Accreditation – Recognising Excellence

Ward / Team Accreditation facilitates high standards through regular senior nurse visits and clinical audits. Implementation of our Ward / Team Accreditation Programme has been divided into three phases. Phase one is complete, with partial completion of phase 2 and is embedded in 78 clinical areas. So far, eight teams have received bronze awards for their quality and safety efforts.

Priorities for the next year:

- Completion of phase 2 & 3; extending accreditation to teams including health visiting, district nursing and maternity services.
- Supporting wards / teams to move through the accreditation process – to include Phase 1 areas who will all have achieved bronze level of

accreditation, with more than 20 achieving silver and 5 achieving gold.

Challenges and Opportunities for the Upcoming Year

- **Boosting Survey Participation**: Enhancing engagement with QR code and paper surveys through SMS.
- **Single points of access:** Continue work for PALS, on Dementia, GRACE (end of life and bereavement) and focused deployment of Volunteers and Companions.
- **Immediate Support Pathway:** Having recently implemented the Immediate Support Pathway for Sudden and Unexpected Death in Children and Young People up to 25 years, the Health Board will continue to ensure timely and compassionate support for affected families.
- **National Bereavement Pathway:** Following implementation of the National Bereavement Pathway for Wales, the Health Board will continue to standardise care and support for bereaved individuals.
- **Raised awareness of PALS:** Stickers will be added onto every bedside locker, this will coincide with the Call For Concern work.
- **Community of Practice (CoP) for Patient Experience, & Staff Experience:** Over the next 12 months, the Health Board will unite healthcare professionals, patient representatives, and stakeholders to enhance patient care and staff experience within Aneurin Bevan University Health Board settings. This collaborative forum will focus on sharing knowledge, best practice, tools, and innovations to promote person-centred care.
- **Transparency and Responsiveness**: Strengthening divisional reporting and maintaining an open reporting culture to reduce harm.
- **Safety Intelligence Integration**: Balancing incident reports within the broader assurance framework.
- **Compliance and Risk Management**: Addressing Welsh Risk Pool penalties, developing a falls dashboard, and enhancing assurance controls.
- **Digital Integration and Reporting**: Successfully integrating post-falls risk assessment into WNCR and ensuring RIDDOR compliance.
- **Admission Avoidance and Falls Management**: Preventing admissions for community falls and expanding falls prevention resources.
- **Complaint and Communication Improvement**: Reducing formal complaints, improving compliance, and ensuring consistent communication.
- **Training and Engagement**: Enhancing manual handling training and engaging staff in fire response changes.

- **Infection Control and Premises Improvement**: Reducing infection rates, improving adherence to prevention fundamentals, and upgrading hospital premises.
- **Winter Virus Management and Patient Placement**: Developing escalation processes for winter viruses and reviewing patient placement and cleaning protocols.
- **Safeguarding Efforts**: Expanding safeguarding initiatives and meeting training demands while improving referral quality.

Conclusion

The Aneurin Bevan University Health Board remains committed to improving patient care and service quality. While there are areas of concern that require ongoing attention, significant improvements have been made through proactive measures, quality improvement initiatives, and enhanced training. We will continue to focus on addressing these challenges and ensuring the highest standards of care for our patients

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	21 May 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Finance Performance Report – March 2025 (2024/25 Month 12)
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 March 2025 and the position against the statutory revenue and capital resource limits,
- The savings position for 2024/25,
- The revenue reserve position on the 31st March 2025,
- The Health Board's underlying financial position,
- The cash position,
- Public sector payment policy performance, and
- The Capital position.

The March 2025 Monthly Monitoring Return is provided via a link provided.

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report sets out the financial performance of Aneurin Bevan University Health Board, as at the 31st March 2025 (month 12) for the financial year 2024/25 (subject to final audit review).

The 2024/25 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.

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	(55)	7,185	**7,185**	↓
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 £70,475	19,923 28.3%	70,409 99.9%	**(66)**	↓
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)	%	98.3%	97.7%	**>95%**	↔

Performance against requirements 24/25		**22/23**	**23/24**	**24/25 DRAFT**	**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)	**21/22**	**22/23**	**23/24**	**24/25 IMTP**
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	**£20.914m Deficit**	**£89.6m Deficit**	**£81.4m Deficit**	**£27.2m Deficit**

The full-year budget performance at month 12 is a deficit of £7.185m. This position achieves and improves upon the Welsh Government control total set for the Health Board by £171k.

The Welsh Government letter dated 2nd December 24 notified the Health Board of additional funding totalling £40.5m; £9.5m issued recurrently to support ongoing operational pressures, and a further £31m also issued on a recurrent basis but

conditional on the Health Board delivering against objectives specified within the letter. The Health Board anticipated the total funding of £40.5m on a recurrent basis, reflected the impact on the reported position and adjusted the underlying position accordingly.

As a result of this new recurrent funding, the Health Board was issued a revised control total of £7.356m and aimed to meet this target as a minimum, whilst continuing to identify opportunities to improve the position further. Throughout the year, risks associated with this forecast position were managed, particularly in relation to the full achievement of saving opportunities, additional prescribing / drug cost growth, receipt of anticipated allocations and operational demand & workforce pressures.

The Board continues to progress further opportunities to minimise operational and savings delivery risks and to reach and maintain a sustainable financial position.

The Health Board submitted draft 2024/25 Annual Accounts to Welsh Government on the 2nd May 2025, these are currently being reviewed by Audit Wales.

Cefndir / Background

Key points to note for month 12 include:

- The full-year budget performance at month 12 is 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 to February. The net increase in total pay is attributable to an 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.

The underlying financial deficit coming into the 2024/25 financial year was £81.4m, and the carry forward underlying deficit for 2025/26 was determined as £55m. This was updated in November to £14.5m following notification from Welsh Government of additional recurrent (baseline and conditional) funding of £40.5m. Following the work developing the Annual Plan, the underlying deficit has been revised to £27.2m, this is explained in a later section of the report. This was approved by the Board on the 26th March 2025.

Asesiad / Assessment

- **Revenue Performance**

The 2024/25 plan financial forecast deficit is summarised by the following elements:-

- Stated underlying deficit - +£81.4m
- New year cost pressures - +£59.8m
- Additional discretionary funding – (£51.8m)
- Identified savings of (£40.5m)

Annual Plan Forecast Deficit £48.9m

Following Welsh Government additional funding totalling £40.5m and the £1m reduction in forecast against the annual plan submission from Health Board actions enabled the Health Board to reduce the financial forecast to a deficit of £7.356m. In line with the revised control total for the Health Board. A summary of significant movements, updated to reflect in-month changes is as follows:

- CTM arbitration on base LTA case (£1.5m)
- CTM under-delivery at marginal rates forecast (£1.7m)
- Income for PADM's / Dispensing Dr's funding (£1.1m), Optometry contract funding (£1.1m), and international recruitment (£0.9m) – total £3.1m
- Resolution of Paediatric case (£1.3m) and the expected resolution of Mental Health case (£1.0m)
- Additional prescribing costs above plan due to increased average price per item using January 24/25 PAR data (+£8.1m)
- Recognition of WHSSC forecast over-performance (+£1.0m)
- Secondary care acute drugs (+£5.3m)
- Increase in forecast savings (-£1.7m)
- Release of reserves held for unplanned pressures and investments (£1.6m)
- Review of balance sheet liabilities, in particular CHC and FNC growth assumptions (£1.0m)
- Non-recurrent benefits (£4.9m), including review of Agency liabilities (£0.8m), GMS enhanced service review (£0.9m), review of CHC growth assumptions (£1.2m), and VAT on lease cars (£0.6m)
- Net operational pressures in particular Gynaecology medical staff and Nursing maternity leave (+£2.2m)

A reconciliation of the Annual Plan to the month 12 position is presented below:-

	Plan submissions		Monthly reported position		
Category	**March**	**May**	**Mth 10**	**Mth 11**	**Mth 12**
Underlying deficit b/f (£m)	81.4	81.4	81.4	81.4	81.4
Cost pressures identified (£m)	59.8	59.8	59.8	59.8	59.8
WG discretionary funding (£m)	(51.8)	(51.8)	(51.8)	(51.8)	(51.8)
Identified savings (£m)	(29.1)	(34.4)	(40.5)	(40.5)	(40.5)
Pipeline opportunities (£m)	(11.4)	(6.1)	-	-	-
24/25 additional funding notified 2nd December 24			(40.5)	(40.5)	(40.5)
Sub-total deficit (£m)	**48.9**	**48.9**	**8.4**	**8.4**	**8.4**
CTM arbitration case benefit & revised performance	-	-	(1.5)	(1.5)	(1.5)
CTM under-delivery at marginal rates			(1.7)	(1.7)	(1.7)
Dispensing Drs, International Recruitment and Optometry funding			(3.1)	(3.1)	(3.1)
Resolution of Community CHC case & MH CHC Case			(2.3)	(2.3)	(2.3)
Prescribing average price per item increase and NCSO			7.0	7.5	8.1
WHSSC forecast pressure (£m)			1.0	1.0	1.0
Secondary Care acute drugs			5.8	5.3	5.3
Increase in forecast savings			(1.7)	(1.7)	(1.7)
Release of reserves held for unplanned pressures and investments			(1.3)	(1.3)	(1.6)
Review of balance sheet liabilities			(1.0)	(1.0)	(1.0)
Non-recurrent benefits			(4.2)	(4.7)	(4.9)
Other net operational pressures including cover for maternity leave within Maternity (15 WTE), and other variable pay (+£1.0m). Plus increased enhanced care / agency in Medicine & Surgery.			2.0	2.5	2.2
Total deficit	**48.9**	**48.9**	**7.4**	**7.4**	**7.2**

A summary of the year to date financial performance is provided in the following table, by delegated area.

Summary Reported position - March 2025 (M12)	Full Year Budget £000s	Full-year position 2024/25 £000s	Full-year Forecast at M11 £000s	Movement £000s
Operational Divisions:-				
Primary Care and Community	320,380	(194)	(743)	549
Prescribing	117,147	6,374	5,801	573
Community CHC & FNC	71,008	417	538	(122)
Mental Health & Learning Disabilities	146,576	(625)	(917)	292
Total Primary Care, Community and Mental Health	**655,111**	**5,972**	**4,679**	**1,292**
Surgery	152,391	8,555	8,571	(17)
Clinical Support Services	136,842	660	1,424	(765)
Medicine	174,385	3,221	4,508	(1,287)
Urgent Care	41,951	(149)	(102)	(48)
Family & Therapies	143,600	3,135	2,888	247
Estates and Facilities	95,478	(1,408)	(1,626)	218
Chief Operating Officer	9,759	(1,082)	(1,106)	24
Total Director of Operations	**754,407**	**12,931**	**14,558**	**(1,626)**
Total Operational Divisions	**1,409,518**	**18,903**	**19,237**	**(334)**
Corporate Divisions	151,561	(6,241)	(8,094)	1,853
Specialist Services	194,939	977	997	(20)
External Contracts	114,292	(2,508)	(2,500)	(8)
Capital Charges	49,830	(41)	(33)	(8)
Total Delegated Position	**1,920,140**	**11,090**	**9,607**	**1,483**
Total Reserves	3,905	(3,905)	(2,251)	(1,654)
Total Allocations	(1,911,514)	0	0	0
Other Corporate Income	(12,531)	(0)	0	(0)
Total Reported Position	**0**	**7,185**	**7,356**	**(171)**

Summary of key operational points for Month 12

- During March 2025, pay expenditure was £75.0m (excluding the 6.3% notional pension costs of £51.8m reflected in March), an increase of £1.8m compared with February.
    - Substantive pay spend was £67.0m (February £67.0m).
    - Variable pay spend was £8.0m (February £6.2m).

  Pay movements include:
    - net increase in total pay is attributable to an increase in Medical & Dental substantive pay for a provision for the GP Out-of-hours annual leave (£1.8m), partially offset by lower Enhancement costs in March due to the Christmas and New Year bank holidays being paid in the prior month.
    - Variable pay increased by £1.1m (excluding a recoding of Bank costs from substantive costs in month 12) relating to increased Enhanced Care within Mental Health and Medicine Divisions, in addition to an increase in Agency costs for Domestics.

- Non–pay expenditure (excluding capital adjustments) reduced by £7m compared with February. A significant part of the net reduction is due to high level of spend in the prior month in relation to Primary Care contracts, RPB and JCC (+£18m as detailed in February's MMR Commentary). Key increases in spend, compared the remainder of the year, during March related to GP IT refresh programme for GMS (£2m), Pharmacy Contract sustainability payment (£1.2m), Regional Partnership Board payments (£4m), Prescribing (£0.8m) and Primary Care Optometry (£0.7m).

- On-going acute secondary care drugs growth presented a pressure above planned levels. Previous NICE indications within Haematology and Dermatology along with continued activity growth in Ophthalmology, Gastroenterology and Neurology contributed to this pressure. The National V&SB procurement and Medicines Management savings opportunities were reviewed throughout the year and actions progressed to deliver any opportunities outside of the financial plan.

- Demand pressures for elective and urgent care across all services, including primary care, mental health, acute and community hospitals remains above the pre-pandemic levels. There were 171 in-patients fit for discharge at the data capture point in March (210 in February). These are reported as 32 Health delays, 64 Social care delays and 75 Joint delays. The top 5 reason categories in relation to delayed days are as follows:

Awaiting start of new home care package	14.8%
Awaiting joint assessment	10.1%
Awaiting completion of assessment by social care	8.8%
Court of Protection Delays	6.9%
Awaiting care home manager to visit and assess (Standard 3 nursi	5.8%

  The data reflects the validated *Pathways of Care Delays* reported to Welsh Government.

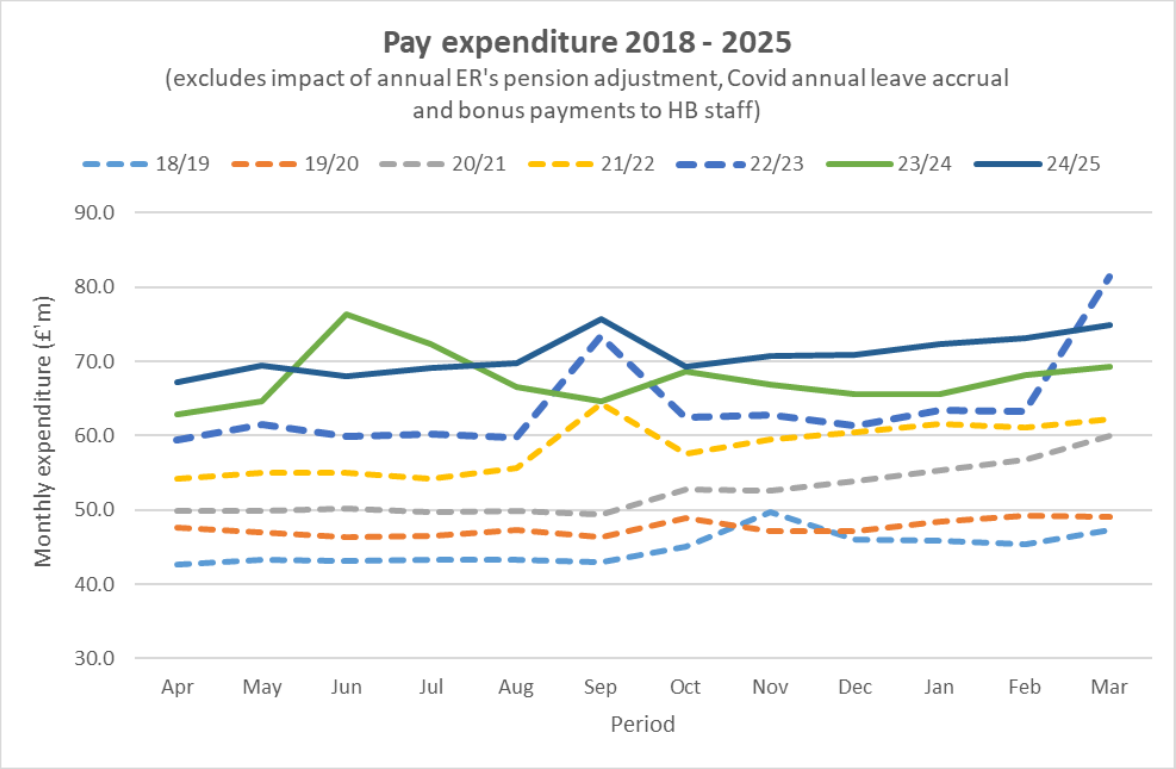
- Based on the number of patients fit for discharge within each month for 2024/25, the total cost for the year of blocked bed days (for all reasons) was **£16.4m**, using a £200 cost per bed day. The demand and flow challenges across the Health Board drive surge bed capacity requirements which result in increased demand in high-cost temporary staff, impacting overspends and performance across the Health Board. The delays need to be reduced to avoid the requirement for this capacity and optimise appropriate bed capacity to support financial sustainability, this is being progressed through the discharge and bed reduction saving programme.

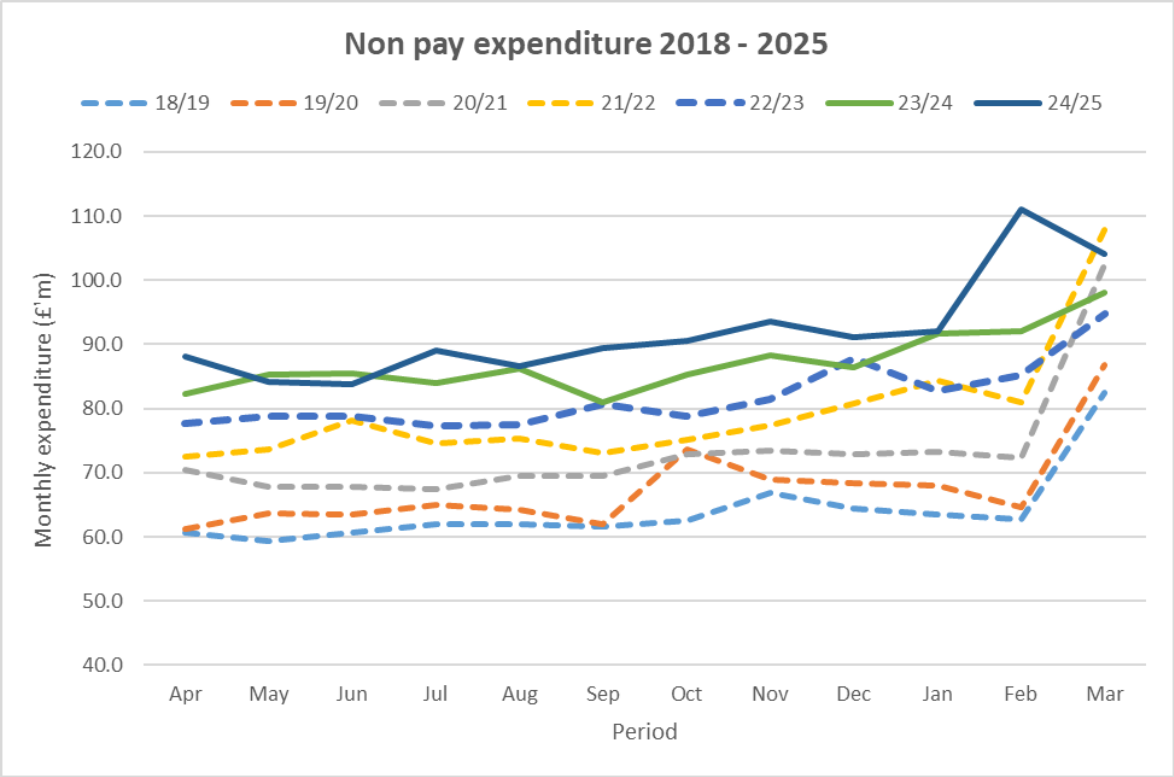
- Other in-month significant points include: -

- Prescribing costs presented a higher financial pressure compared with IMTP financial forecasts, and this is reflected in the full-year position. The average cost per item for 2024/25 has increased from £7.29 (Annual Plan) to £7.78 (January PAR), resulting in a forecast overspend against budget of £6.4m. The forecast for Prescribing has increased by £0.6m compared to the previous month. Growth is assumed to be 0.87 % for 2024/25 (0.8% forecast in prior month) and will be reviewed further using future PAR data.
- CHC costs for Adult Community Care, Mental Health & Learning Disabilities and Children continued to present a financial pressure throughout the year, but improved towards the end of the year due to the achievement of savings. Additional high-cost packages within Learning Disabilities and Paediatrics represented a risk during the year and may result in a further cost pressures in the following financial year.
- On-going use of variable pay by Mental Health, Medicine and Urgent Care divisions for enhanced care due to increased acuity, as well as sickness, maternity and vacancy cover has contributed to an increase in the full-year spend.

Expenditure run-rates

Pay and Non-Pay expenditure run-rates for the last seven financial years are shown below; expenditure run-rates need to reduce in order for the Health Board to meet its annual plan breakeven target for 2025/26.





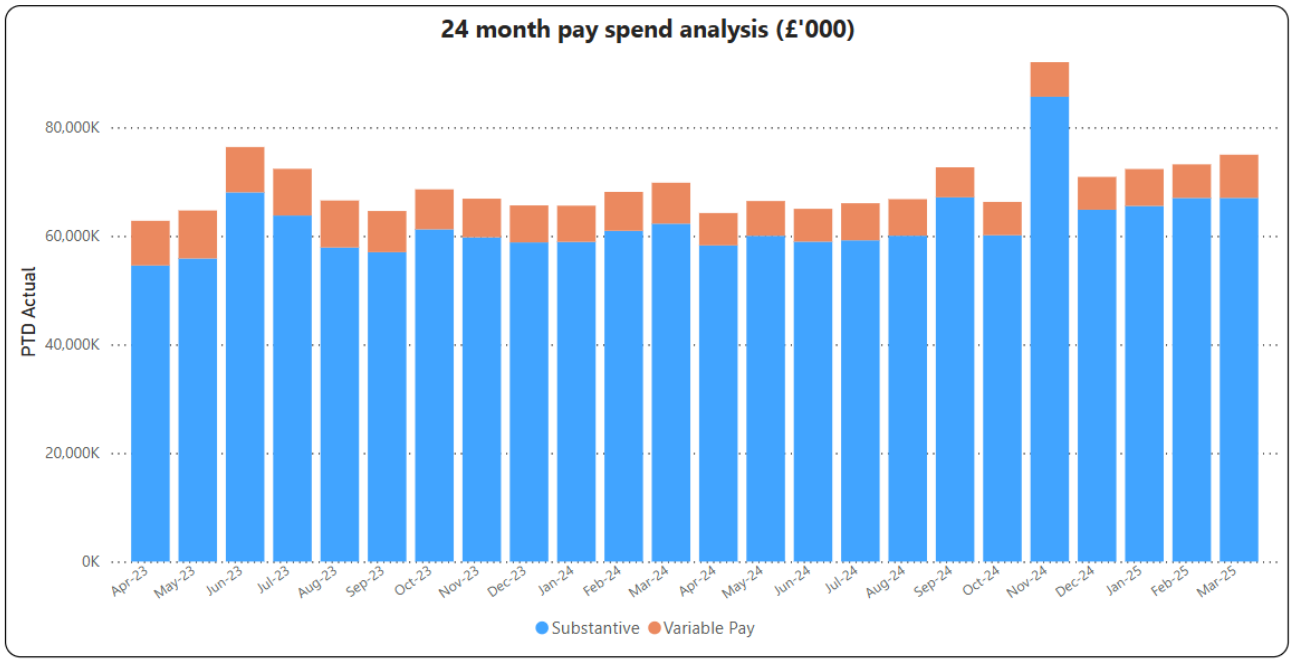
Workforce

The Health Board spent £75m in March on workforce (excluding the 6.3% notional pension costs of £51.8m reflected in March), an increase of £1.8m compared with February.

Operational pressures including Enhanced Care (including for RNs & RMN's), RTT work, sickness and vacant posts continued to cause a pressure on the Health Board position and are a reflection of the variable pay costs incurred throughout the year. The focus has been on minimising variable pay with a range of operational actions and savings plans including service re-design and capacity reduction, and will remain the focus in future years.

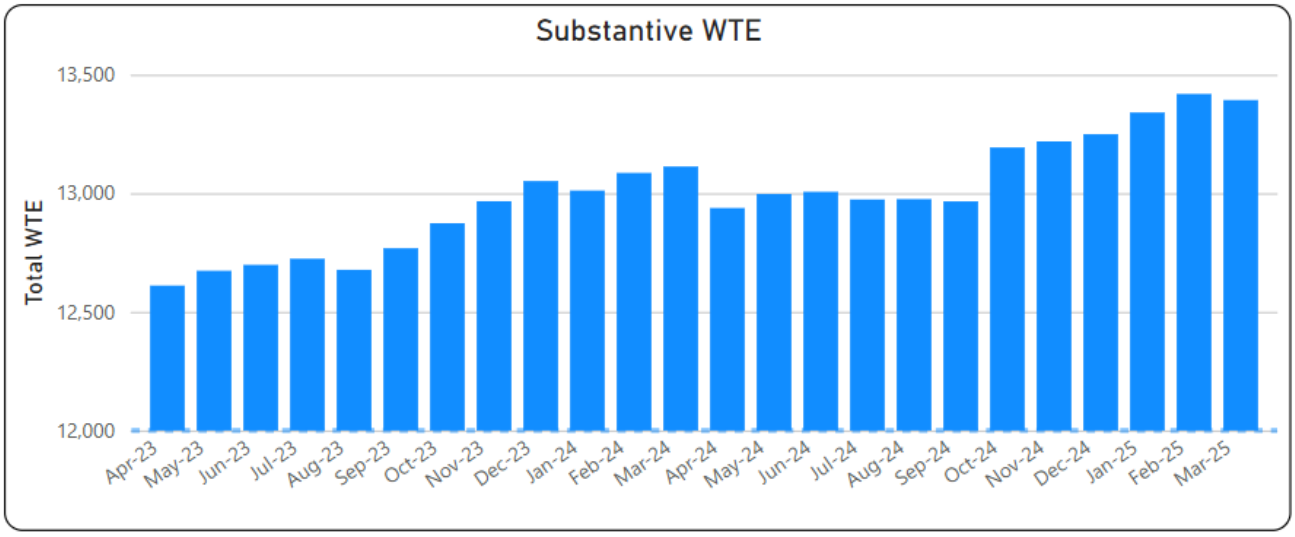
Workforce expenditure is shown below differentiating between substantive and variable pay[1]:

[1] *To enable useful comparisons and trends all references to 24/25 pay expenditure exclude the month 12 expenditure for additional employer pension contributions (6.3%/£51.8m).*



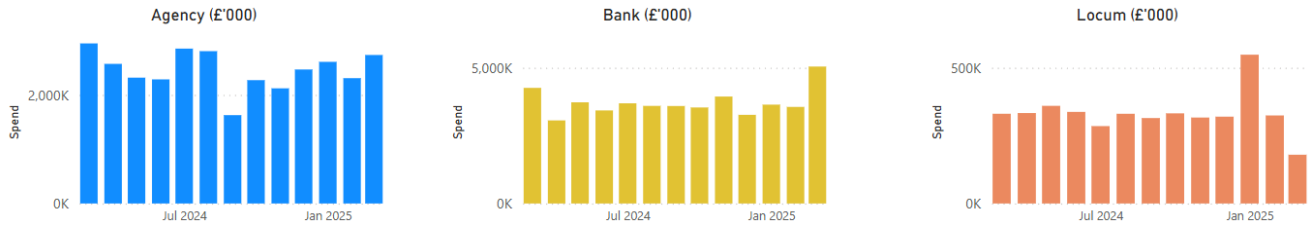
Substantive staff

Substantive pay was £67.0m in March, a similar value compared with February. The net position included an increase in Medical & Dental substantive pay for a provision for the GP Out-of-hours annual leave (£1.8m), offset by lower Enhancement costs in March due to the Christmas and New Year bank holidays being paid in the prior month. Substantive whole-time equivalents (WTE) for March were 13,393.

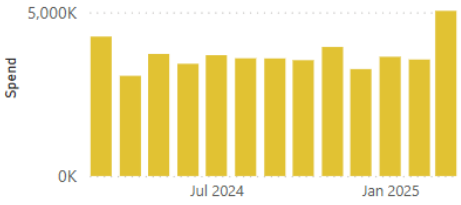


Variable pay

Variable pay (Agency, Bank and Locum) was £8m in March compared with £6.2m in February. The increase in-month of £1.8m included increased Enhanced Care within Mental Health and Medicine Divisions, an increase in Agency costs for Domestics within Facilities, and a recoding of Bank costs from substantive codes. The main reasons for nurse bank spend is to cover vacancies, maternity and sickness, along with additional capacity, enhanced care and exceptional winter pressures. The monthly average variable pay for 2024/25 was £6.4m per month (£7.75m 2023/24, £9.2m 2022/23).



Bank staff

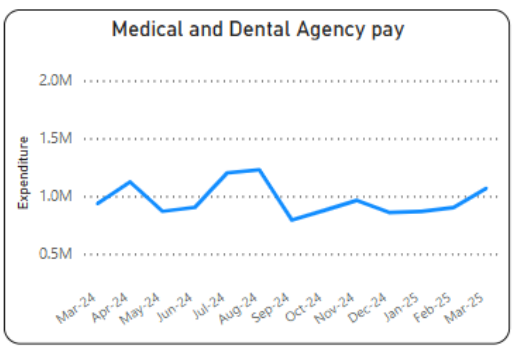


In-month spend of £5.0m, an increase of £1.5m compared to February. The increase includes of £0.7m recoding of costs from substantive pay. (2023/24 average monthly spend £3.9m).

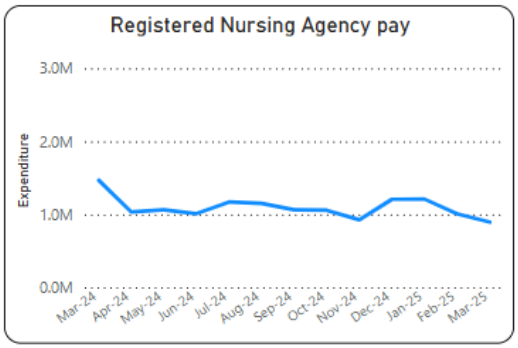
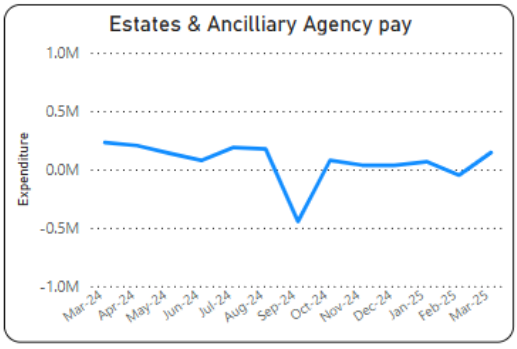
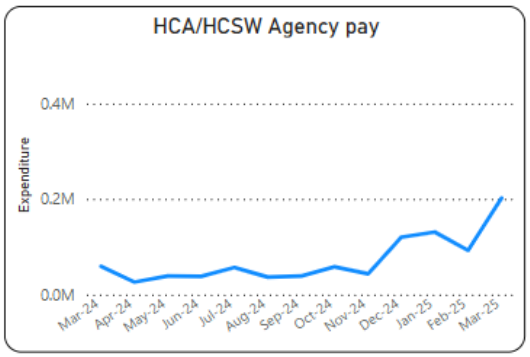
- Continued pressures in Medicine wards/ Urgent Care, GUH Acute Medicine and GUH ED - £1.8m
- Facilities bank staff - £0.3m
- Community Hospitals/localities - £0.6m
- Mental Health shifts particularly linked to enhanced care / observation - £0.8m
- Continued expenditure in Surgery and Clinical Support Services linked to elective activity - £1m
- Family & Therapies (Maternity leave cover, Neonatal Gynae and Paediatrics) - £0.4m

Agency

Total agency spend in March was £2.7m compared with £2.3m in February.



- In-month spend of £1.07m, which is a £0.17 increase compared with February (2023/24 average monthly spend of c.£1.2m). Pressures continue at a similar level to the prior period:
  - On-going expenditure in Mental Health for vacancies, Frailty and Community Hospitals - c.£0.3m
  - Continued pressures in Medicine wards and Urgent Care to cover operational pressures – c.£0.4m
  - Trauma & Orthopaedics c£0.2m costs for junior rota (vacancies), Ophthalmology c£0.1m vacancy cover and Audiology c.£0.01m

	• In-month spend of £0.9m, which is a £0.1m reduction compared to February (2023/24 average monthly spend of c.£1.5m). • Reasons for use of registered nurse agency include: ○ Vacancy, sickness and maternity cover ○ Additional service demand ○ Enhanced care (where HCSW not available) • On-going costs in GUH Emergency Department and Medicine wards (total c.£0.4m) linked to enhanced care, sickness pressures as well as vacancy cover. • Mental Health and Primary Care agency costs of c.£0.3m mainly linked to enhanced care cover.
	• In-month spend of £0.145m on Estates & Ancillary agency, an increase of £0.194m compared with February due to an review of accruals. • Reasons for use of agency include: ○ Meeting enhanced cleaning standards, ○ Other additional surge capacity, ○ Sickness, ○ Vacancies • Estates and Ancillary agency spend averaged £0.65m per month 2023/24.
	• In month spend of £0.2m on HCSW agency, an increase of £0.11m compared to the previous month (2023/24 average monthly spend of c.£0.16m). • Areas where spend remains are: ○ MH&LD £0.143m ○ Family & Therapies (CAMHS) £0.033m ○ PCCS (Community hospitals) £0.021m

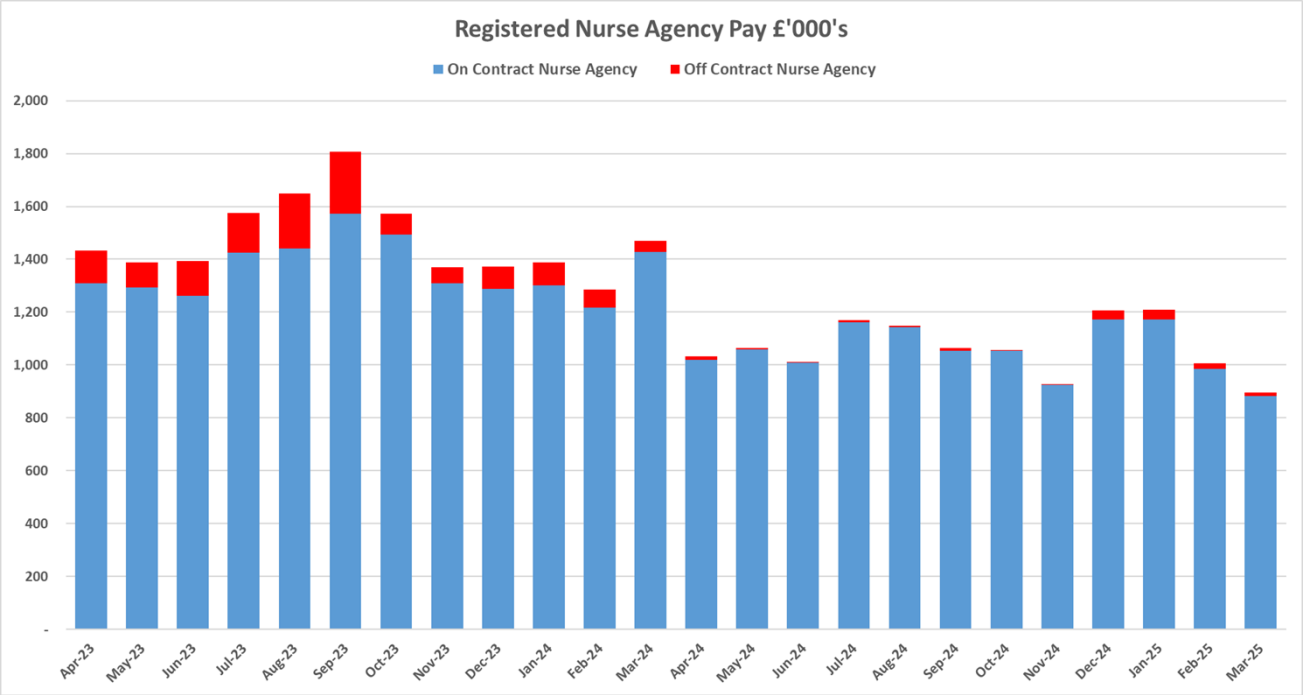
Registered Nurse Agency

Health Board spend on RN Agency in March 2025 is £0.9m, which is a slight reduction compared to February (£1.0m). Total spend on RN Agency for 2024/25 is £12.8m. Registered nurse agency spend totalled £17.7m in 2023/24, £22m in 2022/23, £22.8m in 2021/22, £18.1m in 2020/21 and £10.2m in 2019/20.

The use of "off-contract" agency i.e. not via a supplier on an approved procurement framework usually incurs higher rates of pay, is minimal but remains a last resort for the Health Board.

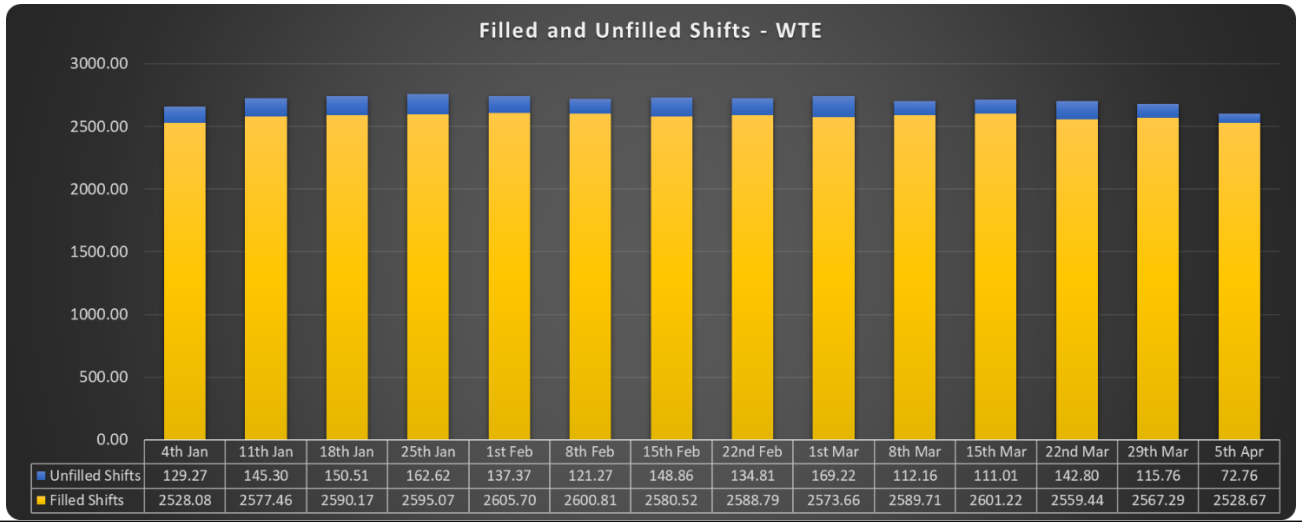
Use of off-contract agency has reduced in March (total spend £13k) following increased usage throughout December and January due to Winter pressures and

critical incidents. Off-contract spend had reached minimal levels prior to this period (£2k in November, £4k in October) in relation Enhanced care, sickness and vacancies, and usage is expected to return to these minimal levels. Off-contract spend during March was across a number of Divisions including Primary Care (£4k), Medicine (£4k) and CHC (£3k).



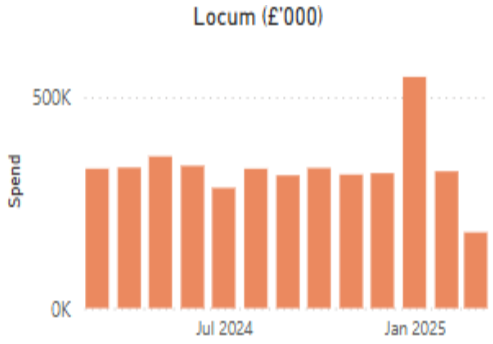
Implications of Nursing Shift 'Fill Rate'

There are high levels of unfilled shifts within the Health Board. Whilst filling these shifts may improve workforce and service provision, there would be an increased cost. In March there were approximately 102 unfilled registered nursing shifts and 434 unfilled HCSW shifts. Increasing substantive appointments will decrease the level of unfilled shifts which should demonstrate service improvement but presents a financial risk in terms of the variable pay saving opportunity due to possible increased availability to cover more shifts. The graph below shows the overall filled and unfilled shifts over the last 13 months.



	4th Jan	11th Jan	18th Jan	25th Jan	1st Feb	8th Feb	15th Feb	22nd Feb	1st Mar	8th Mar	15th Mar	22nd Mar	29th Mar	5th Apr
Unfilled Shifts	129.27	145.30	150.51	162.62	137.37	121.27	148.86	134.81	169.22	112.16	111.01	142.80	115.76	72.76
Filled Shifts	2528.08	2577.46	2590.17	2595.07	2605.70	2600.81	2580.52	2588.79	2573.66	2589.71	2601.22	2559.44	2567.29	2528.67

Medical locum staff



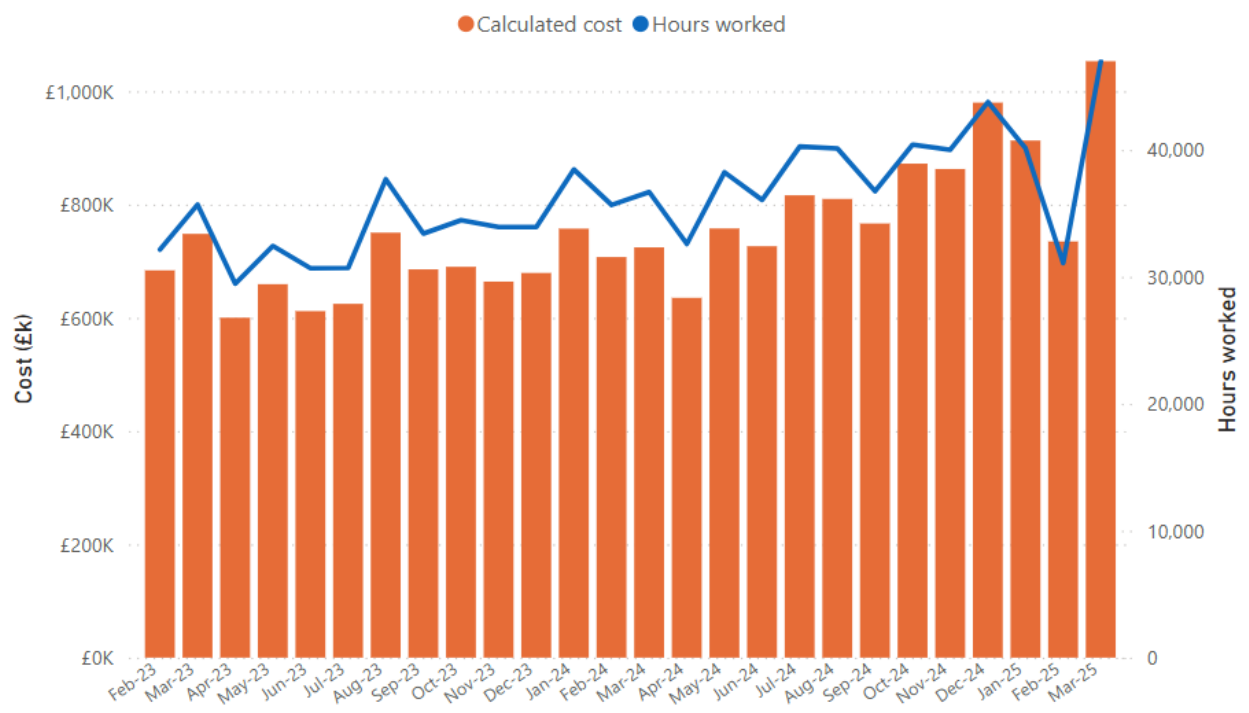
- Total locum spend of £0.18m, a decrease of £0.12m compared to February due to the pay award arrears paid last month (23/24 average £0.3m).
    - Radiology, Gastro, COTE, Adult Mental Health and YYF medicine are the specialties with the greatest in-month expenditure.
    - Expenditure incurred in relation to vacancies, elective recovery alongside other operational pressures.

Enhanced Care

Enhanced Care, also known as 'specialling', can be provided for a variety of reasons ranging from the provision of assistance to mobilise a patient or avoid falls through one-to-one patient monitoring. Enhanced care is designed to ensure an appropriate level of safety and supervision for patients with additional care needs.

The following graph highlights the hours attributed to Enhanced Care and Mental Health levels of observation for the period February 2023 to March 2025 (£1.0m 'notional calculated' expenditure in March) using bank and agency registered nurses and health care support workers.

Enhanced Care (inc. MH levels of observation) bank and agency calculated costs and hours booked.



The level of the provision of enhanced care for patients within the Medicine Division for 2024/25 is shown below.

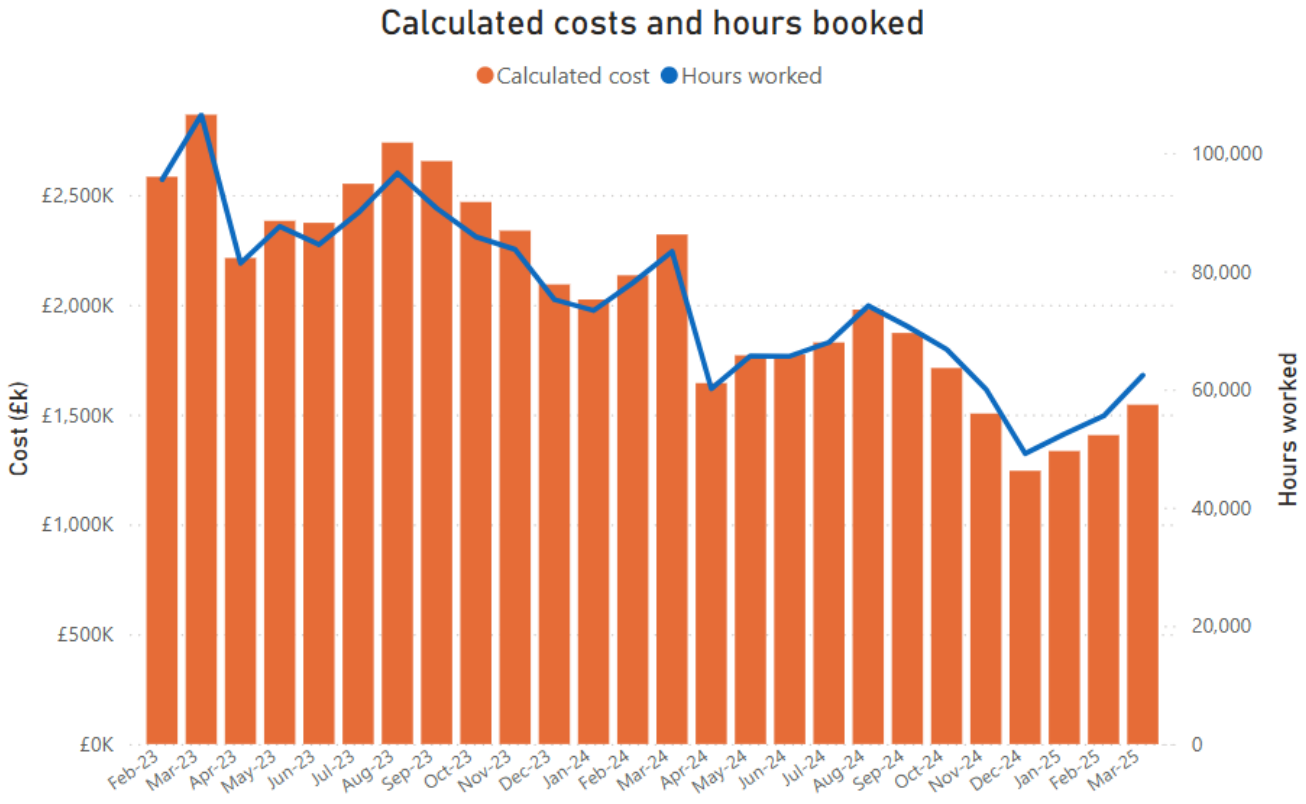
	2023/24 average	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
RGH													
Total no of Medicine beds	192	192	192	192	192	192	192	192	192	192	192	192	192
Monthly average enh care patients	34	28	26	21	21	26	25	25	24	18	17	18	16
%age of beds in receipt of enh care	18%	15%	14%	11%	11%	14%	13%	13%	13%	9%	9%	9%	8%
NHH													
Total no of Medicine beds	164	164	164	164	164	164	164	164	164	164	164	164	164
monthly average enh care patients	22	23	16	18	21	26	30	29	25	19	12	13	13
%age of beds in receipt of enh care	13%	14%	10%	11%	13%	16%	18%	18%	15%	12%	7%	8%	8%
GUH													
Total no of Medicine beds	91	91	91	91	91	91	91	91	91	91	91	91	91
monthly average enh care patients	12	13	15	12	11	13	12	12	15	12	15	12	10
%age of beds in receipt of enh care	13%	14%	16%	14%	13%	14%	13%	13%	16%	13%	16%	13%	11%
YYF													
Total no of Medicine beds	148	148	148	148	148	148	148	148	148	148	148	148	148
monthly average enh care patients	24	27	22	24	26	25	24	22	18	17	21	24	25
%age of beds in receipt of enh care	16%	18%	15%	16%	18%	17%	16%	15%	12%	11%	14%	16%	17%
Total													
Total no of beds	**595**	**595**	**595**	**595**	**595**	**595**	**595**	**595**	**595**	**595**	**595**	**595**	**595**
Total monthly average enh care patients	**92**	**91**	**79**	**75**	**80**	**90**	**91**	**88**	**82**	**66**	**65**	**67**	**64**
	15%	**15%**	**13%**	**13%**	**13%**	**15%**	**15%**	**15%**	**14%**	**11%**	**11%**	**11%**	**11%**

A review of enhanced care was presented to the Value & Sustainability Board in July. This presents a valuable opportunity to avoid costs and improve patient experience. Work is being led by the Nurse Director as a quality and savings initiative.

Nursing vacancy cover

The graph below presents the bank and agency hours and costs relating to those shifts where 'to cover vacancies' is provided as the reason for use. The graph highlights that in March 2025 variable pay relating to vacancies is c.£1.5m ('notional calculated' expenditure).

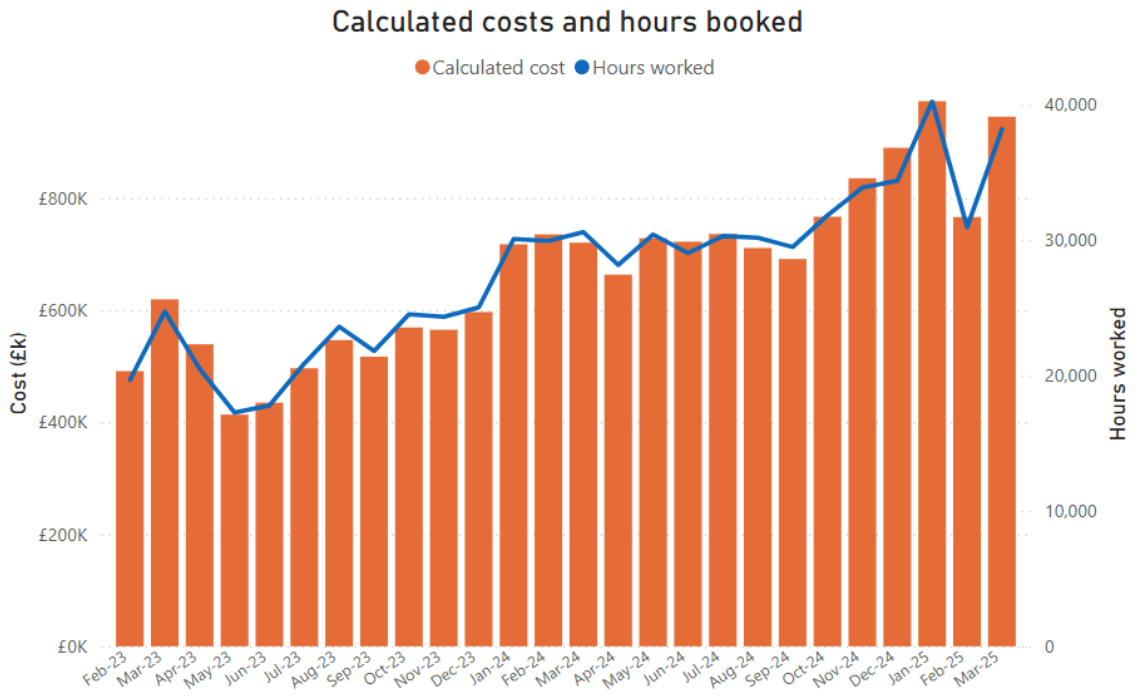
Calculated bank and agency costs / hours booked to cover shifts resulting from vacancies.



Nursing sickness cover

The graph below presents the bank and agency hours and costs relating to those shifts booked to cover sickness as input onto the e-roster system. The graph highlights that in March 2025 variable pay relating to sickness is c.£0.95m ('notional calculated' expenditure).

Calculated bank and agency costs / hours booked to cover shifts resulting from sickness.

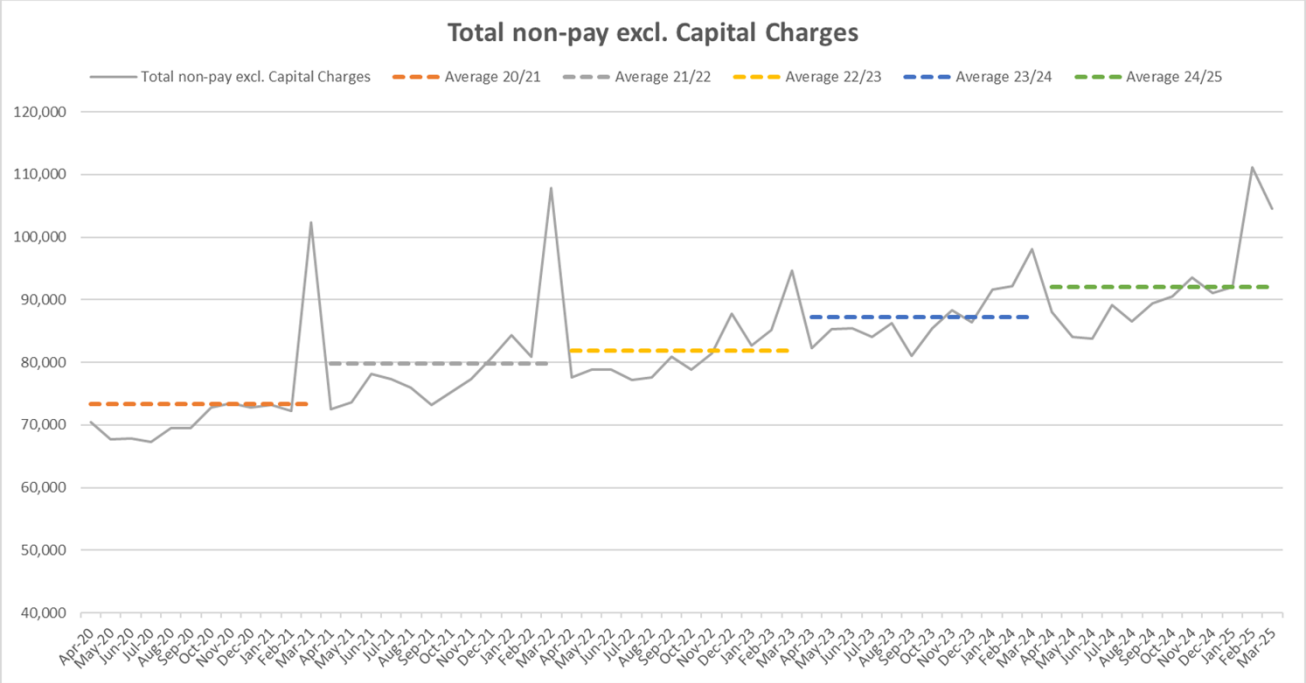


Non-Pay

Spend (excluding capital) was £104.6m in March, which is a reduction of £7m compared with February spend (£111.1m). The reduction in-month is due to items listed below:

- Significant value of payments made in the prior month in relation to Primary Care contracts, RPB and JCC (-£18m as detailed in February's report.
- Primary Care expenditure - GP IT refresh programme for GMS (+£2m), Pharmacy Contract sustainability payment (+£1.2m), Prescribing (+£0.8m) and Primary Care Optometry (+£0.7m). Dental Contract pay award funding at 6% (£2.1m)
- Regional Partnership Board payments (+£4m),

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):



Energy

Energy costs remain a cost pressure with a forecast annual growth of £0.2m compared with 2023/24 expenditure. The last energy forecast was received in June but an internal review has led to a further reduction in the forecast at month 10 (£0.3m). The following table reflects the final position for 2024/25:-

Gas & Electricity	2022/23 Acutal costs (£'000)	2023/24 Acutal costs (£'000)	2024/25 full-year costs (£'000)	2024/25 Plan (£'000)
Total Shared Service Energy Cost	21,612	16,834	17,141	18,961
Total Other Energy costs	571	777	438	447
Total	**22,183**	**17,611**	**17,579**	**19,408**

Other energy costs outside of the shared service contract are under review.

To note the budget relating to the reduced energy forecast (£1.66m) was taken from the Estates & Facilities Division and returned to reserves to support the health board forecast.

CHC

- CHC Mental Health – the patient numbers at the end of March were 439 at a cost of £4.8m (February: 432 patients at a cost of £4.5m).
- CHC Adult / Complex Care - 528 total active placements on 31st March at a cost of £4.5m in-month (February: 534 placements at a cost of £4.4m). There

was a reduction in the number of D2A patients of 3 and a reduction of 5 in the number of 'Step Closer to Home' (SCTH) patients in March.

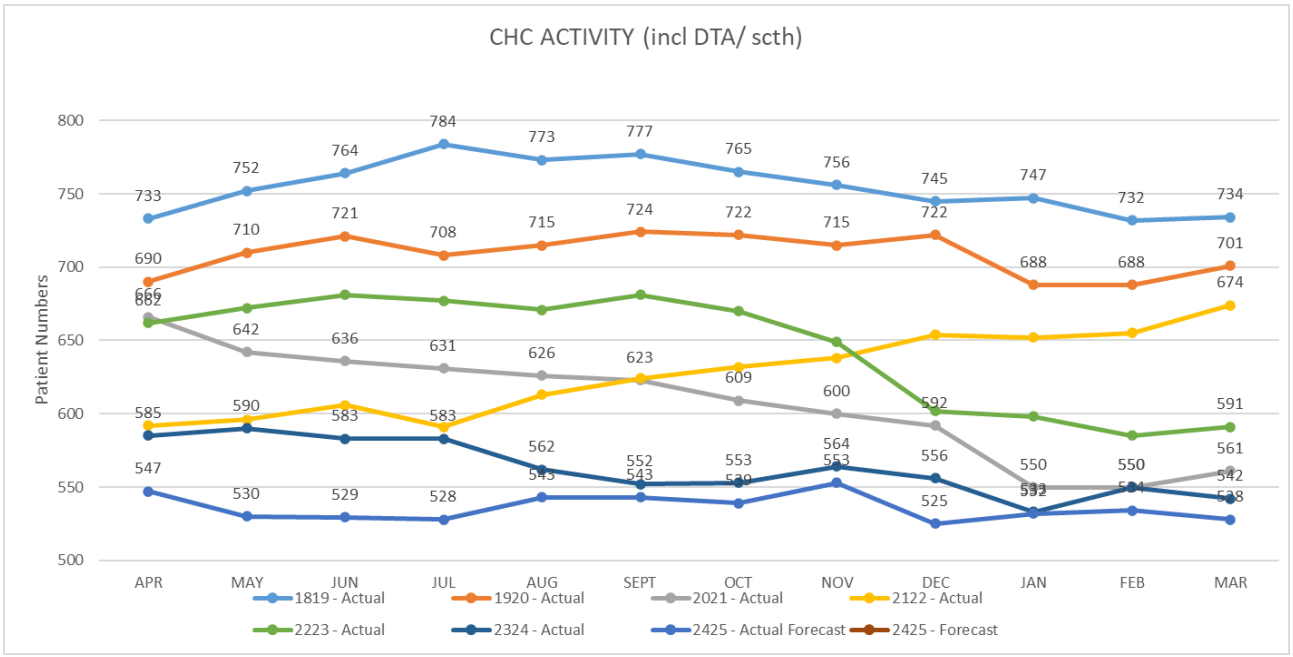
- A reduced number of patients on the step closer to home pathway is impacting the number of patients being discharged. This pathway is funded by the RPB and has previously had c.49 patients on the pathway, there were 5 in March. Utilisation needs to be reviewed.
- Care at Home staffing forecasts have decreased but continue to present a forecast financial pressure.
- The table below summarises the current position (patient numbers and costs):

Activity	March 2025	February 2025	Movement
D2A	20	23	-3
Step Closer to Home	5	10	-5
All Other CHC	503	501	+2
Total	**528**	**534**	**-6**

Activity	**2024/25 total spend £'000**	**2024/25 forecast as at M11 £'000**	**2023/24 out-turn position £'000**
D2A	1,776	1,733	2,093
Step closer to home	203	207	407
All other CHC	42,450	41,582	41,053
Total	**44,429**	**43,521**	**43,553**

- FNC - currently 1,080 active placements, which is a decrease of 3 compared with February (expenditure of £1m in both February and March).

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



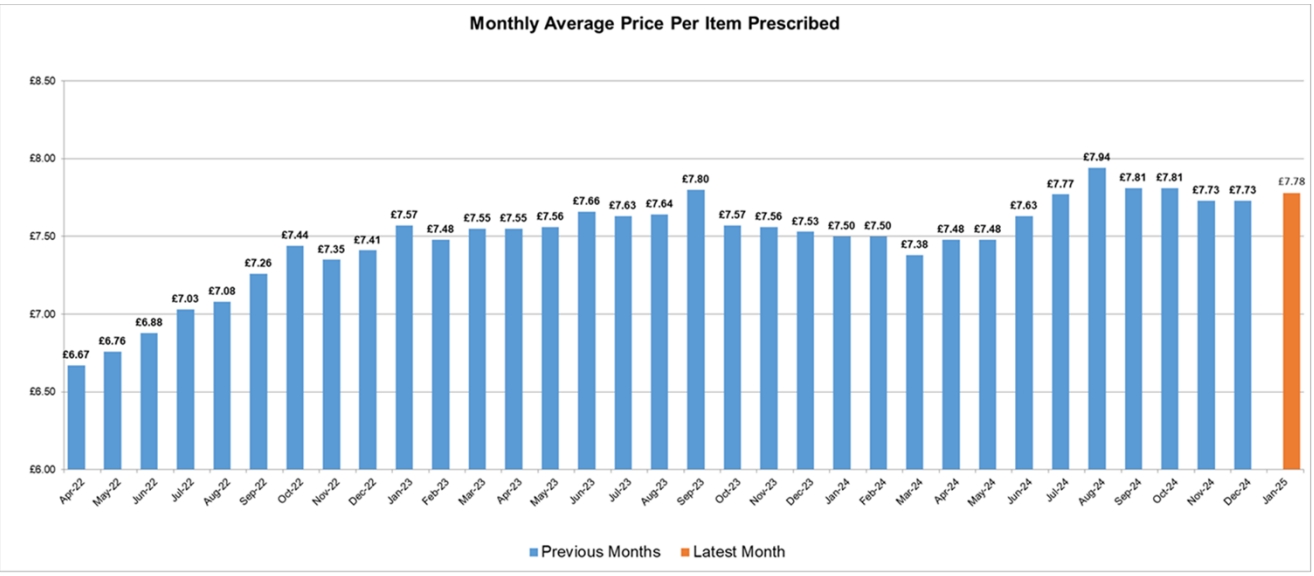
- CHC Paediatric – currently 33 Out of County patients, cost for March of c.£0.5m (February 31 patients with cost of £0.2m). Total cost for 2024/25 was £1.1 (February forecast £0.8m). 2023/24 total cost was £4.1m, this was higher in comparison due to a number of high value backdated cases in 23/24 and a successful dispute resolution in 24/25. In addition, there were 13 internal packages (13 patients) provided during March (unchanged from February).

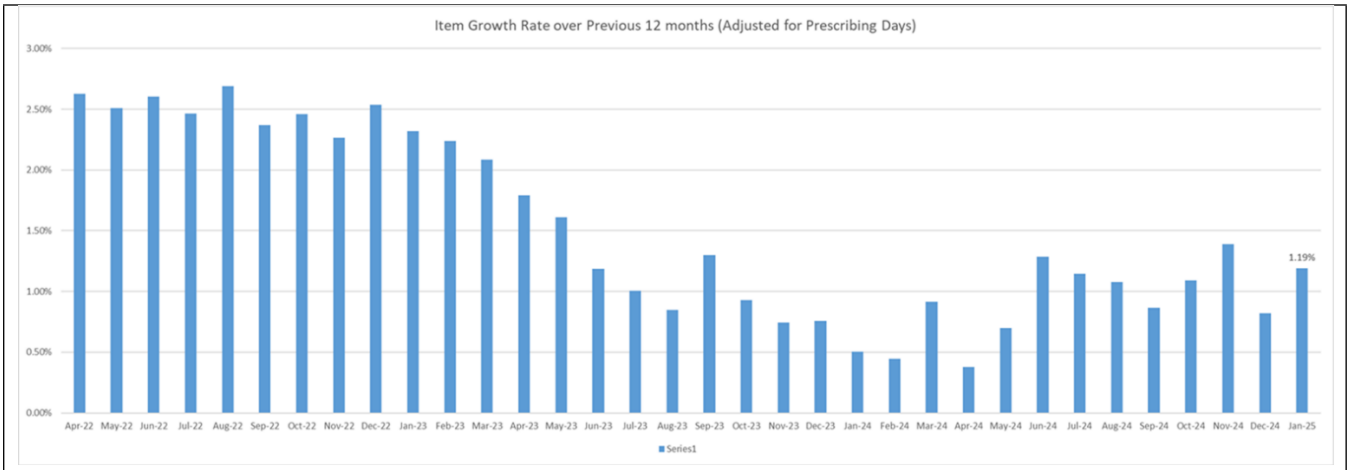
  There are 7 external and 5 internal high cost packages that continue to be a cost pressure (>£100k per annum expenditure each).

Prescribing

- Primary Care prescribing – March 2025 expenditure was £11.3m, with a full year cost of £123.5m, the annual plan forecast was £116.9m spend (2023/24 cost was £121.9m). The March 2025 costs are based on January PAR data:
  - Annual Plan item growth rate for 2024/25 was 0.8%, (forecast volume of items based on the number of prescriptions for 24/25 is c.15.9m)
  - The growth rate for the 12 months to January PAR 2024 is 0.87%, adjusted for the number of prescribing days.
  - Forecast average cost per item for 2024/25 is £7.68 (February £7.66). The annual plan estimated £7.29 cost per item.
  - Average actual cost per item for 2022/23 was £7.21.
  - Average actual cost per item for 2023/24 was £7.57.

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





Scheduled Care treatments and outpatients

Elective Treatments for March '25 was 2,477 (February '25: 2,294).

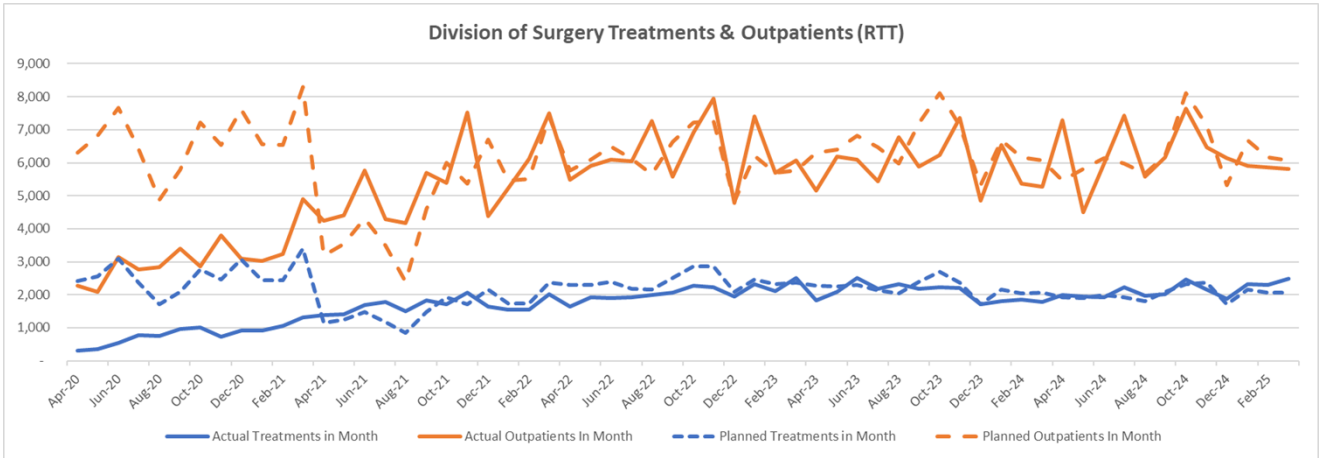
Elective Activity in March has increased by 183 treatments compared with February (+8%). The number of in month treatments are 554 above plan for March including 203 'backfill' and 228 WLI treatments. Increased activity to reduce Tier 1 waiting list targets remains a priority.

Outpatient activity for March '25 is 5,819 (February '25 was 5,865).

Outpatient activity has decreased by 46. In month activity includes backfill (188) and WLI (174) outside of core in order to reduce waiting list pressures for 104 and 156 week waits.

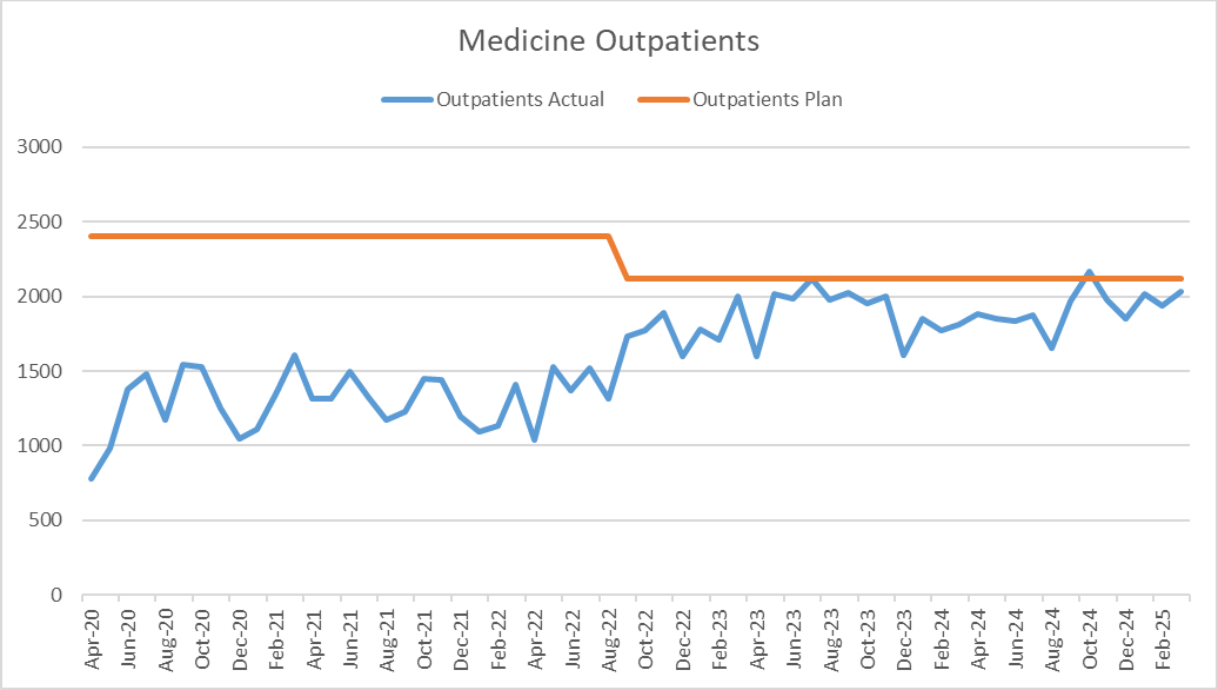
There were WLIs in-month for cancer treatments and elective work to improve the 156 week position for Trauma and Orthopaedics (132 outpatients), General Surgery (35 outpatients) and Urology (7 outpatients).

There remains significant efficiency opportunities in the delivery of elective care which need to be progressed as part of the Planned Care programme. The graph below presents performance compared to the current plan.



Medicine Outpatient Activity

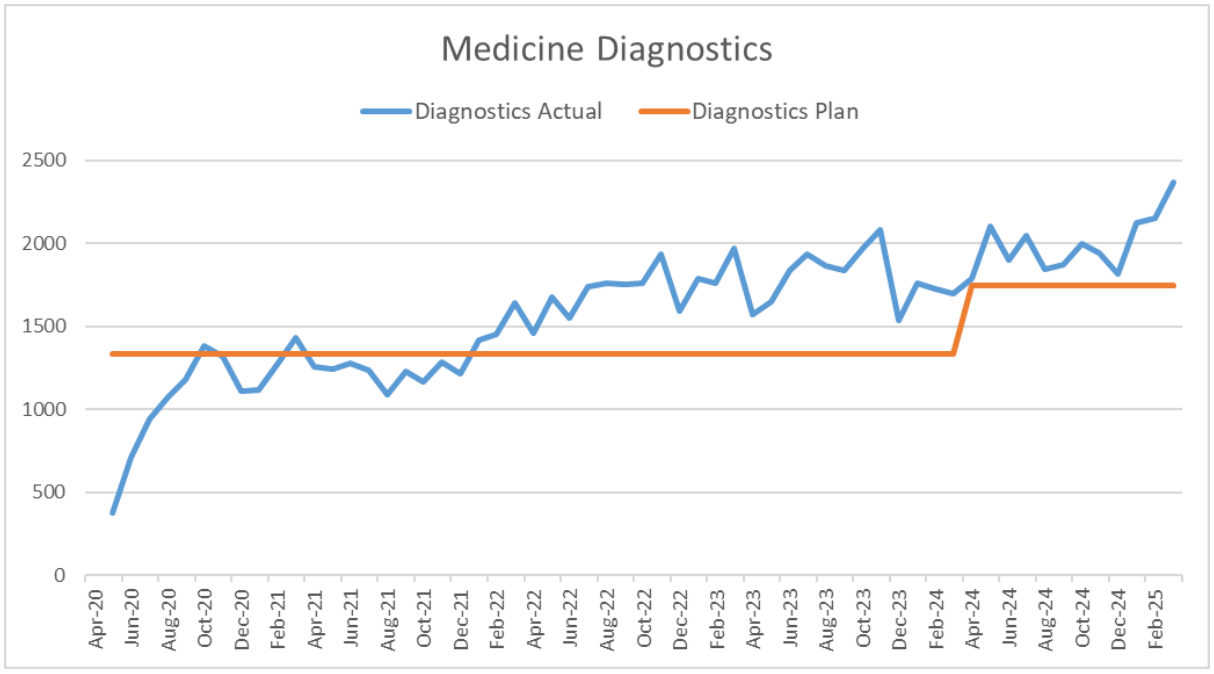
Medicine Outpatient activity for March '25 was 2,034 attendances, which was 82 below plan (February '25 was 1,939 attendances). The activity is presented below:



Medicine Diagnostics (Endoscopy) Activity

Medicine endoscopy activity for March '25 was 2,366 procedures which is 617 cases more than the updated 2024/25 plan (February '25 activity was 2,149).

The activity undertaken since April '20 is shown below.



Divisional Forecast Analysis

Summaries of the Divisional financial positions are included in the appendices. These include expenditure and budget profiles along with a list of savings schemes and their current progress.

The table below identifies operational divisional forecasts. All budget holders are required to achieve a break-even position however a number of forecasts highlight key operational pressures and non-delivery of savings and COO budgetary stretch targets.

Summary Reported position - March 2025 (M12)	Full Year Budget £000s	Full-year Forecast at M12 £000s	Full-year Forecast at M11 £000s	Movement £000s
Operational Divisions:-				
Primary Care and Community	320,380	(194)	(743)	549
Prescribing	117,147	6,374	5,801	573
Community CHC & FNC	71,008	417	538	(122)
Mental Health & Learning Disabilities	146,576	(625)	(917)	292
Surgery	152,391	8,555	8,571	(17)
Clinical Support Services	136,842	660	1,424	(765)
Medicine	174,385	3,221	4,508	(1,287)
Urgent Care	41,951	(149)	(102)	(48)
Family & Therapies	143,600	3,135	2,888	247
Estates and Facilities	95,478	(1,408)	(1,626)	218

Key forecast movement issues include:-

- **Primary Care and Community** - provision for GPOOHs/ managed practices sessional GP annual leave (3yrs backdated) (£+1.3m), Community Pharmacy practice fee payment (+£0.270m), GMS review of provision for high risk patient DES & other (-£0.540m) & Optometry contract additional funding (-£0.234m)
- **Prescribing** – Increase in average price per item, in month 16p (+£0.725m), increased rebates (-£0.150m)
- **Community CHC & FNC** - CHC placements +2 (+£0.352m), FNC placements -3 (-£0.245m), IRP funding (-£0.055m) & staffing improvements (-£0.050m)
- **Mental Health & LD** – Backdated costs / database related issues (c£0.300m), variable pay (+£0.170m), overseas nursing funding (-£0.122m)
- **Surgery** – Nursing pressures (+£0.150m), drugs (+£0.252m), overseas nursing funding (-£0.3m) & HEIW training posts funding (-£0.040m)
- **Clinical Support services** – Critical care nursing (+£0.100m), Fuji managed service contract (+£0.200m), funding for POCT/CEPOD (-£0.344m), planned care funding not previously assumed (-£0.300m), overperformance PHW contract (-£0.094m), HEIW medical training posts funding (-£0.086m) & other various income (-£0.156m)

- **Medicine** – Winter funding for beds (-£0.812m), overseas nursing funding (-£0.269m) & less spend on neurology drugs including a delayed order of Ocrelizumab (-£0.211m)
- **Urgent Care –** 15 consultant sessions unfilled (-£0.030m)
- **Family & Therapies** – CHC disputes (+£0.276m)
- **Estates and Facilities** – beds spend not picked up by Divisions (+£0.189m), Soft FM (+£0.097m) and utilities less than forecast due to laundry adjustments (-£0.074m)

Covid-19 – 2024/25 Revenue Financial Assessment

Total Covid-19 costs are shown as £12.4m for which funding has been received as part of the Health Board's allocation letter and is broken down as follows:-

- Health Protection and Immunisation (Mass Vaccination) - £10.080m
- PPE - £1.120m
- Adferiad (Long Covid) - £1.216m

The Health Board continues to have surge capacity open which is a legacy of the Covid-19 response. The Health Board also continues to incur legacy costs which form part of the underlying deficit linked to Estates & Facilities costs including:

- Enhanced Cleaning
- Additional security and rental of portacabins

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. Agreed funding delegations approved by the Board in March 2024 as part of budget setting have been actioned. Those adjustments which are part of the stage 2 budget delegation process were approved on the 22nd May and have also been delegated. Some allocations are held in reserves, where their use is directed by Welsh Government or funding is allocated for a specific commitment.

The final reserves position at 31st March 25 is £3.905m surplus. A summary of all Health Board reserves on 31st March can be found in the appendices.

Long Term Agreements (LTA's)

LTAs have been agreed with all provider and commissioner organisations.

The final JCC overspend was £0.977m, containing spending within the agreed plan for 2025/26 remains a risk.

The Health Board expects to have signed agreements with all Providers in line with the deadline for 2025/26.

Underlying Financial Position (ULP)

The Underlying (U/L) position brought forward into 2024/25 was a deficit of £81.4m with a forecast carry forward deficit into 2025/26 of £55m.

The underlying deficit position has been reviewed in line with the Annual / Medium term plan, which can be summarised as below:

- 24/25 forecast ULD £55m
- Less 24/25 Underlying support -£40.5m
- **Total 24/25 Carry forward £14.5m**
- 25/26 new pressures £12.7m
- **Total 25/26 Underlying deficit £27.2m**

The 24/25 underlying deficit was planned to be £14.5m (after receipt of the £40.5 WG funding), this is driven by:

- Workforce & variable pay pressures £2m
- CHC cost pressures £2.6m
- Medicines Management (Prescribing & Acute drugs) £4.8m
- JCC specialised services £5m

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

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

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

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	27.1

This has resulted in a starting underlying position for 2025/26 of £27.1m

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

As part of the annual plan submitted by the Board to Welsh Government, the financial plan for 2024/25 identified an ambitious savings target of £40.5m.

Total savings achievement for 2024/25 is £45.5m compared to planned savings for the year of £40.5m. The additional savings above plan relate to a wide range of areas including CTM contract performance, Primary Care drugs off-patent (Rivaroxaban), energy forecast reduction, Welsh Risk Pool income (insurance claim) as well as smaller workforce and medicines management savings.

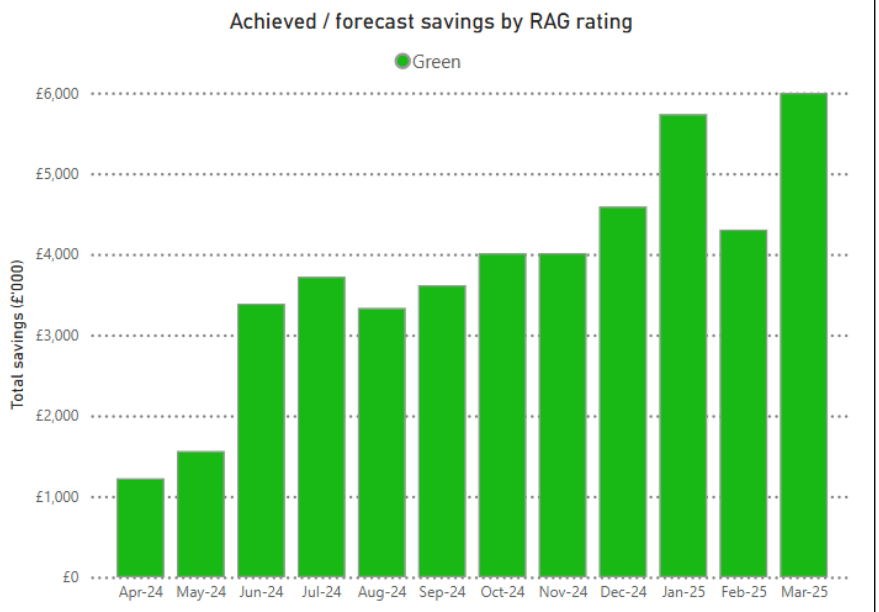
The final savings position includes several Divisional schemes which did not deliver against their initial plan, these are included in the Appendix but include the following:-

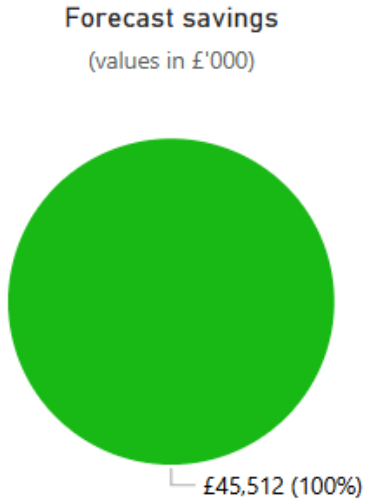
- Administrative & Clerical savings – several divisions
- CHC contract price reductions – removed following legal advice.
- CHC hospital admissions / Premium contract cost reduction – removed following legal advice.
- Bed day and Theatre efficiencies (Surgery)
- Intersite transport (COO) – contract value likely to be higher than forecast due to additional vehicle usage.
- Bed reconfiguration and efficiency schemes – Medicine and Community Hospitals.
- 111 funding redistribution – PCCS
- Theatre efficiencies - Clinical Support Services
- Other schemes including bed contract and CHC savings

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	2.1%	£846	£846	£1,544	£697	£1,544	£697	182.4%
Complex Care	9.0%	£3,633	£3,633	£3,007	-£626	£3,007	-£626	82.8%
Contracting and Commissioning	1.7%	£706	£706	£4,056	£3,350	£4,056	£3,350	574.5%
Corporate	17.7%	£7,164	£7,164	£6,468	-£696	£6,468	-£696	90.3%
Estates and Facilities	6.5%	£2,640	£2,640	£4,054	£1,414	£4,054	£1,414	153.6%
Families and Therapies	2.1%	£857	£857	£887	£30	£887	£30	103.5%
Medicine	6.9%	£2,801	£2,801	£3,725	£925	£3,725	£925	133.0%
Mental Health and Learning Disabilities	14.6%	£5,906	£5,906	£5,690	-£215	£5,690	-£215	96.4%
Primary Care and Community	28.1%	£11,385	£11,385	£12,002	£617	£12,002	£617	105.4%
Surgery	4.6%	£1,855	£1,855	£1,210	-£646	£1,210	-£646	65.2%
Urgent Care	0.2%	£81	£81	£236	£154	£236	£154	289.5%
WHSSC	6.5%	£2,633	£2,633	£2,633	-£0	£2,633	-£0	100.0%
Total	**100.0%**	**£40,508**	**£40,508**	**£45,512**	**£5,004**	**£45,512**	**£5,004**	**112.4%**





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	14	£8,443	£7,616	-£827	£8,443	£7,616	-£827
Medicines Management	18	£3,518	£5,524	£2,007	£3,518	£5,524	£2,007
Procurement & Non-pay	119	£15,115	£20,240	£5,125	£15,115	£20,240	£5,125
Service Redesign	8	£3,624	£1,633	-£1,991	£3,624	£1,633	-£1,991
Workforce	62	£9,808	£10,498	£690	£9,808	£10,498	£690
Total	**221**	**£40,508**	**£45,512**	**£5,004**	**£40,508**	**£45,512**	**£5,004**

WG Category	2024/25 savings achievement	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	7,616	2,376	5,240	5,267
Commissioned Services	6,571	0	6,571	6,581
Medicines Management	5,524	1,607	3,916	5,728
Pay	10,985	1,611	9,375	10,911
Non Pay	14,816	7,754	7,062	8,085
Total	**45,512**	**13,348**	**32,164**	**36,570**

The Health Board continues to operate a Bi-weekly Value & Sustainability Board to identify and monitor savings delivery & new opportunities.

Risks

The Health Board has received all outstanding anticipated allocations for 2024/25. The reported position for 2024/25 remains subject to Audit adjustments (including any adjustments in relation to the final Prescribing PAR reports)

There continues to be a number of risks which will need to be managed or mitigated going into the new financial year (2025/26):

- Ensuring full delivery of the savings plans identified in the annual plan,
- Managing variable pay linked to workforce operational pressures,
- Delayed transfers of care due to LA service challenges,
- Funding for any wage award or change in terms and conditions,
- Additional revenue costs due to IFRS 16,
- Impact on service delivery and performance on waiting times because of savings required and

- Economic factors such as inflationary impacts beyond those assumed.

Opportunities

The Value & Sustainability Board and relevant Divisions / Departments are expected to constantly identify opportunities to improve efficiency & outcomes, reduce costs and secure income.

The IMTP for 2025/26 approved by the Board required additional savings to be identified and delivered to achieve financial balance.

The 2025/26 IMTP financial plan identifies a £40.4m savings requirement:

- Savings confirmed £15.6m
- Savings opportunities aligned with 3 year route map £10.4m
- Savings required not yet identified £14.4m

Capital

The approved Capital Resource Limit (CRL) as at Month 12 totalled £70.556m, including disposal proceeds of £0.118m and donations of £0.007m. The outturn against the overall CRL for 2024/25 is an underspend of £0.066m.

Phase 2 of Bevan Health and Well-being Centre (demolition of the existing Health Centre and car-parking) is complete. The final account is being processed and discussions continue with the contractor in relation to a few compensation events that are yet to be agreed. During March, the scheme allocation has been reduced by £0.308m to reflect the expected outturn position. The remaining underspend of £0.100m relates to the reimbursement to the Discretionary Capital Programme (DCP) of the overspend incurred in 2023/24.

The allocation for NHH Satellite Radiotherapy Centre was increased by £0.741m in March due to higher than forecast expenditure. Project completion is expected to be April / May 2025. The overall scheme is forecast to be £0.034m over budget, however, a currently undrawn allocation in relation to inflation is still available to draw against to bring the budget back in line.

The 19 Hills Health and Well-being Centre (Newport East) project is now complete. An additional £0.107m of funding was received from Welsh Government in month to support the scheme. The additional funding has reduced the reported 2024/25 overspend to £0.124m which has been funded by the DCP. The final account is now being progressed with the contractor.

Additional brokerage has been agreed with WG in relation to slippage on works schemes for EFAB - St Cadoc's Duct scheme (£0.224m) and Backlog Maintenance allocations (£0.715m) due to delays in the commencement of works. The allocations have now been confirmed in the 2025/26 CRL.

Further brokerage of £0.152m has been approved in relation to the Grange Emergency Department Extension scheme due to delayed equipment deliveries and other works. The anticipated completion of Phase 1 is now 18th July 2025 with Phase 2 estimated to be 10th October 2025. An allocation of £0.184m has been built into the 2025/26 opening DCP to cover the current forecast overspend on the scheme.

Works are progressing on the Centralised Decontamination Unit at RGH. As expenditure in March 2025 was higher than planned, the reimbursement to DCP for fees incurred in prior financial years (£0.139m) will now be actioned in 2025/26.

The Health Board Discretionary Capital Programme (DCP) funding for 2024/25 (after brokerage agreed) is £12.288m at Month 12 made up of:

- 2024/25 DCP Funding - £11.015m
- Less 30% EFAB contribution - (£0.725m)
- Less 2023/24 AWCP scheme brokerage - (£1.669m)
- Plus 2023/24 DCP scheme brokerage - £0.350m
- Plus 2024/25 agreed AWCP scheme brokerage - £3.235m
- Plus Disposal Proceeds and Donations - £0.082m

Final DCP expenditure for 2024/25 totalled £12.051m, an underspend of £0.237m. After deducting the AWCP overspends totalling £0.171m that are required to be funded by DCP, the underspend against the overall 2024/25 CRL is £0.066m.

Cash

The cash balance at the 31st March is £4.823m, which is below the advisory figure set by Welsh Government of £6m.

Public Sector Payment Policy (PSPP)

The HB has achieved the target to pay 95% of the number of both NHS and Non-NHS creditors within 30 days of delivery of goods/services in March, and for 2024/25 as a whole. ABUHB is continuing to work with those departments where invoices are being processed outside of the 30-day payment terms and where the NHS payment rate is below target.

Category	Invoices	In Mth %	YTD %
NHS	Value Number	99.4 96.9	98.1 91.9
Non NHS	Value Number	98.2 97.4	96.6 97.7

Argymhelliad / Recommendation

The Board is asked to note for assurance:

- The financial performance at the end of March 2025 against the statutory revenue and capital resource limits,
- The savings position for 2024/25,
- The revenue reserve position on the 31st March 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.

March 2025 Monthly Monitoring Return:

Key Documents - Aneurin Bevan University Health Board

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Financial Sustainability

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources Governance, Leadership & Accountability All Health & Care Standards Apply Choose an item.
Blaenoriaethau CTCI IMTP Priorities 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

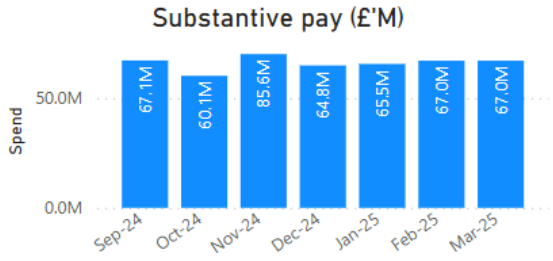
Aneurin Bevan University Health Board

Finance Report – MARCH (Month 12) 2024/25

Appendices

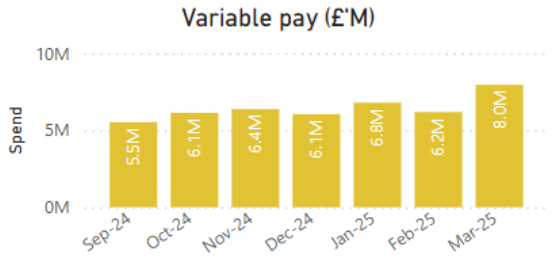
Section	Page Number(s)
Pay Summary 1	2
Pay Summary 2 Substantive Pay	3
Pay Summary 3 Variable Pay	4
Non-pay Summary	5
RTT & Waiting List Initiatives	6-7
Savings scheme RAG rating definitions	8
Divisional analysis	9-29
Reserves	30
Cash / Public Sector Payment Policy	31
External Contracts – LTA's	32
Joint Commissioning Committee (formerly WHSSC & EASC)	33
Balance sheet	34
Health Board Income – Other income	35
Capital Planning & Performance	36

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



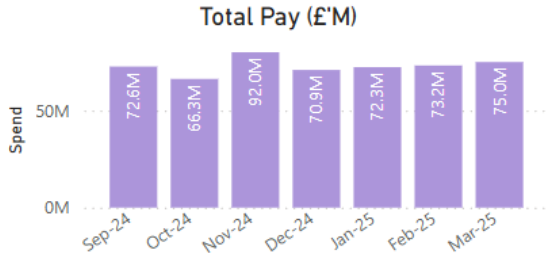
Substantive (£'000)

Pay category	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Change	%	Avg 23/24
ADD PROF SCIENTIFIC AND TECHNICAL	2,349	2,310	3,323	2,549	2,702	2,611	2,591	-20	-0.8%	2,245
ADDITIONAL CLINICAL SERVICES	7,890	7,990	10,637	8,425	8,290	8,984	8,419	-565	-6.3%	8,134
ADMINISTRATIVE & CLERICAL	9,409	9,546	13,353	10,023	10,346	10,171	10,114	-58	-0.6%	10,394
ALLIED HEALTH PROFESSIONALS	4,135	4,118	5,978	4,477	4,462	4,473	4,348	-126	-2.8%	4,140
ESTATES AND ANCILLIARY	3,062	3,082	3,870	3,173	3,139	3,467	3,253	-214	-6.2%	3,015
HEALTHCARE SCIENTISTS	1,134	1,184	1,702	1,257	1,338	1,269	1,187	-82	-6.5%	1,148
MEDICAL AND DENTAL	22,601	14,744	22,124	16,552	16,876	16,789	18,635	1,846	11.0%	14,112
NURSING AND MIDWIFERY REGISTERED	16,533	17,153	24,657	18,361	18,370	19,233	18,460	-773	-4.0%	16,722
STUDENTS	2	2	2	2	2	2	2	0	0.0%	3
Total	**67,114**	**60,129**	**85,646**	**64,819**	**65,526**	**66,999**	**67,008**	**9**	**0.0%**	**59,912**



Variable pay (£'000)

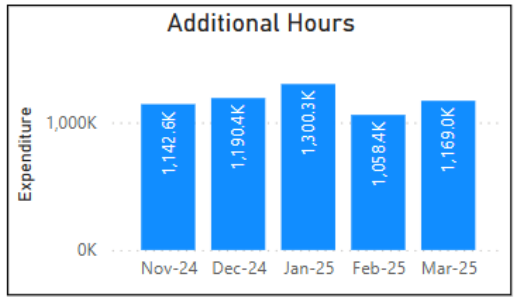
Pay category	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Change	%	Avg 23/24
Agency	1,627	2,271	2,121	2,468	2,609	2,308	2,735	427	18.5%	3,527
Bank	3,590	3,537	3,939	3,265	3,641	3,557	5,044	1,488	41.8%	3,919
Locum	315	332	317	320	548	324	180	-145	-44.6%	299
Total	**5,532**	**6,140**	**6,377**	**6,053**	**6,798**	**6,189**	**7,959**	**1,770**	**28.6%**	**7,746**

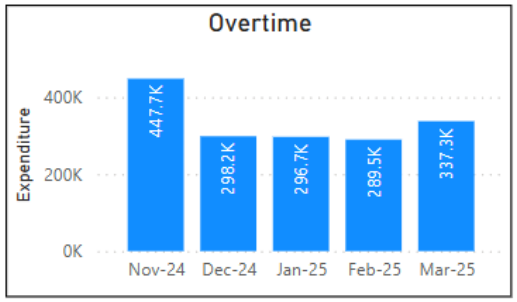


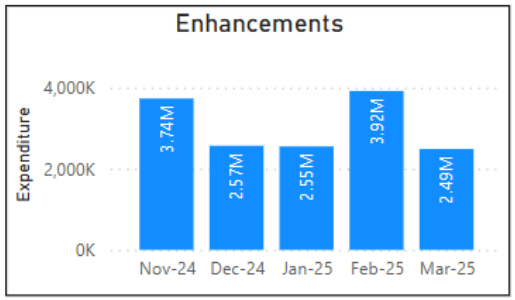
Total pay (£'000)

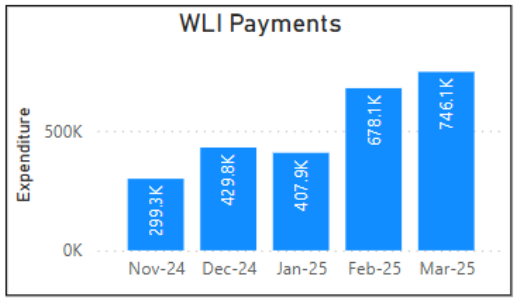
	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Change	%	Avg 23/24
Pay	**72,646**	**66,269**	**92,023**	**70,872**	**72,324**	**73,189**	**74,968**	**1,779**	**2.4%**	**67,658**

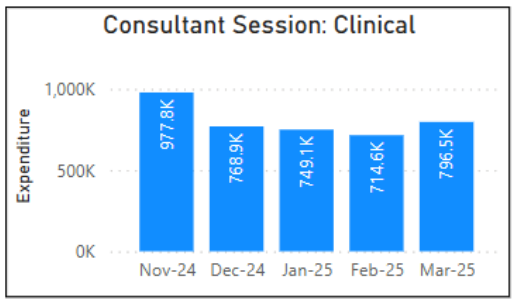
Pay Summary (2): Substantive Pay: Additional pay element

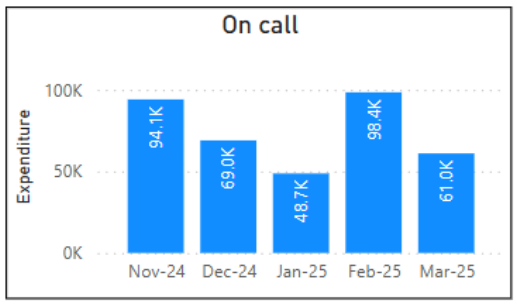






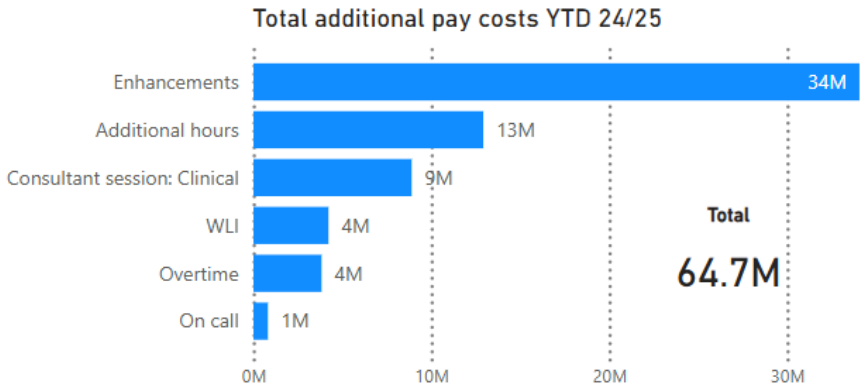






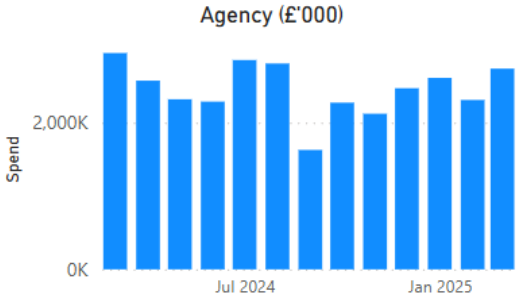
Total additional pay by Division (£'000)

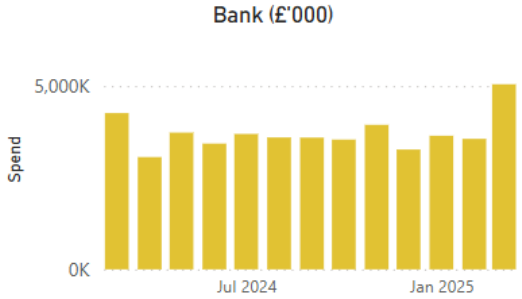
Division	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total
Medicine	1,565	1,278	1,286	1,518	1,289	**6,936**
Surgery	1,000	934	964	1,143	1,124	**5,164**
Clinical Support Services	942	755	791	976	895	**4,359**
Family and Therapies	728	596	583	720	537	**3,164**
Urgent Care	602	456	442	541	440	**2,481**
Primary Care and Community	582	409	411	592	413	**2,406**
Estates and Facilities Division	529	388	388	553	384	**2,242**
Mental Health and LD	472	339	341	476	352	**1,981**
CHC and FNC	185	114	107	155	108	**669**
Corporate	93	57	42	87	56	**334**
Total	**6,697**	**5,326**	**5,356**	**6,761**	**5,598**	**29,737**

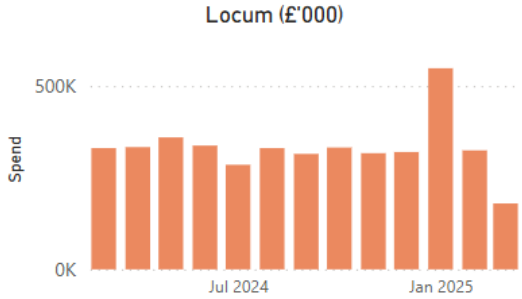


Pay Summary (3): Variable Pay (£'k)

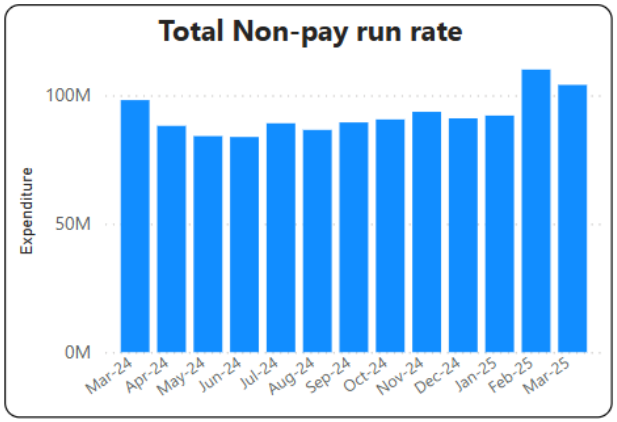
Pay category	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Change	%	Avg 23/24
Agency																
Admin & Clerical Agency	59	28	8	19	-4	6	12	-6	-47	3	31	6	37	31	535.8%	59
Allied Health Prof Agency	82	102	105	162	132	128	105	132	148	166	253	262	323	61	23.5%	153
Estates & Ancilliary Agency	232	205	139	78	188	176	-446	78	36	34	67	-49	145	194	-393.4%	401
Medical Agency	938	1,124	869	902	1,201	1,227	792	876	962	859	868	900	1,038	138	15.3%	1,222
Nurse HCA/HCSW Agency	59	26	39	38	57	37	39	58	43	120	131	92	202	109	118.1%	157
Other Agency	109	53	94	77	109	82	63	76	51	79	50	92	98	6	6.1%	60
Registered Nurse Agency	1,469	1,034	1,064	1,011	1,169	1,150	1,064	1,056	927	1,207	1,210	1,006	893	-113	-11.2%	1,475
Total	**2,948**	**2,571**	**2,318**	**2,286**	**2,852**	**2,805**	**1,627**	**2,271**	**2,121**	**2,468**	**2,609**	**2,308**	**2,735**	**427**	**18.5%**	**3,527**
Bank																
Admin & Clerical Bank	119	68	79	75	93	82	76	70	83	67	74	68	168	100	147.8%	95
Estates & Ancilliary Bank	263	218	257	249	263	260	256	252	287	259	255	234	325	91	38.7%	210
Nurse HCA/HCSW Bank	1,784	1,428	1,680	1,548	1,614	1,656	1,649	1,589	1,749	1,504	1,641	1,568	2,032	464	29.6%	1,614
Other Bank	0	1	0	1	0	-1	0	0	5	-2	-1	-2	233	234	-13805.5%	0
Registered Nurse Bank	2,093	1,345	1,711	1,555	1,721	1,598	1,608	1,625	1,816	1,437	1,672	1,689	2,287	598	35.4%	2,001
Total	**4,259**	**3,060**	**3,727**	**3,427**	**3,690**	**3,595**	**3,590**	**3,537**	**3,939**	**3,265**	**3,641**	**3,557**	**5,044**	**1,488**	**41.8%**	**3,919**
Locum																
Medical Locum	330	333	360	337	285	330	315	332	317	320	548	324	180	-145	-44.6%	299
Total	**330**	**333**	**360**	**337**	**285**	**330**	**315**	**332**	**317**	**320**	**548**	**324**	**180**	**-145**	**-44.6%**	**299**
Total	**7,537**	**5,964**	**6,404**	**6,051**	**6,828**	**6,730**	**5,532**	**6,140**	**6,377**	**6,053**	**6,798**	**6,189**	**7,959**	**1,770**	**28.6%**	**7,746**

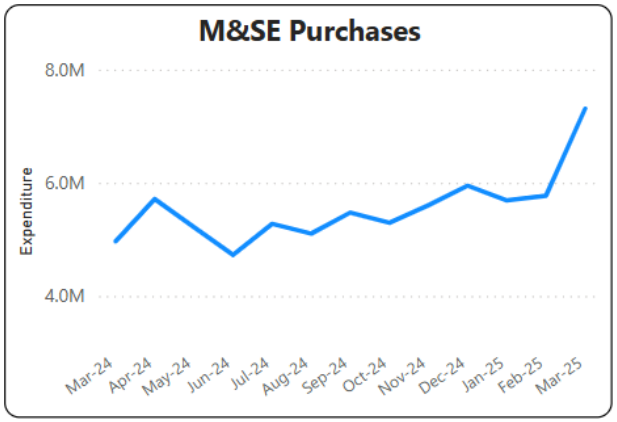


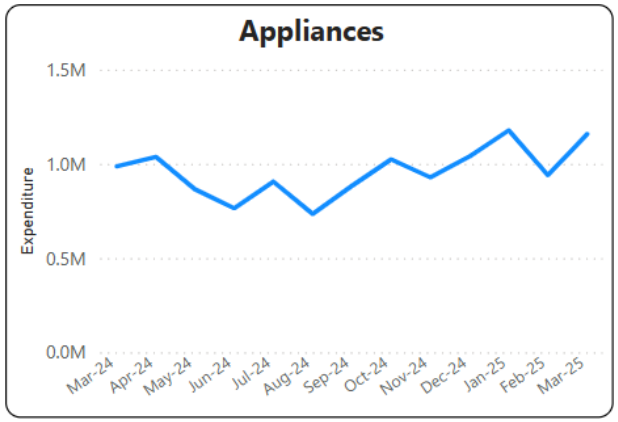


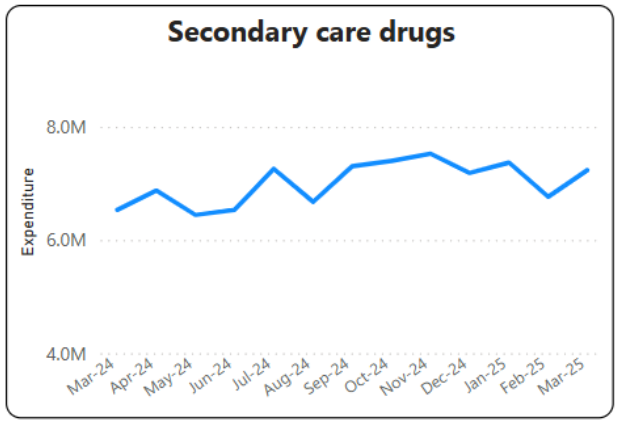


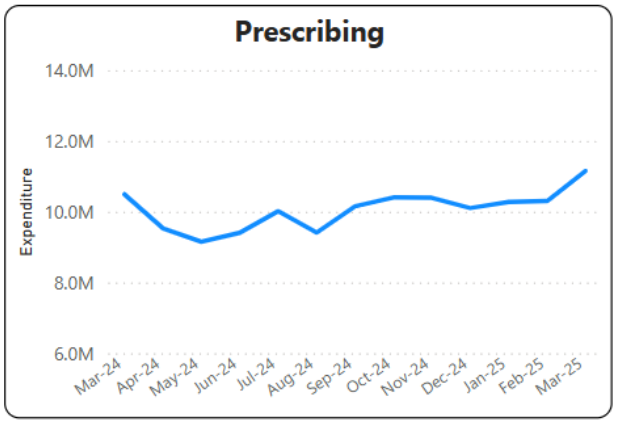
Non-Pay Summary:

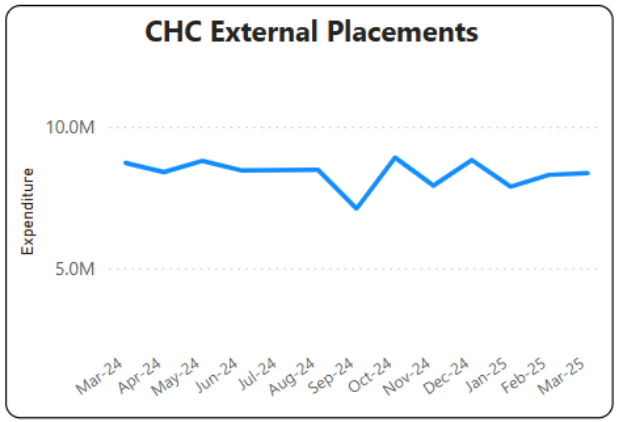












Referral to Treatment (RTT):

- Elective Treatments for March '25 was 2,477 (Feb '25: 2,294. 2024/25 total: 25,658, 2023/24 total: 24,688, 22/23 total: 22,327, 19/20 total: 28,004)

Planned Treatments (M12)				
Treatment	Core	Backfill	WLI	Total
N107-Dermatology	167	0	0	167
N147-ENT	110	0	0	110
N105-General Surgery	273	0	0	273
N146-Oral Surgery	225	0	0	225
N148-Ophthalmology	247	0	0	247
N108-Rheumatology	0	0	0	0
N115-Trauma & Orthopaedics	408	0	0	408
N106-Urology	493	0	0	493
Total	1,923	0	0	1,923

Actual Treatments (M12)				
Treatment	Core	Backfill	WLI	Total
N107-Dermatology	253	17	0	270
N147-ENT	305	11	0	316
N105-General Surgery	285	51	41	377
N146-Oral Surgery	215	0	0	215
N148-Ophthalmology	289	0	0	289
N108-Rheumatology	0	0	0	0
N115-Trauma & Orthopae	421	118	187	726
N106-Urology	278	6	0	284
	2,046	203	228	2,477

Treatment Variance (M12)				
Treatment	Core	Backfill	WLI	Total
Derm	86	17	0	103
ENT	195	11	0	206
GS	12	51	41	104
Max Fax	(10)	0	0	(10)
Ophth	42	0	0	42
Rheum	0	0	0	0
T&O	13	118	187	318
Urology	(215)	6	0	(209)
	123	203	228	554

- Outpatient activity for March '25 was 5,819 (Feb '25: 5,865. 2024/25 total: 78,787, 2023/24 total: 71,165, 22/23 total: 65,873, 19/20 total: 75,707

Planned Outpatients (M12)				
Outpatient	Core	Backfill	WLI	Total
N107-Dermatology	1,178	0	0	1,178
N147-ENT	432	0	0	432
N105-General Surgery	1,565	0	0	1,565
N146-Oral Surgery	278	0	0	278
N148-Ophthalmology	618	0	0	618
N108-Rheumatology	156	0	0	156
N115-Trauma & Orthopaedic	666	0	0	666
N106-Urology	557	0	0	557
Total	5,451	0	0	5,451

Actual Outpatients (M12)					
Outpatient	Core	Backfill	WLI	Other	Total
N107-Dermatology	793	0	0	160	953
N147-ENT	555	9	0	0	564
N105-General Surgery	1,389	133	35	0	1,557
N146-Oral Surgery	373	26	0	0	399
N148-Ophthalmology	679	20	0	0	699
N108-Rheumatology	147	0	0	0	147
N115-Trauma & Orthopaedics	806	0	132	0	938
N106-Urology	555	0	7	0	562
	5,297	188	174	160	5,819

Outpatient Variance (M12)					
Outpatient	Core	Backfill	WLI	Other	Total
N107-Dermatology	(385)	0	0	160	(225)
N147-ENT	123	9	0	0	132
N105-General Surgery	(176)	133	35	0	(8)
N146-Oral Surgery	95	26	0	0	121
N148-Ophthalmology	61	20	0	0	81
N108-Rheumatology	(9)	0	0	0	(9)
N115-Trauma & Orthopaedics	140	0	132	0	272
N106-Urology	(2)	0	7	0	5
	(154)	188	174	160	368

Medicine Outpatients activity for March ’25 was 2,034 (February ’25: 1,939 , 2023/24: 22,708 2022/23: 19,258):

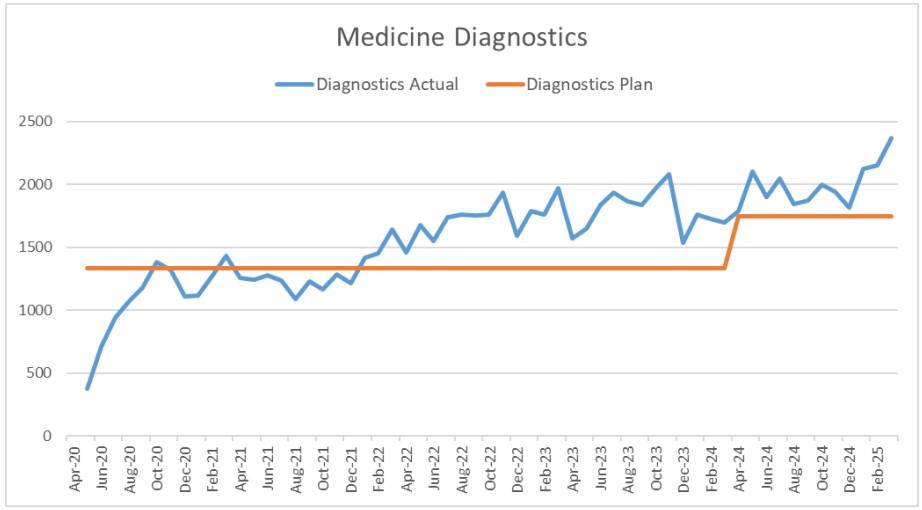
Mar-25

	Assumed monthly activity	Actual activity	Variance
Gastroenterology	475	513	38
Cardiology	430	346	-84
Respiratory (inc Sleep)	455	400	-55
Neurology	257	310	53
Endocrinology	186	184	-2
Geriatric Medicine	313	281	-32
Total	**2116**	**2034**	**-82**

Mar-25

YTD	YTD Plan	YTD Actual	Variance	Variance
Gastroenterology	5,225	4,684	-541	-10%
Cardiology	4,730	4,610	-120	-3%
Respiratory (inc Sleep)	5,005	5,106	101	2%
Neurology	2,827	3,676	849	30%
Endocrinology	2,046	2,015	-31	-2%
Geriatric Medicine	3,443	2,962	-481	-14%
Total	**23,276**	**23,053**	**-223**	**-1%**

Medicine Diagnostics activity for March ’25 was 2,366 (February ’25: 2,149, 2023/24: 21,466, 2022/23: 20,748):



YTD Mar 25	YTD Plan	YTD Actual	Variance	Variance
Endoscopy	20,988	23,952	2,964	14%
Total	**20,988**	**23,952**	**2,964**	**14%**

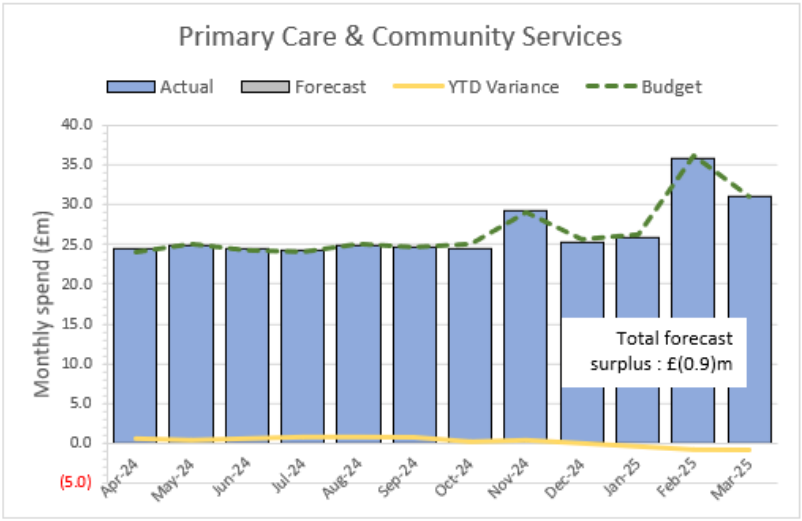
RAG rating category definitions

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.

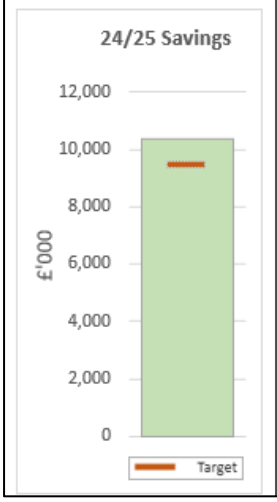
The definitions are consistent with Welsh Government guidance and have been communicated to Divisions.

Divisional analysis – Primary Care and Community



Primary Care and Community reporting a forecast surplus of £(0.9)m

- Operational reviews on-going to identify savings and efficiencies in order to meet the budgetary targets for 24/25 (£1.448m)
- Sessional GP/Dentist annual leave accrual (£0.3m). Awaiting All Wales final outcome.
- GMS prior year accrual releases for enhanced services/ sustainability report (£946k) /Drs and PADMs funding (£1.121m)
- Other net operational movements including COTE variable pay offset by clawback from General Dental Services contracts (£0.424m).
- Exceeding savings plan with 99% of forecast savings indicated as green.



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
Medicines Management	4	£1,330	£2,446	£1,116	£1,330	£2,446	£1,116
Procurement & Non-pay	39	£3,880	£4,106	£226	£3,880	£4,106	£226
Service Redesign	2	£794	£15	-£779	£794	£15	-£779
Workforce	19	£3,395	£3,774	£379	£3,395	£3,774	£379
Total	**64**	**£9,398**	**£10,340**	**£941**	**£9,398**	**£10,340**	**£941**

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	Managed practices to independant status from 01/04/24	R	Month 1	Green	1,928	1,928	1,928	0
PCC-03	Revise Academy Offer	NR	Month 1	Green	426	426	426	0
PCC-04	Stoma Team Phase 2	NR	Month 1	Green	149	149	149	0
PCC-05	NHS wales reduction in enhanced mileage rate	R	Month 1	Green	60	60	60	0
PCC-06	Reduction in Medication/NonPay stock - Reduction in Drugs moving STW to RGH by using omnicell cabinets and bed side lockers, opportunity to introduce across other sites for bigger savings if found beneficial	R	Month 1	Green	5	30	5	(26)
PCC-07	Pharmacy Closures - Benefits within various fees & services (mainly establishment fee). Four community pharmacies due to close by April 24 along with one additional pharmacy following this. Saving of £35k each in the year though this would be a one-off saving	NR	Month 1	Green	175	175	175	0
PCC-08	Staffing - Current B5 post holder reduction in hours	R	Month 1	Green	10	10	10	(0)
PCC-09	Staffing - Review of nursing rota and opportunities to decrease specialist nurse rate	R	Month 1	Green	5	5	5	0
PCC-10	Staffing - Currently have one agency GP, bring this peron on substantive contract so cost of fees removed	R	Month 1	Green	10	10	10	0
PCC-11	Reduction in Chepstow beds - 2 - Reducing 2 beds within Cas Gwent ward	R	Month 1	Green	203	204	203	(1)
PCC-12	E-rostering scruitiny and efficiency. Adopting additional scruitiny, process transparency and further/refresh training	R	Month 1	Green	10	10	10	0
PCC-13	Staffing structure review -Remove 8a role from structure	R	Month 1	Green	65	65	65	1
PCC-14	Redeployment of Business Administrator - Redeployment of B3 administrator following end of secondment. Role not required due to apprentice in post.	R	Month 1	Green	28	28	28	0

Primary Care & Community savings schemes continued...

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-15	Business Intelligence / Data Analyst - If Data Analyst / Business Partner model continues to be provided by Information Services (current agreed via ACD/SPPC) there will be less requirement to backfill vacancy for a dedicated band 6 performance manager. Workplan/commitment needed from Corporate Information to reassure that work will be progressed on Division's behalf. May necessitate permanent recruitment of B6 business manager from within current structure, thereby releasing a band 5 role.	R	Month 1	Green	44	44	44	(0)
PCC-16	Review Management structure	R	Month 1	Green	76	76	76	(0)
PCC-17	Review Admin Structure	R	Month 1	Green	27	32	27	(5)
PCC-18	Review Professional structure	R	Month 1	Green	76	76	76	0
PCC-19	Removal of vacant part time physio post	R	Month 1	Green	18	18	18	0
PCC-20	111 funding redistribution	NR	Month 1	Red	0	215	0	(215)
PCC-21	Non pay other - Look at opportunities including prescribing, Opex and Wireless Logic	R	Month 1	Green	10	10	10	0
PCC-22	Non pay premises rent - Explore accomodation opportunities. Currently UPC/GP OOH pick up costs for all P&CC care space within VPH which also includes SPA	R	Month 1	Red	0	30	0	(30)
PCC-23	Non-Pay reduction	R	Month 1	Green	33	22	33	11
PCC-24	Non-Pay reduction	R	Month 1	Red	0	10	0	(10)
PCC-25	Non-Pay reduction	R	Month 1	Green	10	10	10	0
PCC-26	Non-Pay reduction	R	Month 1	Green	10	10	10	0
PCC-27	Stock - Bring stock values in to balance sheet	NR	Month 1	Green	61	66	61	(5)
PCC-28	Non pay review - Review stock, supplier usage, waste levels and training with a view to securing better prices / using less . Target 15% reduction.	R	Month 1	Green	100	109	100	(9)
PCC-29	Income opportunities - Increase charges to Llanarth Court to ensure costs are covered. Explore any other income generating opportunities	R	Month 1	Green	7	7	7	0
PCC-29a	Income opportunities - Increase charges to Llanarth Court to ensure costs are covered. Explore any other income generating opportunities	NR	In Year	Green	66	0	66	66
PCC-30	GDS contracts - Review service / number of sessions provided within the GDS contracts for OOHs, Blaenavon and Abertillery	R	Month 1	Green	60	60	60	0
PCC-31	Cessation of Hygiene Waste collection - Cessation of PHS contract and adoption of HB service supplier at saving of £2,000 per annum	R	Month 1	Green	2	2	2	0
PCC-32	Non Pay - Non Pay spend review to bring into line with budget for 24-25	R	Month 1	Green	5	5	5	0
PCC-33	Chase Project - Removal of this project	R	Month 1	Green	10	10	10	0
PCC-34	License Fees - No Longer needed	R	Month 1	Green	6	6	6	0
PCC-35	Reconfiguration of beds PCCS	R	Month 1	Red	0	750	0	(750)
PCC-36	Glyn Ebbw Closure	R	Month 1	Green	15	44	15	(29)
PCC-37	Staffing Structures in Community Dental Services	R	Month 1	Green	0	100	0	(100)
PCC-37a	Staffing Structures in Community Dental Services	NR	In Year	Green	112	0	112	112
PCC-38	Additional clinical sessions LES	R	Month 1	Red	0	673	0	(673)
PCC-38a	Additional clinical sessions LES	NR	In Year	Green	673	0	673	673
PCC-39	Reduction in NCN areas	R	Month 1	Green	30	30	30	0
PCC-40	Relinquish Comms and Engagement agreement	R	Month 1	Red	0	30	0	(30)
PCC-41	GDS clawback savings - Corporate assessment	R	Month 1	Green	200	200	200	0
PCC-41a	GDS clawback savings - Corporate assessment	NR	In Year	Green	250	0	250	250
PCC-42	Dental patient charges	R	Month 1	Green	1,057	1,600	1,057	(543)
PCC-43	Administration & Clerical review savings (2%)	R	Month 1	Red	0	254	0	(254)
PCC-43a	Administration & Clerical review savings (2%)	NR	In Year	Green	406	0	406	406

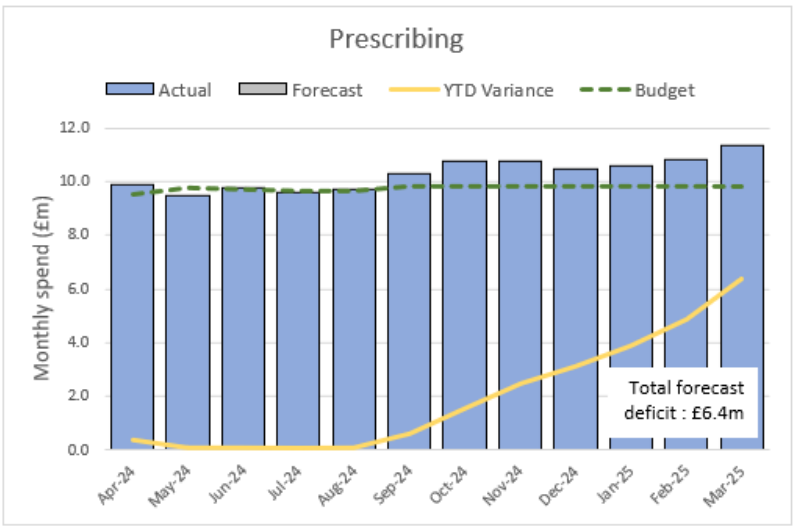
Primary Care & Community savings schemes continued...

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-44	Anti-viral cost mitigation / GP stock	R	Month 1	Red	0	1,300	0	(1,300)
PCC-44a	Anti-viral cost mitigation / GP stock	NR	In Year	Green	1,300	0	1,300	1,300
PCC-45	Optometry contract reduction	R	Month 1	Green	500	500	500	0
PCC-46	Nurse led Imms Team - under GMS Contract	R	In Year	Green	202	0	202	202
PCC-47	SLAs-Carers Collective Torfaen	NR	In Year	Green	45	0	45	45
PCC-48	SLAs-Carers Collective Monmouth	NR	In Year	Green	27	0	27	27
PCC-49	SLAs-British Red Cross Pan Gwent – Newport Hub	NR	In Year	Green	14	0	14	14
PCC-50	SLAs-Age Cymru Caerphilly	NR	In Year	Green	22	0	22	22
PCC-51	Llanarth House rates rebate	NR	In Year	Green	44	0	44	44
PCC-52	Ruperra - RTG Ward - Bed reduction and revised model	R	In Year	Green	232	0	232	232
PCC-53	GMS-HB Improvement Grant funding	NR	In Year	Green	200	0	200	200
PCC-55	SLAs - National Exercise Referral Scheme	NR	In Year	Green	14	0	14	14
PCC-56	ODTC & WET AMD - Activity cap	NR	In Year	Green	50	0	50	50
PCC-57	Rivaroxaban LOE - Price reduction	R	In Year	Green	1,141	0	1,141	1,141
PCC-58	Procurement saving for IV Giving Sets Switch	R	In Year	Red	0	0	0	0
PCC-59	Hospital Pharmacy - Temperature Monitoring	R	In Year	Green	4	0	4	4
PCC-60	ODTC & WET AMD Implementation of WGOS4	R	In Year	Green	105	0	105	105
					10,340	**9,398**	**10,340**	**941**

Red savings schemes (listed above) over £200k

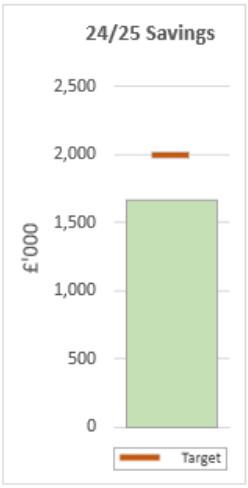
Business Unit	Savings Scheme Numbe	Scheme / Opportunity	Current Year Annual Plan £'0	Reason for unachievement
Primary Care and Community	PCC-44	Anti-viral cost mitigation / GP stock	1,300	Savings are achieving in full for 24/25, however will not achieve on a recurrent basis. The 2024/25 achievement is reflected in scheme PCC-44a
Primary Care and Community	PCC-38	Additional clinical sessions LES	673	Savings are achieving in full for 24/25, however will not achieve on a recurrent basis. The 2024/25 achievement is reflected in scheme PCC-38a
Primary Care and Community	PCC-43	Administration & Clerical review savings (2%)	254	Savings are achieving for 24/25, however will not achieve on a recurrent basis. The 2024/25 achievement is reflected in scheme PCC-43a
Primary Care and Community	PCC-22	Non pay premises rent - Explore accommodation opportunities. Currently UPC/GP OOH pick up costs for all P&CC care space within VPH which also includes	30	The proposal put forward was with a view to recharging part of Vantage Point House accommodation costs to Frailty SPA - Frailty budgets are being held at 23/24 levels so there is no opportunity to do this this year.
Primary Care and Community	PCC-40	Relinquish Comms and Engagement agreement	30	No opportunity to achieve - permanent post
Primary Care and Community	PCC-35	Reconfiguration of beds PCCS	750	Assumption regarding bed savings for Feb and March has been removed based on requirement to open additional beds
Primary Care and Community	PCC-24	Non-Pay reduction	10	Caerphilly non spend cost savings increased, rather than reduced, no savings to be achieved.
Primary Care and Community	PCC-20	111 funding redistribution	215	NHS Executive confirmed no distribution of underspend this year.

Divisional analysis – Prescribing



Prescribing is currently showing a forecast deficit is £6.4m

- £7.810m - Increased average item price since annual plan (was £7.29 now £7.72 forecast for the year), including £1m of additional budget
- (£0.594m) - Reduction in item numbers.
- £0.486m - Apixaban price concession.
- (£1.05m) - Rivaroxaban LOE.
- Other (£0.396m) - including CAT M / Non Cat M price changes / NCSO's.

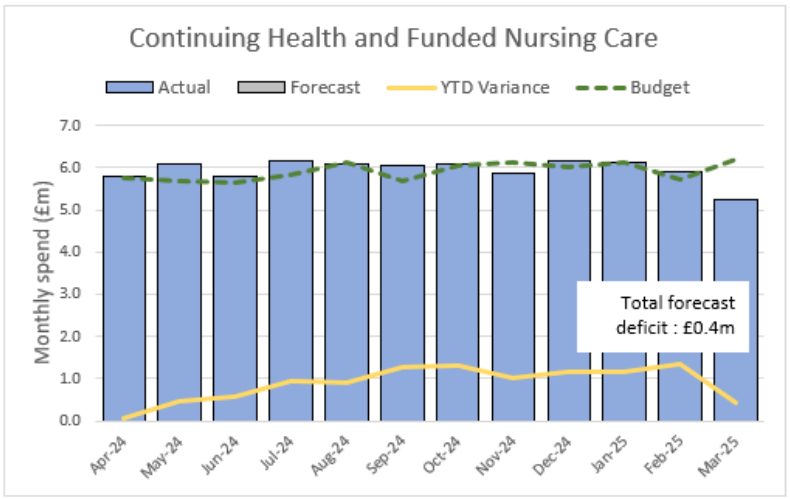


Savings summary (£'000)

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
Medicines Management	1	£1,987	£1,662	-£325	£1,987	£1,662	-£325
Total	**1**	**£1,987**	**£1,662**	**-£325**	**£1,987**	**£1,662**	**-£325**

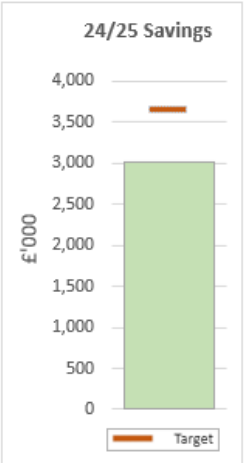
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
PCC-01	Prescribing savings options / opportunities	R	Month 1	Green	1,662	1,987	1,662	(325)
					1,662	**1,987**	**1,662**	**(325)**

Divisional analysis – Complex Care



Complex Care is reporting a forecast deficit of £0.4m

- Care at Home team expected overspend of +£0.4m linked to variable pay from high levels of sickness.
- Other net operational movements including Discharge to Assess, CHC and FNC placements reduction, and favourable movement on IRPs (-£0.6m)
- Underachieving on delivery of savings plans of £0.6m, with 86% of forecast savings indicated as green.



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	11	£3,593	£2,967	-£626	£3,593	£2,967	-£626
Workforce	1	£40	£40	£0	£40	£40	£0
Total	**12**	**£3,633**	**£3,007**	**-£626**	**£3,633**	**£3,007**	**-£626**

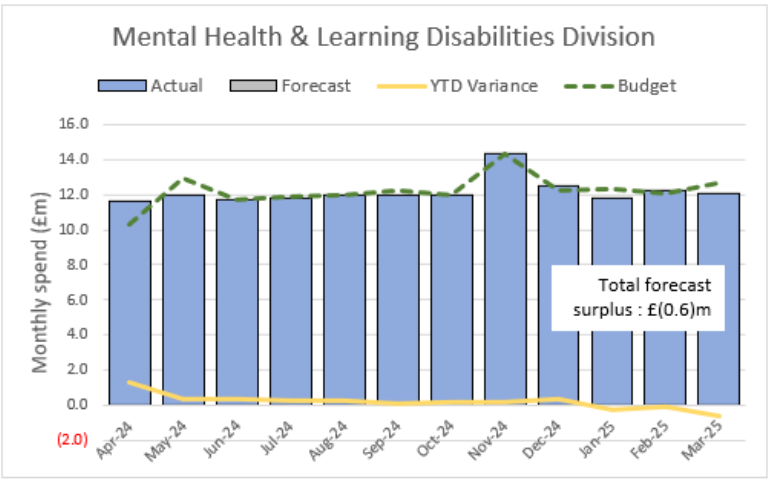
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CHC-01	Contract Adjustments - hospital admissions and days after death	R	Month 1	Red	0	314	0	(314)
CHC-02	Removal of CHC Premium for Gwent Care Homes with one to one placements	R	Month 1	Red	0	179	0	(179)
CHC-03	23/24 staff vacancies - no further recruitment	R	Month 1	Green	40	40	40	0
CHC-04	Deputyship SLA	R	Month 1	Red	0	35	0	(35)
CHC-05	Cwmgelli Enhanced Care contract	R	Month 1	Green	28	33	28	(6)
CHC-06	Travel (Mileage rate reduction of 5p)	R	Month 1	Green	12	12	12	0
CHC-07	CHC - Adult reviews	NR	Month 1	Green	1,343	1,440	1,343	(97)
CHC-08	Reduction in hospital payments for independent providers for CHC & FNC patients	R	Month 1	Red	0	203	0	(203)
CHC-09	New Direction Retainer	R	Month 1	Green	62	62	62	0
CHC-10	Administration & Clerical review	R	Month 1	Green	21	15	21	6
CHC-11	FNC activity reduction schemes	R	Month 1	Green	764	700	764	64
CHC-12	CHC Care at Home and other vacancies	R	Month 1	Green	737	600	737	137
					3,007	3,633	3,007	(626)

Complex Care continued…

Red savings schemes (listed above) over £200k

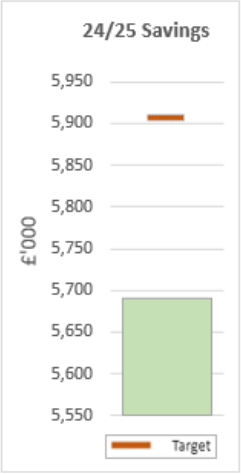
Business Unit	Savings Scheme Number	Scheme / Opportunity	Current Year Annual Plan £'000	Reason for unachievement
Complex Care	CHC-08	Reduction in hospital payments for independent providers for CHC & FNC patients	203	The savings target for Scheme CHC-08 is incorporated within scheme CHC-01.
Complex Care	CHC-04	Deputyship SLA	35	Scheme removed following WG input - legal advice being taken by WG and All Wales approach to be adopted on deputyship. Current feedback unlikely to be able to step down.
Complex Care	CHC-01	Contract Adjustments - hospital admissions and days after death	314	Following receipt of legal advice on provider feedback, savings target removed for 24/25
Complex Care	CHC-02	Removal of CHC Premium for Gwent Care Homes with one to one placements	179	Following receipt of legal advice for CHC-01, savings target removed for 24/25 for CHC premium for placements with 1:1.

Divisional analysis – Mental Health and Learning Disabilities



Mental Health & LD reporting a forecast surplus of £(0.6)m

- CHC underspend £0.664m - Net increase in patient numbers of 1 Mental Health and 1 decrease to Learning Disability patients.
- West Sussex benefit £1.033m due to successful dispute in relation to costs paid for a CHC patient.
- Offset with other operational pressures £1.072m in Adult, Older Adult & Learning Disabilities inpatient wards in relation to high acuity in all areas.
- Exceeding savings plans (£215k), with 100% of forecast savings indicated as green.

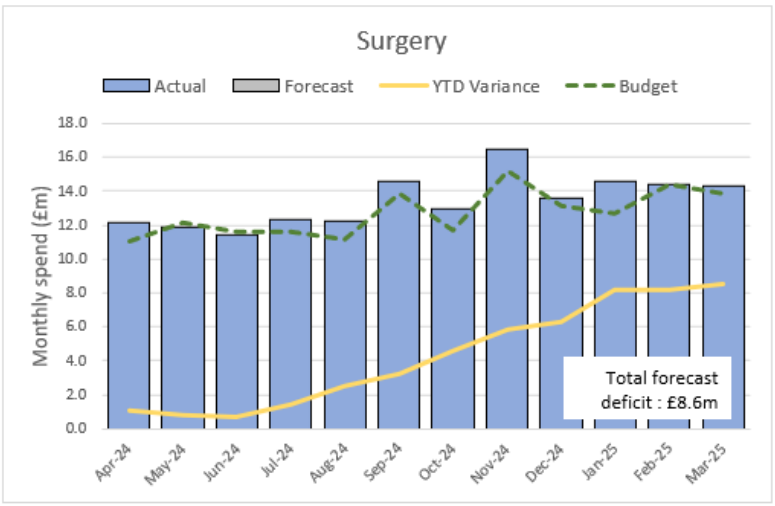


Savings summary (£'000)

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	3	£4,850	£4,650	-£200	£4,850	£4,650	-£200
Procurement & Non-pay	1	£103	£0	-£103	£103	£0	-£103
Workforce	7	£953	£1,041	£88	£953	£1,041	£88
Total	**11**	**£5,906**	**£5,690**	**-£215**	**£5,906**	**£5,690**	**-£215**

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
MH-01	Reduction in variable pay agency premium B2 HCSW	R	Month 1	Green	163	192	163	(29)
MH-02	Ty Lafant ward LD reduction to VP	R	Month 1	Green	142	199	142	(56)
MH-03	Mitchell Close	R	Month 1	Red	0	103	0	(103)
MH-04	Medical Agency Reduction	R	Month 1	Green	169	169	169	0
MH-05	Reduction in PHP Leadership PHPs	R	Month 1	Green	54	54	54	0
MH-06	MH&LD CHC reduction	R	Month 1	Green	3,017	3,250	3,017	(233)
MH-07	Administration & Clerical review	R	Month 1	Red	0	140	0	(140)
MH-07a	Administration & Clerical review	NR	In Year	Green	140	0	140	140
MH-08	MH&LD CHC further reductions	R	Month 1	Green	600	600	600	0
MH-09	MH&LD variable pay schemes	R	Month 1	Green	373	200	373	173
OPPS2-10	West Sussex	NR	Month 1	Green	1,033	1,000	1,033	33
					5,690	**5,906**	**5,690**	**(215)**

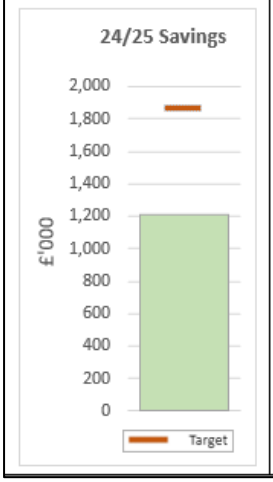
Divisional analysis – Surgery



Surgery is currently showing a forecast deficit of £8.6m

- £0.13m WLI and Backfill for Cancers
- £2.140m WLI, backfill and other medical for 104 week waiters.
- £4.902m Drugs (£1.676m Haematology NICE approved drugs, £1,855m Additional Activity - (WETAMD, Dermatology and Haematology). £1.119m WP10 increased usage by Rheumatology due to rebates and wastage.
- £1.383m Nursing pressures.

Underachieving on delivery of savings plans (£646k).



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
Medicines Management	1	£0	£552	£552	£0	£552	£552
Procurement & Non-pay	7	£1,085	£465	-£621	£1,085	£465	-£621
Service Redesign	2	£360	£0	-£360	£360	£0	-£360
Workforce	4	£410	£193	-£217	£410	£193	-£217
Total	**14**	**£1,855**	**£1,210**	**-£646**	**£1,855**	**£1,210**	**-£646**

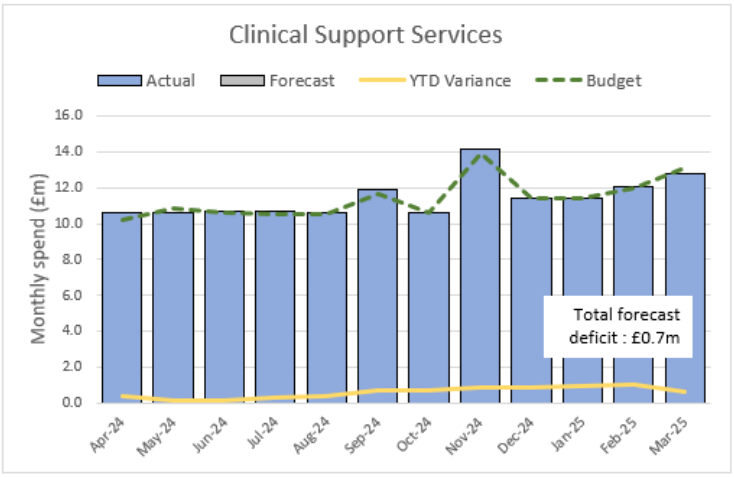
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
SUR-01	Ophthalmology Phaco Lenses and Procedure packs	R	Month 1	Green	46	79	46	(33)
SUR-02	Intensity Banding for On-call	R	Month 1	Red	0	44	0	(44)
SUR-03	Orthopaedics: Femoral Heads	R	Month 1	Green	17	45	17	(28)
SUR-04	Orthopaedics: rationalisation of suppliers for hips and knees	R	Month 1	Green	50	50	50	0
SUR-05	Trauma Contract	R	Month 1	Green	100	60	100	40
SUR-06	Bed Day Efficiences	R	Month 1	Red	0	205	0	(205)
SUR-07	Theatre Efficiences	R	Month 1	Red	0	155	0	(155)
SUR-08	Reduce Machen Ward Sat - Mon	R	Month 1	Red	0	179	0	(179)
SUR-10	Administration & Clerical Review	R	Month 1	Green	103	187	103	(84)
SUR-11	National priorities/best value biosimiliars & Haematology	R	In Year	Green	552	0	552	552
SUR-12	Agency reduction with all junior clinical fellow posts now filled	NR	In Year	Green	90	0	90	90
OPPS2-11	WRP	R	Month 1	Red	0	251	0	(251)
OPPS2-11a	WRP	NR	In Year	Green	251	0	251	251
OPPS2-12	Consignment / other M&SE disposables	R	Month 1	Red	0	600	0	(600)
					1,210	**1,855**	**1,210**	**(646)**

Surgery continued...

Red savings schemes (listed above) over £200k

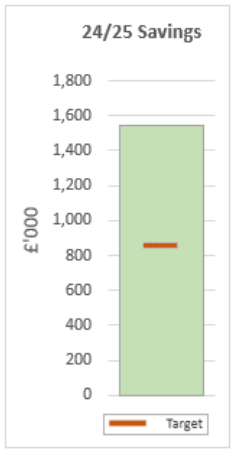
Business Unit	Savings Scheme Number	Scheme / Opportunity	Current Year Annual Plan £'000	Reason for unachievement
Surgery	OPPS2-12	Consignment / other M&SE disposables	600	Original plan for Consignment Stock saving determined unachievable following technical advice
Surgery	OPPS2-11	WRP	251	Savings are achieving in full for 24/25, however will not achieve on a recurrent basis. The 2024/25 achievement is reflected in scheme OPPS2-11a
Surgery	SUR-08	Reduce Machen Ward Sat - Mon	179	Machen ward unable to close on weekends so far due to shortages of beds in GUH.
Surgery	SUR-02	Intensity Banding for On-call	44	The diary exercise which is required to be undertaken before the saving can be made is going to take 40 weeks for T&O consultants as this is the full rota cycle. There is a possibility that the saving can we realised in 25/26.
Surgery	SUR-06	Bed Day Efficiencies	205	As part of the annual plan savings schemes 300k was set as a target for bed and theatre day efficiencies through BADs. Although there is evidence some work has been done we have now lost the 5 bedded Machen ward to medicine and ministerial priority targets for the rest of the year has lead the Divisonal Director to decide we should remove these initiatives and they won't be achieved this Financial Year.
Surgery	SUR-07	Theatre Efficiencies	154	

Divisional analysis – Clinical Support Services



Clinical Support Division is reporting a forecast deficit of £0.7m

- Operational pressures in diagnostics (£1.2m)
- Operational pressures in PACCT £1.9m
- Exceeding savings plans (£697k), with 100% of forecast savings indicated as green.

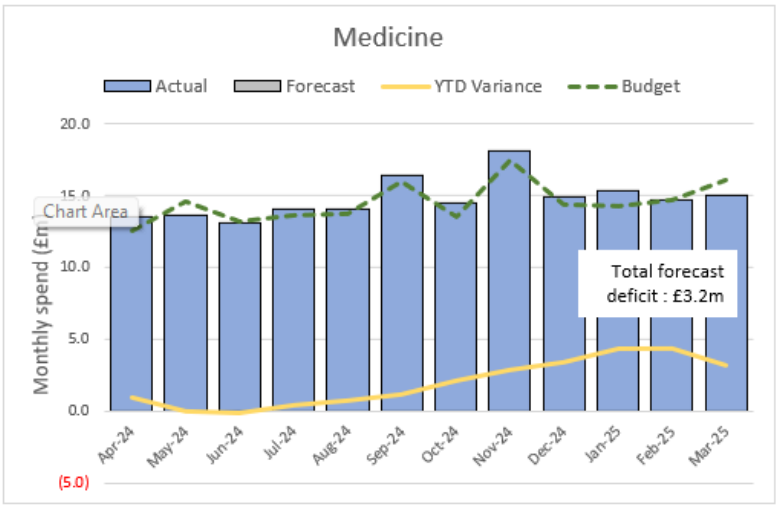


Savings summary (£'000)

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
Medicines Management	3	£0	£65	£65	£0	£65	£65
Procurement & Non-pay	19	£493	£1,247	£754	£493	£1,247	£754
Workforce	2	£353	£231	-£122	£353	£231	-£122
Total	**24**	**£846**	**£1,544**	**£697**	**£846**	**£1,544**	**£697**

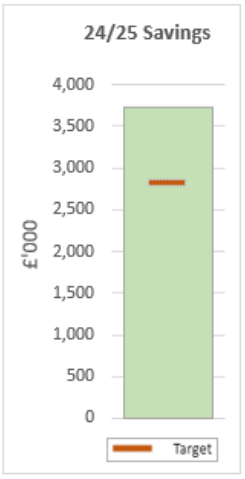
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CSS-01	Administration & Clerical review	R	Month 1	Green	158	123	158	35
CSS-02	Pathology - repatriation of tests	R	Month 1	Green	21	43	21	(22)
CSS-03	PFI saving (Llanwenarth suite)	R	Month 1	Green	300	300	300	0
CSS-04	Theatre Efficiences	R	Month 1	Green	73	230	73	(157)
CSS-05	FIT Testing (Novation into Siemen's Managed Service contract	R	In Year	Green	29	0	29	29
CSS-06	Decommissioning NovaView Service & Maintenance	R	In Year	Green	19	0	19	19
CSS-07	Quantiliser Maintenance	NR	In Year	Green	5	0	5	5
CSS-08	Urine Collection Tubes	R	In Year	Green	10	0	10	10
CSS-10	Fuji - Equipment Inventory Review	R	In Year	Green	4	0	4	4
CSS-11	MIU General Room - RGH - Decommissioned	R	In Year	Green	3	0	3	3
CSS-12	MIU General Room - RGH - Replacement	NR	In Year	Green	4	0	4	4
CSS-13	Drugs - Sevoflourane	R	In Year	Green	8	0	8	8
CSS-14	Maintenance Contracts (Theatres, Radiology, Pathology)	NR	In Year	Green	400	0	400	400
CSS-15	Price Reduction in Ethicon suturing materials (Theatres)	NR	In Year	Green	50	0	50	50
CSS-16	Radiology - Contrast Media	R	In Year	Green	56	0	56	56
CSS-17	Paracetamol IV to Oral Omnicell Implementation	R	In Year	Green	0	0	0	0
OPPS2-01	WHSSC Liver	R	Month 1	Green	116	116	116	0
OPPS2-01b	WHSSC Liver	NR	In Year	Green	164	0	164	164
OPPS2-02	Additional Savings Targets - Pathology NR maintenance saving	R	Month 1	Green	28	34	28	(7)
CSS-18	YYF General Room - capital replacement - maintenance contract	NR	In Year	Green	5	0	5	5
CSS-19	Radiology - Ante Natal scan photo kiosk income	R	In Year	Green	7	0	7	7
CSS-20	Pathology - D-Dimers tests	R	In Year	Green	6	0	6	6
CSS-21	Sal Salavage	NR	In Year	Green	45	0	45	45
CSS-22	Radiology General USS QA - In house from Cardiff & Vale	R	In Year	Green	32	0	32	32
					1,544	**846**	**1,544**	**697**

Divisional analysis – Medicine



Medicine reporting a forecast deficit of £3.2m

- Operational pressures including medical variable pay for consultant sickness, high acuity of patients requiring enhanced care, drug and m&se consumable and service contracts (+£2.6m).
- Reduction in bed reconfiguration savings due to timing and number of beds (+£0.3m).
- Operational reviews expected to achieve savings on variable pay (+£0.3m).



Savings summary (£'000)

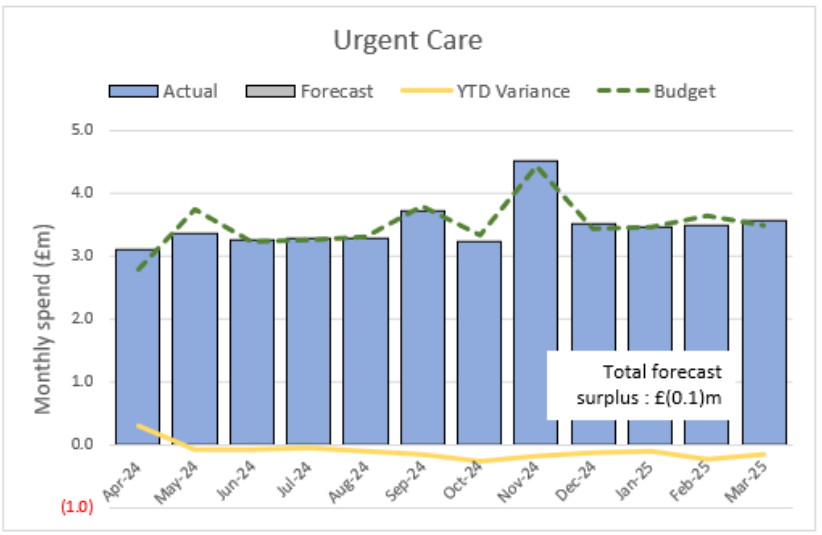
Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Medicines Management	6	£1	£566	£565	£1	£566	£565
Procurement & Non-pay	14	£42	£502	£461	£42	£502	£461
Service Redesign	2	£870	£472	-£398	£870	£472	-£398
Workforce	7	£1,889	£2,185	£296	£1,889	£2,185	£296
Total	**29**	**£2,801**	**£3,725**	**£925**	**£2,801**	**£3,725**	**£925**

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	Medicines Management review across Directorates. Horizon Scanning	NR	Month 1	Green	98	1	98	98
Med-02	Reconfiguration of beds across 3 wards with the net reduction of 14 beds for Medicine	R	Month 1	Green	1,656	1,558	1,656	99
Med-03	No backfill for0.40 band 7 sleep nurse wef	R	Month 1	Green	24	24	24	0
Med-04	Procurement of Medtronic pumps at reduced rate for a set period of time	NR	Month 1	Green	17	27	17	(10)
Med-05	Reduced catalogue price for Medtronic sensors	NR	Month 1	Green	74	15	74	59
Med-06	Reconfiguration of beds Medicine	R	Month 1	Green	472	750	472	(278)
Med-07	Administration & Clerical review	R	Month 1	Red	0	158	0	(158)
Med-08	Cardiology backfill sessions	R	Month 1	Red	0	120	0	(120)
Med-09	Cardiology insourcing below plan	R	Month 1	Green	150	150	150	0
Med-10	Reduced catalogue price for Dexcom pumps and consumables	NR	In Year	Green	97	0	97	97
Med-12	National priorities - Neurology - Teriflunomide	NR	In Year	Green	34	0	34	34
Med-13	National priorities - Neurology - Fingolimod	NR	In Year	Green	51	0	51	51
Med-15	Natalizumab - contract change	NR	In Year	Green	124	0	124	124

Medicine savings schemes continued…

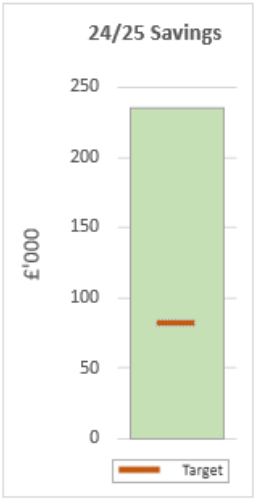
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Med-17	Medical Rota - IMT Doctors (1 in 16 to 1 in 22 on call rota)	R	In Year	Green	70	0	70	70
Med-18	Respiratory CPAP purchase	NR	In Year	Green	80	0	80	80
Med-19	Gastroenterology Switch in product type Polyp Trap	R	In Year	Green	1	0	1	1
Med-20	Cardiology Reduction in Echo Insourcing reliance	R	In Year	Green	30	0	30	30
Med-21	Cardiology Recruitment Slippage CR/HF Hub	NR	In Year	Green	45	0	45	45
Med-22	Gastroenterology Consent forms - Cessation of leaflet	R	In Year	Green	11	0	11	11
Med-23	Respiratory CPAP Mask Renewals	R	In Year	Green	60	0	60	60
Med-24	Respiratory CPAP Mask new set ups	R	In Year	Green	20	0	20	20
Med-25	Cardiology Mini comp tender Stents (Cath Lab)	R	In Year	Green	9	0	9	9
Med-27	Gastroenterology Out of Area drug cost recovery for Ward Attenders	NR	In Year	Green	50	0	50	50
Med-28	Neurology Out of Area drug cost recovery for Ward Attenders	NR	In Year	Green	50	0	50	50
Med-29	Acute Medicine Substantiate RNs in Line with Rosters	R	In Year	Green	240	0	240	240
Med-30	Diabetes Insulet Rebate	NR	In Year	Green	4	0	4	4
Med-31	GACU Giving Sets - Alternative Product with reduced Port	R	In Year	Green	0	0	0	0
Med-32	Paracetamol IV to Oral Omnicell Implementation	R	In Year	Green	1	0	1	1
Med-33	Drug switch Ustekinumab	R	In Year	Green	258	0	258	258
					3,725	**2,801**	**3,725**	**925**

Divisional analysis – Urgent Care



Urgent Care is currently showing a forecast surplus of £(0.1)m

- RTC income full year forecast showing £366k favourable, offset with £96k bad debt.
- Operational efficines (£115k).
- e-Triage pressure £148k.
- Drug pressures £88k.
- Exceeding savings plan (£155k) with 100% of forecast savings indicated as green.

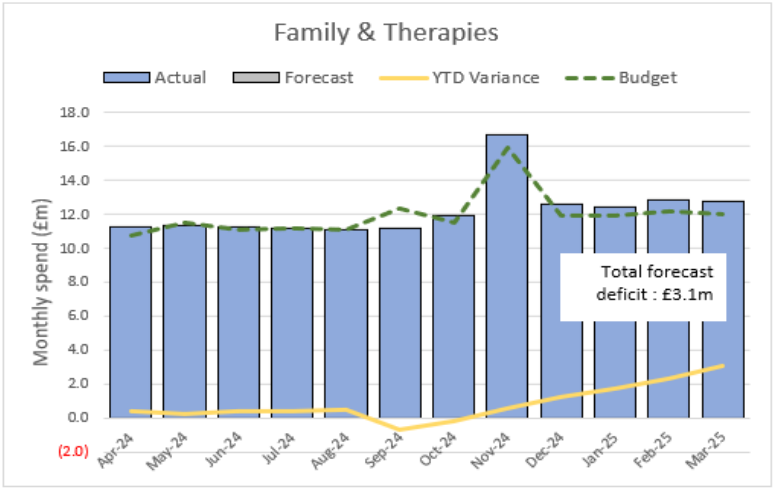


Savings summary (£'000)

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
Procurement & Non-pay	1	£0	£100	£100	£0	£100	£100
Workforce	2	£81	£136	£54	£81	£136	£55
Total	**3**	**£81**	**£236**	**£154**	**£81**	**£236**	**£155**

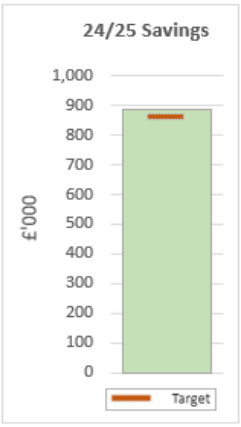
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD Achieved £'000	Full year Plan £'000	Full year Forecast £'000	Full year Variance £'000
URG-01	Administration & Clerical review	R	Month 1	Green	81	81	81	0
URG-01a	Administration & Clerical review	NR	In Year	Green	55	0	55	55
URG-02	RTC Income	NR	In Year	Green	100	0	100	100
					236	**81**	**236**	**155**

Divisional analysis – Family & Therapies



Families and Therapies reporting a forecast deficit of £3.1m

- Operational and workforce pressures continue to drive overspend in all areas. £1.4m medical variable pay - driven by CAMHS, Gynaecology and Paediatrics.
- Other non pay and pay £1.7m
- Maternity - In M11 C/Section rate and Induction rates continue to be high (44%), with Emergency C/Sections being (54%), which is driving non pay spend. Variable pay continues to be high due to sickness (av.6.75%), high maternity leave (13 WTE) and vacancies within the Maternity directorate.
- Exceeding savings plan (£30k) with 100% of forecast savings indicated as green.

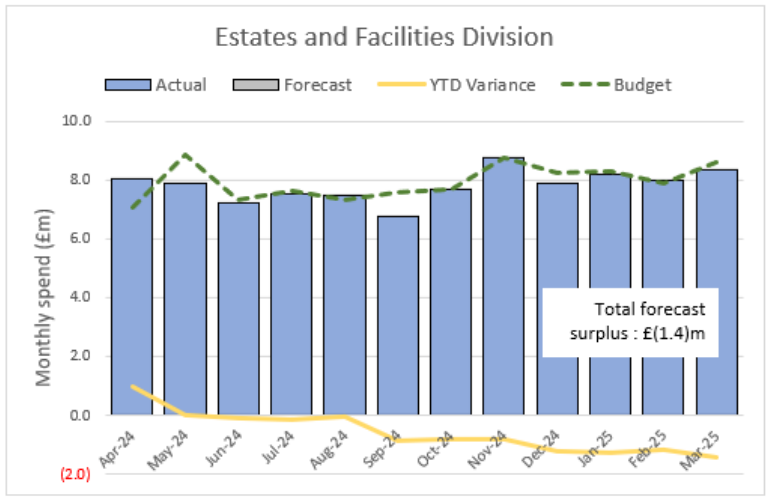


Savings summary (£'000)

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
Medicines Management	3	£200	£234	£34	£200	£234	£34
Procurement & Non-pay	10	£380	£419	£38	£380	£419	£38
Workforce	2	£277	£234	-£43	£277	£234	-£43
Total	**15**	**£857**	**£887**	**£30**	**£857**	**£887**	**£30**

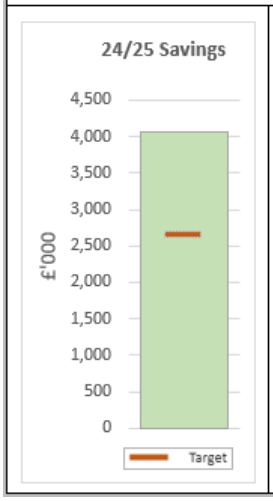
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
F&T-01	Maternity - Easy Pay Kiosk Additional Income (Ultrasound)	R	Month 1	Green	10	50	10	(40)
F&T-02	TRUCLEAR - Replacing Myosure consumables	R	Month 1	Green	177	177	177	0
F&T-03	Konica Photocopier / Printer Review	R	Month 1	Green	40	40	40	0
F&T-04	Reduction in Mileage by 5p per mile	R	Month 1	Green	53	53	53	0
F&T-05	Reduction in Variable pay	R	Month 1	Green	34	34	34	0
F&T-06	SRH - Billing C&V for MIV drug costs for C&V patients treated in ABUHB	R	Month 1	Green	226	200	226	26
F&T-07	Medtronic pump & Sensor All Wales procurement savings	R	Month 1	Green	60	60	60	0
F&T-08	Administration & Clerical review	R	Month 1	Green	200	243	200	(43)
F&T-09	HIV - Dovato Switches	R	In Year	Green	8	0	8	8
F&T-10	Switching to SOL Gases	R	In Year	Green	8	0	8	8
F&T-11	Entral Feeding tubes	R	In Year	Green	12	0	12	12
F&T-12	CTG Wallets	R	In Year	Green	2	0	2	2
F&T-13	Paracetamol IV to Oral Omnicell Implementation	R	In Year	Green	0	0	0	0
F&T-14	Further price reduction of Dexacom Diabetes products	R	In Year	Green	27	0	27	27
F&T-15	Blood Cell Savage	R	In Year	Green	29	0	29	29
					887	**857**	**887**	**30**

Divisional analysis – Estates & Facilities



Estates & Facilities reporting a forecast surplus of £(1.4)m

- Energy forecast reduced down by £382k to reflect release of accrual at LGH Laundry.
- £681k pior year accrual release.
- Vacancy slippage £629k.
- Unacheived bed savings £292k.
- Exceeding savings plan with 100% of forecast savings indicated as green.

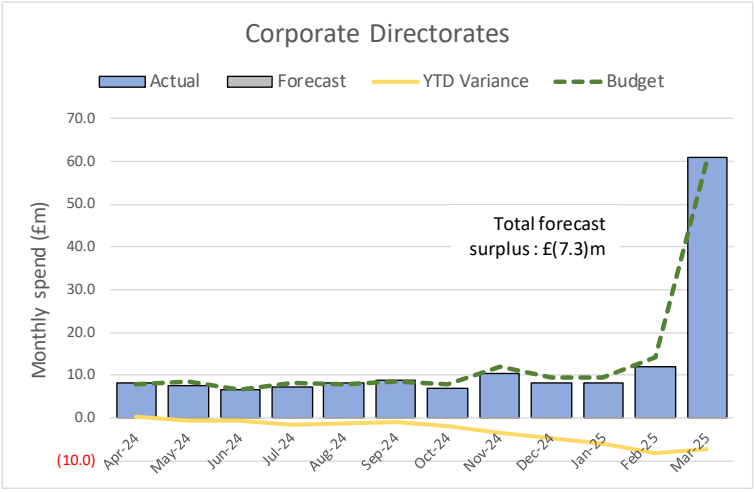


Savings summary (£'000)

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
Procurement & Non-pay	10	£2,026	£3,371	£1,345	£2,026	£3,371	£1,345
Workforce	3	£614	£683	£69	£614	£683	£69
Total	**13**	**£2,640**	**£4,054**	**£1,414**	**£2,640**	**£4,054**	**£1,414**

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
EF-01	Window Cleaning Capped at 1 clean per year per site	R	Month 1	Green	19	19	19	0
EF-02	Cease Liftshare software	R	Month 1	Green	14	14	14	0
EF-03	COVID A&E Portacabin	R	Month 1	Green	316	316	316	0
EF-04	Administration & Clerical review	R	Month 1	Green	114	114	114	0
EF-05	Discharge Lounge Portacabin	R	Month 1	Green	62	62	62	0
EF-06	NWSSP Energy Saving	NR	In Year	Green	1,657	0	1,657	1,657
EF-07	NHH Ward Closure 4:3	R	In Year	Green	69	0	69	69
OPPS2-06a	Rates Rebates - Newport Sites	NR	Month 1	Green	980	930	980	50
OPPS2-06b	Rates Rebates - NHH	NR	Month 1	Red	0	70	0	(70)
OPPS2-07	Enhanced Cleaning	R	Month 1	Green	500	500	500	0
OPPS2-08	Bed contract	R	Month 1	Green	208	500	208	(292)
OPPS2-09	WRP	R	Month 1	Red	0	115	0	(115)
OPPS2-09a	WRP	NR	In Year	Green	115	0	115	115
					4,054	**2,640**	**4,054**	**1,414**

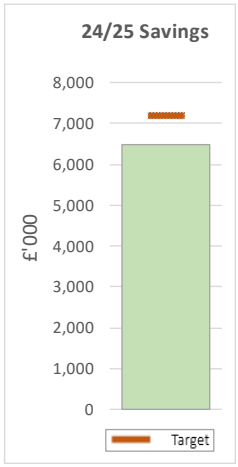
Divisional analysis – Corporate



Corporate is reporting a forecast surplus of £(7.3)m

- COO budget realignment across the operational Divisions (£2.4m) offset by increased transport costs and has results in a forecast underspend of £1.082m
- Chief Executive and Director of Finance - forecast underspends due to vacancies, VAT income, WRP income, Llanweaneth and slippage on spend (£4.605m)
- Director of Public Health - Caerleon House dilapidations resulting in worsening of underspend (927k)
- Director of Planning - Full year underspend has worsened to £0.734m due RIF slippage to reserves.

- *(increase in budget and spend in March due to the 6.3 % notional pension adjustments actioned in March of £51.8m)*



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
Procurement & Non-pay	12	£3,767	£3,342	-£425	£3,767	£3,342	-£425
Service Redesign	2	£1,600	£1,146	-£455	£1,600	£1,146	-£455
Workforce	15	£1,796	£1,981	£184	£1,796	£1,981	£184
Total	**29**	**£7,164**	**£6,468**	**-£696**	**£7,164**	**£6,468**	**-£696**

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
CEO-01	Administration & Clerical review	R	Month 1	Green	52	53	52	(1)
COO-01	Administration & Clerical review	R	Month 1	Green	17	20	17	(3)
CORP-01	Generic CIP - Pay	R	Month 1	Green	44	53	44	(9)
CORP-02	Generic - Non-pay	NR	Month 1	Green	14	15	14	(1)
CORP-03	Hybrid mail	R	Month 1	Green	180	300	180	(120)
CORP-04	Intersite transport	R	Month 1	Green	966	1,300	966	(334)
CORP-05	Healthcare Pathways	R	Month 1	Red	0	120	0	(120)
CORP-06	Health Protection - Caerleon House	R	Month 1	Green	150	273	150	(123)
CORP-07	Health Protection - Newport	R	Month 1	Green	220	220	220	0
CORP-08	Health Protection - LA / TTP	R	Month 1	Green	534	534	534	0
CORP-09	Health Protection - Microbiology	R	Month 1	Green	291	291	291	0
CORP-10	VAT income / over-recovery	NR	Month 1	Green	345	300	345	45

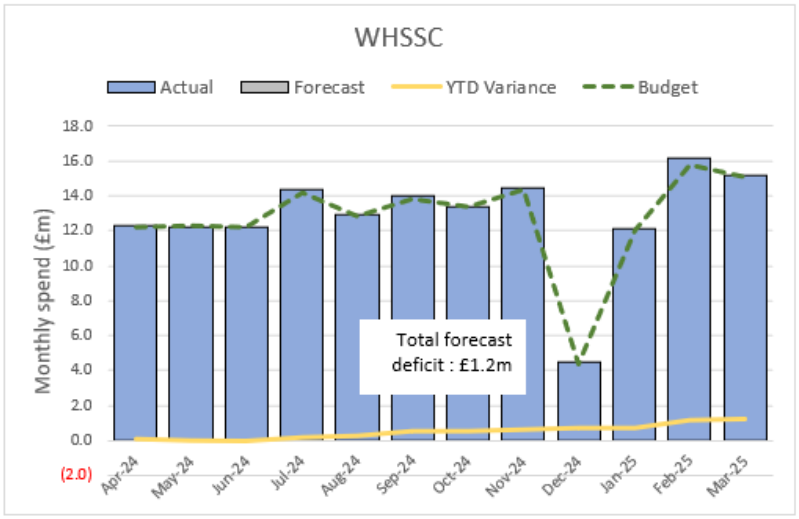
Corporate savings schemes continued...

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-11	Finance administration savings	R	Month 1	Green	161	161	161	0
DIG-02	Administration & Clerical review	R	Month 1	Green	596	319	596	277
FIN-03	Administration & Clerical review	R	Month 1	Green	139	139	139	0
GOV-01	Administration & Clerical review	R	Month 1	Green	20	19	20	1
MEDR-01	Administration & Clerical review	R	Month 1	Green	49	59	49	(10)
NUR-01	Administration & Clerical review	R	Month 1	Green	44	53	44	(9)
PLA-01	Administration & Clerical review	R	Month 1	Green	81	68	81	13
THE-01	Administration & Clerical review	R	Month 1	Green	16	19	16	(3)
WOD-01	Administration & Clerical review	R	Month 1	Green	171	122	171	49
CORP-13	Litigation cost reductions	R	Month 1	Green	385	385	385	0
CORP-14	Other specific funding benefits	NR	Month 1	Green	300	300	300	0
CORP-15	Recovery of agency fees	NR	Month 1	Green	812	700	812	112
CORP-16	NWSSP	NR	In Year	Green	197	0	197	197
OPPS2-03	WRP	R	Month 1	Red	0	335	0	(335)
OPPS2-03a	WRP	NR	In Year	Green	335	0	335	335
OPPS2-04	Further litigation schemes	R	Month 1	Green	350	350	350	0
OPPS2-05	Further Corporate schemes / opportunities inc. Public Health	R	Month 1	Red	0	655	0	(655)
					6,468	**7,164**	**6,468**	**(696)**

Red savings schemes (listed above) over £200k

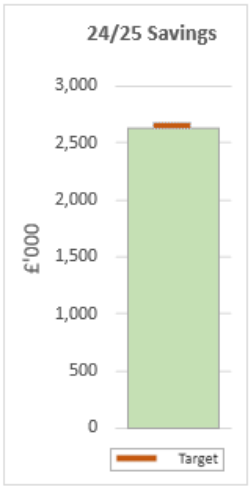
Business Unit	Savings Scheme Number	Scheme / Opportunity	Current Year Annual Plan £'000	Reason for unachievement
Corporate	OPPS2-05	Further Corporate schemes / opportunities inc. Public Health	655	Unachievement due to no specific plan. Mitigated by overachievement in other areas
Corporate	OPPS2-03	WRP	335	Savings are achieving in full for 24/25, however will not achieve on a recurrent basis. The 2024/25 achievement is reflected in scheme OPPs-03a
Corporate	CORP-05	Healthcare Pathways	120	Whilst the new healthcare pathways website has recently been launched, the mechanism to track and cost improvements in the pathway is still being worked up. Whilst there is will be efficiency improvements in pathways, it is not envisaged these will be cash releasing

Divisional analysis – WHSSC



WHSSC is currently showing a forecast deficit of £1.2m

- ABUHB has recognised the current end of year forecast deficit risk share of £1.246m as per JCC tables
- Savings delivery - currently achieving savings target with 100% of forecast savings categorised as Green.

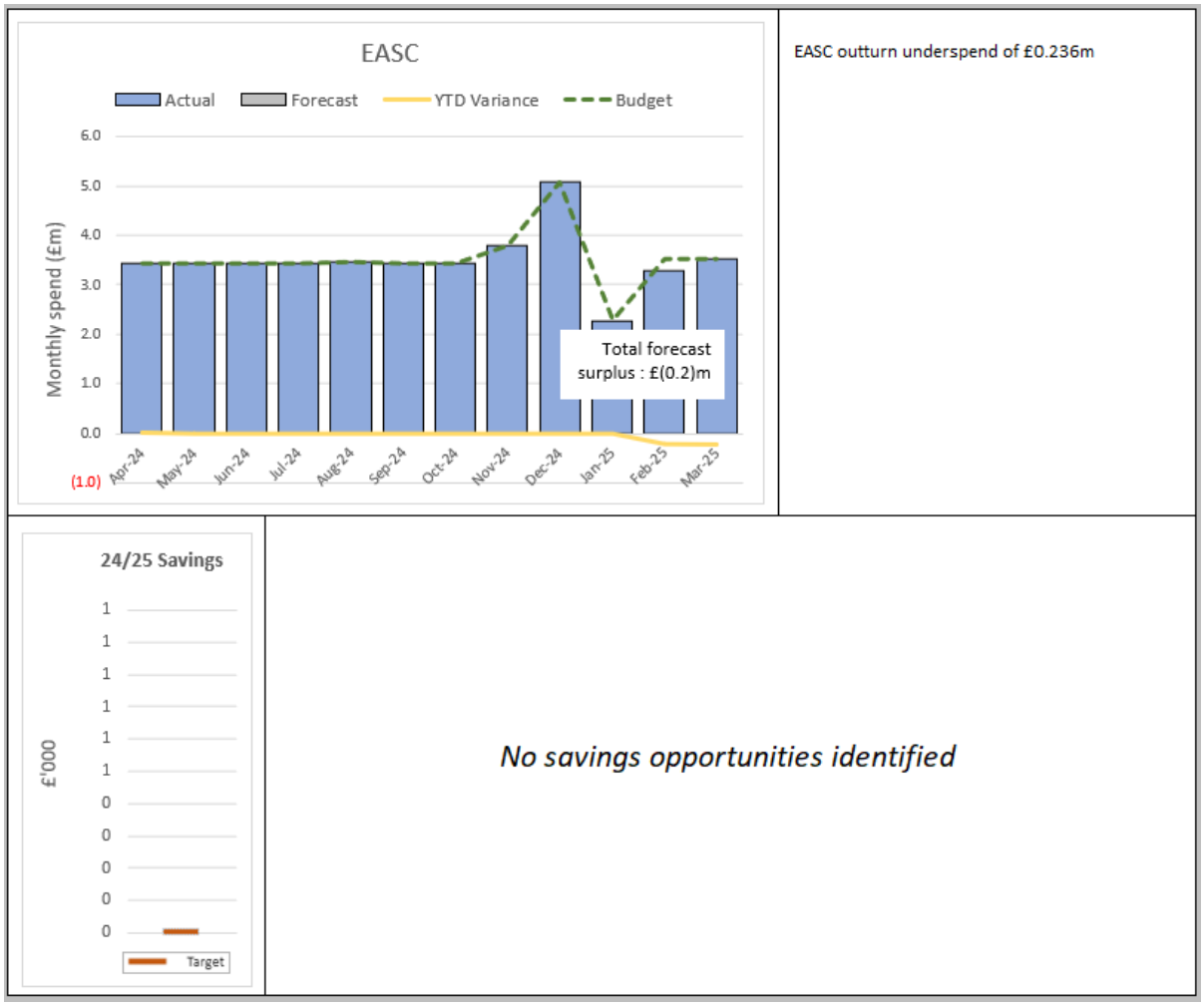


Savings summary (£'000)

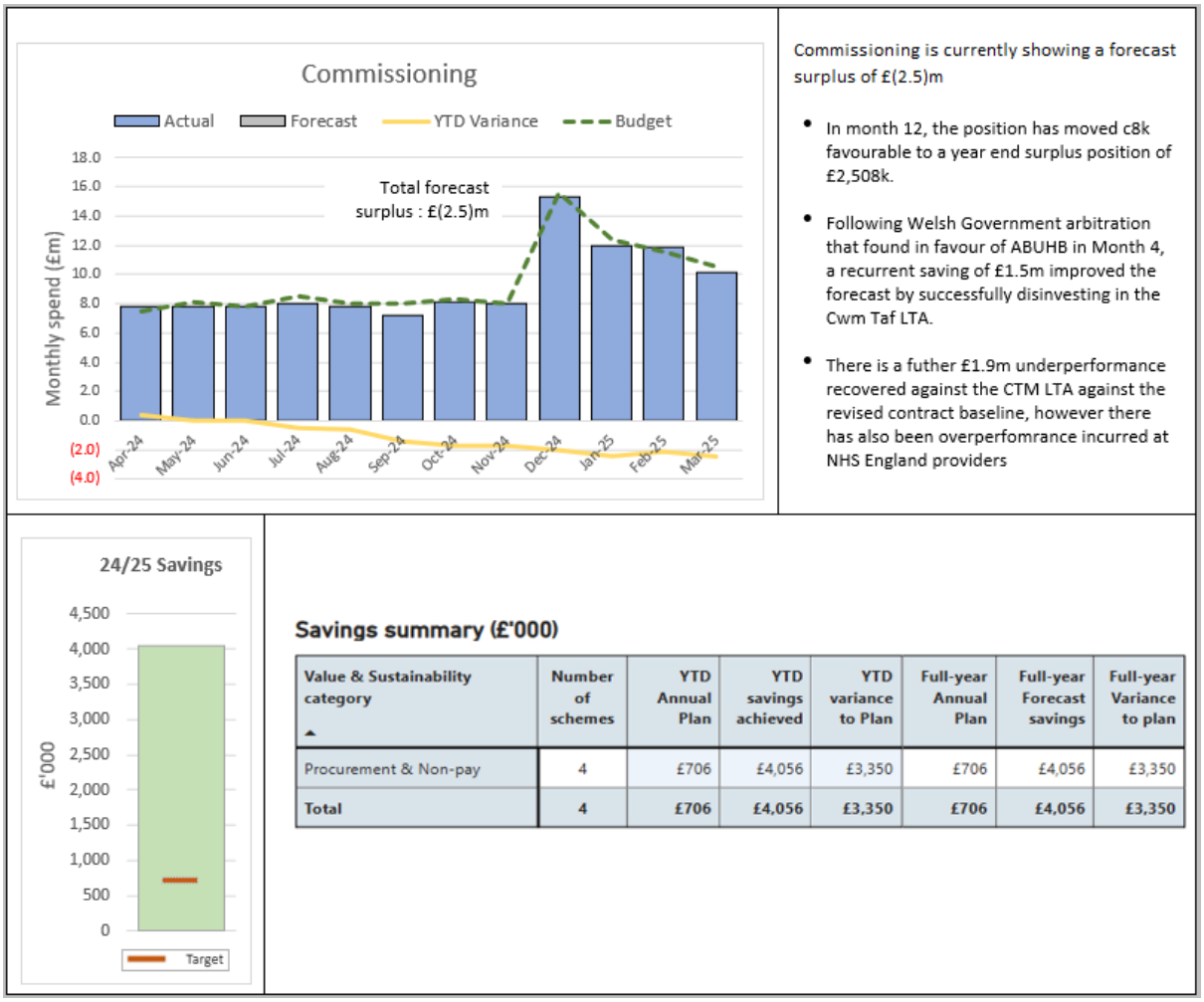
Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Procurement & Non-pay	2	£2,633	£2,633	-£0	£2,633	£2,633	-£0
Total	**2**	**£2,633**	**£2,633**	**-£0**	**£2,633**	**£2,633**	**-£0**

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD Achieved £'000	Full year Plan £'000	Full year Forecast £'000	Full year Variance £'000
WHSSC-01	WHSSC Savings Schemes	R	Month 1	Green	2,099	2,099	2,099	(0)
WHSSC-02	WHSSC Savings Schemes	R	Month 1	Green	534	534	534	0
					2,633	**2,633**	**2,633**	**(0)**

Divisional analysis – EASC



Divisional analysis – External Commissioning



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
Procurement & Non-pay	4	£706	£4,056	£3,350	£706	£4,056	£3,350
Total	**4**	**£706**	**£4,056**	**£3,350**	**£706**	**£4,056**	**£3,350**

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
COMM-01	Reduction in expenditure for robotic surgery (repat)	R	Month 1	Green	406	406	406	0
COMM-02	LTA reviews	R	Month 1	Green	1,800	300	1,800	1,500
COMM-03	Refugee scheme income	NR	In Year	Green	150	0	150	150
COMM-04	CTM LTA Performance (contract renegotiation)	R	In Year	Green	1,700	0	1,700	1,700
					4,056	**706**	**4,056**	**3,350**

Reserves

Reserves Delegation:

The final reserves position at 31st March 25 is £3.905m surplus. This consists of additional allocations received in year which have been retained to support the deficit position, a number of other in-year movements taken to, and retained within, reserves, and the recurrent deficit for 24/25 of £7.356m.

Funding has been reviewed throughout the year to determine whether it was appropriate to delegate to Divisions in the context of the budget setting methodology for 24/25 and the Health Board deficit.

7769-ALLOCATIONS TO BE DELEGATED

Description	24/25
Planned Care - Orthopaedics / Diagnostics / ENT	958,342
Pay funding-RLW for HB staff from April-24	2,695,624
Pay funding-Band 8 increment Jan-25	347,380
Pay award element relating to individuals charged to capital	12,296
Pay funding-Apprenticeship levy addtl	293,626
Confirmed / Anticipated Allocations to be apportioned	**4,307,268**

7788-COMMITMENTS TO BE DELEGATED

Description	24/25
Innovation and Development Fund	299,932
Discharge/Transfer lounge	134,426
Newport East HWBC (GDS contract increase)	48,000
Newport East HWBC (E&F costs)	66,000
GUH ED Extension	161,000
Prescribing price & volume growth 2024/25	1,800,000
Energy underspend at M4	1,657,000
Exec agreed delegations M12	(1,569,359)
Total Commitments	**2,596,999**

7501-SUPPORTING FINANCIAL POSITION

Description	24/25
Balance at month 11	2,290,627
Other reserves transfers to suppoprt bottom line	2,066,599
Total Supporting financial position reserve	**4,357,226**

7515-IMTP 23/24 DEFICIT

Description	24/25
24/25 recurrent deficit	(48,858,587)
Additional in-year funding re: Cost pressures	9,545,000
Additional in-year funding re: Target control total adjustment	31,000,000
Transfer in from supporting fin position to maintain current defic	957,587
Total IMTP 23/24 recurrent deficit	**(7,356,000)**

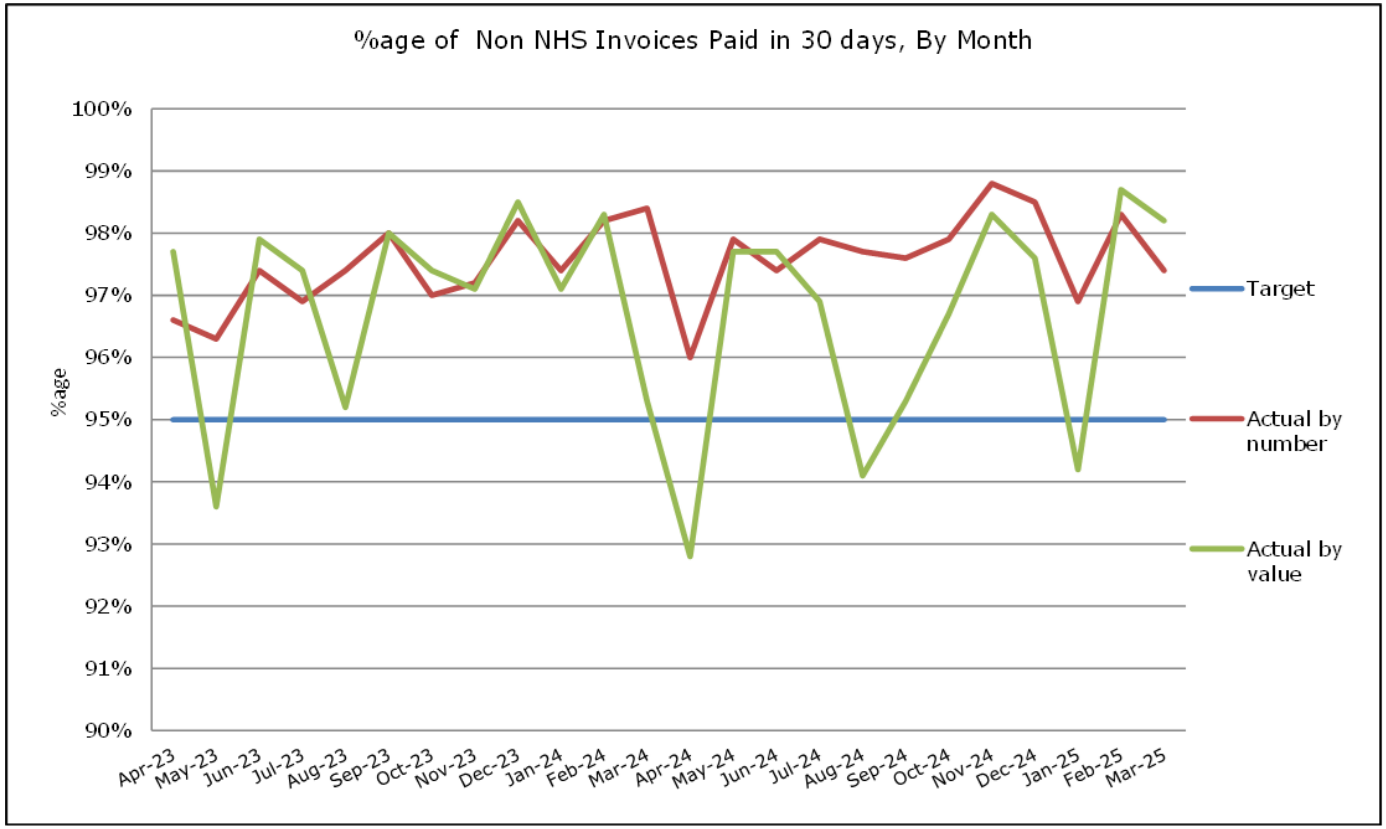
Totals	**3,905,493**

Cash Position

The cash balance at the 31st March is £4.823m, which is below the advisory figure set by Welsh Government of £6m.

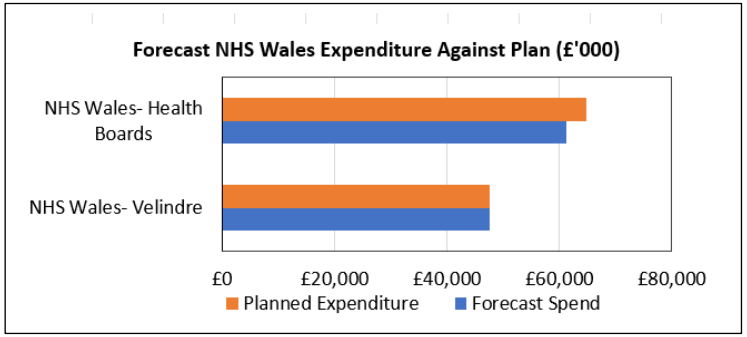
Public Sector Payment Policy (PSPP)

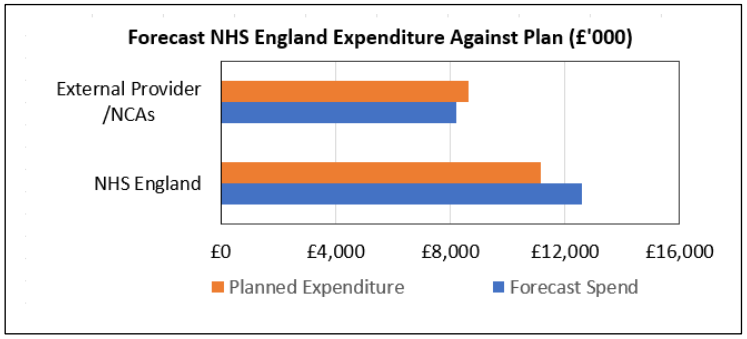
The HB has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods/services in March and cumulatively. There has been an increase in the number of NHS invoices paid within 30 days this month.

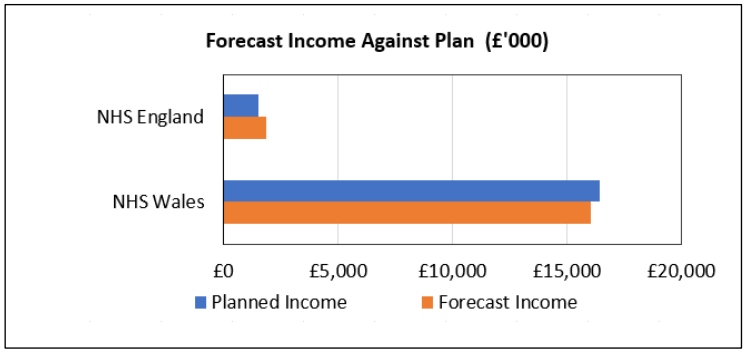


Contracting & Commissioning – LTA Spend & Income

At Month 12 the year to date financial performance for Contracting and Commissioning is £2.508m underspend against the delegated budget. The key elements contributing to this position at Month 12 are as follows:







NHS Wales Expenditure

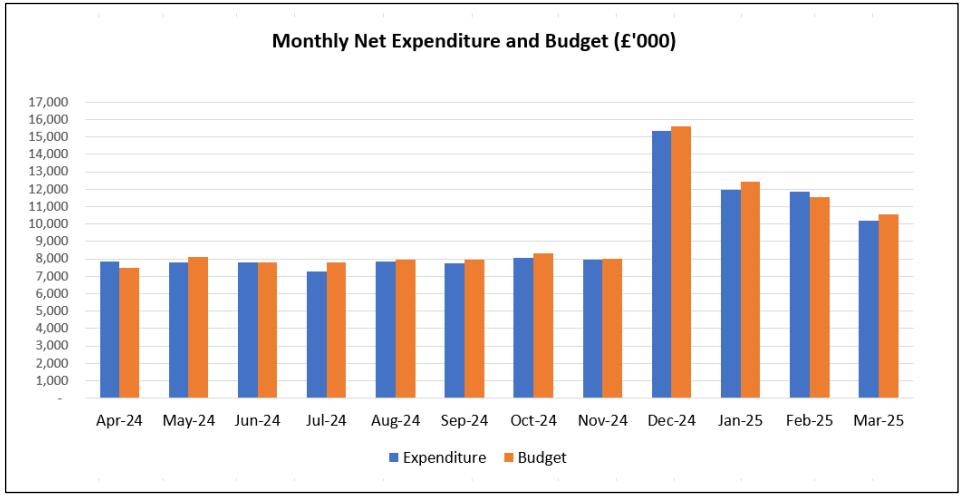
Expenditure in NHS Wales contracts was £3.5m less than plan after the disinvestment from Cwm Taf was supported by Welsh Government.

An uplift of 3.67% as per WG guidance was applied to contracts in 2024/25.

NHS England Expenditure

Contract Expenditure with NHS England organisations is expected to be c£14m in 2024/25

Month 11 monitoring that has been received is forecasting a pressure above planned levels as more activity is being delivered in NHS England

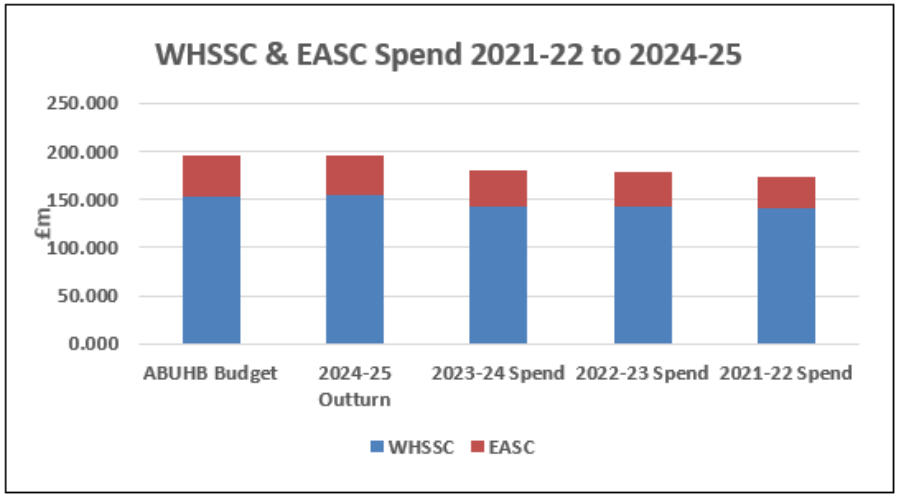


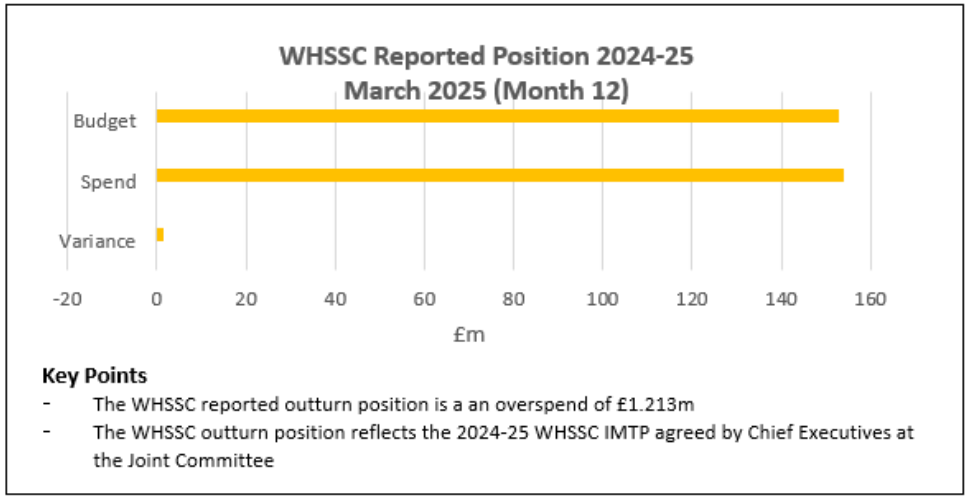
Key Issues 2024-25

- All LTAs have been signed in line with the WG deadline of the end of June 2024 including the Cwm Taf LTA which has recently been signed following WG arbitration and escalation.
- The nationally agreed core uplift of 3.67% has been funded and is reflected in the above position
- Infectious diseases support has been formally commissioned from Cardiff from 2024/25 ensuring that ABUHB patients and clinicians have access to specialist advice and treatment pathways for this service going forwards
- A saving of £406k for robotic surgery repatriation is being forecast to be achieved in 2024-25
- A recurrent annual saving of £1.8m from LTA negotiations with Cwm Taf has been achieved against a target of £300k which results in a £1.5m benefit.
- An additional c£1.7m underspend as a result of reduced activity is being forecast against the revised CTM LTA baseline
- The expenditure being forecast for cancer services at Velindre is in line with ABUHB IMTP planning assumptions.
- In month 9 there was a budget and expenditure transfer between the JCC Velindre contract and the Health Board's Velindre contract for c£10m of cancer services which is resource neutral for the Health Board

JOINT COMMISSIONING COMMITTEE (formerly WHSSC & EASC) Financial Position 2024-25

The Month 12 financial performance for the Joint Commissioning Committee is an overspend of £0.977m. The position reflects the agreed IMTP and budget delegation for the Specialised Services (formerly WHSSC) and EASC elements.





Key Points

- The WHSSC reported outturn position is a an overspend of £1.213m
- The WHSSC outturn position reflects the 2024-25 WHSSC IMTP agreed by Chief Executives at the Joint Committee

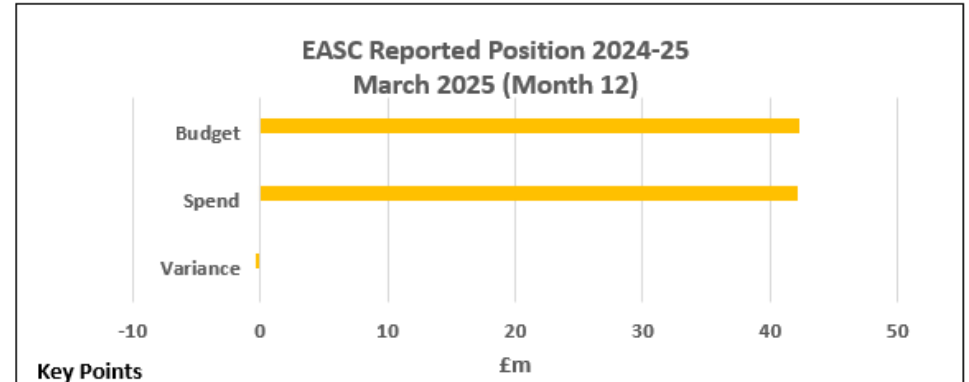
Key Issues 2024-25

Specialised Services

- Outturn position based on M11 performance and NICE drugs data
- Key areas issues driving the overspend position
  - Overperformance in C&VUHB (Specialised Cardiology, ALAS, NICE drugs) & Individual patient treatments
  - Offset by underspends on Mental Health Placements and Slippage on Developments

EASC

- Outturn position reflects the year end agreement with the Welsh Ambulance Services NHS Trust



Key Points

- The EASC reported outturn position is an underspend of £0.236m
- 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 March 2025	2024/25 Opening balance £000s	31st March 2025 £000s	Movement £000s
Fixed Assets	910,187	945,668	35,481
Other Non current assets	149,418	111,489	(37,929)
Current Assets			
Inventories	9,844	10,432	588
Trade and other receivables	136,632	167,220	30,588
Cash	4,145	4,823	678
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	150,621	182,475	31,854
Liabilities			
Trade and other payables	218,038	220,856	2,818
Provisions	221,474	207,724	(13,750)
	439,512	428,580	(10,932)
	770,714	**811,052**	**40,338**
Financed by:-			
General Fund	581,390	610,777	29,387
Revaluation Reserve	189,324	200,275	10,951
	770,714	**811,052**	**40,338**

Fixed Assets

- An increase in net additions of £63.6m in relation to new 2024/25 capital expenditure incurred.
- A reduction of £42.2m for depreciation charges. An increase of £0.8m for IFRS16 related charges.
- An increase in indexation costs of £13.587m and other revaluations of -£0.2m

Other Non-Current Assets: This relates to a decrease in Welsh Risk Pool claims due in more than one year £38.3m, an increase in intangible assets of £0.3m and an increase in ICR income due in more than one year of £0.1m since the end of 2023/24.

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

Current Assets, Trade & Other Receivables: The main movements since the end of 2023/24 relate to:

- A decrease in the value of debts outstanding on the Accounts Receivable system since 2023/24 to the end of March £0.2m
- An increase in the value of both NHS & Non-NHS accruals of £29.2m, of which £30.8m relates to an increase of Welsh Risk Pool claims due in less than one year, £0.9m relates to a decrease in NHS & Non-NHS accruals and £0.7m relates to a decrease in VAT and other debtors since the end of 2023/24
- An increase in the value of prepayments held of £1.6m.

Cash: The cash balance held at the end of March is £4.823m.

Liabilities, Trade & other Payables:

The movement since the end of 2023/24 relates to a number of issues the most significant of which are:-

- An increase in Capital accruals (£2.2m), an increase in NHS Creditor accruals (£0.9m), a decrease in the level of invoices held for payment from the year end (£3.3m), a decrease in non NHS accruals (£0.6m), an increase in Tax & Superannuation (£2.1m), an increase in other creditors (£1.1m), an increase in the liability for lease payments (£0.2m), an increase in payments on account £0.6m).

Provisions: This is due to a decrease in the provision for clinical negligence and personal injury cases of £14.5m, which is based on information provided by the Welsh Risk Pool. There has also been an increase in other provisions of £0.8m.

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: £1.9bn

Confirmed Allocations as at March 2025 (M12 2024/25)

	£'000
HCHS	1,711,685
GMS	125,069
Pharmacy	38,038
Dental	36,722
Total Confirmed Allocations - March 2025	**1,911,514**
Plus Anticipated Allocation - March 2025	-
Total Allocations - March 2025	**1,911,514**

Other Income:

The HB receives income from a number of sources other than WG, and this totalled £124.9m for 2024/25 (£114m for 2023/24). 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.

Total funding (allocations & income) for the Health Board for 2024/25 was £2.04bn (£1.88bn for 23/24).

WG anticipated allocations: £(0)m

Capital Planning & Performance

	2024/25				
	Original Plan £000	Revised Plan £000	Spend to M12 £000	Forecast Outturn £000	Variance £000
Source:					
Discretionary Capital:					
Approved Discretionary Capital Funding Allocation	10,814	11,015		11,015	0
Less EFAB Contribution	-725	-725		-725	0
Less AWCP Brokerage 23/24	-230	-1,669		-1,669	0
Plus AWCP Brokerage 24/25	0	3,235		3,235	0
Less DCP Brokerage 23/24	0	350		350	0
NBV of Assets Disposed (Including Asset transfer to PHW)	0	75		75	0
Grants / Donations	0	7		7	0
Total Approved Discretionary Funding	9,859	12,288		12,288	0
All Wales Capital Programme Funding:					
AWCP Approved Funding	42,399	53,621		53,621	0
Total Approved and Anticipated AWCP Funding	42,399	53,621		53,621	0
IFRS16 Lease Funding:					
Approved IFRS16 Lease Funding	0	4,647		4,647	0
IFRS16 CRL reduction for Lease Transfer to PHW	0	-43		-43	0
NBV of IFRS16 Leased Asset Transferred to PHW	0	43		43	0
Total Approved IFRS16 Lease funding	0	4,647		4,647	0
Total Capital Funding / Capital Resource Limit (CRL)	**52,258**	**70,556**		**70,556**	**0**
Applications:					
Discretionary Capital:					
Commitments B/f From 2023/24	284	225	204	204	-20
Statutory Allocations	1,076	1,196	1,256	1,256	60
Divisional Priorities	3,414	8,896	8,163	8,163	-733
Corporate Priorities	1,267	603	436	436	-167
Informatics National Priority & Sustainability	2,257	3,706	3,718	3,718	12
Release of DCP Provision re: Tredegar H&WBC	0	-1,727	-1,727	-1,727	0
Remaining DCP Contingency	1,562	-612	0	0	612
Total Discretionary Capital	**9,859**	**12,288**	**12,051**	**12,051**	**-237**
All Wales Capital Programme:					
Grange University Hospital (VAT Recovery)	-3,517	-6,530	-6,546	-6,546	-16
Tredegar Health & Wellbeing Centre Development	0	2,250	2,150	2,150	-100
NHH Satellite Radiotherapy Centre	15,755	14,721	14,721	14,721	0
YYF Breast Centralisation Unit	0	20	20	20	0
Newport East Health & Wellbeing Centre Development	12,754	12,226	12,350	12,350	124
RGH Endoscopy Unit	0	4	5	5	1
RGH – Block 1 and 2 Demolition and Car Park	230	8	8	8	0
EFAB Schemes	2,612	2,665	2,762	2,762	97
ED Waiting Area Funding	0	55	54	54	-1
CAMHS Sanctuary Hub	1,202	1,122	1,122	1,122	0
GUH ED Extension	10,879	8,755	8,755	8,755	0
IRCF - Abervalley H&WBC	742	192	192	192	0
IRCF - Dixton H&WBC	742	473	473	473	0
Housing with Care Fund - 2023/24 & 2024/25 Schemes	0	422	421	421	-1
Digital Year End Funding 2023/24	0	73	74	74	1
Diagnostics Funding 2023/24	0	35	37	37	2
Ty Gwent	1,000	1,172	1,172	1,172	0
End Of Year Funding 2023/24	0	49	38	38	-11
Head Lease for Chepstow Community Hospital	0	5,443	5,443	5,443	0
Diagnostic Equipment Funding 2024/25	0	381	386	386	5
Digital Priorities Investment Funding - RISP & EPMA	0	862	898	898	36
Backlog Maintenance 2024-25	0	2,214	2,214	2,214	0
End of Year Funding 2024/25	0	2,317	2,316	2,316	-1
Prior Year AWCP IT VAT provision release	0	-116	-116	-116	0
Centralised Decontamination Unit RGH	0	744	744	744	0
Diagnostic Equipment and Medical Devices Funding	0	1,910	1,910	1,910	0
Digital Equipment 2024/25	0	2,188	2,189	2,189	1
PHW Asset Transfer	0	-34	0	0	34
Total AWCP Capital	**42,399**	**53,621**	**53,792**	**53,792**	**171**
Total IFRS16 Lease Expenditure	**0**	**4,647**	**4,647**	**4,647**	**0**
Total Programme Allocation and Expenditure	**52,258**	**70,556**	**70,490**	**70,490**	**-66**
Underspend against Overall Capital Resource Limit					**-66**

Agenda Item:

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	21 May 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Ethnicity Pay Gap Report 2024
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sarah Simmonds, Executive Director Workforce and Organisational Development
SWYDDOG ADRODD: **REPORTING OFFICER:**	Jo Gubbings, Assistant Director of Workforce and Organisational Development

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

Er Sicrwydd/For Assurance

ADRODDIAD SCAA / SBAR REPORT

Sefyllfa / Situation

This paper provides the Board with the proposed Ethnicity Pay Gap Statement report ***Appendix 1*** to be voluntarily published by the Health Board as part of its anti-racist action plan. The paper and report were considered and approved at the Executive Committee meeting on 08 May 2025.

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

Cefndir / Background

The UK government in 2017 published the first report to examine the barriers people from Ethnic Minorities face in employment, named Race in the Workplace. Their report highlighted the need to first be able to measure the disadvantage some ethnic minority groups face in order to address the barriers to earning as much as their white colleagues.

In 2018, the Race Disparity Unit and CIPD led the call for the introduction of ethnicity pay gap reporting in "Our Manifesto for Work". This led to the government consultation on whether to introduce mandatory ethnicity pay gap reporting, which ran from October 2018 to January 2019.

The Women and Equalities Committee published a report calling for the Government to implement mandatory reporting of ethnicity pay by April 2023. The Government confirmed no mandatory ethnicity pay gap reporting. However, since March 2022, the Health Board has committed to report on its ethnicity pay gap as part of its anti-racist approach and our commitment to the Welsh Government's Anti-Racist Wales Action Plan.

In the absence of a mandatory framework for ethnic pay gap reporting, organisations who do take the steps to report their ethnicity pay gaps have to select their own reporting measures. For consistency purposes, we have selected arrangements akin to those used for gender pay gap reporting.

The Health Board aspires to be an employer of choice who provides a great place to work and can recruit and retain the right talent with the wide range of knowledge, skills and capabilities we need. We are committed to a diverse and inclusive culture which supports the fair treatment and reward of all colleagues, irrespective of gender, and the Health Board's pay framework is based on the principles of fairness, transparency, and consistency.

Asesiad / Assessment

Ethnicity categories recorded on ESR can fall into one of four broad categories: White, Black, Asian and Minority Ethnic, blank (not recorded) and unspecified (chose not to answer).

In calculating the mean (average) and median differences, we have used the total number of staff in post for the organisation and have chosen to focus on those who have specified their ethnicity to give the most precise view of the ethnicity pay gap in the Health Board, as people with blank or undeclared ethnicities could either be Black, Asian and Minority Ethnic or White.

The report, ***Appendix 1*** includes:

- The mean and median ethnicity pay gaps.
- The proportions of Black, Asian and Minority Ethnic and White employees in each pay quartile.

The data for the report is drawn from the national ESR Business Intelligence standard report.

The ethnicity pay gap is different to equal pay. Ethnic pay disparities are not primarily about those from a white background and other ethnic groups being paid differently for the same job. The Equality Act 2010 makes it unlawful to discriminate (both directly and indirectly) against employees (and people seeking work) because of their race. Therefore, unless there is a failure to comply with existing law, pay disparities between ethnic groups are likely to be due to other factors that impose disadvantage on people.

It is important to note that the Health Board, and indeed the NHS nationally, has job evaluation and national pay systems that set the grade for a job regardless of any protected characteristic.

Ethnicity Pay Gap 2024

In the Health Board, overall Black, Asian & Minority Ethnic staff earn £1.25 for every £1 that White staff earn when comparing the mean (average) hourly rate, and for the median hourly rate, Black, Asian & Minority Ethnic staff earn £1.13 for every £1 that White staff earn.

Agenda for Change:

Black, Asian & Minority Ethnic AfC staff earn £1.01 for every £1 that White staff earn when comparing the mean (average) hourly rate. This is an increase from the March 2023 data, from £0.97 per hour for Black, Asian & Minority Ethnic. This change is influenced by the number of internationally educated nurses that have commenced in post over this period. The majority of the nursing and midwifery staff group are concentrated in grades band 5 plus.

When looking at the median hourly rate for AfC staff, Black, Asian & Minority Ethnic staff earn £1.11 for every £1 that White staff earn.

Non – Agenda for Change:

Black, Asian & Minority Ethnic Non-AfC staff earn £0.86 for every £1 that White staff earn when comparing the mean (average) hourly rate.

When comparing median hourly pay for Non-AfC employees, in this Health Board, Black, Asian and Minority Ethnic staff earn £0.85 for every £1 that White staff earn. This has remained on par with the March 2023 data.

Benchmarking

As there is currently no mandate for Health Board's in Wales to report ethnicity pay gap, benchmarking data is not available.

Next steps

It is important to recognise that the group referred to as "Black, Asian and Minority Ethnic" is not homogeneous. We recognise the need to ensure that the pay gap data analysis considers the significant differences in pay gaps between staff from within the groups otherwise defined as Black, Asian and Minority Ethnic within this report.

In 2024, the Health Board received its Wales Race Equality Standards Report (WRES), this Ethnicity Pay Gap Report will be looked at in conjunction with that report. This report will be shared with the Health Board's Race Advisory Group for further discussion and action setting.

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Should appropriate actions to address the Health Board's ethnicity pay gap not be taken, the potential reputational risk for the Health Board is that it could be perceived as less than fully committed to fair pay, promotion and development opportunities for Black, Asian and Minority Ethnic employees.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities 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. Gender and pay - Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this.

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	CIPD – Chartered Institute of Personnel and Development ESR – Electronic Staff Record AfC - Agenda for Change
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 & Performance**	Not Applicable
• **Financial**	Not Applicable - There are no specific financial considerations associated with this report
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

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



ETHNICITY PAY GAP

The following report provides a summary of conclusions drawn from the analysis of statistics in relation to the ethnicity pay gap of 31 March 2024, together with an outline of intended aims and future positive action.



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EQUAL PAY AND ETHNICITY PAY GAP	4
ETHNICITY PROFILE	5
Breakdown of Workforce by Ethnicity	*5*
OUR ANALYSIS	5
Positioning of Black, Asian & Minority Ethnic and White AfC employees across quartile pay bands	*5*
Positioning of Black, Asian & Minority Ethnic and White Non- AfC employees across quartile pay bands	*7*
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INTRODUCTION

In 2017, the UK government published the first report to examine the barriers people from Ethnic Minorities face in employment, named "Race in the Workplace". Their report highlighted the need to first be able to measure the disadvantage some ethnic groups face to address the barriers to earning as much as their white colleagues.

A year later in 2018, the Race Disparity Unit and Chartered Institute of Personnel and Development (CIPD) led the call for the introduction of ethnicity pay gap reporting in "Our Manifesto for Work". This led to the Government consultation to introduce mandatory ethnicity pay gap reporting during 2018/2019. The Women and Equalities Committee published a report calling for the Government to implement mandatory reporting of ethnicity pay by April 2023. However, the UK Government has not mandated ethnicity pay gap reporting to date. Nevertheless, the Health Board has voluntarily reported its ethnicity pay gap as part of its anti-racist action plan since 2022.

As a Health Board, we have aligned our reporting framework with the gender pay gap but recognise the complexity of ethnicity pay reporting compared with gender pay reporting. We have chosen to replicate the measure used in gender pay gap reporting with some modifications which account for the different data sets. The gender pay gap report compares two distinct groups - male and female - whereas ethnicity recorded on Electronic Staff Record (ESR) can fall into one of four broad categories: white, Black, Asian and Minority Ethnic, blank (not recorded) and unspecified (chose not to answer).

The way that gender is recorded on ESR means that there can be no blank or unspecified records. In calculating the mean (average) and median differences, we have used the total number of staff in post for the organisation and have chosen to focus on those who have specified their ethnicity to give the most precise view of the ethnicity pay gap in the Health Board, as people with blank or undeclared ethnicities could either be Black, Asian and Minority Ethnic or White. The blank and unspecified records are included in the Health Board mean.



The ethnicity pay gap report shows the difference in the average pay between Black, Asian and Minority Ethnic staff in our workforce. Where there is a positive percentage, this means that the pay of white staff is higher than the pay of Black, Asian and Minority Ethnic employees; the higher the percentage, the greater the ethnicity pay gap.

BACKGROUND

The publication of the Agenda for Change White Paper in 1999 set out a consistent set of pay bands and job evaluations that cut across occupational groups and aimed to provide equal pay for work of equal value. An important goal of Agenda for Change (AfC) was to ensure the NHS had a pay system that addressed unwarranted differences.

Around 94% of Health Board staff are included in the AfC terms and conditions. The pay and terms of conditions of non-AfC staff, largely senior managers, and medical and dental staff, are determined through nationally negotiated contracts.

It is important to recognise that collating both AfC and non-AfC data sets can have an impact on overall data and averages. Our data tells us there is a difference in the ethnicity pay gap depending on your role. Therefore, for this report, we have analysed the data so we can see the differences between those who are on AfC contracts, and those who are not, this will help us focus our efforts where it is most needed.



EQUAL PAY AND ETHNICITY PAY GAP

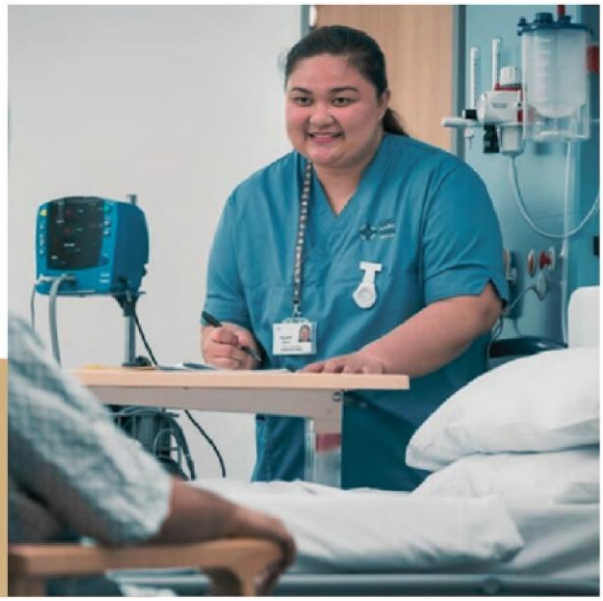
The ethnicity pay gap is different from equal pay. Ethnic pay disparities are not primarily about those from a white background and other ethnic groups being paid differently for the same job. The Equality Act 2010 make it unlawful to discriminate (both directly and indirectly) against employees (and people

seeking work) because of their race. Therefore, unless there is a failure to comply with existing law, pay disparities between ethnic groups are likely to be due to other factors that impose disadvantage on people from ethnic minorities.

This report aligns the ethnicity pay reporting methodology with gender pay reporting but recognises the differences. All calculations relate to the pay period in which the snapshot day of 31 March 2024 falls. Health Board staff report their ethnicity voluntarily. Ethnicity was not known for 12.9% of AfC staff assignments and 29.3% of non-AfC staff assignments.

ETHNICITY PROFILE

Breakdown of Workforce by Ethnicity



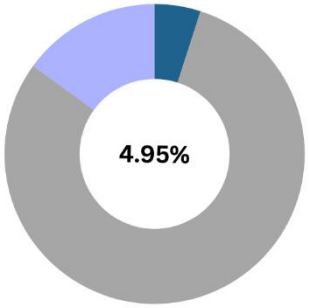
On the 31 March 2024, Aneurin Bevan University Health Board employed 15,353 members of staff, equating to 13,035.98 FTE. **Table 1** below shows the proportions of the relevant workforce from a Black, Asian and Minority Ethnic background and a white background, as well as those who had not completed their ethnicity on Electronic Staff Record (ESR) ("Blank") and those who had indicated they did not wish to disclose their ethnicity ("Not Stated").

	People (heads)	People (%)
Black, Asian & Minority Ethnic	1,415	9.22%
White	11,703	76.22%
Blank / Not stated	2,235	14.56%
Grand Total	**15,353**	**100%**

OUR ANALYSIS

Positioning of Black, Asian & Minority Ethnic and White AfC employees across quartile pay bands

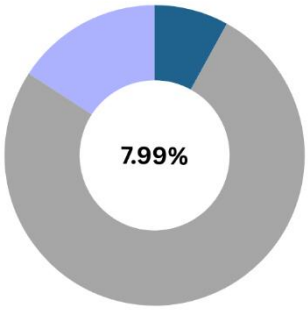
The quartile data ranks our employees from highest to lowest paid, this is divided into four equal parts or quartiles and then works out the percentage of Black, Asian and Minority Ethnic and White staff in each.



Quartile 1: Lower Quartile (Lowest Paid)

4.95% Black, Asian & Minority Ethnic; 79.97% White; 15.08% Not Stated

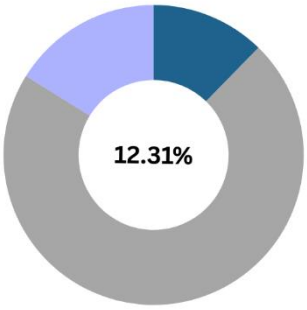




Quartile 2: Lower Middle Quartile

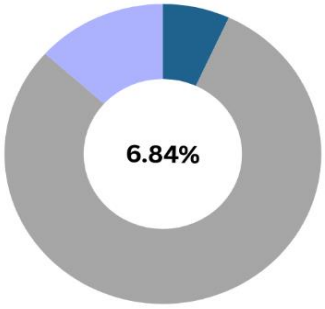
7.99% Black, Asian & Minority Ethnic; 76.19% White; 15.82% Not Stated





Quartile 3: Upper Middle Quartile

12.31% Black, Asian & Minority Ethnic; 71.51% White; 16.18% Not Stated

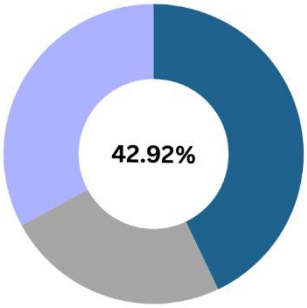


Quartile 4: Upper Quartile (Highest Paid)

6.84% Black, Asian & Minority Ethnic; 79.83% White; 13.33% Not Stated

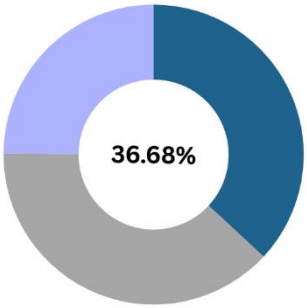
Positioning of Black, Asian & Minority Ethnic and White Non- AfC employees across quartile pay bands

The quartile data ranks our non-AfC employees from highest to lowest paid, this is divided into four equal parts or quartiles and then works out the percentage of Black, Asian and Minority Ethnic and White staff in each.



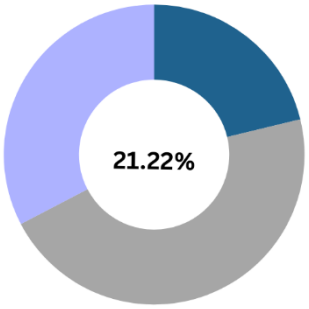
Quartile 1: Lower Quartile (Lowest Paid)

42.92% Black, Asian & Minority Ethnic; 24.17% White; 32.91% Not Stated



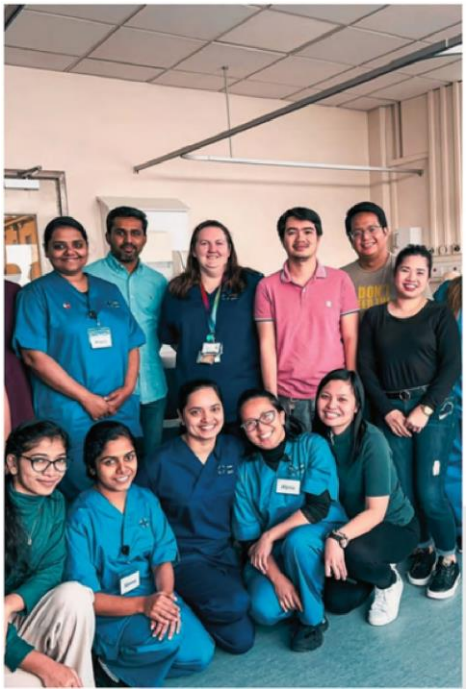
Quartile 2: Lower Middle Quartile

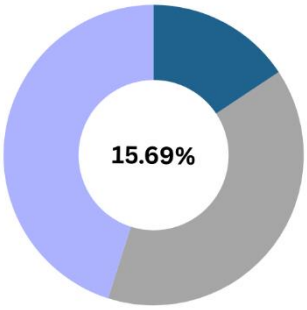
36.68% Black, Asian & Minority Ethnic; 38.61% White; 24.71% Not Stated



Quartile 3: Upper Middle Quartile

21.22% Black, Asian & Minority Ethnic; 46.12%; White 32.66%; Not Stated





Quartile 4: Upper Quartile (Highest Paid)

15.69% Black, Asian & Minority Ethnic; 39.22% White; 45.09% Not Stated

AfC Mean and Median Hourly Rates

The mean ethnicity pay gap is defined as the difference between the mean hourly rate of pay of all white full-pay relevant employees and the mean hourly rate of relevant employees from a Black, Asian and Minority Ethnic background.

The median ethnicity pay gap is defined as the difference between the median hourly rate pay of all white full-pay relevant employees and that of full-pay relevant employees from a Black, Asian and Minority Ethnic background.

Table 2 below outlines our mean and median ethnicity pay gap in hourly pay between our Black, Asian & Minority Ethnic and White AfC workforce, the mean hourly pay gap is -0.55% and the median hourly pay gap is -10.55%.

	Mean Hourly Rate	Median Hourly Rate
Black, Asian & Minority Ethnic	£18.06	£17.64
White	£17.96	£15.95
Difference	£0.10	£1.69
Pay Gap %	-0.55%	-10.55%

In Aneurin Bevan University Health Board, Black, Asian & Minority Ethnic staff earn £1.01p for every £1 that White staff earn when comparing the mean (average) hourly rate.

Black, Asian & Minority Ethnic staff earn £1.11p for every £1 that White staff earn when comparing the median hourly rate.

Non-AfC Mean and Median Hourly Rates

Table 3 below outlines the Health Board's mean and median ethnicity pay gap in hourly pay between our Black, Asian and Minority Ethnic and White non-AfC workforce, the mean hourly pay gap is 13.92% and the median hourly pay gap is 14.74%.

	Mean Hourly Rate	Median Hourly Rate
Black, Asian & Minority Ethnic	£47.52	£48.68
White	£55.20	£57.10
Difference	£7.68	£8.42
Pay Gap %	13.91%	14.75%

When comparing median hourly pay for non-AfC employees, in this Health Board, Black, Asian and Minority Ethnic staff earn £0.86 for every £1 that White staff earn.

CONCLUSIONS & NEXT STEPS

Currently, there is a legal requirement for organisations employing over 250 people to routinely report gender pay gaps but no requirement for ethnicity pay gaps. This is the third voluntary Ethnicity Pay Gap Statement published by Aneurin Bevan University Health Board, demonstrating our active commitment to better understand recruitment, staff development and retention in relation to the experiences of our ethnic minority staff.

As of March 2024, the mean hourly pay gap was -0.55% between our Black, Asian & Minority Ethnic and White AfC workforce and the median hourly pay gap was -10.55%.

Black, Asian & Minority Ethnic AfC staff earn £1.01p for every £1 that White staff earn when comparing the mean (average) hourly rate. This is an increase from the March 2023 data, from £0.90 per hour for Black, Asian & Minority Ethnic. This change is influenced by the number of internationally educated nurses that have commenced in post over this period.

Black, Asian & Minority Ethnic staff earn £1.11p for every £1 that White staff earn when comparing the median hourly rate. This has increased since our previous report where the median rates were equal.

For the Medical and Dental workforce, when comparing median hourly pay for non-Agenda for Change employees, in this Health Board, Black, Asian and Minority Ethnic staff earn £0.86 for every £1 that White staff earn. This has remained on par with our previous report.

There are several aspects to note about the distribution of ethnicity within the pay bands. There is no significant variation in the proportion of people who chose not to declare their ethnicity throughout the quartiles for staff who are paid under the terms and conditions of AfC. The highest proportion of people with no ethnicity completed is within the upper quartile of the non-AfC staff group, suggesting the records of those paid the most are more likely to be incomplete.

In June 2024, the Health Board received its Wales Race Equality Standards (WRES) Report. The report detailed the workforce race equality data for ABUHB, focusing on representation, development, disciplinary equality, and institutional culture. The report outlined its key both positive findings and areas for further improvement across the health board. The key findings included:

Key Finding (areas for improvement):

1. Absence of Ethnic Minority Board Membership
2. Progression to Senior Grades
3. Ethnicity Declaration Rates

4. Likelihood of Appointment and Capability Processes
5. Experience of Discrimination and Harassment

Positive Findings:

1. Equal Access to Non-Mandatory Training and Continuing Professional Development
2. Parity in Shortlisting to Interview Process
3. Structured Support for Reapplication
4. Inclusive Training Programs
5. Commitment to Long-Term Improvement

Following the receipt of the Health Board's WRES report and further discussion at the Race Advisory Group meeting in September 2024, a deeper analysis was conducted on our workforce demographic data. The analysis looked at the demographic population basis on ethnicity and religion for England and Wales, Wales, Gwent, and the Health Board's workforce. The idea of the analysis was to consider if our workforce population is representative of our local, regional, and national population, and then to consider further actions for improvement.

Population	White	Black, Asian and Minority Ethnic
England & Wales	81.7%	18.3%
Wales	93.8%	6.3%
Gwent	94.2%	5.9%
Aneurin Bevan University Health Board*	76.4%	10.4%

**13.2% not disclosed in the Health Board*

The highest proportion of Black, Asian and Minority Ethnic staff are in the Agenda for Change pay bands up to band 6 and Medical and Dental staff groupings. We know that the Health Board's largest staff group is Nursing and Midwifery, which amounts to just under 30% of our workforce and Nurses make up the majority of the AfC clinical workforce at the Health Board. The Health Board employs approximately 500 Internationally Educated Nurses, with the majority from the Philippines and India. Entry-level is Band 5, which may partly explain why we have a larger proportion of Black, Asian and Minority Ethnic staff in Band 5 roles.

It is also important to note that this gap is a combined estimate for all ethnic minorities - comparing White staff with specific ethnic groups would reveal a more nuanced picture (there are 47 ethnic groups specified within the ESR data set).

In line with the recommendations made in last year's report, we have:

- Expanded the Health Board's Cultural Competence Scheme with Diverse Cymru to more teams following the achievement of our Patient Experience Team and Midwifery department.
- Implemented the reverse mentorship pilot in July 2024 and undertake formal evaluation. The Programme is aimed at raising awareness of the barriers faced by Black, Asian and Minority Ethnic staff.
- Continued to support our International Medical Graduates (IMGs) with personalised guidance that facilitates the transition of new IMGs into their roles through our IMG Induction Programme; and
- Continued to improve attendance at our staff diversity networks.

We aim to continue to reduce our ethnicity pay gap year on year, to create greater equality in our pay frameworks. To effectively reduce the pay gaps a holistic approach is needed to attraction, recruitment, development, and retention initiatives.

The proportion of employees identified as 'Blank/Not Stated' ethnicity equates to 12.9% (AfC) and 29.3% (non-AfC) which is a slight improvement on the previous report, we continue to encourage staff to improve staff ethnicity disclosure rates by encouraging staff to speak about their lived experiences to their managers and identify and record their ethnicity on ESR.

We will work to increase access to leadership and development opportunities. We need to ensure our staff at lower bands have the confidence and skills and are supported to apply for posts at band 8A and above. Positive action plans are being considered as part of the Health Board’s updated Strategic Equality Plan for 2024 - 2028, as well as our new Talent and Succession Framework.

We have updated our local Equality, Diversity, and Inclusion Induction Training to focus on targeted training that embeds our values and behaviours framework. This framework outlines the qualities we aim to cultivate and guides participants on how to be inclusive leaders and colleagues. The training covers various topics, including the meaning of inclusive leadership, traits of effective leaders, cultural competency, conscious and unconscious bias, and trauma-informed practices. This training is currently being implemented across the Health Board, with attendees developing action plans based on what they have learned. We will revisit the training in 9 to 12 months to assess its impact on those who have participated.

Finally, we have recently updated our Recruitment and Retention Policy which includes embedded Equality, Diversity and Inclusion measures as well as updated our Equality, Diversity, and Inclusion Policy for the Health Board.

GET IN TOUCH

Website

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	21 May 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Gender Pay Gap Report March 2024
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sarah Simmonds, Executive Director Workforce and Organisational Development
SWYDDOG ADRODD: **REPORTING OFFICER:**	Jo Gubbings, Assistant Director of Workforce and Organisational Development

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper provides the Board with the proposed Gender Pay Gap Statement to be published by the Health Board as part of our statutory obligations.

The Board is asked to receive assurance that the Health Board is compliant with its legal duty to publish its Gender Pay Gap annually in compliance with Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 and is asked to approve the publication of this report as the Health Board's organisations detailed Gender Pay Gap Report, ***Appendix 1***.

Cefndir / Background

Under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, the Health Board, along with all public bodies with more than 250 employees, is required to publish gender pay gap information by 30 March each year.

The Health Board's pay gap data as of March 2024 was uploaded to the Gender Pay Gap government website portal in line with the statutory deadline of 31 March 2025.

Producing a narrative report is not a requirement, however, is good practice that we have followed over recent years.

The gender pay gap shows the difference in average pay between all men and women in an organisation. It is different to equal pay, which examines the pay differences between men and women who carry out the same or similar jobs, or

work of equal value. It is unlawful to pay people unequally because they of their gender.

The Health Board aspires to be an employer of choice who provides a great place to work and can recruit and retain the right talent with the wide range of knowledge, skills and capabilities we need. We are committed to a diverse and inclusive culture which supports the fair treatment and reward of all colleagues, irrespective of gender, and our pay framework is based on the principles of fairness, transparency, and consistency.

Asesiad / Assessment

The Health Board has a statutory duty to publish our organisation's Gender Pay Gap data annually. This paper provides a formal report to the Board of the Health Board's Gender Pay Gap at March 2024.

The report includes information about the:

- Mean and median gaps in hourly and bonus pay.
- Proportion of men and women who received bonuses.
- Proportion of male and female employees in each pay quartile.

The data is based on a snapshot of all employees as of 31 March 2024. The calculations used are those set out in the relevant legislation to ensure the data is calculated consistently across organisations.

The report fulfils the Health Board's reporting requirements and also explains what we are doing as an organisation to address the gender pay gap. The Health Board is committed to addressing its gender pay gap and are taking a wide range of actions to continue to reduce this.

It is important to note that the Health Board, and indeed the NHS nationally, has job evaluation and national pay systems that set the grade for a job regardless of gender. Anyone in that job would receive the grade and pay attached to it regardless of gender.

The Gender Pay Gap work is an opportunity to look at societal and organisational factors or characteristics that may impact pay parity e.g., education, working time, occupational segregation, skills and experience. The initial data is a starting point, and the action plan provides for early actions around further data analysis to better understand the specific issues found in this Health Board and put in place actions to address them.

The data for the report is drawn from the national Electronic Staff Record (ESR) Business Intelligence standard report.

For the purposes of these calculations, pay includes basic pay, full paid leave, including annual, sick, maternity, paternity, adoption or parental leave, bonus pay, area and other allowances, shift premium pay, pay for piecework. Pay does not include overtime pay, expenses (payments made to reimburse expenditure wholly and necessarily incurred in the course of employment, e.g., mileage for use

of vehicle), remuneration in lieu of leave, the value of salary sacrifice schemes, benefits in kind (e.g., child-care vouchers), redundancy pay and tax credits.

Gender Pay Gap 2024

When comparing median hourly pay for Agenda for Change (AfC) employees, in the Health Board, women earn £0.90 for every £1 that men earned.

Overall, women's mean (average) hourly pay was 24.7% lower than men and the median hourly rate, women's hourly pay was 9.68% lower than men.

Women made up 71.8% of employees in the highest paid quartile and 83.4% of employees in the lowest paid quartile.

It is important to highlight that within our organisation, the gender pay gap data includes all AfC bands and Medical and Dental pay scales which reflect a very wide variety of roles.

For the submission of March 2024 data, we have a new dashboard created within the reporting tools on ESR for Gender Pay Gap information. This is the first year that AfC and Medical and Dental information has been combined in the ESR report where as previously it was looked at separately. The reason for this is because the Government Portal requires the data to be combined as one submission.

In comparison to March 2023 figures reported in March 2024, the Health Board has seen a slight improvement. A decrease has been observed in the Pay Gap percentage for mean hourly rates from 25.37% in March 2023 to 24.7% in March 2024 which is a move in the right direction. The median hourly rate remains comparable at 9.56% in March 2023 and 9.68% in March 2024.

For our AfC workforce, women's mean hourly rate of pay was 3.04% lower than men, and the median hourly rate of pay was -0.74% compared to men, highlighting that the median rate of pay was more positive for women.

For our Medical and Dental workforce, women's mean hourly rate of pay was 3.27% lower than men, and the median hourly rate of pay was 2.45% lower than for men.

The UK median hourly rate for all industries is approximately 14.3%, which demonstrates that we are in an improved position compared to other sectors.

Benchmarking

Benchmarking data is available from the Government Gender Pay Gap web site and when comparing other local Health Boards in South Wales, each Health Board shows a relatively similar position.

Next steps

In our previous update we outlined that we would work with Cardiff University to further understand the reasons for the gaps in our gender pay. Due to changes within the team and operational constraints in both organisations, , this did not take

place. We will explore other avenues to undertake this work within the 2025/26 year.

The current Equality, Diversity and Inclusion programme of work will also be reviewed in light of this report to ensure that the recommendations consider the analysis.

We also have dedicated work programmes such as our Talent and Succession Framework and Flexible Working Steering group. The results of the Gender Pay Report will feed into both those workstreams.

Argymhelliad / Recommendation

The Board is asked to receive assurance that the Health Board is compliant with its legal duty to publish its Gender Pay Gap annually in compliance with Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 and is also asked to approve this report for onward consideration at Board.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Should appropriate actions to address our gender pay gap not be taken, the potential reputational risk for the Health Board is that it could be perceived as less than fully committed to fair pay, promotion and development opportunities for women.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities 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	Gender and pay - Develop a fuller understanding of the reasons for any differences and take the necessary action to address this Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers This paper is relevant to compliance with the Equality Act 2010 including s.149 of the Act, the Public Sector Equality Duty and supports the specific requirement in the Equality Act 2010 (Specific Duties and Public Authorities)

	Regulations 2017 to publish our pay gap data annually.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	AfC – Agenda for Change ESR – Electronic Staff Register
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 & Performance**	Not Applicable
• **Financial**	There are no specific financial considerations associated with this report
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

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



GENDER PAY GAP

The following report provides a summary of conclusions drawn from the analysis of statistics in relation to the gender pay gap as of 31 March 2024, together with an outline of intended aims and future positive action.



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SUMMARY

The Health Board's workforce is predominantly female, similar to most NHS organisations. National pay scales, role profiles and policies are in place to support equity and fairness. Through analysis of pay and staff data for March 2024 we have identified an improving position in our gender pay gap.

INTRODUCTION

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 (the "Regulations") set out public sector gender pay gap reporting duties, which form part of the public sector equality duty.

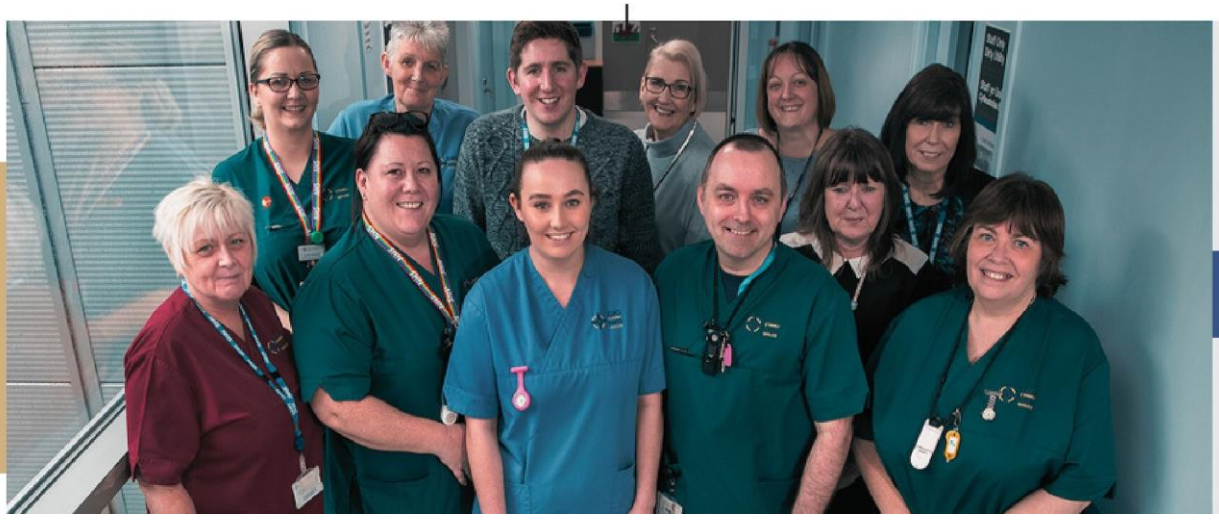
The Regulations set out the requirements for organisations with more than 250 employees to calculate and publish their gender pay gap information on an annual basis.

Transparency in pay gap reporting is designed to help organisations better understand the issues that give rise to and sustain gaps in pay between men and women, and to encourage organisations to take steps to tackle them.

BACKGROUND

The publication of the Agenda for Change White Paper in 1999 set out a consistent set of pay bands and job evaluations that cut across occupational groups to support equal pay for work of equal value. An important goal of Agenda for Change (AfC) was to ensure the NHS had a pay system that addressed unwarranted differences in the pay of men and women in the NHS.

Health Board staff, with the exception of medical and dental staff, executives and very senior managers are paid on in line with AfC terms and conditions. For this report, all of these staff groups are combined into the overarching figures, which is the requirement for Gender Pay Reporting.



USEFUL DEFINITIONS

Equal Pay and Gender Pay Gap

The NHS Terms and Conditions of Service ensure that pay within the NHS is consistent with the requirements of equal pay law.

It is important to appreciate that the gender pay gap and equal pay are two distinct concepts:

- Equal pay is concerned with men and women earning equal pay for the same, or similar, work.
- The gender pay gap is about the difference between men's and women's average pay within an organisation.

Mean and Median Gender Pay Gap

Calculating the mean gender pay gap involves adding the hourly rates for all male full-time employees and separately for all female full-time employees and dividing these totals by the number of male or female full-time employees in each group. The employer then needs to subtract the standard female hourly rate from the standard male hourly rate, divide the total by the standard male hourly rate, and multiply the figure by 100. This will give a percentage difference in pay. A positive percentage means women are paid a lower average hourly rate.

To calculate the median, the hourly rates need to be ranked from lowest to highest in two groups: one male and one female. The median is the midpoint in each ranked list. Again, a percentage calculation is conducted. The employer needs to subtract the median female hourly rate from the median male hourly rate, divide by the median male rate and multiply by 100.

The median figure can be seen as the most representative of the average male and female employee but pay distribution and increases amongst staff are rarely even and so the median figure does not account for a concentration of high earners. The mean can be seen as more accurately reflecting the gender pay gap where there are more men in high paying senior positions.

Gender Identity

It is important to note that sex and gender are terms that are often used interchangeably but they are in fact two different concepts. The World Health Organisation describes sex as characteristics that are biologically defined and identified at birth, whereas gender is based on socially constructed features and is a personal, internal perception of oneself. We recognise that an individual can identify as more than male or female. The Gender Pay Gap mandates the use of male and female as comparators and therefore may not be

representative of everyone at Aneurin Bevan University Health Board.

GENDER PROFILE



Our workforce is predominately female, which is reflective of most NHS Health Boards in Wales

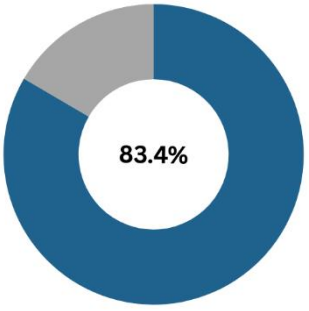
On the 31 March 2024, Aneurin Bevan University Health Board employed 12,497 (10,380.29 FTE) women and 2,856 (2,655.69 FTE) men. Therefore, 81.4% of the workforce was female, total headcount is 15,353.

OUR ANALYSIS

Positioning of male and female employees across quartile pay bands

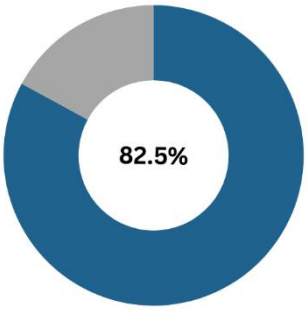
Organisations are required to publish details of the positioning of male and female employees according to quartile pay bands.

The hourly pay rate for each employee has been established, and all employees (male and female together) are ranked from lowest to highest paid and then divided into four pay bands. The gender split in each quartile is then calculated as a percentage.



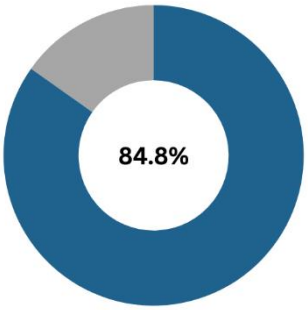
Quartile 1: Lower Quartile (Lowest Paid)

83.4% Female
16.6% Male



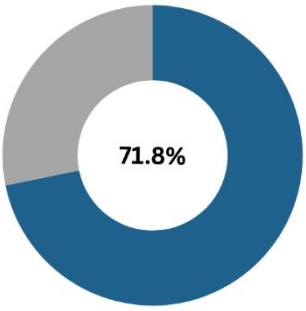
Quartile 2: Lower Middle Quartile

82.5% Female
17.5% Male



Quartile 3: Upper Middle Quartile

84.8% Female
15.2% Male



Quartile 4: Upper Quartile (Highest Paid)

71.8% Female
28.2% Male



Mean and Median Hourly Rates

Table 1 below outlines our mean and median gender pay gap in hourly pay between our female and male workforce, the mean hourly pay gap is 24.7% and the median hourly pay gap is 9.68%.

	Mean Hourly Rate	Median Hourly Rate
Male	£25.42	£18.37
Female	£19.14	£16.59
Difference	£6.28	£1.78
Pay Gap %	24.7%	9.69%

When comparing median hourly pay for all employees, in this Health Board, women earn £0.90 for every £1 that men earn.

The mean and median pay gap numbers highlighted in this year's report are for all staff and are not split into AfC and Medical and Dental. The reason for this

is, the new ESR Dashboard Report is now run in a revised way, and when submitted on to the government portal the figures must be combined.

CONCLUSIONS

The gender pay gap within the Health Board is showing a mean pay difference in favour of males by 24.7% and a median in favour of males of 9.68% difference. As previously mentioned, these figures represent both AfC and Medical and Dental Staff. In comparison to the March 2023 figures there has been a slight improvement.

The Health Board has seen a decrease in the Pay Gap percentage for average hourly rates from 25.37% in March 2023 to 24.7% in March 2024 which is a move in the right direction. The average hourly rate remains more comparable at 9.56% in March 2023 and 9.68% in March 2024. However, the gap between men's and women's pay remains notable, particularly in an organisation where women are employed in significantly greater proportions than men in almost all staff groups, with the exception of Medical and Dental.

It is important to note that NHS terms and conditions determine the pay structure for those on AfC contracts. The Job Evaluation system matches job roles to nationally agreed profiles and pay bands. Pay increases in each band are determined by the length of service, and pay rises occur when an individual reaches a "pay step". When the top of the pay band is reached, there are no further rises in that pay band.

When looking at the make-up of our workforce within the Health Board, it is worth noting that the largest staff group is Nursing and Midwifery, which makes up just under 30% of our workforce. This staff group represents the majority of the AfC clinical workforce at the Health Board with 92% being female. When considering that entry-level is Band 5, this may account for why we have a larger proportion of females in Band 5 and 6 positions. Indeed, historically, we have seen more females than males in this profession, although this is changing.

Medical and Dental staff are paid in accordance with the pay rates associated with their grade, as set out in the Medical and Dental Terms and Conditions developed in partnership with the British Medical Association (BMA). In this area males have historically made up the greatest proportion of the workforce, gradually this is also changing, with our current workforce profile showing 53.3% are male.

One explanation which is often given for the gender pay gap is that women, generally, work fewer hours. Indeed, this is the case within the Health Board, with 51.74% of females in working part time hours, in comparison to only 24.16% of men.

Due to societal factors, females have traditionally taken career breaks or been

carers and this has led to more female staff working less than full-time to balance family life and caring arrangements. The cost of childcare has been identified as a particular problem that affects women's participation in the labour market. A 2017 report from Working Families found that childcare costs account for a significant proportion of family expenditure and that the high cost of childcare has a great influence on whether parents, particularly mothers, choose to either give up work or reduce their working hours. Moreover, generally, women are more likely than men to be carers.

A survey conducted by Carers UK in 2022 found that 80% of carers are female. For many women, these factors have resulted in barriers to progression for women, resulting in fewer women progressing into the higher quartile pay bands, contributing to a gender pay gap.

Furthermore, the *March 2025 ONS UK Labour Force Survey* continues to highlight that men tend to work part-time at the beginning and end of their working lives, whereas women do so in their middle years, it also recommended that the sample is further split into age groups according to their contract types and explore the relationship between salary and age.

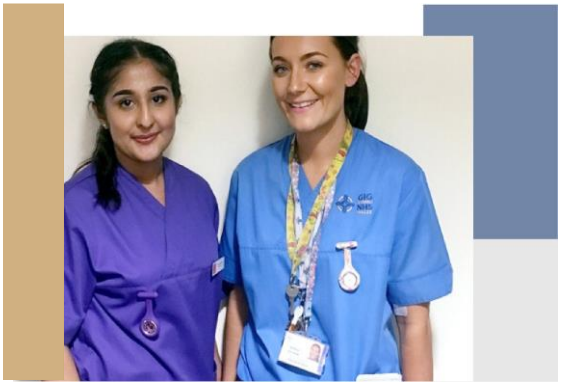
NEXT STEPS

Over the last 12 months we have continued to develop our Women's Network with the aim to support and development of female staff. We recognise that the network holds the potential not only to support coproduction in the reduction of gender inequality, which will impact the pay gap, but will also build up stronger peer-to-peer support and confidence amongst staff. It also provides a safe place for women to talk about the issues that mean most to them at work such as how to navigate work-life balance, flexible working, women's health, and career opportunities.

Our internal Flexible Working Group is continuously looking how to improve our offer of Flexible Working practices across the Health Board. Requests for flexible working are now processed via ESR, this allows for better data and reporting of the take up of flexible working. Through this working group we are also piloting team-based rostering within two ward areas which is progressing positively, and our HR team are rolling our flexible working training across the Health Board.

In 2024, we rolled out our new Talent and Succession Framework which is focused on how we deliberately attract and develop our workforce, by providing great experience of work, enabling everyone to contribute in a meaningful way so people, *Stay, Learn and Grow* within the organisation. As part of this work, we are rolling our Talent and Succession Planning workshops across the Health Board. The one-day interactive workshop is aimed and designed for all team leaders, managers, and supervisors, providing access to a rich suite of tools and techniques to facilitate meaningful career conversations and robust succession. The Gender Pay Gap Report will

continue to inform the work in that area to promote career development and opportunities and to create a platform of equality of access.



Finally, we know that the gender pay gap is about more than just gender. When we analyse our data, we need to consider the diversity of our workforce. The gender pay gap can also be impacted by protected characteristics and wider intersectionality. As we progress our work to better understand our gender pay gap, we will apply an intersectional lens to our gender pay gap analysis.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	21 May 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**Strategic Risk Report, May 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 2022/25 Integrated Medium-Term Plan (IMTP) and provides assurance that these risks are being managed effectively.

Cefndir / Background

At its meeting on 26 March 2025, the Board approved the 2024/25 closing position of the Strategic Risk Register (SRR). The SRR contains **nine** overarching strategic risks and **21** sub-risks, as detailed in Table 1.

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.

Reduction in Risk score

SRR 001G: Failure to deliver a sustainable financial position and longer-term financial plan

Since the Board's last meeting, the Director of Finance & Procurement has reviewed the strategic risk outlined above. In recognition of the improved year-end financial forecast and a stronger financial footing entering the 2025/26 financial year, the likelihood of the risk materialising has been revised from 'Almost Certain' (5) to 'Likely' (4), reducing the overall risk score from 20 to 16. While the risk remains categorised as 'Extreme,' it now falls within the Health Board's threshold and appetite for financial risk, which is set at 17 and below.

At the end of the 2024/25 financial year, the Health Board is reporting a year-end deficit of £7.2m (subject to audit). This marked improvement in the financial position follows the Welsh Government's allocation of £40.5m in additional funding, confirmed in a letter dated 02 December 2024. This includes £9.5m in recurrent funding to address operational pressures and £31m in recurrent funding, conditional upon meeting specific performance objectives.

The Director of Finance and Procurement and the wider Executive Team fully recognise that the IMTP 2025–28 and the associated annual plan continue to carry a significant level of financial risk. However, the implementation of strengthened preventative and detective controls as well as enhanced assurance mechanisms, has enabled the Executive Team to take a more proactive approach in safeguarding the Health Board's financial position, while also responding more effectively to instances of poor financial management.

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/ Frequency	**Consequence/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

The table below highlights **five** key strategic risks within the compliance and safety theme, all of which currently exceed the Board's stated appetite.

The Board has articulated a minimal risk appetite in relation to compliance and safety, reflecting its commitment to meeting statutory obligations and ensuring the safety of patients, staff, and visitors. Under this appetite, risks with a residual score above the defined threshold of 8 are expected to be actively managed, reduced, or eliminated where feasible. As such, they require targeted action and close oversight.

Risk ID	Sub Risk Description	Current Score	The Board should:
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	**12**	**TREAT** the risk by developing, standardising, and testing

	respond to a Business Continuity or Critical Incident		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.

In line with best practice, ongoing discussions with executive leads and responsible officers continue to focus on identifying additional mitigation measures to reduce the likelihood or impact of these risks.

Furthermore, the revised approach to risk reporting to Committees remains in place to enhance focused scrutiny. At each Committee meeting, reports now highlight one to two priority risks, selected based on their exposure relative to the Board's agreed risk thresholds. This targeted approach enables Committees to conduct more in-depth reviews of high-exposure risks, providing stronger assurance on the management and mitigation measures in place as well as supports more robust oversight and better-informed decision-making.

Annual Review of the Risk Management Framework

At its meeting on 22 April 2025, the Audit Risk and Assurance Committee approved minor changes to the Risk Management Framework on behalf of the Board.

In accordance with statutory requirements, the Risk Management Framework is reviewed annually to ensure continued effectiveness and alignment with current regulations and best practices. This regular evaluation is essential for maintaining a proactive approach to identifying, assessing, and mitigating risks within the healthcare environment.

The latest review confirms that the Risk Management Framework remains robust, with no significant material changes required. However, several updates have been implemented to enhance its applicability and efficiency.

Key Updates:

- **Improved Risk Assessment Templates**: Refinements have been made to the templates used for risk assessment to facilitate more comprehensive and standardised evaluations.

  These improvements aim to enhance usability and effectiveness for staff conducting risk assessments.

- **Inclusion of Thematic Risk Registers**: Thematic Risk Registers have been added to the Risk Management Framework to enhance risk identification, analysis, and mitigation. By categorising risks under specific themes, detailed analyses can be undertaken, targeted mitigation strategies developed, and proactive management of emerging risks ensured.

This structured approach will improve the clarity and effectiveness of risk reporting, ensuring risks are escalated to the appropriate level for management.

- **Management of Risks at the Originating Level**: Risks that can be effectively managed within their originating area, regardless of their risk score, should not be unnecessarily escalated to a higher-level risk register.

  This ensures that risk management remains proportionate, with only those risks requiring senior oversight being escalated.

- **Guidance on Moving Project Risks to the Organisational Risk Register**: Greater detail has been included on when risks related to projects should be escalated to an organisational risk register.

  This ensures that project-specific risks are appropriately managed within the project governance structure, with only those that have broader service, departmental, or organisational implications being escalated.

- **Inclusion of Malicious and Non-Malicious Intent**: Insights from external training sessions have led to the inclusion of considerations related to the intent behind risks, distinguishing between malicious and non-malicious origins.

  Recognising intent is essential for tailoring appropriate mitigation strategies and responses.

These updates reflect an ongoing commitment to strengthening risk management practices. Regular reviews and refinements ensure the framework remains resilient and responsive to an evolving healthcare landscape.

Argymhelliad / Recommendation

The Board is requested to:

- **APPROVE** the reduction in score for Strategic Risk SRR 001G;
- **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 Audit, Risk and Assurance Committee's **APPROVAL** of the annual review and update of the Risk Management Framework.

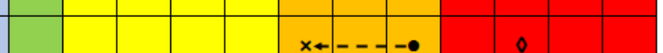
Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The Strategic Risk Report is informed by Datix, ensuring a bottom-up approach to risk escalation.

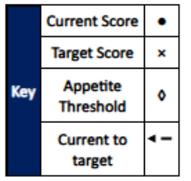
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Strategic Risk Register assesses risk that could impact achievement of 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.

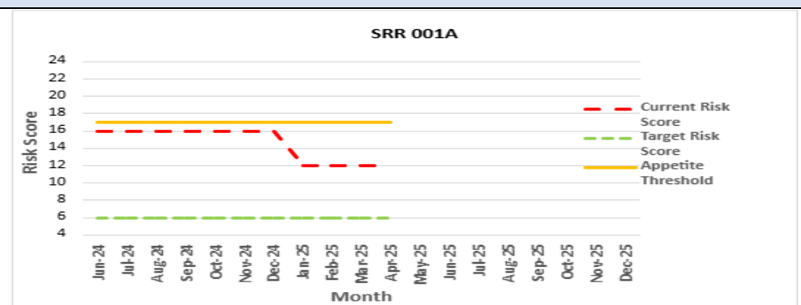
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service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



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 2024	**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. • 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	**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. • 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.

- 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.
- 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.
- 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

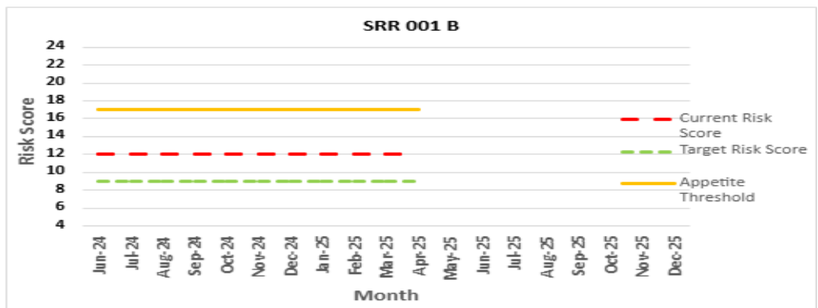
- HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce, including Primary Care Academy
- Workforce planning training prospectus of local and online training launched September 2024
- Development opportunity being scoped for Business 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.

• 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)* *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 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 2024	**Risk rating**	**= 12** ***(High)***	**= 9** ***(High)***	
Next Review (Quarterly based on risk score)	01 July 2025				

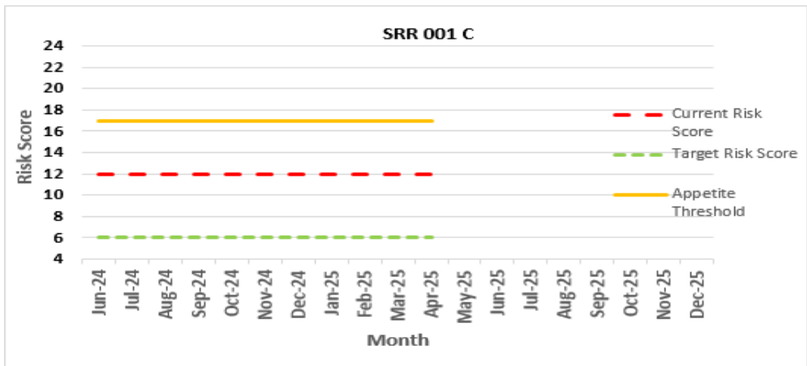


Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, 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**

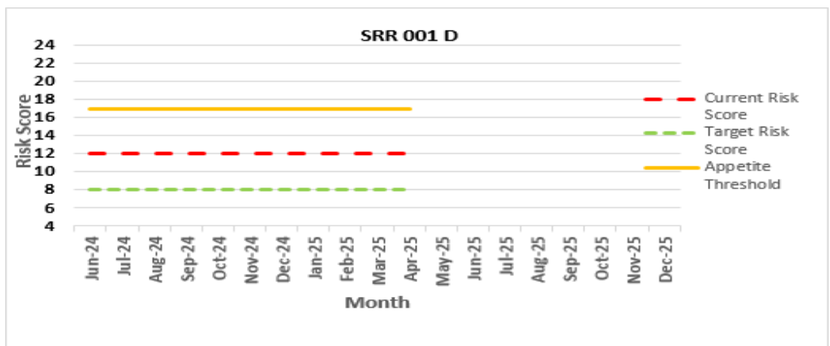
RISK THEME	**PEOPLE**				
LINK TO IMTP	**SECTION 4: ENABLER – WORKFORCE AND CULTURE**				
Strategic - SRR 001 C	**There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**			**Publication Status**	**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 2024	**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 2024	**Risk rating**	**= 12** ***(High)***	**= 8** ***(Moderate)***	
Next Review (Quarterly based on risk score)	01 July 2025				

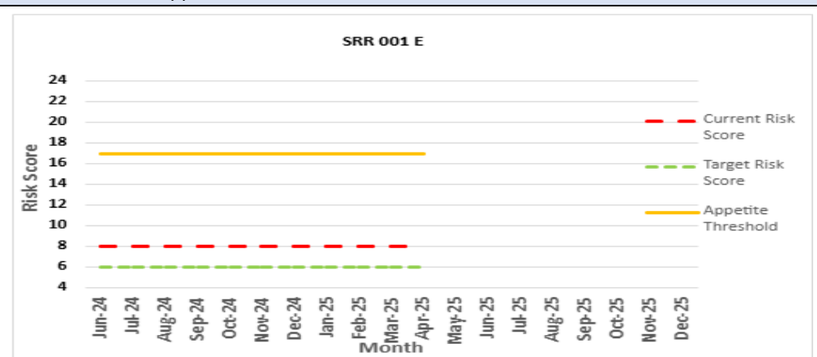


Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, 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 November 2024	**Risk rating**	***= 8 (Moderate)***	***= 6 (Moderate)***	
Next Review (Six monthly based on risk score)	01 May 2025				

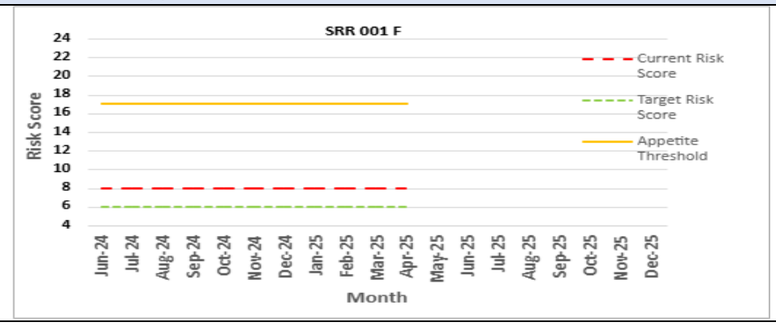


Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, Medium, and Long-Term Plans need to be included)*
• 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 • 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** • Internal Audit Partnership Arrangements – **Limited Assurance**	• Outcome of the Internal Audit Partnership Arrangements 2024/25 Plan – **LIMITED**	• Implementation of the recommendations of the Partnership Arrangements Audit

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**

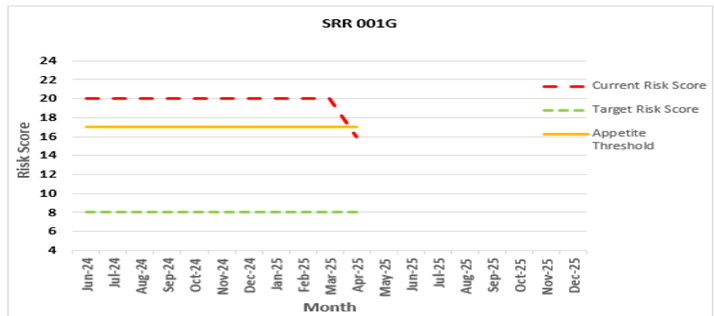
RISK THEME	SERVICE DELIVERY				
LINK TO IMTP	SECTION 3: SYSTEM CHANGE				
Strategic Risk **SRR 001 F**	**There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**			**Publication Status**	**Public**
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 2024	**Risk rating**	**= 8** **(Moderate)**	***= 6*** ***(Moderate)***	
Next Review (Quarterly based on risk score)	01 May 2025				



Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, Medium, and Long-Term Plans need to be included)*
• The Health Board IMPT and associated KPIs • Clinical Futures Transformation programmes. • 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.		
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**

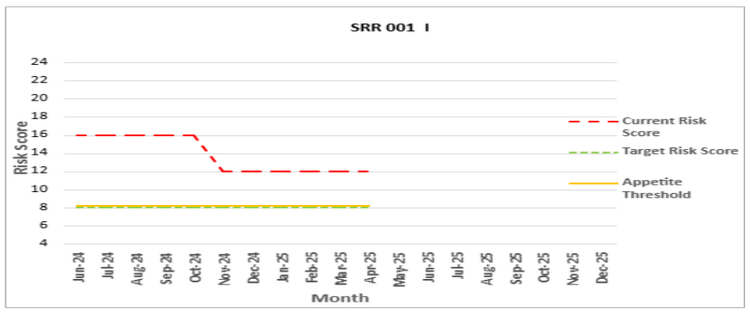
RISK THEME	FINANCIAL SUSTAINABILITY					
LINK TO IMTP	SECTION 4: ENABLER - FINANCE					
Strategic - SRR 001 G	**There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**				**Publication Status**	**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 May 2025	**Risk rating**	**= 16 (Extreme)**	***= 8*** **(Moderate)**		
Next Review (Monthly based on risk score)	01 June 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** • Unintended Patient Harm. • Negative Public/Patient Experience.	**Staff** • Reduced Staff Morale leading to potential absence from work.	**Organisation** • 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.	
Lead Director	Director of Strategy, Planning and Partnerships.	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee	Finance and Performance Committee.	**Likelihood**	3 (Possible) x	**2** (Unlikely x	
Initial Date of Assessment	19 April 2024.	**Impact**	***4*** *(Major)*	**4** (Major)	
Last Reviewed	01 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

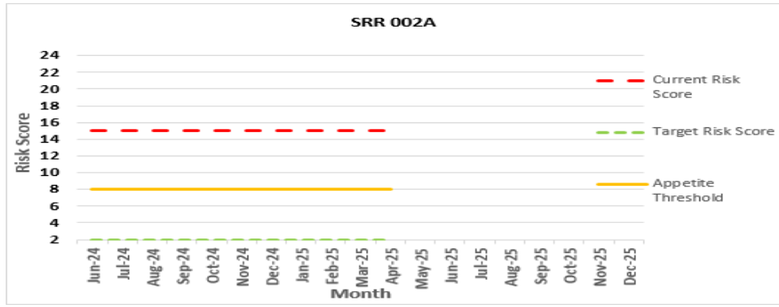
Sources of Assurance *(Evidence that the controls/ systems which we are placing reliance on are effective)*	Gaps in Assurance *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	Actions to Address Gaps *(What further evidence is required to provide the effectiveness 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)	

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 May 2025	**Risk rating**	**= 15** **(Extreme)**	**= 2** ***(Low)***
Next Review (Quarterly based on risk score)	01 June 2025			

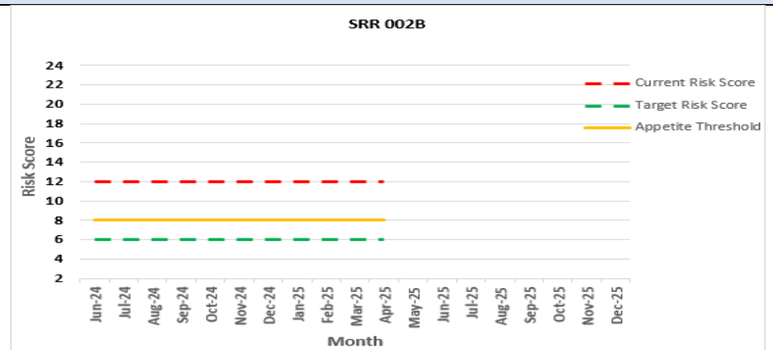


Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, 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 June/July2024 with report detailing recommendations received in October 2024). Recent surveys completed over December and January and any recommended additional actions being scoped up in conjunction with external experts • 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 • 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 • Formal reporting to the Board/Committees in place • Formal update to the PPHPC in July and SOC being developed, led by Planning team for Q1 to Q2 2025/26	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

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**

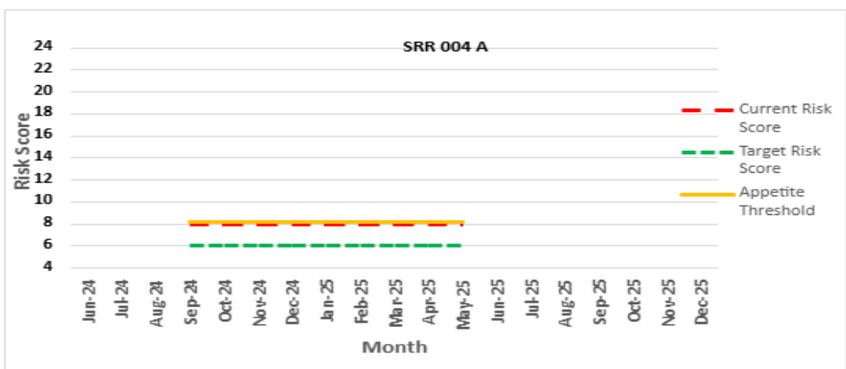
RISK THEME	COMPLIANCE AND SAFETY				
LINK TO IMTP	SECTION 4: ENABLERS - ESTATES				
Strategic Risk **SRR 002 B**	**There is a risk that there will be significant failure of the Health Boards Estates**.			**Publication Status**	**Public**
Threat *(As a result of)*	**Due to significant levels of backlog 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 level not being sufficiently robust to respond to a major 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** • 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		**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**	**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 (Quarterly based on risk score)	01 July 2025					

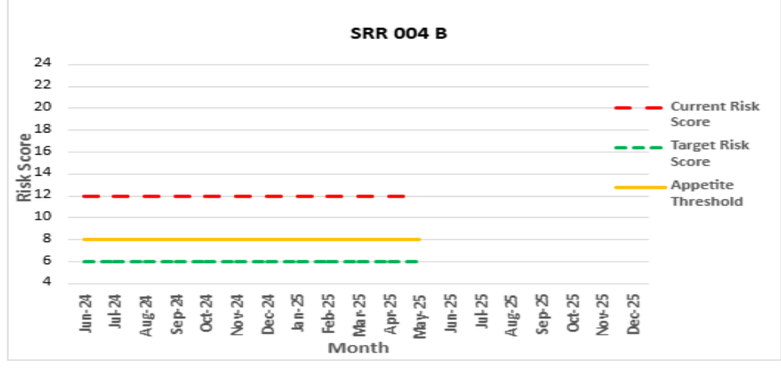
Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, Medium, and Long-Term Plans need to be included)*
• 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 • 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.	None	N/A
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	None	N/A
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	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	**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 a major incident.**		**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 February 2025	**Risk rating**	**= 12** **(High)**	**= 6** **(Moderate)**
Next Review (Quarterly based on risk score)	01 May 2025			

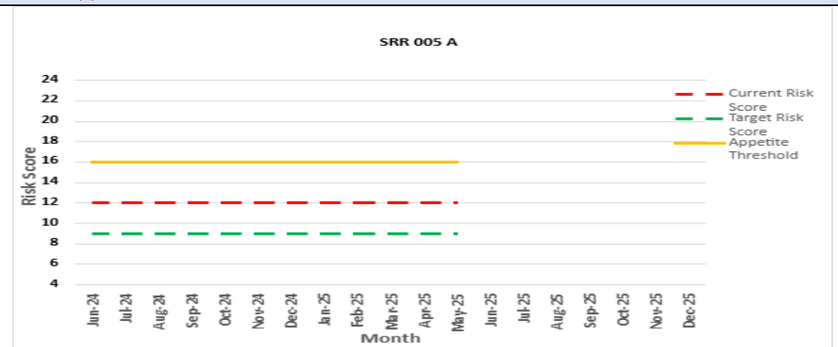


Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, Medium, and Long-Term Plans need to be included)*
• BC Policy • BC Response Guidance • BC Template • BC Exercise • BC debrief learning. • HB and LRF Plans. • 3C (Command/Control, Communication) structure in place to respond to incidents. • 1-2-1 graining with Divisional BC leads and BC plan 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 • 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).	• Ongoing support to develop business continuity plans. • Developing a Health Board service BC supporting plan – to provide a generic response framework if they have no specific plans in place • Continued engagement with Divisions, Directorates, and service areas to embed contingency planning in the culture of the • organisation, Conduct BIAs develop plans, Exercise, review, to mitigate the risks and threats to service delivery. • Develop further training programmes to support staff preparedness to response to an incident. • Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Coordination) structure of strategic, tactical, and Operational. • Work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner. • Working with ICT to scope how to maintain critical communications during loss of IT linked telephone systems or national power outages. (As this is not fully implemented, it is still being worked through thus would make it additional control until in place) • Each Division to identify on their risk register outstanding business continuity planning for their areas.

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.	None	N/A
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	None	N/A
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	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**

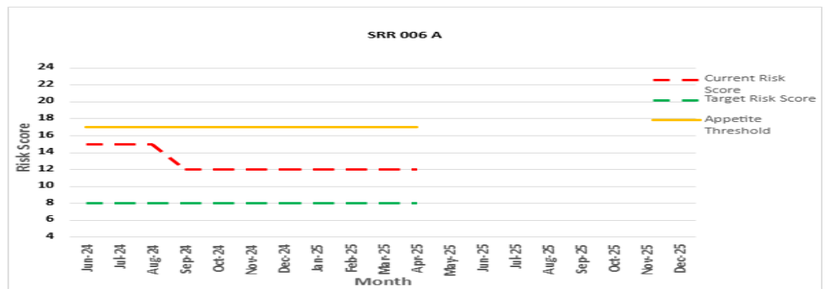
RISK THEME	SERVICE DELIVERY				
LINK TO IMTP	SECTION 3: SYSTEM CHANGE				
Strategic Risk **SRR 005 A**	**There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system**			**Publication Status**	**Public**
Threat *(As 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 February 2025	**Risk rating**	**= 12** **(High)**	***= 9*** ***(High)***	
Next Review (Quarterly based on risk score)	01 May 2025				



Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, Medium, and Long-Term Plans need to be included)*
• 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**

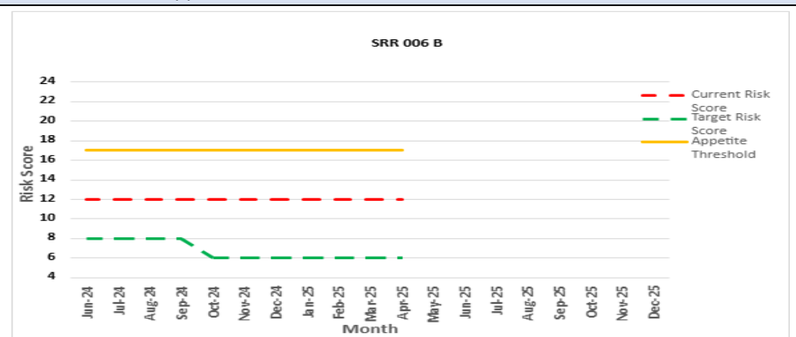
RISK THEME	**SERVICE DELIVERY**				
LINK TO IMTP	**SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY**				
Strategic Risk **SRR 006 A**	**There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.**			**Publication Status**	**Public**
Threat *(As a result of)*	**Due to the full or partial failure of existing digital infrastructure and systems.**			**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.	**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)*	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				

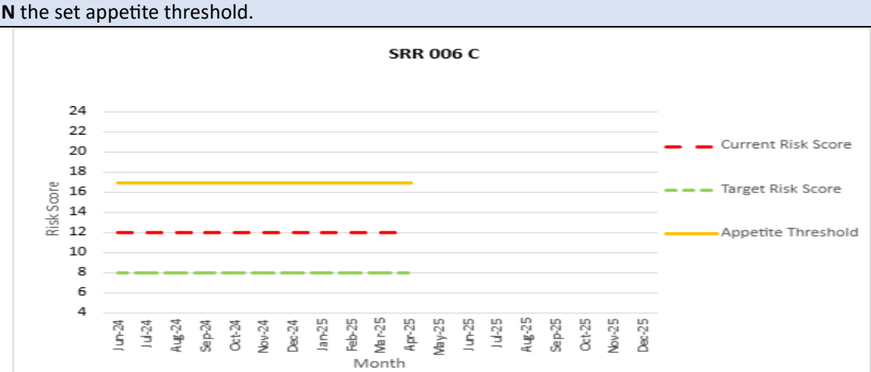


Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, 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				

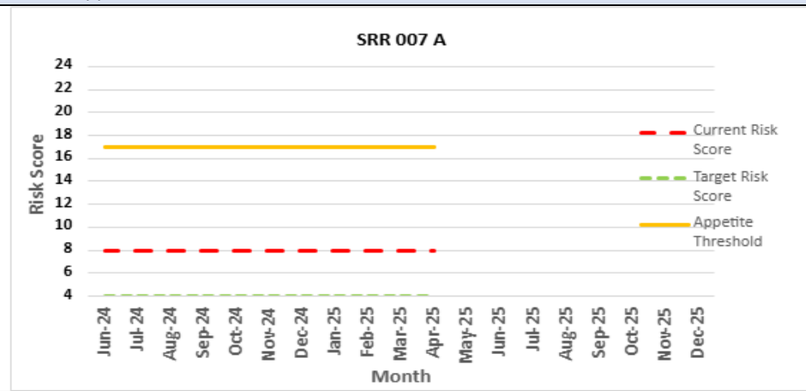


Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, 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 *(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)*		
• 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 October 2024	**Risk rating**	**= 8 (Moderate)**	***= 4 (Moderate)***
Next Review (Six Months based on risk score)	01 April 2025			



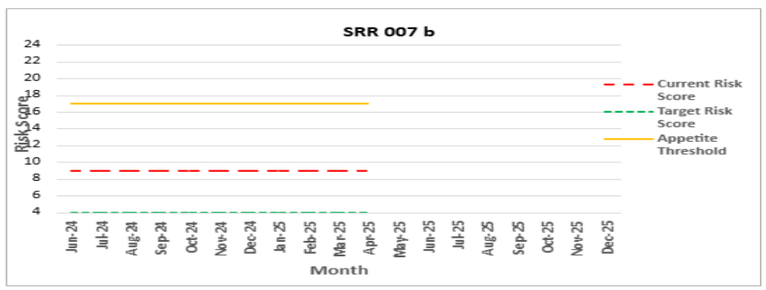
Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, Medium, and Long-Term Plans need to be included)*
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 (xx based on risk score)	01 July 2025				

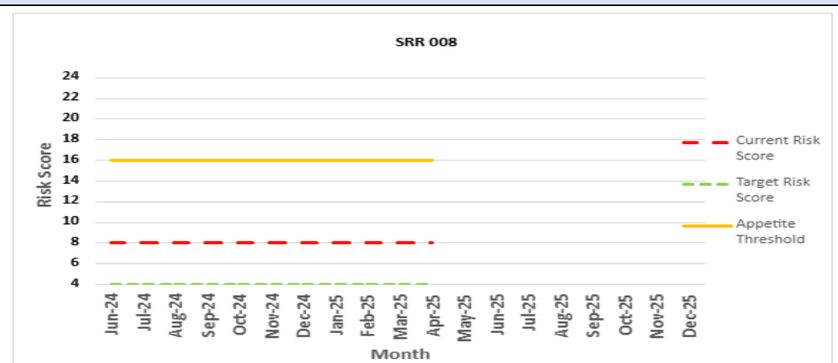


Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, 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		
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**

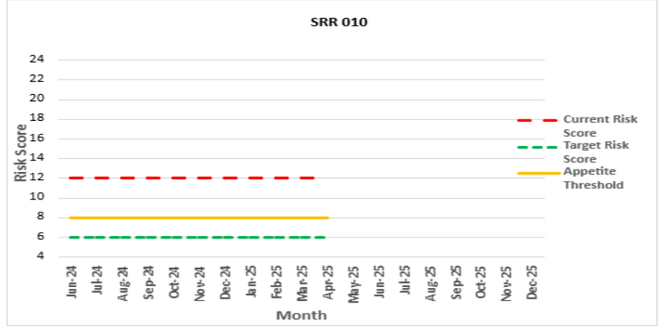
RISK THEME	**TRANSFORMATION AND PARTNERSHIP WORKING**			
LINK TO IMTP	**SECTION 4: ENABLER - QUALITY**			
Strategic Risk **SRR 008**	**There is a risk that the Health Board fails to build positive relationships with patients, staff and the public.**		**Publication Status**	**Public**
Threat *(As a result 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**

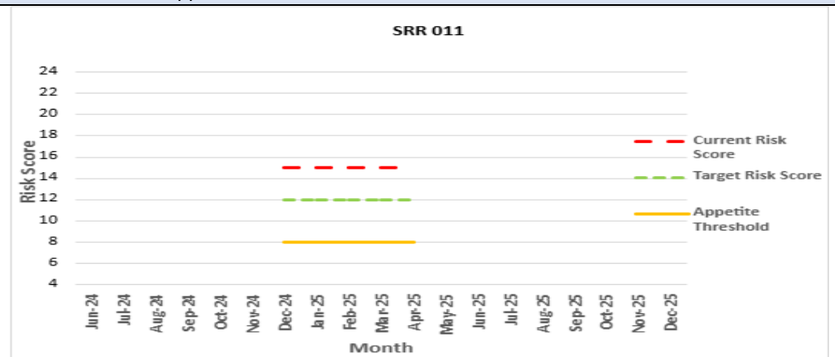
RISK THEME	**COMPLINCE AND SAFETY**				
LINK TO IMTP	**SECTION 4: ENABLER – WORKFORCE & CULTURE**				
Strategic Risk **SRR 010 A**	**There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at 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 February 2025	**Risk rating**	**= 12** **(High)**	**= 6** **(Moderate)**	
Next Review (Quarterly based on risk score)	01 May 2025				

Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, Medium, and Long-Term Plans need to be included)*
• 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. • Established 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. • Health and Safety Policies and Procedures being 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. • Establishment of a Thematic Risk Register

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 • Health and Safety Committee Membership and governance to be reviewed to ensure there is robust scrutiny and challenge on compliance with the Act •	• Implementation of a health and safety performance report • 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.	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 – 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 April 2025	**Risk rating**	**= 15 (Extreme)**	***= 12 (Moderate)***	
Next Review (Monthly based on risk score)	01 May 2025				



Current Key Controls *(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** ***What further controls are required to reduce the risk exposure to within a tolerable range?*** *(Short, Medium, and Long-Term Plans need to be included)*
• 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 26th March 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 James Calvert Peter Carr 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) Special Advisor to the Board Chief Executive Director of Public Health Director of Workforce and OD Director of Nursing Director of Finance & Procurement Director of Digital Chief Operating Officer Medical Director Director of AHPs and Health Science Director of Strategy, Planning and Partnerships
IN ATTENDANCE	Rani Dash Lisa Charles Daniel Saunders Michelle Jenkins Joanne Hook	Director of Corporate Governance Regional Director, Llais Cymru Patient Advice and Liaison Service (PALS) Patient Advice and Liaison Service (PALS) Senior Nurse - Patient Experience and Involvement Team
APOLOGIES	None received	

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	PRELIMINARY MATTERS
ABUHB 2603/01	**Welcome and Introductions** The Chair welcomed everyone to the meeting, in particular the guests from the Patient Experience and Involvement Team 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 2603/02	**Declarations of Interest for Noting** There were no declarations of interest raised.
ABUHB 2603/03	**Consent Agenda** The Chair introduced the Consent Agenda and asked if there were any items to be brought bring forward for discussion. There were no requests made.
ABUHB 2603/04	**Report from the Chair** Ann Lloyd, Chair, provided her verbal report, with a focus on the following areas: • Positive visits to discharge wards in County Hospital and the Royal Gwent Hospital had taken place to see the ongoing work to better integrate health and social care services. • A meeting had taken pace with the Chair and Chief Executive of Cwm Taf Morgannwg UHB, Cardiff and Vale UHB and the Cabinet Secretary regarding regional planning for the South-East and updates on this were included on the Board's meeting agenda. • Attended an interesting seminar with the Monmouthshire Integrated Care Team, focussed on the North Monmouthshire Improvement Scheme following the success of the initial Scheme in the south of the County. • RPB leadership meetings had taken place, focused on transparency and value for money in community schemes. • Attended the Culture, Leadership and Succession Board, led by Health Education and Improvement Wales, focussed on leadership development, including the aspiring CEO Programme and mentorship for managers. • Attended the All-Wales Chair's peer group, as well as meetings between Chairs and Chief Executives, with a focus on future service design and the long-term strategy for the next 10 years. • Presented at the newly established national induction programme for newly appointed Board members. The Chair noted that the public appointments process was underway for the Third Sector and Trade Union Independent Member positions.

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

ABUHB 2603/05	**Report from the CEO**
	
	Nicola Prygodzicz, Chief Executive, provided her verbal report, with a focus on the following areas:
	• System pressures remained, particularly with increased demand in stroke and cardiology services, albeit there had been a reduction in respiratory illnesses.
	• A focus remained on strategic planning for the medium and longer term, whilst balancing concerted efforts on performance, including a reduction in 104-week waits.
	• The Welsh Government had confirmed that with regard to Escalation Arrangements, the Health Board's position was unchanged at:
	  ○ Level 4 (targeted intervention) for finance, strategy and planning; and
	  ○ Level 3 (enhanced monitoring) for performance and outcomes related to urgent and emergency care pathways at the Grange University Hospital.
	Discussions continued with Welsh Government to work towards de-escalation at the earliest appropriate point.
	• The Health Board, particularly the Primary Care Team, had maintained a relentless focus on addressing the known concerns with the GP Partnership, Dr J Ahmed and Dr J Allinson. It was confirmed that since the Board last met, three practices had now transferred back to the Health Board from the Partnership, with a further two planned to be transferred in April 2025. This would result in three practices remaining with the Partnership which would continue under enhanced monitoring. Discussions with communities and partners continued whilst concerns remained.
	• The Executive Team had held a development session focussed on the prevention agenda, primary care sustainability and place-based care planning; a session with the Board was being arranged.
	• Regional planning and associated discussions continued at pace with a substantive paper included on the Board's meeting agenda.
	• Attendance at the Cancer Services Conference and the Women's Network Conference, both of which were well attended and focussed on priority areas of work.
	• 2025/26 priorities were now a key focus for the Executive Team, with extensive work ongoing towards delivery of the IMTP.
	
	The Board **NOTED** the Chief Executive's updates.

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ABUHB 2603/06	**Annual Report of the Executive Director of Public Health: Working Together to help people live healthier, fairer, safer and stronger lives** Tracy Daszkiewicz (TD), Director of Public Health, presented her Annual Report which was a vehicle for informing local people about the health of their community, as well as providing necessary information for decision-makers in local health services and authorities on health gaps and priorities that need to be addressed. TD outlined that the report focused on preventable early death in Gwent, written for both Gwent residents as well as the NHS and partners. Building on the Health Board's journey to becoming a Marmot Region via our Building a Fairer Gwent work, the report expanded further on the local challenges around health inequalities and the impact this was having on health across Gwent. The report was intended to support an understanding of the Gwent picture around preventable early deaths, exploring the key causes and contributors, along with what can be done to change the story to help Gwent communities live as long as possible in the very best health possible. The Board discussed the opportunities to work in partnership with public bodies to address challenges and bring improvement to the lives of the Gwent population. TD set out the arrangements in place with partners, including the Public Services Board and other partnership working with Local Authorities, as well as legislative requirements such as the Future Generations (Wales) Act. The Board welcomed the informative and comprehensive report as a platform to drive forward improvement in population health and wellbeing and raise awareness of the challenges across Gwent. The Board also welcomed the refreshed and engaging approach to public health and population health management and thanked TD for her valuable leadership in this regard. The Board **RECEIVED** the Report.
2603/07	**Patient Experience Story** The Chair welcomed to the meeting Joanne Hook (JH), Daniel Saunders (DS) and Michelle Jenkins (MJ) from the Patient Advice & Liaison Service (PALS). JH led a presentation which provided an overview of the work of the PALS, including support to patients and families whilst in hospital. The Team offers confidential advice, support, and information on health-

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	related matters. They provide a point of contact for patients, families, and carers and work 8am-8pm 7 days a week, 365 days a year. JH outlined that PALS Officers supported people who have a problem but do not know who to ask; want to talk to someone not directly involved in a person's care; want to compliment services or individual members of staff; and/or have a suggestion on how the Health Board can make improvements. It was noted that since commencing in November 2023, the PALS Team had supported 8693 patients and carers up to the end of 18th Feb 2025. Of these only 24 cases have been escalated to Putting Things Right for formal investigation. The presentation to the Board provided case studies that the PALS Team had managed and highlighted through patient and relative feedback the difference the service had made to people's lives and experience. The Board praised the success of PALS, especially in sensitive areas such as end-of-life care or bereavement, and the team's continuous efforts to support patients and families. The positive improvements to the experience of patients and families were welcomed. It was noted that a full evaluation of the PALS would be conducted at 18 months (May 2025). The Board thanked the PALS team for their attendance and commitment. The Board **RECEIVED** the presentation from PALS.
2603/08	**Report from Llais, Gwent Region** Lisa Charles, Regional Director, Llais Cymru, presented Llais' report which set out current issues of concern and positive observations, and public feedback being addressed by Llais Gwent Region. The Board thanked Llais for the ongoing support to communities and the insights brought back to the Board to inform ongoing planning and delivery of services. The Board **RECEIVED** the Report from Llais.
2603/09	**Integrated Medium-Term Plan 2025-28** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Integrated Medium-Term Plan (IMTP) for approval, noting that the Health Board had a statutory responsibility to submit

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an approved Integrated Medium-Term Plan (IMTP) to Welsh Government that could financially balance over a three period.

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

HE stated that the plan had been developed with high level engagement across all teams and provided an overview of the engagement that had taken place. HE provided an overview of the documents appended to the plan and noted that the plan set out what the Health Board aimed to achieve for the population over the next three years, but with a greater level of detail for the next 12 months.

HE noted that the plan outlined the priorities and system changes required under the five priority areas:

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

HE advised that in respect of performance and activity, the plan confirmed that with regard to ministerial performance expectations:

- Of the 18 performance expectations, 13 were planned to be delivered in full;
- The ministerial performance expectations with respect to urgent and emergency care (2 of the remaining 5 metrics) showed improvement trajectories, aligned with the plan for 6 goals and the enhanced monitoring improvement plan. These were deemed deliverable but stretching and represented a significant improvement in delivery compared with 2024/25;
- For the expectation of 0 patients waiting more than 104 weeks, the plan aimed to deliver this ministerial priority in 20 out of 24 specialties. The specialties of orthopaedics, ophthalmology, ENT and General surgery were forecast not to meet the target, noting that the significantly improved March 2025 performance for these specialties had been enabled via additional non recurrent monies that were not assumed in the current 2025/26 financial plan. It was noted that discussions with Welsh

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	Government regarding potential additional non recurrent monies for planned care that would improve this position were ongoing. • With respect to cancer, the trajectory demonstrated the ambition to achieve consistently 70% against a target of 80% which would be an improvement to the current position of circa 63%. Robert Holcombe (RH), Director of Finance & Procurement, presented the financial plan element of the Plan which had been developed with reference to the three-year route map previously agreed by the Board. RH informed the Board that the updated assessment of the 2025/26 financial forecast ranged from a risk of up to £25m to financial balance dependent on a number of assumptions relating to cost levels and confidence ratings of savings delivery as set out within the Plan. RH noted that the Health Board was continuing to make progress in this area and if the estimated level of savings could be delivered fully and all in year mitigating cost reduction and income opportunities secured, there was the opportunity to deliver financial balance which formed the basis of the financial plan for 2025/26 and future years. Ann Lloyd (AL), Chair, thanked all those involved in developing the Plan recognising the significant work undertaken. AL requested that further consideration of the milestones needed to enable delivery of the Plan in full be given, to enable the Board to have robust mechanisms to oversee delivery and performance. The Board held discussion regarding the ambition of the Plan and the organisations capacity to deliver the priorities set out. Nicola Prygodzicz (NP) noted that the Executive Team would need to assess capacity continually. The Board **NOTED** the ongoing work and **APPROVED** the adoption of the IMTP 2025-28 with a commitment to rigorous monitoring and evaluation.
2603/10	**Budget Setting Proposals** Robert Holcombe (RH), Director of Finance & Procurement, presented the Budget setting Proposals. The 2025/26 Health Board financial plan assumed the following: • Baseline allocation 2024/25 £1,735.8m • Allocation letter funding uplift of £27.6m • Anticipated allocation income of £63.5m • Other central income of £12.6m • Further income assumed at risk £14.2m This equated to an available resource limit to support expenditure of £1.853.6bn.

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	RH explained the proposed approach would be a 2-part budget setting plan: phase one involved setting budgets based on ledger rollover recurrent budgets, while phase two will finalise budgets with consideration of savings and cost mitigation. The Board **APPROVED** the proposals as presented.
2603/11	**Capital Programme** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Capital Programme for 2025/26, which included discretionary capital and all-Wales capital funding. HE outlined the programme which focussed on managing risks, supporting strategic objectives, and addressing estate priorities, including investments in backlog maintenance, digital, diagnostics, and strategic projects. The Board discussed the importance of balancing new projects with maintaining existing infrastructure. The Board **APPROVED** the opening programme, recognizing the need for further work on the longer-term estate strategy and potential additional funding opportunities.
2603/12	**Regional Planning and Strategic Vision for Llantrisant Health Park** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Strategic Vision for Llantrisant Health Park (LHP). It was noted that the work had taken place under the South-East Wales regional structure; one element of this work was the Llantrisant Health Park development and the need for the region to consider the opportunity that it offers in addressing any capacity issues the Health Board had, particularly in elective care. Nicola Prygodzicz (NP), Chief Executive, reinforced that working on a regional footprint offered opportunities for the best utilisation of regional capacity, where the Health Board determined need through robust demand and capacity planning. The Board NOTED the potential benefits and supported the strategic direction, while emphasizing the need for further consideration of business cases, revenue funding and any recommendations arising from the Ministerial Advisory Group on productivity and performance.
2603/13	**Digital Cellular Pathology**

	Paul Solloway (PS), Director of Digital, presented the Digital Cellular Pathology Business Justification Case (BJC) for approval. PS outlined the detail of the national business case for digitizing the cellular pathology service which highlighted the importance of modernizing the service to support recruitment, improve efficiency, and enable regional working. The paper provided an assessment of the Health Board's identified benefits and costs over the term of the proposed contract, aligned to the national business justification case, including additional local costs for supported ICT infrastructure. A total net cost to the Health Board of £4,989,370 for the period 2025/26 to 2034/35 was requested, with cash and non-cash releasing benefits set out within the case. An additional £72.4k was requested to support local ICT infrastructure. The Board discussed the options set out and agreed that the "do nothing" option could not be supported given the level of service sustainability risks posed by this option. The Board **APPROVED** the business case, acknowledging the financial implications and the need for regular updates on the implementation process.
2603/14	**Strategic Equality Plan** Sarah Simmonds (SS), Director of Workforce and OD, presented the update against the year 1 priorities of the Strategic Equality Plan (SEP) and Equality Objectives for 2024 – 2028, following approval by the Board in March 2024. SS informed the Board that all of the year 1 priorities had commenced and were in varying stages of progress. There had also been progress made with several priorities that were outlined in the plan to commence in year 2 onwards. SS set out key highlights achieved in respect of: • The Health and Wellbeing Passport • Aspiring Board Members scheme • Improvement of accessibility for patients across various services • Improvement in widening access for people with protected characteristics for employment and training • Ongoing work in relation to the Welsh Race Equality Standards. Louise Wright (LW), Independent Member, acknowledged the hard work in developing and implementing the strategy and expressed her thanks for the teams work in delivering this agenda. Helen Sweetland (HS), Independent Member, asked if there were areas of particular challenge in progressing this agenda. SS advised

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	that there were areas for opportunity to enhance the approach, building on the work to have structural governance around staff networks, whilst also having more input from multidisciplinary perspectives across the organisation. Paul Deneen (PD), Independent Member, suggested considering charitable funds for support for further development where appropriate. The Board **NOTED** the update provided and **APPROVED** the document for publication.
2603/15	**Complex and Long-Term Care** Leanne Watkins (LW), Chief Operating Officer, presented the report on Complex and Long-Term Care, Independent Provider Fee Uplifts for 2025/26. LW highlighted the impact of inflationary factors such as National Insurance contributions and the real living wage on the overall cost and requested approval of the proposed fee uplift as an interim rate of 5.5% for care homes in Gwent, dependent on the NHS pay award announcement; and an increase of 6.9% for domiciliary care. The Board **APPROVED** the increase in uplifts.
2603/16	**Standing Orders** Rani Dash (RD), Director of Corporate Governance, presented amendments to the Board's Standing Orders for ratification. RD advised the Board that there had been amendments to the constitution, membership and procedures regulations for NHS bodies and that the Health Board was required to amend the standing orders accordingly. RD confirmed that the amendments had taken place, in-line with the regulations, and had been published to the Health Boards website. The Board **APPROVED** the amendments to its Standing Orders.
2603/17	**Audit Wales, Annual Audit Report 2024, and the Structured Assessment 2024** Rani Dash (RD), Director of Corporate Governance, presented the Audit Wales, Annual Audit Report 2024 and the Structured Assessment 2024 noting that these had been received and discussed by the Audit, Risk and Assurance Committee. The Board **RECEIVED** both reports.

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2603/18	**Q3 Quarterly Integrated Performance Report – March** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Quarterly Integrated Performance Report. Key points included: • Improvements in performance for the Mental Health measure across both adults and CAMHS. • Reported Pathway of Care Delays (POCDs) had decreased in the latest period by almost 25% and were predicted to continue to decrease. Challenges remained in delivering and sustaining improvements with some escalation metrics including ambulance handovers and 12-hour waits. • While the Health Board was not delivering single cancer pathway compliance to the trajectory of 67% the improvement work was in place. In January the Health Board saw a compliance of 61% and further improvements are expected. • There was a national focus on planned care and there had been good progress in the delivery in-line with revised trajectories because of additional funding. The position for patients waiting more than 104 weeks had reduced from 4,408 at the end of Q1 to 1,695 in February 2025. Patients waiting more than 8 weeks for a specified diagnostic had improved from 4,221 at the end of Q1 to 1,619 in February 2025. Patients waiting more than 156 weeks was at 0 as of February 2025. Sarah Simmonds (SS), Director of Workforce and OD, highlighted the workforce related metrics noting there were higher than expected sickness spikes in winter, which were now reducing to expected levels of absence and noted the impact of sickness levels on variable pay. There had been a reduction in long-term sickness absences. Ann Lloyd (AL), Chair, highlighted concerns on performance in stroke admissions dropping to 9% against the assessment time standard. Peter Carr (PC), Director of AHPs and Health Science, discussed the need for ring fencing beds and surge management to improve stroke ward admissions. Nicola Prygodzicz (NP), Chief Executive, highlighted the exceptional peaks in demand for stroke services that the Health Board had seen. The Board **NOTED** the performance update on ongoing work to address challenged areas.
2603/19	**Quality Performance – Interim Report** Jennifer Winslade (JW), Director of Nursing, presented the Quality Performance Interim report for January and February. Key improvements included: • An improvement in the Risk Adjusted Mortality Indicator (RAMI)

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	• Civica had been successfully implemented with a satisfaction rate over the 85% benchmark • Overdue National Reportable Incidents (NRIs) decreased from 71% (July 2024) to 23% (January 2025) • There had been no new Never Events reported • Launch of the Safe Care Collaborative in May 2025 JW set out key areas of ongoing challenge, including: • Infection rates for C.Difficile had risen over the last 12 months • Variation in the number of inpatient Falls • Improvement of the uptake of Level 1 and Level 2 Safeguarding training • The compliance with closure of PTR concerns within 30 days, although the timeliness and quality of responses were improving. The Board **NOTED** the performance update on ongoing work to address challenged areas.
2603/20	**Finance Performance Report – January 2025** Robert Holcombe (RH), Director of Finance & Procurement, presented the Finance performance report at the end of January 2025 (month 10), as: • The Health Board was reporting a year-to-date deficit of £7.221m, with a forecast year end deficit of £7.356m • Capital spend at the end of month 10 was £44m, against a £67m plan • Public sector payment policy performance was at 97% • Cash holding was £6.2m which was slightly over the best practice level of £6m • The Health Board's underlying financial position at month 10 was £14.5m • Total annual plan savings were £40.5m with a current forecast delivery of £45.4m, at month 10 the savings were £35.2m • Pay expenditure within the Health Board increased by £1.5m compared with December. Variable pay was £6.8m in-month which was an increase of £0.7m compared with the prior month • Non–pay expenditure (excluding capital adjustments) increased by £1.0m compared with December. • Overall pay and non-pay run rates were stable and there was confidence in terms of delivering forecast position RH confirmed that there was a high level of confidence in achieving the forecast position of £7.356m deficit by the end of the 2024/25 financial year. The Board **NOTED** the financial position as presented.

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2603/21	**Strategic Risk Report, March 2025** Nicola Prygodzicz (NP), Chief Executive, presented the Strategic Risk Report, updating the board on changes to the decarbonization risk and workforce risk. She emphasized the importance of considering these risks in the corporate risk and assurance process. The Board **NOTED** the report.
2603/22	**CONSENT AGENDA**
	The Board **APPROVED** the Draft Minutes of the Health Board Meeting, held on 28th January 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 overview of Joint and Partnership Committee Activity of the Joint Commissioning Committee and NHS Wales Shared Services Partnership Committee.
	OTHER MATERS
2603/23	**Any Other Business** There was no other business raised for discussion.
2603/24	**Date of the Next Meeting:** Wednesday 21st May 2025

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	21 May 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 13th March and 7th May 2025.

The Board is asked to note that there have been ten (10) documents that 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 13th March and 7th May 2025 there were five (5) Chairs Actions 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.

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, occasionally, be circumstances where decisions which would normally be made 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.

3. Key Issues

3.1 Sealed Documents

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. Ten documents were sealed between the 13th March and 7th May 2025, as outlined below.

Date	Title
20/03/2025	Lease relating to Alway Health Centre, 18 Penkin Close, Newport, Between Newport City Council and Aneurin Bevan University Health Board
20/03/2025	Lease relating to 96-98 Welland Crescent, Bettws between Newport City Homes and Aneurin Bevan University Health Board
20/03/2025	Deed of release of covenant between Aneurin Bevan University Health Board and Siraj Khan
25/03/2025	Lease relating to 19/25 The Parade, Cwmbran Shopping Centre between L&C Investments Ltd and Aneurin Bevan University Health Board
31/03/2025	Legal charge relating to The Clinic, Stanley Road, Newport between POBL Homes and Communities Ltd and Aneurin Bevan University Health Board
01/04/2025	Agreement between Aneurin Bevan University Health Board and POBL Homes and Communities Ltd in relation to the Integrated Care Fund Main Capital Programme
10/04/2025	T1R Lease (Old Building) relating to Glyn Ebwy Surgery, James Street, Ebbw Vale, between Dr Mohamed Yusef Kinju and Dr Mohammad Muzaherai Husain and Dr Mohammed Wasim and Aneurin Bevan University Health Board

22/4/2025	HM Land Registry Transfer Document in relation to the sale of 13 Clytha Square, Newport on behalf of Aneurin Bevan University Health Board
24/04/2025	Lease relating to Business Units R2.1 to R2.6 (inclusive), Riverside House, Upper Dock Street, Newport, between DS Properties (Newport Market) Ltd and Aneurin Bevan University Health Board
07/05/2025	T1R Lease – NHS Capital Bids: GMS Premises at 19 Hills Health and Wellbeing Centre, 282 Ringland Circle, Newport, NP19 9PS

3.2 Chair's Action

The Chair's Actions approved between 13th March and 7th May 2025 are summarised below:

Date	Title
17/03/2025	**All Wales Interventional Cardiology, Radiology, Endoscopy & Surgical Urology Consumables – Lots 1, Sub Lot 1, Heart Rhythm:** Direct Award against All Wales Framework Agreement CLI-OEJU-46286 Total value of new contract: £3,362,229.00 (ex VAT) Annual value of new contract: £1,120,743.00 (ex VAT) Annual value of current contract: £1,106,571.00 (ex VAT) Contract period including extension options: 1st January 2025 – 31st December 2027
17/03/2025	**Haematology Manged Service Contract:** Contract awarded under the NHSSC Framework for Laboratory Diagnostics, Point of Care testing and Pathology Managed Services for the period 1st February 2025 – 31st January 2032 with a 5-year optional extension Total value of new contract: £12,581,172.00 Annual value of new contract: £1,100,000.00 Contract period including extension options: 7 years (plus 5-year optional extension)
27/03/2025	**Data Network Support – Cisco:** ABUHB is an operator of essential services, and the deployment of the switching infrastructure is largely within clinical critical and patient-facing environments. Continuity of services within the network environment is paramount.

	ABUHB Network Switching infrastructure consists of two technology vendors, Cisco Networks and Extreme Avaya which is now considered legacy switching infrastructure. In the past five years, the Health Board has been actively engaged in a Critical Edge Refresh Program to transition and standardise with Cisco Catalyst Switching across access, distribution, and core layers. Annual value of new contract: £119,325.40 ex. VAT Annual value of current contract: £158,246.90 ex VAT (Year 1) £203,588.88 ex VAT (Year 2) £209,548.15 ex VAT (Year 3) £209,548.15 ex VAT (Year 4) £209,548.15 ex VAT (Optional Year 5) Total value of new contract: £571,383.93 ex. VAT Total value of new contract (incl. extensions): £990,480.23 ex. VAT Contract period including extension options: 3 years with the option to extend by 1+1 years Contract start: 1st April 2025
27/03/2025	**Robotic Process Automation (RPA):** RPA is a software technology that makes it easy to build, deploy, and manage software robots that emulate human actions interacting with digital systems and software. Procurement will be conducted through the G-Cloud 14 Framework Annual value of new contract: £202,980.00 ex. VAT Annual value of current contract: £227,760.00 ex. VAT Total value of new contract: £405,960.00 ex. VAT Total value of new contract (incl. extensions): £608,940.00 ex. VAT Contract period including extension options: 2 years with the option to extend by 12 months Savings – Cash releasing: £24,780 per year Pricing for 11 production workers and 3 development workers allows 2 development workers to be free of charge
31/03/2025	**Regional Outsourcing Ophthalmology:** Welsh Government has agreed to continue funding the regional approach to the sum of £2,000,000 until 30th June 2025.

	The proposal has been presented to the regional partnership programme board and agreed at the meeting 25th March 2025. Annual value of new contract: £7,000,000.00 Total value of new contract: £2,000,000.00 Contract period including extension options: 1st April 20025 – 30th June 2025 (3 months)

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
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 – July 2025**
25 September 2024	**ABUHB 2509/07a**	**Urgent and Emergency Care Business Cases:** The Grange University Hospital (GUH) Transfer Lounge and Increase in Emergency Department (ED) Consultant Establishment Following implementation of the models a six-month review to be scheduled to provide assurance to the Board that the models have delivered improvements in patient outcomes and experience.	Secretariat / Chief Operating Officer	**March / May 2025**	**Complete** Urgent and Emergency Care Developments update included on the Board's agenda for 21st May 2025

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
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 – July 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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	21 May 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. 50 Day Challenge

The 50 Day Challenge has now drawn to a close. The final report has been submitted to Welsh Government and is included in Appendix 1. There were significant improvements across the system, and Gwent demonstrated notable progress against the ten interventions. Quantitative measures of delivery include:



- A reduction in the number of patients delaying over 100 days from 18 patients in December 2024 to 8 patients in March 2025
- A reduction in Pathway of Care Delays aligned to the Care Action Committee's ambitions, with targets achieved across all three measures
- An increase in weekend discharges, from 487 in November 2024 to 522 in March 2025.

These were achieved through:

- Commissioning additional beds, including four reablement beds in the Torfaen locality and an additional 23 Care of the Elderly / reablement beds at the Royal Gwent Hospital
- Appointing a Senior Nurse for Discharge at the Royal Gwent Hospital and across community hospitals
- Embedding of Hospital to Home / Facilitating Early Discharge, through supporting 138 patients on the pathway since November 2024
- Engaging 46 GP practices in the proactive management of an identified 0.5% high-risk population group by cluster, with 734 full reviews undertaken between January and March 2025
- Delivering access to the Urgent Primary Care Professional Line for residential homes out of hours to reduce unnecessary ambulance conveyances, with 617 contacts between January and March 2025
- Delivering Balancing Rights and Responsibilities training to 48 health and social care professionals
- Providing additional community equipment via the Gwent Wide Integrated Community Equipment Service to support discharges and prevent hospital admissions.
- Increasing domiciliary care capacity and availability by over 5,000 hours, including: increasing hours of retainer domiciliary care; increasing additional in-house emergency / bridging domiciliary care; providing additional domiciliary care across the five local authorities
- Applying additional staffing capacity across Gwent, including senior practitioners, social workers, social care assessors, reablement carers and locum occupational therapists and physiotherapists.
- Releasing around 37 hours into reablement capacity through senior reablement staff undertaking care at home reviews
- Removing the short stay utility charge in Ty Glas Y Dorlan in support of increasing options available for reablement across eight short stay flats.

Learning from the 50 Day challenge and wider system resilience activity delivered through the winter period will inform a review of Winter delivery to go to July RPB and Board.

3.2. Governance Review



The RPB is continuing to implement the recommendations of the Governance Review. A Governance Framework and Scheme of Delegation was approved by the RPB in January. These documents:

- Provide clarity on the remit of the RPB
- Set out the expectations of the required governance to ensure that the Partnership Bodies (local authorities and Aneurin Bevan University Health Board) discharge their duties in accordance with Partnership Arrangements (Wales) Regulations (2015)
- Outline the arrangements for the accountability and decision-making functions within the RPB (including delegated financial limits for strategic partnerships [SPs], Regional Leadership Group [RLG] and the RPB).

Furthermore, a Memorandum of Understanding (MOU) has been developed to delineate the responsibilities, accountabilities and control procedures pertaining to the management of all partnership resources. This MOU has received approval from the Health Board Executive Committee, as the Health Board is the Lead Authority for the Partnership. The MOU has been shared with other statutory and third sector partners for their approval and sign-off.

Finally, a Strategic Partnership highlight report template has been created with a focus on:

- Providing assurance to RLG and RPB around the delivery of the Area Plan
- Allowing opportunities for SPs to escalate risks and request decision-making from RLG or RPB (as per the Scheme of Delegation)
- Supporting transparent communication of portfolio activity across the Partnership, and facilitating SP ownership of relevant programmes of work.

It is proposed that each SP provides quarterly highlight report updates to RLG, which can subsequently be escalated to RPB as required.

3.3. Section 33 Review

A proposed review of the Gwent Frailty Programme has been developed and was discussed at the recent Regional Leadership Group meeting. The proposed review will comprise two parts to be undertaken concurrently as follows:

- To look at the financial and legal implications of changing commitments aligned to the Section 33 Agreement and governance arrangements
- To review service delivery and evaluate its effectiveness against funding allocation on a locality basis.

It is intended that new arrangements, as defined by the review and approved by RPB, will be implemented from December 2025 to March 2026. A working group with representation from all partners and all localities is taking this work forward ensuring that a rounded assessment and evaluation is completed.

3.4. Revenue Portfolio

3.4.1. Annual Portfolio Activity

At the end of the 2024/25 financial year, there were 179 active projects in the RPB revenue portfolio across multiple funding streams. The following table outlines the number of 2024/25 projects against RPB programmes.

Programme	Total projects	Health Board-led projects	Health Board and third sector-led projects (or third sector via Health Board)
Dementia National	1		
Further Faster	5		
Small Grants	5		
SP01 – Support for Unpaid Carers	32	2	
SP02 – Children's Early Intervention & Resilience (Care Experienced Children and Early Intervention Services)	22		
SP04 – Children's Emotional Health & Development	8	4	1
SP05 – Workforce (Wellbeing Workforce and Children with Developmental Needs)	2	2	
SP06 – Dementia Assessment & Diagnosis	6	6	
SP07 – Living Well with Dementia	11	2	
SP08 – Prevention and Well-being	15	6	1
SP09 – Assistive Technology	6		
SP10 – Place Based Graduated Care	23	13	
SP11 – Improving System Flow	28	13	
SP12 – Learning Disabilities Programme (Independence & Wellbeing, Neurodiversity Improvement and Transition)	15	4	
TOTAL	**179**	**52**	**2**

3.4.2. 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. Going forward, the process will encompass objective criteria which will further support the decision-making process.

To date, all Regional Integration Fund projects have been subject to an impact assessment. 18 were identified as 'Red' or 'Amber' under a RAG-rating and were subject to a deeper-dive evaluation. These schemes – which have been awarded funding for Quarters 1 and 2 only, were discussed by the relevant SP in March 2025, with decisions or recommendations for future funding made as per the Scheme of Delegation with updates through to the RPB in June.

The projects funded as part of the System Resilience Plan are now being impact assessed as they are due to end at the end of Quarter 1, these schemes total £1.7m. The impact assessments will be presented to the Gwent Adults Strategic Partnership (GASP) for recommendations around potential future funding in May 2025 – these projects are all aligned with GASP's area of expertise in improving system flow and community care and support services. RPB has delegated responsibility for developing the spend plan to RLG – members will review the

GASP recommendations and develop a spend plan based on: the findings of the impact assessments; alignment with population need; and alignment with the RPB's strategic priorities.

3.5. Capital Portfolio

3.5.1. Annual Portfolio Funding

In 2024/25, the RPB utilised £26.458 million of capital funding as per the following table.

Funding Stream	Funding
Integration & Rebalancing Care Fund (IRCF)	£13.710 million
IRCF Revenue	£0.263 million
Housing with Care Fund (HCF)	£11.208 million
Integrated Capital Fund Legacy Programme Managed	£1.277 million

The following table outlines the number of 2024/25 projects against RPB funding programmes.

Programme	Total projects	Health Board-led projects
HCF Objectives 1 (Housing with care) and 2 (Intermediate care and accommodation)	21	1
HCF Objective 1 (Minors)	21	8
IRCF	3	3
IRCF Revenue	6	2
TOTAL	**51**	**14**

The RPB has received its HCF allocation for the 2025/26 financial year. The total allocation is £11.609 million, with £1.161 million (10% of the total) to minor projects, and £0.581 million (5% of the total) to Disabled Facilities Grants.

3.5.2. Strategic Capital Plan

The RPB is required to submit a Strategic Capital Plan (SCP) to Welsh Government on an annual basis. The revised SCP was approved by RPB in March 2025 and is included in Appendix 2. Key points arising from the review of the SCP are as per the following table.

Priority area	Findings
Children & Young People	• Gwent is projected to eliminate the existing gap in alternative models (small scale/respite/supporting integration) within the next financial year • Partners have achieved a significant reduction in the gap around residential provision / children looked-after in-house • In regards the Eliminate priority, 63 placements have been delivered in 24/25 or are planned for delivery in 2025/26, at a cost of £12.43 million
Adults	• Gwent is projected to eliminate the existing gap care closer to home supported accommodation for people with emotional health and wellbeing needs during 2026/27 • 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
Integrated Hubs	• £29.244 million has been committed to IRCF integrated hub schemes between 2022/23 and 2024/25



	• There is opportunity to apply for smaller-scale hubs for specific population groups (e.g. using capital resource to support ongoing activity in dementia hubs or carers hubs)

4. Argymhelliad / Recommendation

The Board is asked to note the updates included in this report.

Appendices	
Appendix 1:	50 Day Challenge Report
Appendix 2:	Strategic Capital Plan

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:	**Gwent Adults' Strategic Partnership** GASP **MAS** Memory Assessment Service **MOU** Memorandum of Understanding **RLG** Regional Leadership Group **RPB** Regional Partnership Board **SCP** Strategic Capital Plan **SP** Strategic Partnership
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** https://futuregenerations.wales/about-us/future-generations-act/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves

Gwent Region - End of Challenge Report

Performance and Achievements against the Care Action Committee's ambitions and 50-Day Integrated Care Winter Challenge

Executive Summary

The Gwent region has delivered the following over the reporting period:

- 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
- Commissioning of **four reablement beds** in the Torfaen locality
- Additional **23 COTE/reablement beds** at the Royal Gwent Hospital
- **Senior Nurse for Discharge** appointed in January 2025 at the Royal Gwent Hospital and in March 2025 for Community Hospitals, embedding the
- **Hospital to Home/Facilitating Early Discharge**, supported 138 patients on the pathway since November 2024
- Access to the **Urgent Primary Care professional line** for residential homes out of hours to reduce unnecessary ambulance conveyances, 617 contacts between January and March 2025
- Development of the 50-Day Integrated Care Winter Challenge **dashboard and data set** to track performance
- **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
- **Balancing Rights and Responsibilities** training rolled out to 48 health and social care professionals
- Across the 5 local authorities, additional community equipment from **GWICES (regional equipment services) adaptations and assistive technology** provided, to support discharges and prevent hospital admissions.
- 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.
- Increase of **additional in-house emergency / bridging domiciliary care** to minimise waits on the ABUHB reablement waiting list – approximately 480 hours
- Additional **domiciliary care** provided (including reablement) across the 5 local authorities. – approximately 5800 hours

- Additional **staffing capacity** applied regionally including Senior Practitioners, Social Workers, Social Care Assessors, Reablement Carers and locum Occupational Therapists and physiotherapists.
- Reablement senior undertaking **care at home reviews** to release capacity into reablement – approximately 37 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

Regional Overview

Key lessons and Risks identified: CAC ambitions/50-Day Challenge interventions and funding

The key system **challenges/barriers** within the region include:

- Embedding the Optimal Hospital Flow Framework across all sites and wards, cultural change takes time
- Roll out of new digital application CWS2 to capture D2RA data, compliance rates monitored with a targeted action plan to support wards
- Short term funding, difficult to recruit and retain staff, sustainability of workforce and services
- Reporting requirements on a weekly basis and requests for data at short notice, takes away from the operational delivery
- Acceptance of increased acuity patients on weekend, training and skill set, changing culture
- Risk aversion of some members of the multi-disciplinary team, potentially leading to delays and or increased caution in discharge decisions
- Demand for weekend services e.g., district nursing and rapid response, difficult to assess demand on weekend, raising awareness of service availability on weekend takes time
- District nursing, number of contacts increased, number of people seen remains static, deep dive to be undertaken
- Whilst progress against an operational navigation hub has been steady, it is challenging to fully establish this with this within a short timescale due to the need for robust staff engagement and potential of an Operational Change Process (OCP) process

The **system risks** that remain a challenge include:

- From the end of March all additional assessment/domiciliary care capacity will be stepped down due to end of funding including weekend working
- Increase in joint delays (POCD) as a result of stepping down additional capacity

- Management of the 0.5% high risk population on a monthly basis will end in March due to end of funding for the GP practices enhanced service
- Hospital to Home/Facilitating Early Discharge supported timely patient discharge over the reporting period, funded via the Regional Investment Fund, risk of continuation funding in 2025/2026
- Funding for 4 reablement beds in Torfaen to support DST in the community, to be progressed via the Regional Investment Fund in 2025/2026
- Continuation funding for St John Ambulance Cymru falls training, approved via NHS Executives for the reporting period
- Continuation of funding for the senior nurse for discharge this will impact the roll out of the optimal ward framework

The key **lessons learned and opportunities** include:

- Culture change takes time and changing clinical behaviour needs an improvement lens
- Integrated Discharge Board, oversight of pathways of care delays and actions to support improvement in partnership with partners
- Additional assessment capacity and Hospital to Home supported Winter pressures and demand over Christmas period
- Robust length of stay meetings across sites acute and community with appropriate attendance and escalation processes
- Establishment of weekly Scrutiny Panel with representation from Health Board, Local Authority, CHC and Mental Health, fortnightly oversight by Executive Director for Nursing
- Progressed nurse led discharge to support timely patient discharge on the weekend
- Development of the navigation hub will result in from Mid-April the Clinical Community Desk commencing which will introduce a GP working alongside the WAST Advanced Practice Paramedic reviewing populations at risk to support care at home. Pathways are being developed to key referral areas including CRT, district nursing etc
- Progressed Integrated Front Door model at GUH, working in partnership with the Local Authority and wider partners

CAC ambitions/50-Day Challenge interventions and funding: Outcomes assessment and impact achieved

Care Action Committee Priorities (Dashboard Data, appendices)

1) **Reduced pathways of care delays due to assessment (P1)** Slide 4, ambition 2
2) **Increased weekend district nursing and palliative care nursing hours (P2)** Slide 19

3) **Increased count of people (at home and in care homes) benefiting from 'step up' care as safe alternative to conveyance / hospital admission and 'step down' care from hospital (P3)** Slide 25

50-Day challenge interventions

1) Refresh focus on embedding the Optimal Hospital Flow Framework to include a proactive emphasis on rehabilitation and reablement across the H&SC system

Appointment of the Senior Nurse for Discharge at the Royal Gwent Hospital in January 2025 and Community Hospitals in March 2025 to embed the Optimal Hospital Flow Framework and lead the implementation of the Optimal Ward Model. Appointment of Optimal Hospital Flow Champion to support all sites. Focus on:

- Board Rounds/Huddles with engagement from the Assistant Medical Director
- Education and training including refresh of material on the intranet
- Stream lining Local Authority referral processes
- Optimal Hospital Ward – across three wards Medicine, Surgery and Community at the Royal Gwent Hospital including piloting digital PSAG boards
- Roles and responsibilities/MDT
- CWS2 digital application, D2RA data capture, compliance rates and top up training

Over the reporting period, continued awareness raising of the risks of hospital acquired deconditioning this has included:

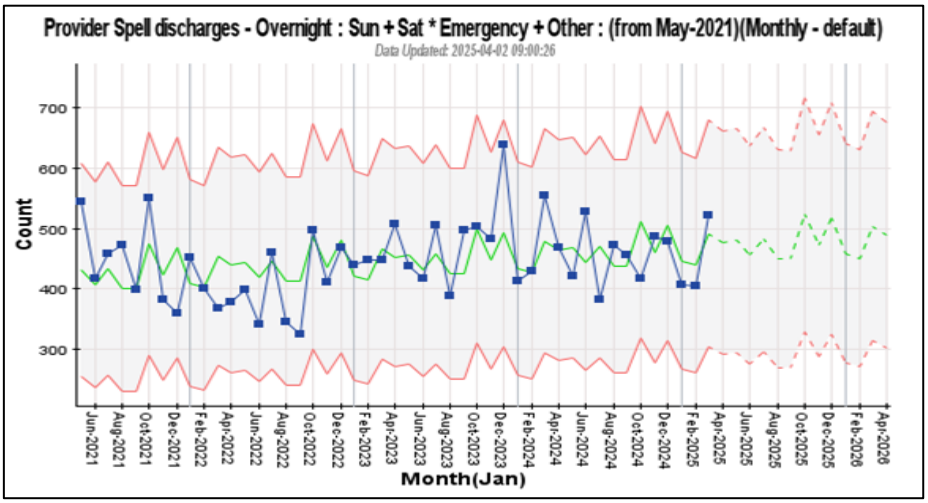
- Ward based campaigns such as 'Get Up, Get Dressed, Get Moving' and 'Thirsty Thursdays'
- American dinner on Community ward at the Royal Gwent Hospital
- Resource and educational material on the Intranet, including staff videos
- Support from Improvement Cymru, small scale test of change to be implemented over the next 9 months, these include continence management, promoting functional activity and education
- Piloting the CEDAR deconditioning tool in YYF aligned to the NHS Executive tool

2) Apply 7-day H&SC working to enable discharge of patients during the weekend

A time limited test of change was introduced to CRT and it was noted that by rostering medical staff to be present on site at weekends and increasing the time from 3 hours on call to 7.5 hrs face to face, an increase in referrals was noted. It was also identified that there is additional scope to extend the referral potential, if additional funding can be sourced.

The district nursing team are reviewing caseloads and shifting resource to a purposeful weekend/weekday split, increasing weekend resource and enabling more people to be discharged at weekends. An exercise is being carried out to make acute colleagues more aware of how contact can be made to DN teams at weekends.

Increase in weekend discharges, from 487 in November 2024 to 522 in March 2025:



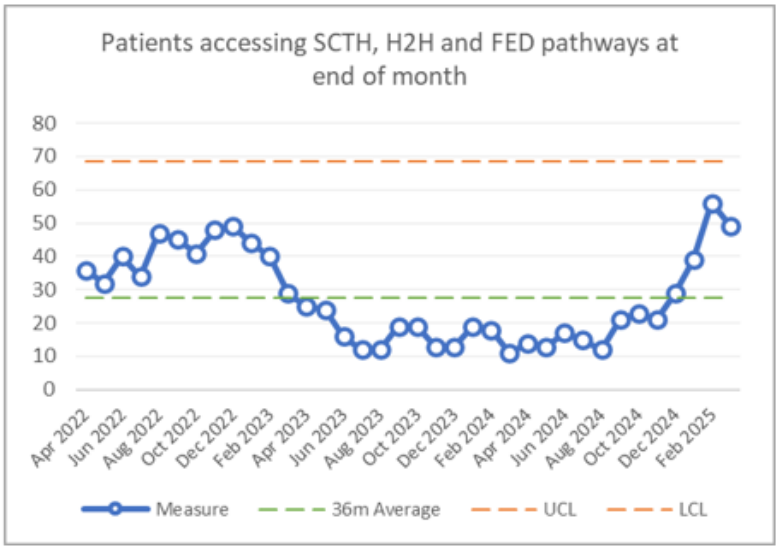
3) Undertake Decision Support Tool (DST)/CHC process in the community

The Hospital to Home team have been supporting hospital discharges by providing care on an interim basis for individuals who are well enough to leave hospital enabling further assessment in the patient's home/usual place of residence to determine their longer-term needs. Essentially the service is an extension of the individuals NHS care, supporting timely discharge from hospital.

In the lead up to Christmas period the service was instrumental in supporting timely patient discharge and the wider system, ensuring patient receive the right care, in the right place, at the right time. The service includes:

- Additional 1-2-1 support in a care home
- Patients awaiting a funding decision from the LA or require community support until the start of the commissioned LA package of care
- Patients requiring a DST in the community

The graph below outlines the impact of the service provision:



4) Regional collaboration to ensure that 'integrated navigation hubs' exist to facilitate discharge for acute hospital sites and admission avoidance in the community

In preparation for the Integrated navigation Hub a single access number was provided with the provision of 3 options, one for each service. Additionally, the call handling functions for Urgent Primary Care (UPC) and the Community Resource teams (CRT) were brought together under a single line management structure. The UPC professional line was extended to include residential homes in January 2025 as this had previously only supported nursing homes.

Over the winter period a series of meetings facilitated collaborative discussions between primary care, acute services and WAST. As part of these meetings, it has been agreed that a Community Decision Desk will be established, between Urgent Primary Care and WAST, with close liaison with the Flow Centre.

The first phase of this will commence on 6 May 2025. The aim of the team will be to receive criteria led referrals from the Flow Centre, from WAST and from stack review, and to assess if/where an alternative community pathway is more appropriate for the individual and refer into this. The criteria relates to those members of the population who fall within the 'populations at risk' category and the first stage of this will be to concentrate on all care homes and aiming to support residents to be cared for within their care setting, reducing the number of inappropriate conveyances each week to hospital settings.

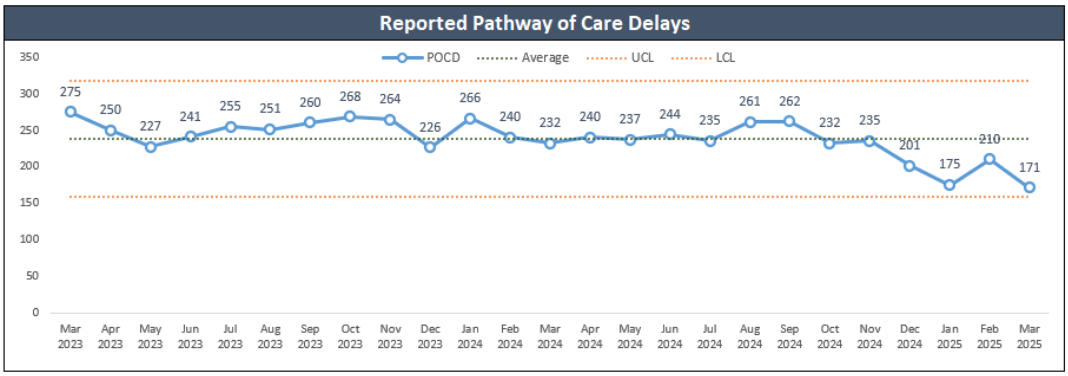
Work is ongoing to develop a combined Directory of Service that will bring together all resources into one 'warehouse' and will support staff to find out more information about services that will support both admission avoidance and earlier discharge.

5) Regional H&SC weekly review of LOS 21-28 days and 20 longest LOS patients with focused actions to progress discharge

Continued weekly review of patients with LOS 21-28 days and 20 longest LOS patients with fortnightly oversight from the Executive Director for Nursing and monthly reporting to the Integrated Discharge Board, this includes:

- Robust flow/fishbowl and length of stay meetings held weekly across acute and community sites
- New reporting mechanism for longest LOS and weekly scrutiny panel introduce from beginning of April 2025
- Reduction in patients staying over 100 days, from 18 patients in December 2024 to 8 patients in March 2025
- Escalation framework developed across Health and Social Care developed to be signed off with partners
- DR2A Digital Solutions roll out across Health Board in April 2024, enhanced data capturing including reason for delay, collation of meaningful data
- Robust validation process, monthly meeting with Local Authorities chaired by POCD Lead, consistent process identifying reason for delay

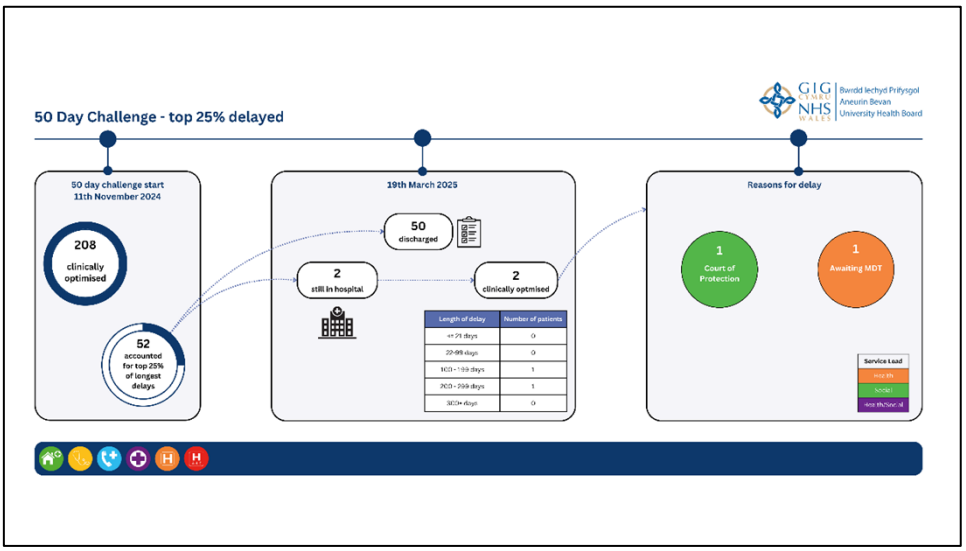
The graph below highlights the number of validated monthly POCD, there has been a significant decrease from October to March with a slight increase in February:



The table below further highlights the improvement seen in the most recent POCD report in terms of reported delays and days delayed with reported improvement across Health, Social Care and joint delays:

Reported Delays		Days Delayed		Health Delays		Social Delays		Joint Delays	
171		6,195		32		64		75	
Last Month Feb 2025	Last Year Mar 2024	Last Month Feb 2025	Last Year Mar 2024	Last Month Feb 2025	Last Year Mar 2024	Last Month Feb 2025	Last Year Mar 2024	Last Month Feb 2025	Last Year Mar 2024
210	232	6912	8937	49	71	81	71	80	90
-18.6%	-26.3%	-10.4%	-30.7%	-34.7%	-54.9%	-21.0%	-9.9%	-6.3%	-16.7%

The graphic highlights the position re the top 25% delayed reported as at beginning of November 2024:



6) Proactive management of identified 0.5% high risk population group by clusters and multi professional community teams

In December 2024, WG identified time limited funding and guidance for practices to undertake a full assessment with patients who were part of the 0.5% cohort and complete, share and upload a Future Care Plan (FCP). Additional funding was also provided for subsequent monthly and/or following contact with emergency teams. 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.

An evaluation has been completed by SPPC and this will support next steps in terms of this funding.

A working group has been established that supports the Population at Risk (P@R) work of which there are currently two key parts. Firstly, a long-established process of conducting MDTs with the population who are both frail and are at risk of becoming frail. There are

now 7 NCN that are investing in the MDT process and this is being measured utilising a core data set which will be reported monthly. When sufficient time has passed from the intervention, (6 months) a retrospective audit will be carried out to understand how many times individuals contacted key services before and after the MDT approach. This will support greater understanding of the impact interventions may have.

A further exercise is being carried out across four GP practices to examine the entire over 50's population and understand their frailty score, and any correlation with the High-Risk Adult Cohort data set. By combining information, subsets of patients will be identified and a professional judgement exercise it is expected that more informed targeting of MDT and other support can be enabled.

7) GP Enhanced Service rollout for care homes and Proactive Care / Urgent Care provision for 'High Risk Cohorts'

90% of GP practices support the care home enhanced service. In one of the homes not covered by the enhanced service, an MDT was convened with care home staff, the resident and/or their relatives, and colleagues from nursing, therapies and local authority. As the funding was time limited, only one home was involved in the pilot however of the 30 residents. Of the 22 who didn't have a FCP in place, this was provided following the discussion process. This has evaluated very well from both residents, relatives and colleagues who were engaged.

Patient Story:



Patient%20Story%20Care%20Home.doc

8) Trusted Assessor model for all care settings

Trusted Assessor has not been implemented in all care settings however a review of opportunities has been completed and presented back to integrated discharge board. Areas of opportunity identified broadly aligned with work currently ongoing or initiated under 50-day challenge –

1) Integrated front door

2) Facilitating Early Discharge

3) Care home assessment. Funding implications to be considered in new financial year.

Balancing Rights and Responsibilities training rolled out, with 3 further cohorts scheduled. Ad-hoc projects across Gwent aligned to TA approach have seen an uplift in people being trained in TA principles or having TA roles

9) Home First default for all patients clinically optimised – Health and Social Care discharge planning begins on admission

The Hospital to Home team continues to support timely patient discharge and admission avoidance, with a further subcontractor run with New Directions Domiciliary Agency in place to support discharge.

The Acute Frailty Response team at GUH continues to ensure appropriate assessment and intervention is carried out to support transfer safely back to community teams for support as required.

Patient Story:



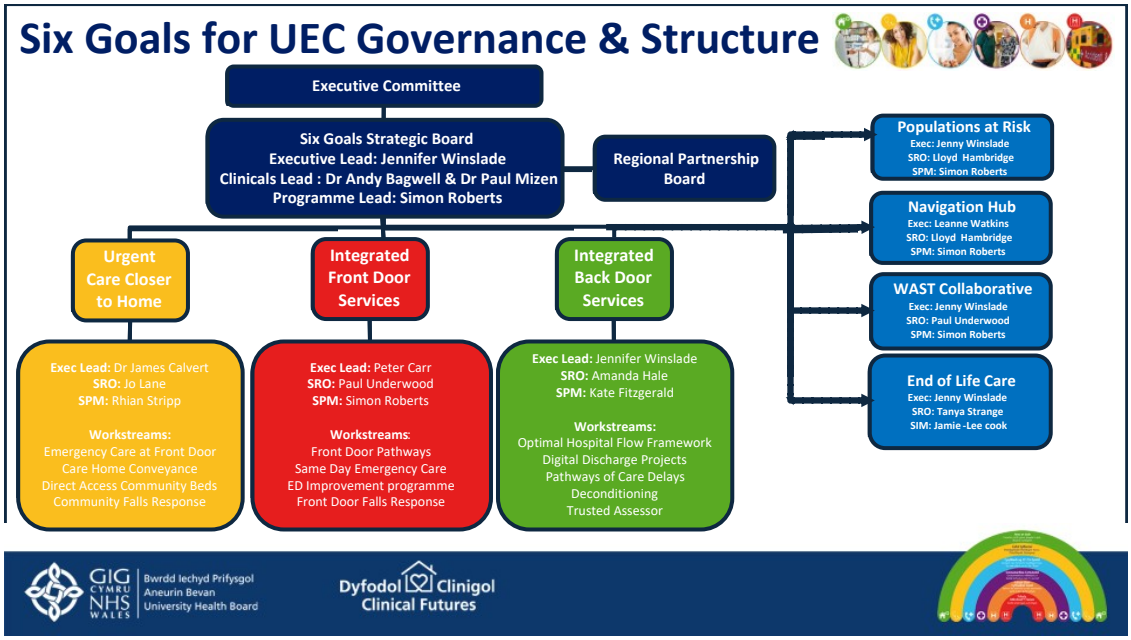
Patient%20Story%20Acute%20Frailty%2

10) Integrated community services to focus on 7-day community-based falls response pathways

WG funding has enabled the division to provide Falls training from St John Ambulance Cymru. This has been provided to 34 care homes, extra care, and domiciliary care agencies and has been very well received. In addition, funding has been utilised to buy 10 new lifting aids and servicing for an additional 60. The numbers of falls related calls to WAST has not yet significantly reduced however the training and lifting aids were provided during March.

Key actions for further development and embedding for 2025/2026

In 2025/26 the work will be taken forward and monitored through the Six Goals for Urgent and Emergency Care governance arrangements as outlined below:



Areas that require **particular focus** in 2025/26:

- Piloting the **Clinical Community Desk** in April 2025, GP working alongside the WAST Advanced Practice Paramedic. Development of pathways to key referral areas including CRT, district nursing etc
- Weekly **POCD Scrutiny Panel** with representation from Health Board, Local Authority, CHC and Mental Health, fortnightly oversight by Executive Director for Nursing
- **Populations at Risk**, MDT programme will now be able to capture the same data from each of the five services that are running and support the introduction of approaches in those areas not yet engaging. An analysis will take place of the over 50's population in the four identified practices during May. The learning generated will be utilised to further understand the most appropriate cohort for intervention that supports people to stay closer to home
- **Care Homes** — The focused work will continue and this will be spread across more of the 98 homes within Gwent. As this begins to embed, consideration will be given to the number of people for whom a call is made regarding their breathing issues
- Continue to progress opportunities for **seven-day Health and Social Care working** to enable timely patient discharge during the weekend

Trusted assessor priorities for 2025/26 will be aligned to delays within the Pathway of Care system, namely;

- Integrated front door – to provide rapid turnaround via a MDT undertaking elements of a trusted assessor approach, with access to a range of services
- Facilitating Early Discharge - moving discussions on CHC to a community setting to prevent unnecessary delays

- Care home assessment – pilot an approach to reduce the number of assessments undertaken by care homes in hospital before accepting a patient discharge
- Prioritising a whole system approach to Balancing Rights and Responsibilities, underpinned by training

Some elements require continued or new investment, current RIF funding arrangements are being explored within Q1 of 25/26 and opportunities to redeploy funding into the TA space will be considered

Key actions aligned to the **Winter Summit**:

- **Maintain greater tactical co-ordination across partners** – Integrated Discharge Board and stronger oversight of pathways of care actions supported improvements in position
- **Improve system data** – Good health data but need to improve quality and consistency of local authority information to support tactical decision making
- **Bridging funding** – utilising short term funding to bridge the gap before packages of care in place, achieved earlier discharge
- **Proactive care planning** – High Risk Adult Cohort planning with community teams, start earlier and ensure plans and reviews in place before November

Funding Performance

1. High Risk Patient Cohort

Underspend of £355k

Additionality to the system:

Funding was provided for an MDT approach in one care home. Of the 32 two residents, 22 did not have a Future Care Plan and by the introduction of a robust process, this was rectified. The process with residents, relatives and care home staff evaluated very well.

The underspend was re-directed towards additional unfunded Health Board Winter Pressure areas (including additional capacity in Community Hospitals and additional Medical & Nursing shifts).

2. Community transition and assessment beds

Spend of £786k against an allocation of £764k

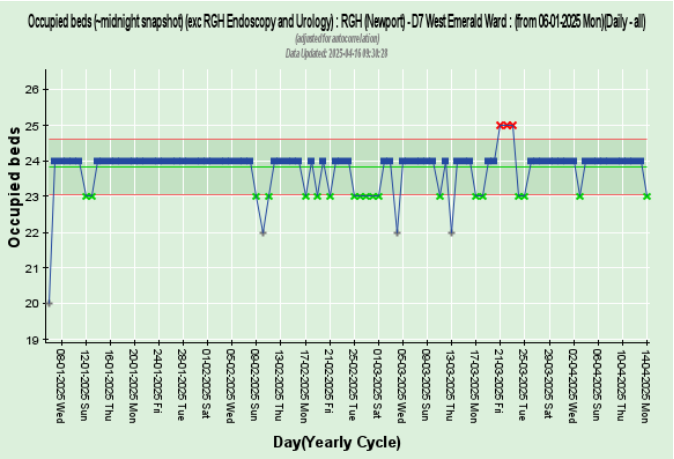
Additional 23 COTE/Reablement beds

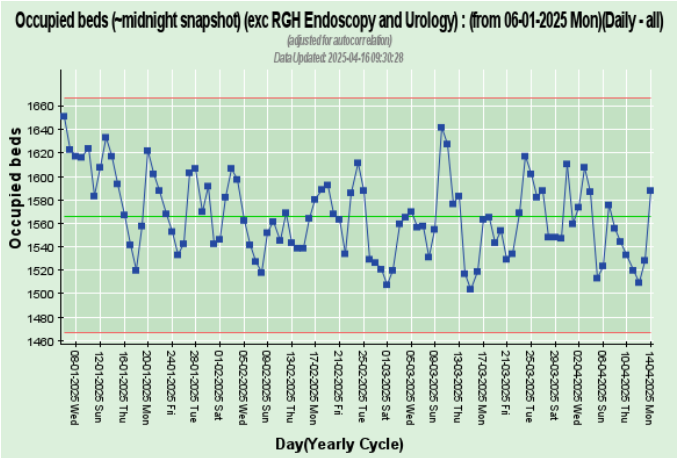
Additionality to the System:

- Week commencing 6th January reported significant system pressures across our acute and community sites which resulted in extreme bed occupancy well beyond the core

bed base within the system. The pressures of this week resulted in ABUHB declaring a Critical Incident on Mon 13th January.

- Our winter modelling for occupied beds forecasted a peak winter demand from w/c 6th January for a 5-week period, and as such the winter ward was established to aid in support flow through the hospital system and to be operationalised from this week.
- This extra capacity was fully utilised (first graph), alongside other winter interventions undertaken, following the critical incident, this resulted stable occupancy levels back in line with the forecast through the following 3 weeks to date (second graph).





3. Reablement and Domiciliary Care

Full spend £1,7799,279

Additionality to the System:

Across the 5 local authorities, additional community equipment from GWICES (regional equipment services) adaptations and assistive technology was provided to support discharges and prevent hospital admissions.

Increased hours across the system including:

- Retainer domiciliary care provided for rapid discharge for patients who had existing domiciliary care provision prior to admission to hospital
- Increase of additional in-house emergency / bridging domiciliary care to minimise waits on the ABUHB reablement waiting list
- Additional domiciliary care provided (including reablement) across the 5 local authorities
- Reablement senior undertaking care at home reviews to release capacity into reablement
- Additional staffing capacity applied regionally including Senior Practitioners, Social Workers, Social Care Assessors, Reablement Cares and locum Occupational Therapists and physiotherapists
- Removal of short stay utility charge in Ty Glas Y Dorlan that provide 8 short stay flat, to remove barriers to staying and to increase options available for reablement

Increased hours across the system including:



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Conclusion

Summarise the key points.

- Development of dashboard and data set, key to tracking progress
- Positive engagement via Integrated Discharge Board, with oversight of pathways of care delays and actions to support improvement in position with partners
- From the end of March all additional assessment/domiciliary care capacity stepped down due to end of funding including weekend working, system risk
- Embedding the Optimal Hospital Flow Framework across all sites and wards, cultural change takes time
- Further work required on Trusted Assessor models in light of the Blancing Rights and Responsibilities training
- Establishment of weekly Scrutiny Panel with representation from Health Board, Local Authority, CHC and Mental Health, fortnightly oversight by Executive Director for Nursing, themes and learning to be taken forward
- Reduction in Pathway of Care Delays over the reporting period aligned to the Care Action Committee's ambitions, targets achieved across all three measures, positive progress
- Proactive management of identified 0.5% high risk population group by cluster, no funding to progress beyond March 2025, system risk

- Challenging to fully establish the operational navigation hub within a short timescale due to the need for robust staff engagement and potential OCP
- Continue to progress opportunities for seven-day Health and Social Care working to enable timely patient discharge during the weekend, supporting patient flow

Appendices

Data Dashboard



IDIB%20%20CAC%20Reporting%20Pack

Optimal Ward Model



Optimal%20Ward%20Model.pptx

Digital Update



IDIB%20Digital%20Update%202025010

Navigation Hub



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100 Days Delayed



100%20Day%20Reviews.pptx

Hospital to Home



H2H%20-%20Discharge%20Improvemen

Care Homes



IDB%20Update%20-
%2025th%20March%

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

Gwent Regional Partnership Board

10-Year Strategic Capital Plan 2024-2034

MARCH 2025

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Glossary of Terms

Acronym / Abbreviation	Definition
RPB	Regional Partnership Board
SCP	Strategic Capital Plan
SNA	Strategic Needs Assessment

1. Introduction

Gwent Regional Partnership Board has established a 10 year Regional Capital Strategy 2023-2033 to deliver accommodation and integrated working solutions to support priority population groups to remain at home or as close to home as possible.

This strategic capital plan articulates how the strategy will be delivered over the next 10 years and the approach to ensure the planning activities remain relevant in the context of population projections, demand on services and interdependencies across models of care. The plan builds on a good foundation of capital programme delivery within the region supporting national policy agendas but has a very clear focus on regional delivery to address identified population needs.

The focus of Gwent RPB's Strategic Capital Plan is on the community infrastructure needed in the Gwent region for the priority population groups:

- Children and young people.
- Older people.
- People with physical disabilities.
- People with learning disabilities and autism.
- People with mental health problems.
- People with sensory impairments.
- Carers needing support.
- Women suffering violence and domestic abuse.

The evidence and priorities reflected within the plan not only address the identified population need but also a range of national and regional policies and plans. The Gwent RPB's 10-year Strategy and Plan and should be read in conjunction with each other.

The strategy and plan establish a regional and collaborative commitment to continue to improve the models of care being delivered in Gwent to achieve the aspirations of the RPB. Commitment is provided to ensure robust business cases and ongoing evaluation of this plan is embedded within our capital programme development and delivery, alongside our regional strategic programmes partenabled by the Regional Integration Fund.

2. Developing the 10-Year Strategic Capital Plan

2.1. Introduction

This section of the Strategic Capital Plan (SCP) provides an overview of the approach that Gwent RPB took to develop the capital plan, including the underpinning principles as well as how key partners were involved and engaged throughout the process. The emphasis of the approach was on collaboration and co-design in order to ensure buy-in and key partner familiarisation with final outputs and, ultimately, the development of a robust 10-year SCP for the Gwent region.

Also included in this section are recommendations around further work required to address any in limitations to, or gaps in, the plan at this stage. These recommendations cover activities that are separate to the ongoing (annual) SCP review process which exists to ensure that the pipeline of plans:

- reflects the priorities of Welsh Government, as these continue to evolve.
- reflects the post-project evaluation and learning from projects, for example in terms of benefits realisation.
- remains live to changing population need

2.2. Gwent RPB key partners

Gwent RPB was cognisant during the SCP development process that in order to produce a robust 10year strategic capital plan, its key partners would need to be engaged and actively involved throughout, from both a design and decision-making perspective. The approach taken to develop the SCP was based on a number of principles, outlined in section 2.3, with an overarching focus on collaboration.

The RPB's key partners are presented in figure 2.1 below.



Figure 2.1, Gwent RPB key partners

Whilst we are establishing our regional ambition within plan, further engagement will be undertaken locally within our Integrated Service Planning Boards along with coproduction and engagement with carers, citizens and communities where appropriate.

2.3. Approach to developing the plan

Between March and September 2023, Gwent RPB undertook a three-phase project to develop the capital strategic priorities for the next ten years. This work represents the most in-depth and comprehensive understanding of the capital asset landscape in Gwent which, combined with an updated needs assessment for the priority populations groups, has enabled the RPB and its strategic partners to create this 10-year capital plan.

Figure 2.2 below presents the high-level approach taken to develop the RPB's SCP. Further detail on the activities completed within the stages is included in section 2.3.1. below.



Figure 2.2, High-level approach to development of Gwent RPB's SCP

2.3.1. Summary of work: information and analysis undertaken

The development process included the creation of comprehensive Strategic Needs Assessments (SNAs) across the eight population groups, alongside a full asset mapping process. This has included:

- quantitative data gathering and analysis, using Social Care, Housing and Health data throughout Gwent, including estimates of unidentified demand.
- desktop qualitative analysis, including a review of current and potential future direction of national and regional strategies to assist with regional integration and collaboration.
- review of current best practice.
- the collection and analysis of asset data from providers and local authorities in Gwent.
- asset mapping using a GIS tool.
- collection of local data to address gaps in data provision.
- in-depth interviews with local authorities and Health and Social Care professionals across the Gwent partnership landscape, to understand and assess the current and future need for integration and collaboration.

Further stages of work enabled the aggregation and assessment of local data, both qualitative and quantitative, to determine the need in Gwent across the population groups, to determine the gap in provision that needs to be met in order to meet current and projected future demand.

2.4. Information and analyses

A number of information and data sources have been used in the development of this SCP. Figure 2.3 below provides an overview of the key sources.

Information / Data Source	Overview
Gwent Population Needs Assessment (PNA)	The PNA brings together information about people's care and support needs and the support needs of carers in Gwent. It aims to show how well people's needs are being met and the services that Gwent RPB will need to meet them in the future. The five councils in Gwent worked together with Aneurin Bevan University Health Board (ABUHB), supported by Public Health Wales, to produce the assessment.
Gwent Market Stability Report (MSR)	The MSR helps Gwent RPB to understand the social care market in Gwent so that providers of health and social care services can be effectively commissioned and supported to meet the needs of the population.
Gwent Regional Area Plan	The Gwent Regional Area Plan, 2023 to 2028, sets out how Gwent RPB will respond to the findings of the Gwent PNA and MSR.
Capital Strategies and Plans	The capital strategies and plans of ABUHB and the five Gwent local authorities set out the strategic priorities and aims of each organisation, as well as how they are aligned with overarching national policies and legislation.
Strategic Needs Assessment (SNA)	This included desktop research, capacity and demand modelling using data provided by stakeholders and a combination of one-to-one meetings and small group workshops to gain an understanding of current and future needs and gaps in service for each population group.
Asset Mapping	The RPB designed a questionnaire for data collection from the five Gwent Local Authorities, ten Registered Social Landlords (RSLs) and ABUHB. The data collection exercise was supported by one-to-one engagement sessions with relevant stakeholders to validate responses and update data. GIS mapping software was used to develop health, housing and care asset maps.

Figure 2.3, Key information and analyses used in the development of the SCP

Appendix 1 sets out further detail of the methodology used to quantify the gap between current provision and future accommodation needs in order to deliver our local and national strategic objectives, and meet the needs of the population groups across Gwent.

2.5. Further work on the plan

This SCP is a 'live' document to deliver the Regional Capital Strategy 2023-2033. Whilst the strategy is setting the 10 year priorities and direction, the plan will be reviewed and updated on an annual basis, to reflect any changes in need and the progress of the capital projects within it. The plan will evolve over time due to:

- Greater awareness of regional infrastructure across RPB partners.
- Improved information / analysis of the condition of assets
- More effective sharing and joint analyses of assets.

- Greater collaboration across RPB partners, with the potential development of schemes across two or more local authority areas.
- Development of capital programmes over time as projects are delivered and/or other changes occur.
- The trajectory of population growth being different to that projected ✦ The ongoing evaluation of programme delivery

2.6. Revenue Dependencies

Whilst the process described in this chapter has enabled Gwent RPB to identify future capital priorities, several revenue priorities have also been identified. These will be addressed by strategic partnership boards as part of their programmes to develop person centred models of care. The revenue consequences of our capital investment programme will be identified through the business case process outlined in chapter 7.

3. Strategic Priorities: Children and Young People

3.1. Introduction

This group includes individuals across five sub-groups, outlined in Figure 3.1.



Figure 3.1, Childrens sub-groups

This section of the plan outlines the strategic priorities for Children and Young People, developed through the analysis outlined in **section 2**, by the overarching strategy and policy drivers detailed in the accompanying strategy.

Appendix 1 sets out further detail of the methodology used to quantify the gap between current provision and future accommodation needs in order to deliver local and national strategic objectives, to meet the needs of Children and Young People across Gwent to determine the strategic priorities.

3.2. Overall children and young people population and demand trend

The overall number of children is expected to decrease across Gwent over the next 10 years by 4%. The only area with an expected increase is Newport (2%). Based on recent trends in the number of children looked after, demand for children's services are likely continue to increase.

3.3. Summary of capital and bedspace provision for children

The key population groups in Children's provision requiring accommodation are children on the edge of care and children who are looked after. Combined resources for these groups include 173 units provided by a combination of registered social landlords, Local Authorities, and private providers. A total of 149 bedspaces were recorded specifically in children's homes with the private sector providing 112 of the bed base, equivalent to 75%.

3.4. Children with a disability

3.4.1. Analysis of need

Due to a lack of systematic collection and the fact that not all children with a disability are registered, data for this population group is imprecise. The estimated UK prevalence is 9%.

Using the data that was available, the Strategic Needs Assessment found that disabled children are more likely to grow up in poverty, are at increased risk of abuse and less likely to receive protection and support, and twice as likely to be victims of crime. There are disparities in educational outcomes and wellbeing.

Stakeholders across Gwent reported that there is a shortage of placements for children with a disability (including foster care) and a shortage of independent accommodation. More housing options would serve to support families to stay close to their support network (inc. siblings).

In addition, stakeholders identified a shortage of carers to support children, and a need to further extend short-break and respite support. There were identified opportunities to develop better coproduction approaches between health and social care to provide support in the community,

3.4.2. Capital Assets currently available

Only two resources were identified in this group via the asset mapping work:

- a six-bed unit in Caerphilly that provides extra care and respite care.
- a four-bed unit in Monmouthshire that provides respite care.

This low number of assets is likely to be representative of the fact that most children in this population group are living with families and other carers.

3.4.3. Key priorities

The following key priorities were identified for children with a disability. Some individuals in this group are likely to present as part of the children looked after / children on the edge of care group, meaning that the strategic capital priorities for these groups would also be relevant.

Strategic Capital Priorities: Children with a Disability

1. Capacity in residential provision, where children have a disability.
2. Develop respite / short-break provision to meet the needs of children with a disability.
3. Develop integrated hubs to meet the physical, mental health and support needs of children with a disability.

3.5. Children with emotional and behavioural needs

3.5.1. Analysis of need

Across the UK, the number of children and young people experiencing mental health and behavioural needs is growing. Services are expanding, but not fast enough to meet the rising needs. There is a stark contrast between areas of differing socio-economic deprivation, with higher crisis demand in more deprived areas.

Analysis shows that there are a range of challenges and disadvantages faced by children with emotional and behavioural needs. Children and young people with a record of mental or neurodevelopmental

disorders or self-harm are more likely to miss school than those without a record, and overall services for this group are not responsive enough. Longstanding problems with youth mental health service provision include system fragmentation, poor access, discontinuation of support at the transition to adulthood and a lack of an informed developmental perspective.

There is a shortage of professional knowledge on neurodevelopmental disorders, and Gwent has a shortage of providers who can cater for children and young people with mental health issues and autism. There is an overall lack of staff and providers to meet the most challenging needs.

Stakeholders identified that there has been a crisis of wellbeing following the pandemic, with no additional support available – and a lack of support to education colleagues to avoid exclusion.

3.5.2. Capital Assets currently available

Aside from a 5-bed respite unit in Newport, no other accommodation was reported for this population group.

3.5.3. Key priorities

For this group the main priorities identified through the planning process were a combination of the capital requirements identified in the box below, together with revenue investment in workforce expertise and availability of support, and capacity to deliver specialist packages of care for this population group.

Some individuals in this group are likely to also present as part of the children looked after / children on the edge of care group, meaning that the strategic capital priorities for these groups will also be relevant.

Strategic Capital Priorities: Children with emotional and behavioural needs

1. Additional capacity in residential provision, where children are looked after.
2. More short-break and respite options to provide a safe-space and a positive experience for children with emotional and behavioural needs.
3. Develop integrated hubs to meet the physical, mental health and support needs of children with emotional and behavioural needs.

3.6. Children on the edge of care

3.6.1. Analysis of need

Children are on the edge of care if they are at risk of being looked after (going into care). Over the last 15 years, the number of children looked after has increased with Wales having the highest rate in the UK nations.

The current trajectory for the number of children at harm and requiring intervention is unprecedented, highlighting the need for edge of care support. The Welsh Neglect Project and the research undertaken by Cardiff University demonstrated that, where concerns could be managed effectively without removal from the family; this helps children with their sense of identity, belonging and wellbeing and the risk of multiple placements or placement breakdowns could be avoided.

Local stakeholders identified that most edge of care initiatives were funded through grants or temporary funding which makes it difficult to plan and attract and retain the best workforce. Stakeholders also reflected that there are opportunities for greater co-production with families to manage risk more effectively, and a need for more intense family working with smaller caseloads.

3.6.2. Key priorities

Key priorities for this group include:

- More family support, working with the child, parents and carers.
- Consider respite/short-term breaks as an alternative to going into care.

Strategic Capital Priorities: Children at the edge of care

1. More short-break and respite options to provide a safe-space and a positive experience for children at the edge of care.
2. Develop integrated hubs to meet the physical, mental health and support needs of children at the edge of care, including welcoming centres.

3.7. Children looked after

3.7.1. Analysis of need

Recognition of new risks and a more risk adverse approach are considered factors that have contributed to an increase in the number of children looked after. In Wales, 16% of children are looked after through kinship care arrangements, 69% live with foster carers, 8% live in residential care and 3% of children are placed for adoption.

Demand for foster placements currently outstrips supply, and therefore the number of children living in residential care has increased by 58% in Gwent over the last four years. Deprivation accounts for 53% of the variation across local authorities.

Challenges and disadvantages faced by children looked after include:

- Almost half have a diagnosable mental health disorder.
- For many, inconsistency experienced in their birth family home can continue in the system, with around 11% of all children in foster care experiencing unplanned endings to their placements.
- It is more common for children to have a change of social worker in a given year than to have the same worker for the whole of that time. The older the child is on entry into care, the higher the risk that a child will experience multiple moves. Multiple placement moves are also common for those with identified social, emotional, and mental health issues.
- The market is currently failing to provide a sufficient supply of quality care providers to place children in appropriate placements that are close to home and meet their needs.
- There is a mismatch between the needs of the children and young people requiring homes and the models of service or care offered by the market, leading to vacant beds and some young people having no regulated placement available to them.
- A lack of local provision results in out-of-area placements. There are times when the right residential provision does not exist, most notably in the lack of therapeutic placements.

- Many foster carers and adoptive parents do not have access to the training and support that they need to parent effectively. The Fostering Network identified that 40 – 60% of foster carers have no agreed training plan.
- The Gwent Children and Families Partnership has identified that current practice and service delivery for those requiring emergency/crisis residential placements is often poor. The partnership has identified three priority groups who require specific packages of care:
    - Children and young people who have experienced complex trauma, often challenging teenagers with complex attachment difficulties.
    - Children and young people with autism/ learning disability and challenging behaviours.
    - Children and young people with physical disabilities and complex health needs.

Stakeholders identified that placements caused the largest area of spend across Gwent. There are significant capacity challenges that result in placements without registration, the use of agency workers, and a reactive approach to management.

3.7.2. Assets and current placement provision

Within the region, 75% of home provision is provided by private agencies. At the end of June 2023, 16% of children looked after were in LA-run residential placements.

There is very limited respite support (4 bed spaces in Caerphilly, and 5 bed spaces in Newport) and waiting lists have been reported. There is currently no data available on children from outside the region that are in placements in Gwent.

At the end of June 2023, 123 children were in residential placements and 2 in emergency placements.

3.7.3. Key priorities

Strategic Capital Priorities: Children looked after

1. Ensure the provision of care closer to home, increasing the number of residential placements available to bring children in Gwent. ○ An additional +60 residential placements.
2. Increase in-house / not-for-profit provision, so that all children looked after are in local authority care.
    - ○ And additional +103 in-house residential placements.
3. Develop integrated hubs to support the needs of looked after children, including welcoming contact centres.

3.8. Care experienced children

3.8.1. Analysis of need

In 2021/2022, 1,839 children left care across Wales, representing a 9% increase compared with the previous year. Most children leaving care continued to live with parents, relatives, or other persons with parental responsibility.

The evidence shows impacts in:

1. Early parenthood: 22% of female care leavers become teenage parents
2. Mental health: care leavers have adverse mental health outcomes and describe difficulties in accessing specialist support
3. Crime: 24% of adult prison population have been in care
4. Education: 28% care leavers are not in training or employment at the age of 19
5. Accommodation: approximately 39% of homeless people in Wales are care leavers

Local stakeholders reported that there is a deficit in housing provision, especially enhanced support although there are some initiatives being developed to provide new accommodation solutions for care leavers. Stakeholders identified that placements with a mixture of different age groups would support integration into the community.

Stakeholders identified that there is a need for a wider variety of accommodation options, including single occupancy, and additional support, mainly for emotional wellbeing. They also identified opportunities for improvement to develop a pipeline of accommodation solutions between social care and housing associations.

3.8.2. Assets and current placement provision for care experienced children

- United Welsh (15 units) and Pobl (8 units) provide supported housing for care experienced children. There are some initiatives ongoing to provide new accommodations solutions for care leavers.
- In 20/21, 18 care leavers were in B&B's to meet immediate housing needs
- At the end of June 2023, 171 care experienced children were in supported and 161 care experienced children in independent placements

3.8.3. Key priorities

Strategic Capital Priorities: care experienced children

1. Increase the appropriate accommodation available for care experienced children, within county.
    - An additional +67 residential placements for care experienced children
2. Develop alternative models of care for care experienced children, with more accommodation options available and mixed age groups to support integration.
3. More accommodation for 1-2 children and young people, and emergency accommodation for overnight support
4. Develop integrated hubs to meet the physical, mental health and support needs of care experienced children, ensuring easy access support specifically for care leavers.

3.9. Overall priorities: Children and Young People

Four overarching priorities have been identified for Children and young people in Gwent. These are outlined in the summary box below. These priorities were discussed and ratified by Gwent strategic partnerships. The order of delivery of these priorities is outlined in chapter six, with the following order of relative importance:

1. Additional accommodation units for care-experienced children, and small-scale accommodation supporting 1-2 individuals
2. Additional residential placements to bring children in-region
3. Additional respite provision, based on the Oaklands model
4. Deliver integrated and population specific hubs
5.

Strategic Priorities: Children and Young People

1. **We will ensure provision of care closer to home: for Gwent children and young people. This will include:**
    - An additional +60 residential placements to bring children in-region.
    - As additional +67 placements for care experienced children to support within county in appropriate accommodation.
    - Accommodation on a small scale for 1 or 2 Children and Young People.

2. **We will increase in house provision of care for children looked after, therefore eliminating profit, by:**
    - Developing an additional +103 in-house / not-for-profit residential placements required to have all children in local authority care.

3. **We will continue to develop and evaluate alternative models of care. These will include:**
    - Extend respite provision in region based on the Oaklands model. ○ Mixed age groups to support integration. ○ Further variety in options for care experienced children.

4. **We will develop Integrated hubs to help meet the physical, mental health, care and support needs of children, young people and families. Provision will include:**
    - Welcoming contact centres. ○ Easy access wellbeing/mental health support.
    - Easy access support for care leavers.

4. Strategic Priorities: Adults

4.1. Introduction

This section outlines the strategic priorities for Adults. The group includes individuals across four subgroups, outlined in figure 4.1 below.



Figure 4.1, Adults sub-groups

Appendix 1 sets out further detail of the methodology used to quantify the gap between current provision and future accommodation needs in order to deliver our local and national strategic objectives, and meet the needs of the Adult group across Gwent.

4.2. Overall adults population and demand trends

The overall Adult population in Gwent is estimated to decline by 0.8% over the next ten years, although there is variation between local authority areas. The only region with a projected population increase is Newport (4%) and the largest projected reduction in Blaneau Gwent (4%).

4.3. Summary of capital provision for adults

The two key providers of adult bedspaces (inclusive of Older People) in Gwent are the private sector (42%) and registered social landlords (54%).

Some SNA population groups are served by more community-focussed services, including those in the Adults with a learning disability, and adults with a physical disability or sensory impairment groups categories.

In relation to population groups such as those with physical disabilities there is little bespoke resource and more need for adaptations and community support. As people age it is more likely that their needs associated with physical disability are included in the Older People population group.

There are low numbers of step up/step down facilities reported across Gwent.

4.4. Adults with Mental Health Conditions

4.4.1. Analysis of Need: Adults with Mental Health Conditions

One in four adults experiences mental illness in their lifetime, with 85% seeing first symptoms by the age of 24 with the most common diagnoses being anxiety disorders, depression and PTSD.

Consequently, there are an estimated 54,000 people in Gwent living with undiagnosed mental health condition. prevention and early intervention strategies that aim to keep individuals out of hospitals, living safely in their communities, is crucial for the future development of mental health solutions.

The Strategic Needs Assessment for this group highlighted five key themes:

- Prevention: Avoid A&E presentations and improve emotional wellbeing
- Acuity: bariatric needs should be considered
- Community: enable communities to be more robust, providing traditional and non-traditional support for mental health needs
- Workforce: Complexity of care in the community, supported living and care homes requires a skilled workforce
- Intermediate: There is a need to further develop step-down from hospital to independent living

Stakeholders reported that individuals want to remain either in their own homes or in their own communities. Those accommodation solutions that are available need redevelopment. Stakeholders also identified that packages of care for complex needs aren't commissioned well and often don't achieve the needs of the service user. Finally, there is concern that there are inadequate step up/down services to allow the patients to move to the correct location for their need(s).

Stakeholders also identified that there aren't sufficient numbers of refuge placements for adult survivors of domestic abuse. In addition, there are accommodation challenges for individuals who are being supported for substance abuse.

4.4.2. Capital Assets currently available for Adults with Mental Health Conditions

Registered Social Landlords provide 81 units for adults with mental health conditions. Most RSLs also have support services provided by the third sector. There were no step-up or step-down beds reported.

There are four supported housing projects in Newport for adults with mental health and/or substance misuse issues.

The analysis indicates the roles of both specialist third sector providers providing support, and that much of this community-based support is commissioned by the Supporting People teams positioned within the local authorities. Use of Housing Support Grant (HSG) for this population group is thus focussed on the prevention of homelessness.

There is an identified gap of available placements, with 122 people with mental health conditions currently placed in out of county placements. A significant proportion of current provision for those in this population group is within the community.

4.4.3. Key priorities

Strategic Capital Priorities: Adults with Mental Health Conditions

1. We will provide care closer to home, increasing the capacity across Gwent to ensure that people with Mental Health conditions are able to receive care and support closer to home.
   - ○ +40 MH placements to support people within area ○ +5 MH supported living units ○ We will support people to remain in their own home with appropriate adaptations

2. **We will complete feasibility studies and further explore opportunities to develop specialist provision where appropriate. This may include:**
   - ○ Refuge places ○ 'Step-across facilities' for substance misuse

3. We will continue to develop alternative models of care, including the extension of step-up and step-down beds for people with Mental Health conditions, and more accommodation for single people.

4. We will develop Integrated hubs to help meet the physical, mental health, care and support needs of adults, introducing more clinical spaces in the community for follow

4.5. Adults with Learning Disabilities

4.5.1. Analysis of Need: Adults with Learning Disabilities

There are 2,216 people (all ages) in Gwent known to be living with a learning disability. There are an estimated 6,500 people living with Learning Disabilities in Gwent that are unknown to services. All local authority areas in Gwent are predicting to see an increase in this population group. For this reason, the identification, prevention, and early intervention of LD and ASD are crucial for the future development of effective solutions.

Most people are in community placements with parents or family (1,096 – 49%), followed by lodgings/supported living (490 – 22%).

The SNA for this group highlighted five key themes:

- There is a need for more providers that can support complex needs and single-person accommodation with targeted support.
- The withdrawal of LA funded services in day centres could provide a challenge to supporting this group.
- There is potential for a collaborative regional approach to commissioning complex packages of care.
- A focus on inclusion is important, building community capacity and providing meaningful activities and social opportunities.

Stakeholders reported that Adults with Learning Disabilities want to remain either in their own homes or in their own communities. With a low volume of people with very complex needs it is difficult to justify bespoke services and the provision of scarce professional resource for this population group.

Accommodation for older people with a learning disability is consistently at capacity, with out of county placements used to meet need.

Evidence from the existing scheme in Gwent shows that a greater focus on service users physical needs and challenges would be beneficial. With limited temporary solutions, stakeholders wish to encourage the expansion of Shared Lives and the HomeShare Scheme.

4.5.2. Capital Assets currently available for Adults with Learning Disabilities

Registered Social Landlords reported 138 units for use by Adults with Learning Disabilities. Most RSLs also have support services provided by the third sector. There were no step-up or step-down beds reported.

4.5.3. Key priorities

Strategic Capital Priorities: Adults with Learning Disabilities

1. We will provide care closer to home, increasing the capacity across Gwent to ensure that people with Mental Health conditions and Learning Disabilities are able to receive care and support closer to home. ○ +64 LD placements to support people within area ○ +23 LD supported living ○ We will support people to remain in their own home with appropriate adaptations
2. We will further develop our approach to adaptations through a framework approach.
3. We will extend respite provision for people with a Learning Disability.
4. We will develop Integrated hubs to help meet the physical, mental health, care and support needs of adults, introducing more clinical spaces in the community for follow up care.

4.6. Adults with a physical disability or sensory impairment

4.6.1. Analysis of Need: Adults with a physical disability or sensory impairment

Due to a decline in those registering a disability, there is no accurate prevalence indicator for adults with a disability or sensory impairment. This is evidenced by trends: Blaenau Gwent reported a decrease of 24.6% and Caerphilly a decrease of 23.6% since 2011.

The SNA for this group highlighted four key themes:

- Maintaining independence is critical, with a need for sufficient grants for adaptations and assistive technologies. There is an increase in labour and material costs which form a barrier to the usage of current adaptations grants.
- There is a low number of bespoke accommodation available for this group; increasing available accessible properties is essential.
- Assistive technology is crucial to support independence – this technology needs continued investment.

Stakeholders would like to see a shift towards a more enablement and strengths-based model for this group. Individuals generally want to remain either in their own homes or in their own communities, and reiterated the findings from the SNA that adaptations and assistive technology are key to keeping people independent. However, a rise in costs and the availability of contractors is impacting the delivery of adaptations.

4.6.2. Capital Assets currently available for Adults with a physical disability or sensory impairment

Registered social landlords reported 18 units, and Caerphilly local authority reported 4 units for use by individuals with a physical disability. It is likely that this is an under-reported figure, although stakeholders did identify that there is a lack of suitably adapted social housing. Increasing investment and creating a joint approach across social housing providers would be beneficial.

4.6.3. Key priorities

Strategic Capital Priorities: Adults with a physical disability or sensory impairment

1. We will provide more accessible services: Some of the current stock will be redeveloped to improve accessibility.
2. We will develop Integrated hubs to help meet the physical, mental health, care and support needs of adults, introducing more clinical spaces in the community for follow up care.
3. We will support people to remain in their own home with appropriate adaptations.

4.7. Adults with hoarding disorder

4.7.1. Analysis of Need: Adults with hoarding disorder

Global prevalence estimates differ with the British Journal of Psychiatry (2003) reporting that HD affects 1.5% of the population. Hoarding Disorders UK estimate prevalence could be as high as 6%

There are no accurate numbers on those affected in Gwent, though general population statistics would indicate that there are approximately 8,700 people affected currently in Gwent based on 1.5% of the population.

The strategic needs assessment for hoarding differs from assessments in other areas such as mental health, learning disability, and children's services. Unlike those areas, future planning for hoarding services is unlikely to involve providing housing for individuals with hoarding behaviours. Instead, the focus should be on implementing coordinated multi-agency responses to hoarding within the five boroughs of Gwent, along with a more strategic approach to addressing the issue.

The SNA following extensive consultation with practitioners in Gwent identifies that hoarding disorder most likely fits within general mental health provision, and that embedding responsibility for supporting those with these behaviours within mental health teams would likely have a beneficial outcome for care and support of this population group.

4.7.2. Capital Assets currently available for Adults with hoarding disorder

There was no clear need for capital investment for buildings identified in the SNA, with a focus more honed to supporting people at home to manage the issues and risks brought on by their condition.

4.7.3. Key priorities

Strategic Capital Priorities: Adults with hoarding disorder

1. We will develop Integrated hubs to help meet the physical, mental health, care and support needs of adults, introducing more clinical spaces in the community for follow up care.

4.8. Overall priorities: Adults

Strategic Priorities: Adults

1. **We will provide care closer to home: We will put in place additional capacity across Gwent to ensure that people with Mental Health conditions and Learning Disabilities are able to receive care and support closer to home.**
    - We will support people to remain in their own home with appropriate adaptations.
    - +40 MH placements (residential/nursing) and +64 LD placements (residential/nursing) to support people within area (excl. supported living).
    - +5MH supported living and +23 LD supported living.
2. **We will provide more accessible services: Some of the current stock will be redeveloped to improve accessibility.**
3. **We will continue to develop and evaluate alternative models of care. These will include:**
    - Extend step up/down and rehabilitative provision for people with MH.
    - Extend respite provision for people with LD.
    - Single person accommodation.
    - Shared Lives and HomeShare schemes.
4. **We will complete feasibility studies and further explore opportunities to develop specialist provision where appropriate. This may include:** • Refuge places
    - 'Step-across facilities' for substance misuse.
    - Framework approach to adaptations.
5. **We will develop Integrated hubs to help meet the physical, mental health, care and support needs of adults, introducing more clinical spaces in the community for follow up care.**

Five overarching priorities have been identified for Adults with additional needs in Gwent. These priorities were discussed and ratified by the Mental Health and Learning Disabilities Strategic Partnership. The order of delivery of these priorities is outlined in chapter six, with the following order of relative importance:

1. Care closer to home - adaptations to support people to remain in their home
2. Care closer to home – additional MH and LD residential placements
3. Additional supported living provision for MH and LD
4. Provision of more accessible accommodation through redevelopment of current stock
5. Additional step up / step down and respite provision
6. Deliver population specific and integrated hubs

5. Strategic Priorities: Older People

5.1. Introduction

This section of the report outlines the strategic priorities for Older People. This group includes individuals across two sub-groups, outlined in figure 5.1 below.



Figure 5.1, Older People sub-groups

Appendix 1 sets out further detail of the methodology used to quantify the gap between current provision and future accommodation needs in order to deliver our local and national strategic objectives and meet the needs of the Older People and People with Dementia group across Gwent. This has informed the strategic priorities described in the remainder of this chapter.

5.2. Overall Older People population and demand trend

The older people (aged 65+) population is projected to increase in the next 10 years across all areas in the Gwent region, with Monmouthshire seeing the highest increase at 21.5%, followed by Newport at 20.9%. The rising number of older people with heightened health and care requirements is leading to increased demand.

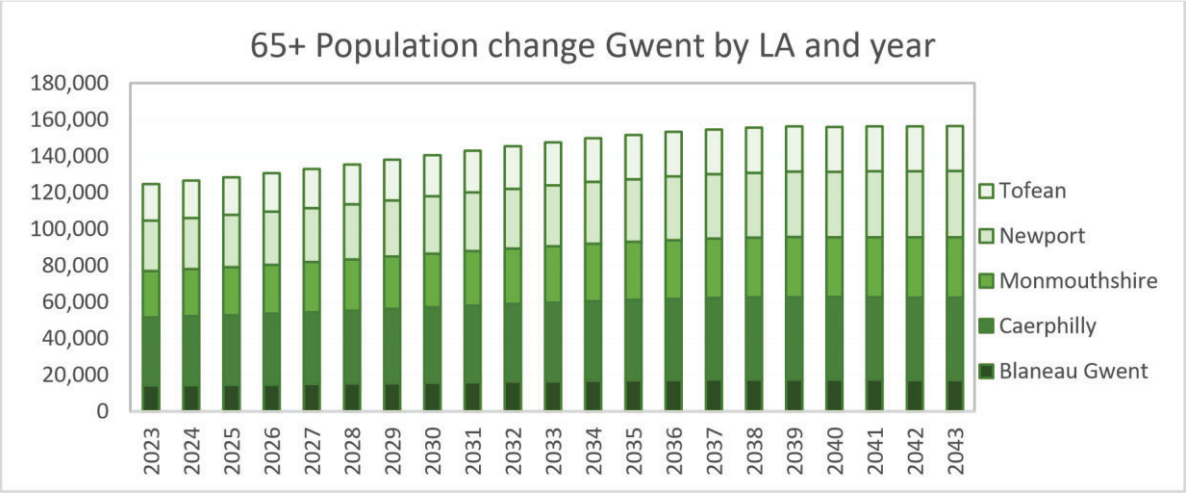


Figure 5.2 65+ population change in Gwent for the next 10 years

5.3. Summary of capital provision for Older People

The two key providers of adult bed spaces (inclusive of all adults) in Gwent are the private sector (42%) and registered social landlords (54%).

The main provision for Older People and People Living with Dementia is in care homes, residential homes, and sheltered accommodation schemes.

There is evidence that residential care and sheltered schemes are reducing in popularity with extra-care schemes gaining in popularity. The main provision for nursing care is in the private sector care homes group.

The main provision for nursing care is also in the private sector care homes group.

5.4. Older people (aged 65+) and People Living with Dementia

5.4.1. Analysis of need: Older People

The rising number of older people with higher levels of needs is leading to an increase in demand on health and social care services in the Gwent region. Over 80% of people aged 65+ have at least one long-term condition and there are reports of older people in the region becoming increasingly vulnerable living alone in isolated communities and inappropriate housing.

The Strategic Needs Assessment (SNA) for older people indicates that the Gwent region is experiencing substantial and escalating financial pressures on health and care services for older individuals and their unpaid carers. Furthermore, services are grappling with challenges related to staff retention and recruitment, as well as escalating costs in the public sector. These factors are affecting the stability and sufficiency of the market and could potentially impede investment in new services, innovation and early prevention solutions.

Stakeholders identified the need to focus on early intervention, identification and prevention, as well as improving access for underserved Gwent communities. This could include the introduction of additional purpose-built community spaces, for example hubs.

5.4.2. Analysis of need: People Living with Dementia

The prevalence of dementia in Gwent is around 1%, and between 3% and 4% for the over 65s. This prevalence increases with age, with the over 80s population having a recorded prevalence closer to 9% with 11% for the over 85s. The Aneurin Bevan University Health Board (ABUHB) annual dementia report 2020/21 stated that 3,161 people were diagnosed with dementia in Gwent that year, and 2,143 received post-diagnostic support. There is an estimation that 48% of People Living with Dementia are currently undiagnosed.

People Living with Dementia live in a variety of accommodation types depending on the severity of their condition. This will mean that this population group will be spread across all accommodation types with a general trend to keep people at home and as independent as possible for as long as possible. There will, however, be movement through the accommodation types as the severity of the condition worsens, with additional need for accommodation with care, support and nursing.

Stakeholders identified the key areas for change are centred around identification, prevention and early intervention, and understanding the ‘hidden’ demand.

5.4.3. Capital Assets currently available for Older People in Gwent.

The asset mapping exercise completed as part of the SCP development process showed that across Gwent there are:

- 2108 nursing beds, of which 815 are for people with dementia.
- 1545 residential beds, of which 1279 are for people with dementia.
- Low numbers of reported step-up and step-down beds.

There is significant sheltered accommodation available in Gwent, totalling 3750, of which only 336 are Local Authority owned. Most sheltered schemes in Gwent are provided by registered social landlords, for low-cost social rent. Social housing is subject to the Welsh Housing Quality Standard (WHQS) meaning that social accommodation should meet regulatory minimum requirements, but the age and quality of some of these schemes suggests that there are opportunities for investment in current stock to bring it to an updated standard.

It is not known how much of the private rented and owner-occupier provision is sub-standard and, as there is a correlation between poor housing and poor health, there could be real impacts on older people in such accommodation.

5.5. Key priorities: Older People and People with Dementia

Strategic Capital Priorities: Older people

1. **We will provide additional care, closer to home to meet the needs of our ageing population. This will include the following:**
    - Supporting people to remain in their own home with appropriate adaptations
    - Between 5 – 11 respite support units
    - Between 60 – 296 additional nursing units
    - Between 52 - 340 additional residential units
    - An additional 2,232 housing units and 547 housing with care units
2. **We will continue to develop and evaluate alternative models of care. These will include:**
    - Step up/down provision to support independence.
    - Move away from residential care to alternative models, for example HomeShare.
    - Investments in digital innovation, including use of assistive technology.
3. **We will develop Integrated hubs to help meet the physical, mental health, care and support needs of older people and people with dementia. Provision will include** :
    - Community places for lower-level support
    - Appropriate accommodation for Multi Disciplinary Team working
    - Dementia friendly places/ memory cafes
    - Focus on prevention and early intervention

These priorities were discussed and ratified by Gwent strategic partnerships. The order of delivery of these priorities is outlined in chapter six, with the following order of relative importance:

1. Priorities that support people to remain in their own home
2. Providing step-up / step-down and respite support units

3. Provide additional housing units, with and without care
4. Deliver population specific and integrated hubs
5. Deliver additional nursing units
6. Deliver additional residential units

6. Capital Investment Priorities Plan

This section will be concluded after three governance meetings, taking place during w/c 4th September. The section will include costings and estimated timings within 10 year plan, in-line with Welsh Government guidance on SCP context.

The priorities outlined in the SCP have been discussed and ratified across the six Gwent regional partnership boards who will oversee the delivery of the SCP. The plan outlined below sequences the activity to deliver the plan, over the period 2023/24 – 2033/34.

Across the population groups, the following priority has been agreed for delivery:

1. Work to enable individuals to remain in their home
2. Delivering new units and placements to support in-region care and care closer to home
3. Delivering step-up, step-down and respite units
4. Aids and adaptations / investment to keep people in their own home
5. Undertaking feasibility studies for and delivering population specific hubs
6. Undertaking feasibility studies for and delivering integrated hubs

C&F Strategic Partnership: Plan on a Page Summary

Priority	PRIORITY DELIVERY TIMEFRAMES		
	Immediate/Short Term (0-1 yr)	Medium Term (1-4 yrs)	Long Term (5-10 yrs)
Small scale accomodation (supporting 1 or 2 individuals)			
Additional accomodation Units for care-experienced children (transition)			
Additional residential placements to bring children in-region – placements to be not-for-profit or LA owned.			
Additional respite provision, based on Oaklands model.			
Integrated health and wellbeing centres			
Population group specific hubs			

GASP/Dementia Board: Plan on a Page Summary

Priority	PRIORITY DELIVERY TIMEFRAMES		
	Immediate/Short Term (0-1 yr)	Medium Term (1-4 yrs)	Long Term (5-10 yrs)
Supporting people to remain in their own home with appropriate adaptations			
Step up/down provision to support independence			
Additional respite support units			
Redevelop current stock to improve accessibility			
Additional older persons accommodation, with and without care			
Population group specific hubs			
Integrated health and wellbeing centres			
Additional nursing units			
Additional residential units			

MH & LD Strategic Partnership: Plan on a Page Summary

Priority	PRIORITY DELIVERY TIMEFRAMES		
	Immediate/Short Term (0-1 yr)	Medium Term (1-4 yrs)	Long Term (5-10 yrs)
Care Closer to home: Adaptations to support people to remain in their home			
Care closer to home: Additional MH and LD residential placements			
Additional supported living units/single accommodation for MH and LD			
More specialist provision – refuge			
Increased MH step up / down and rehabilitative provision			
Increased respite provision for people with LD			
Integrated hubs			
More specialist provision – step across facilities for substance misuse			
Population specific hubs			

7. Programme Governance and Delivery

7.1. Introduction

Gwent RPB was established in line with Part 9 statutory guidance on the development of Regional Partnership Boards which are the governing bodies for directing the creation and implementation of the joint Area Plan. The Capital Strategy is an enabler to the delivery of the Area Plan, and the governance of its delivery is therefore integrated with the overall governance approach set out for the Regional Partnership Board. The purpose of the board is also set out in Part 2 Code of Practice (General Functions).

Gwent RPB is the key leadership body to oversee all integration work across health and social care and to formally represent the interests of the local authorities, the Health Board and its key stakeholders.

The allocation of significant additional capital through the HCF and the potential to secure further capital for regional priorities through IRCF has required the RPB to consider how to strengthen its governance and delivery arrangements to deliver this strategy. Gwent RPB are currently undertaking a governance review, therefore the arrangements described herein are subject to change in the coming months pending the outcome of the review.

7.2. Governance arrangements

Gwent RPB's approach to governance recognises the need to strengthen its arrangements in a number of ways to reflect the significant increase in capital, further develop the capacity of local partnerships to bring forward schemes and their strategic fit, and accelerate the development, approval and delivery of schemes.

Figure 7.1 below presents the RPB's governance structure for delivery of this SCP. Details regarding the key stakeholder groups involved in SCP delivery are provided in section 5.4 below.

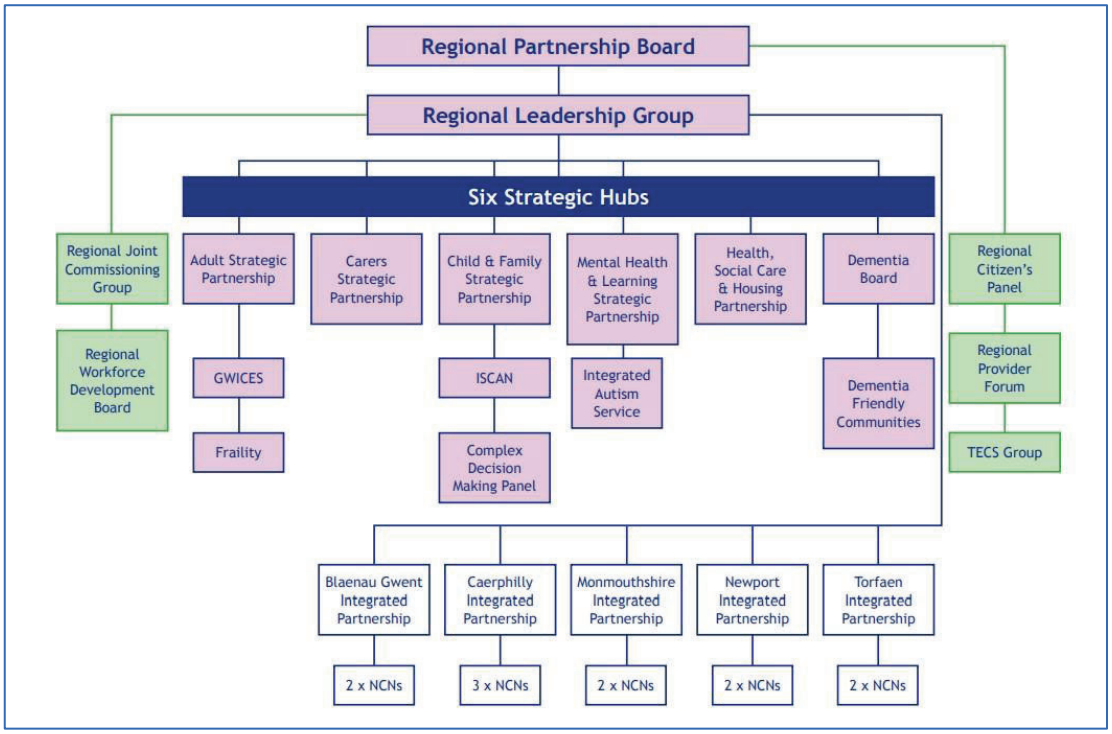


Figure 7.1, Gwent RPB governance structure

All schemes requiring a Business Justification Case (BJC), or Full Business Case (FBC) will need an appropriate Project Board, with structures in place to ensure that the following key processes for the Five Case Model are deployed:

- Setting out the **Strategic Case**.
- Developing options, benefits and option appraisal to inform the **Economic Case**.
- Capital and revenue planning, including workforce planning, to inform the **Financial Case**.
- Agreeing the host organisation and procurement route for the **Commercial Case**.
- Setting out integrated management arrangements for procurement, ongoing delivery, benefits realisation, plans for stakeholder engagement and risk management to inform the **Management Case**.

7.3. Stakeholder engagement

Gwent RPB is committed to the principle and practice of co-production with people with lived experience in all its programmes of work. This is mandated in law through:

- The principle of involvement as one of the five ways of working that forms part of the Wellbeing of Future Generations (Wales) Act 2015.
- The principle of ensuring Voice and Control as part of the Social Services and Wellbeing Act 2014.
- The duty on the NHS to involve and consult citizens in service planning and service change set out in Sections 183 and 242 of the National Health Services (Wales) Act 2006.

The approach to involving people with lived experience will therefore be designed specifically around each individual programme or project, through developing the understanding of how and where to engage people affected, using both existing mechanisms and bespoke approaches as appropriate.

Statutory partner organisations as key deliver partners will also be responsible for considering their respective statutory obligations in the development and delivery of schemes supporting the delivery of the Regional Capital Strategy and Plan.

7.4. Delivery arrangements

The Gwent RPB commit to providing dedicate strategic capital resource within the support team to facilitate the ambition set out in the regional capital strategy and plan, supporting all strategic partnerships to deliver in their endeavours to develop and deliver person centred models of care, integration of services and care closer to home.

7.5. Skills and capacity building

It is recognised that partner organisations already hold significant knowledge and skills in the development of capital business cases, particularly in relation to local authority Sustainable Communities for Learning Programmes and the NHS where use of the Five Case Business Case Model is embedded in practice.

To build capacity in the partnership, Gwent RPB will seek to:

- Continue to commission accredited training to build in-house capacity for the preparation of business cases.

- Continue to commission awareness-level training for staff involved in supporting the development of business cases, to provide a baseline understanding of the requirements of a Five Case Model (Green Book) and ensure an 'intelligent client' model.
- Build relationships with experienced business case writers within public services in Gwent to provide peer support in business case development.
- Commission external support for business case preparation where required and ensure an element of skills transfer is included in the contract.

7.6. Key risks

Figure 7.3 below outlines the key risks to delivery of this Strategic Capital Plan.

Risk	Mitigation
Workforce The biggest pressures facing health and social care are staffing shortages and recruitment challenges.	Development of models of care which incorporate greater integration and collaboration will result in staffing working differently. This will be supplemented by a collective understanding of organisational and service delivery needs so there is less competition across organisations for staff.
Capacity Capital requirements not being adequately identified and brought forward due to the lack of capacity within the RPB and partner organisations.	Development of Project Manager roles to support capital development programmes and partner organisations in identifying capacity needs.
Revenue Lack of available revenue funding to support capital scheme delivery, including but not limited to pump priming of staff resource, establishment of additional staff to support models of care, and ongoing revenue associated with building maintenance and management.	Feasibility studies and business case development will provide cost-benefit modelling, and can identify invest to save opportunities and efficiency gains within integrated models of delivery.
Eliminating profit agenda	A planned approach based on robust feasibility studies and close collaboration with Registered Social Landlords (RSLs). Regular monitoring, review and communication with Welsh Government.
Data Inconsistency of data availability and quality across the region leading to poor performance monitoring, demand and capacity data.	Consideration of policies, procedures and protocols for data sharing with the view to establishing a region-wide data platform.

Land and building availability	Application of asset transfer policies and greater involvement of RSLs and the community and voluntary sectors.
Risk	**Mitigation**
Commitment to joint working Siloed funding bids for capital requirements based on specific county needs, rather than a regional approach.	The strengthening of RPB governance systems, alongside the co-production of the Strategic Capital Plan and its collective annual review, will create greater understanding of need, solutions and innovation.

Figure 7.3, Key risks to SCP delivery

8. Approach to Decarbonisation

8.1. Introduction

There is a commitment to decarbonisation to support partner organisations in the RPB and Public Service Boards to achieve carbon net zero in the public sector by 2030.

8.2. Gwent RPB commitment to decarbonisation

Each partner organisation has set out its plans for decarbonisation within its own organisation. Gwent RPB will work to support the plans of each of these organisations through aligning its capital projects to each of these plans, where appropriate, and supporting investment in decarbonisation.

The strategic approach draws on the objectives and priorities set out by partner organisations as follows:

- Ensuring that all new developments funded through the SCP meet the highest standards of Net Zero throughout design, construction and procurement.
- Energy supply to new and existing facilities is from sustainable sources.
- Providing opportunities for partner organisations to decarbonise existing facilities with a longterm use beyond 2030 through HCF and IRCF.
- Supporting development that contributes to sustainable communities, accessibility and services closer to home.
- Supporting and, where appropriate, leading collaborative approaches to achieve Net Zero.
- Continue to adopt working practices within the RPB that take a digital-first approach and promote the use of public transport where face to face events are necessary.

Gwent RPB will incorporate actions against these approaches in its annual workplan, and report progress on them through the governance structure on an annual basis.

Design Principles

The RPB is committed to sustainable and future-proofing design principles to reduce negative impacts on the environment, and the health and comfort of the building occupants, thereby improving building performance. There are six fundamental principles which govern how sustainable buildings are designed and built. They are:

1. Optimise site potential.
2. Optimise energy use.
3. Protect and conserve water.
4. Optimise building space and material use.
5. Enhance indoor environment quality.
6. Optimise operational and maintenance practices.

The capital programme will be required to ensure sustainability in procurement and ambitiously apply these principles as well as adopt innovative technology and design to make buildings as attractive and comfortable as possible for individuals.

To meet this requirement, Gwent RPB will seek to ensure that all new developments funded through RPB capital funding enablers meet best practice guidelines and are aligned with all relevant Welsh

Government guidance.

9. Appendix 1: Demand and capacity planning methodology and constraints

9.1. Introduction

To develop the strategic priorities in this plan, extensive data analysis was completed using a range of data sources, both quantitative and qualitative. Local authorities were critical in providing local data to support this analysis and provide quantitative evidence for current gaps to support the capital planning process.

Figure 9.1 below gives a summary of the sources of data used to complete this analysis.



Figure 9.1

9.2. Limitations of the data

Initially limited data was available on placements, so a further data collection exercise has been undertaken requesting placement data from each local authority by population group. Placement data is accurate as at 30th June 2023.

The data collected has not been extensively validated and is based on the best information available and will be used to aid consideration of priorities and planning approaches. Further validation and data collection will be required when moving into business case stage.

9.3. Interpretation of the data: Children and Young People

Figure 9.2 and 9.3 shows the estimated gap in need relating to repatriation of out of region placements, and demographic growth, by type of provision. The projected figures assume no change in models of care.

Children residential	2023	by 2027 (4-year)	by 2033 (10-year)
Caerphilly	25	24	22
Blaenau Gwent	4	4	3
Torfaen	9	9	8
Monmouthshire	8	8	7
Newport	14	15	15
Gwent	**60**	**59**	**56**

Figure 9.2: estimated need for children looked after

Care leavers	2023	by 2027 (4-year)	by 2033 (10-year)
Caerphilly	8	14	8
Blaenau Gwent	No data		
Torfaen	1	2	1
Monmouthshire	19	23	20
Newport	39	62	73
Gwent	**67**	**101**	**102**

Figure 9.3: estimated need for Care Leavers

9.4. What the data tells us: Children and Young People

- The number of children and young people across Gwent is forecast to reduce by 4% over the next 10 years.
- Figure 9.2 illustrates a relatively stable demand profile for children's residential services, as the trajectory of continued increase in the number of children looked after reflecting is offsetting by a reduction in children's population within four of the counties.
- The demand profile suggests that between 50 and 60 bed spaces are required to meet the population need and provide children's residential services within the region.
- If consideration is also given to the eliminating profit policy agenda, there are further within region reprovision opportunities that would result in the need profile increasing over the 10 year period.
- In considering how this need can be met, there is justification for a continued diversification of the children's residential model to support the range of interventions, compatibility considerations and tenure type as respite, crisis, short term and longer-term facilities.

Summary
The data provides some quantification for increased demand for residential care placements for children and young people. Our qualitative analysis suggests that in addition to residential care we should invest in the provision of additional facilities, for example: respite provision, additional accommodation for 1 – 2 children and young people with care needs, and further variety in options for care experienced children. The capital investment priorities are outlined in greater detail in section 3.9.

9.5. Interpretation of the data: Adults

Figure 9.4, 9.5, 9.6 and 9.7 show the estimated gap in need relating to repatriation of out of region placements, and demographic growth, by type of provision. The projected figures assume no change in models of care.

MH – nursing & residential	2023	by 2027 (4-year)	by 2033 (10-year)
Caerphilly	8	8	8
Blaenau Gwent	0	0	0
Torfaen	4	4	3
Monmouthshire	16	15	12
Newport	12	17	22
Gwent	**40**	**44**	**44**

Figure 9.4: estimated need for Mental Health – nursing and residential

MH - supported living	2023	by 2027 (4-year)	by 2033 (10-year)
Caerphilly	0	0	0
Blaenau Gwent	0	0	0
Torfaen	0	0	0
Monmouthshire	1	1	0
Newport	4	5	6
Gwent	**5**	**5**	**6**

Figure 9.5: estimated need for Mental Health – supported living

LD – nursing & residential	2023	by 2027 (4-year)	by 2033 (10-year)
Caerphilly	7	7	6
Blaenau Gwent	8	8	7
Torfaen	2	2	2
Monmouthshire	21	21	19
Newport	26	34	41
Gwent	**64**	**71**	**75**

Figure 9.6: estimated need for Learning Disability – nursing and residential

LD - supported living	2023	by 2027 (4-year)	by 2033 (10-year)
Caerphilly	0	0	0
Blaenau Gwent	6	5	3
Torfaen	1	1	0
Monmouthshire	8	8	6
Newport	8	9	10
Gwent	**23**	**22**	**19**

Figure 9.7: estimated need for Learning Disability – supported living

9.6. What the data tells us: Adults

- Wider data analysis and stakeholder feedback suggests that there are an estimated 6,500 people living with learning disabilities in Gwent that are unknown to services. All local authority areas in Gwent are predicted to see an increase in this population group.
- Analysis of locally provided data and population growth shows that there are currently gaps in provision that will see a modest increase in demand by 2033. The data shows that unless there is regional investment in mental health nursing, residential and supported living services, there will remain a large number of people with mental health issues living out of region over the next 10 years.
- This is also the case for LD/ASD at both a regional and county level. Unless investment is made within region, there will remain a large number of people with LD/ASD out of both region and county.
- The largest area of need is nursing and residential care for both mental health and learning disability.
- It should be noted that this modelling does not take account of any desirable changes in the pattern of provision, for example the ambition that wherever possible people with MH or LD are supported to live independently in their own homes within the community.
- Low numbers for step up/step down were recorded as part of the asset data collection. Yet a clear need for further provision in this area was identified with stakeholders.
- Bariatric needs were not captured through the data analysis, although stakeholders consistently referred to growing need.
- There was no strategic capital need for future investment identified in relation to people with a hoarding disorder. There are a range of other recommendations in relation to this specific group.

Summary
The data provides quantification for overall increased demand for nursing, residential and supported living for adults with MH and LD. The high number of service users not currently engaged with care services may mean that this is an underestimate. It is therefore important to invest in non-residential community support to enable these individuals to remain at home, with support if needed. Our qualitative analysis suggests that in addition to residential care we should invest in the provision of additional facilities, for example: refuge places, step-across facilities' for substance misuse; a framework approach to adaptations; extend respite provision for people with LD. The capital investment priorities are outlined in greater detail in section 4.8.

9.7. Interpretation of the data: Older people and People with Dementia

Figure 9.8, 9.9 show the estimated gap in need relating to demographic growth, by type of provision. The projected figures assume no change in models of care.

Older people - nursing	2023	by 2027 (4-year)	by 2033 (10-year)
Caerphilly	20	55	97
Blaenau Gwent	3	10	16
Torfaen	2	16	36
Monmouthshire	24	50	80
Newport	11	37	67
Gwent	**60**	**168**	**296**

Figure 9.8: estimated need for Older People - nursing

Older people - residential	2023	by 2027 (4-year)	by 2033 (10-year)
Caerphilly	18	66	123
Blaenau Gwent	5	20	33
Torfaen	1	7	15
Monmouthshire	15	53	98
Newport	13	40	71
Gwent	**52**	**186**	**340**

Figure 9.4: estimated need for Older People - residential

9.8. What the data tells us: Older People and People with Dementia

- The population of Older People and Older People with Dementia is forecast to increase significantly over the next ten years. This is proportionately reflected in the forecast increased demand described in the tables above. The data shows a specific challenge for future provision in Gwent for residential and nursing care. Unless there is a significant shift in service delivery there is an estimated need for an additional 296 nursing placements and 340 residential placements in the next 10 years.
- However, stakeholder engagement indicates that the preference of older people and people with dementia, and service providers and commissioners, is to develop alternative models of care, particularly in terms of residential care provision.
- The asset collection data showed a wide range of provision for older people in social housing already exists. Some RSLs report that ex-sheltered schemes have been or could be further repurposed for other types of accommodation for older people.
- There is requirement for a diversity of housing options when independence cannot be maintained at home. Options beyond independent living could include supported accommodation and extra-care as alternatives to keeping people as independent as possible.
- Our capital plan therefore assumes alternative models are put in place to meet the needs of those who would have otherwise required residential care. The plan assumes that nursing care

demand will be less amenable to alternative models of care meaning that some additional nursing bed capacity will be required.

- Further work is needed to better understand the impact of preventative models of care to enable us to further refine the nursing home requirement.

Summary
The data provides quantification for overall increased demand for nursing and residential care for Older People and People with Dementia. The demand for this kind of provision can be in part be offset by provision of alternative models of care, including those with a preventative focus. This is reflected in the capital priorities for this group which includes: additional respite support placements, provision of additional housing with care, step-up and step-down provision; investment in digital innovation including the use of assistive technology. The capital investment priorities are outlined in greater detail in section XXX.

10. Addendum 1: 2024/25 SCP delivery (March 2025)

10.1. Strategic priorities: children and young people

The following table summarises delivery against plan for children and young people.

Priority	Additional care leavers placements in region			Increased residential provision / children looked-after in-house			Alternative models (small scale/respite/supporting integration)		
Financial year	**24/25**	**25/26**	**26/27**	**24/25**	**25/26**	**26/27**	**24/25**	**25/26**	**26/27**
Baseline GAP	102	77	72	56	8	5	9	2	-13
Deliverable	25	5	0	48	3	0	7	15	0
Residual GAP	77	72	72	8	5	5	2	-13	-13

10.1.1. Elimination of profit from the provision of children's residential care

Throughout 24/25 have developed a delivery plan for the elimination of profit from the provision of children's residential care as per the following table. In summary, 63 placements have been delivered in 24/25 or are planned for delivery in 25/26, at a cost of £12.43 million. This translates to approximately £197,334 per placement. Addressing the identified GAP could require up to £10.46 million additional investment.

Borough	Placements					Funding	
	Required	**Before 24/25**	**24/25**	**25/26**	**GAP**	**24/25**	**25/26**
						HCF	**PIPELINE**
						£	**£**
Blaenau Gwent	7	0	8	0	0	986,074	-
Caerphilly	49	9	12	8	20	2,040,921	2,805,233
Monmouthshire	22	4	9	5	4	600,000	1,316,394
Newport	48	26	5	2	15	461,342	806,610
Torfaen	22	0	3	5	14	942,804	822,722
Regional	6		0	6		1,650,000	-
Gwent	**1454**	**39**	**37**	**26**	**53**	6,681,141	5,750,959

10.2. Strategic priorities: adults

10.2.1. People with emotional health and wellbeing needs

The following table summarises delivery against plan for people with emotional health and wellbeing needs.

Priority	Additional care closer to home supported accommodation			Additional placements (residential/nursing)		
Financial Year	**24/25**	**25/26**	**26/27**	**24/25**	**25/26**	**26/27**

Baseline GAP	6	6	6	44	44	44
Deliverable	0	0	7	0	0	0
Residual GAP	6	6	-1	44	44	44

10.2.2. People with learning disabilities and neurodiversity

The following table summarises delivery against plan for people with learning disabilities and neurodiversity.

Priority	**Additional LDND placements (residential/nursing)**			**Additional LDND supported housing**		
Financial Year	**24/25**	**25/26**	**26/27**	**24/25**	**25/26**	**26/27**
Baseline GAP	75	75	70	19	18	6
Deliverable	0	5	0	1	12	0
Residual GAP	75	70	70	18	6	6

10.3. Strategic priorities: older people

The following table summarises delivery against plan for older people with complex needs and dementia.

Priority	**Additional residential units**			**Additional CC2H housing units with care**			**Additional nursing units**			**Additional respite support units**		
Financial year	**24/25**	**25/26**	**26/27**	**24/25**	**25/26**	**26/27**	**24/25**	**25/26**	**26/27**	**24/25**	**25/26**	**26/27**
Baseline GAP	340	340	331	547	547	547	296	296	296	296	296	296
Deliverable	0	9	0	0	0	0	0	0	0	0	0	0
Residual GAP	340	331	331	547	547	547	296	296	296	296	296	296

10.4. Cross-cutting priorities: integrated hubs

Each strategic priority area aspires towards the development of integrated hubs to meet the physical, mental health and support needs of the population group. The following table summarises delivery of three integrated hubs across Gwent.

Scheme	**22/23**	**23/24**	**24/25**	**TOTAL**
	ACTUAL	**ACTUAL**	**FORECAST**	**FORECAST**
	£	**£**	**£**	**£**
Newport East Health & Wellbeing Centre	6,035,000	10,046,000	12,271,000	28,352,000
Monmouth Health and Wellbeing centre and Dixton Surgery	0	0	742,000	742,000
Aber Valley Health and Wellbeing Centre and Aber Practice	0	0	150,000	150,000
Total IRCF Capital Schemes	**6,035,000**	**10,046,000**	**13,163,000**	**29,244,000**

11. Addendum 2: Pipeline activity (March 2025)

11.1. Pipeline activity

The previous suite of tables summarised pipeline activity across our strategic priorities into 26/27. The following provides a more in-depth breakdown of our pipeline activity for the next financial year.

Scheme	Delivery Partner	Strategic Partnership	2025/26 Costs (£)	Scheme Type
Gwent House IRCF application	POBL	GASP MH&LD	931,909	IRCF Majors
Respite Provision Children with complex needs - Pontllanfraith - Caerphilly	CCBC	C&F	1,052,000	HCF Majors
Respite Provision Older Adults Pontllanfraith - Caerphilly	CCBC	GASP	3,000,000	HCF Majors
Newport Mind Supported Accommodtion (MH) - Newport	Newport Mind	MH&LD	1,600,226	HCF Majors
Gwent House HCF application	POBL	GASP MH&LD	3,608,205	HCF Majors
Independent Living Pod Myst - Torfaen	TCBC	C&F	372,722	HCF Majors
Greenfield Extension Caldicot	Mon HA	C& F	133,840	HCF Majors
4 bed childrens outreach Provision - New Tredegar 4 placements	CCBC	C&F	1,436,270	HCF Majors
Children's Residential - Torfaen - property acquisition	Melin	C&F	590,000	HCF Majors
2 Bed Children's Residential Home, Catsash Road, Newport	NCC	C&F	260,334	HCF Majors
67 Park Street, Abergavenny, NP7 5YD	CCBC	C&F	553,539	HCF Majors
NOE Jasper Tudor Crescent MCC	POBL	MH&LD	322,306	HCF Majors
MH Supported Housing, Mental Health, MCC	MHA	MH&LD	666,614	HCF Majors
Dual Diagnosis Ty Rhos, Mental Health, CCBC	UWHA	MH&LD	725,000	HCF Majors
Caerphilly Children's Home - Rhymney College site	CCBC	C&F	618,963	HCF Majors
Bungalows Crick Road, Complex Needs, MCC, Portskewett	MELIN	GASP	251,494	HCF Minors

Outside Fencing and Rubber Matting (Serennu)	**ABUHB**	**C&F**	**46,602**	**HCF Minors**
Family resource centre in North of the borough	TCBC	MH&LD	100,000	HCF Minors
Energlyn Childrens Centre Pool Refurbishment	A4C	C& F	39,596	HCF Minors
Children's Residential: Annex to Childrens Home (Ty Isaf)	CCBC	C&F	89,815	IRCF Majors
Specialist Beds	ABUHB	C&F	75,000	HCF Minors
EMAS	Care and Repair	GASP	100,000	HCF Minors
GWICES	GWICES	GASP	100,000	HCF Minors

12. Addendum 3: Future intent (March 2025)

12.1. Strategic context

Having reflected on one year of delivery, we are now looking to further review and refine our SCP in 25/26. The next financial year offers significant opportunities and drivers for change across the regional strategy and decision-making landscape, including, but not limited to:

- Review of membership of strategic partnerships with delegated authority from Regional Partnership Board and Regional Leadership Group
- Local authority review of local development plans including, review of candidate sites
- Consolidation of organisational changes across regional housing associations
- Publication of Aneurin Bevan University Health Board Strategy 2025 – 2035, and development of the underpinning Capital and Estates Strategy
- Publication of Gwent Police & Crime Plan 2025 – 2029.

We hope to capitalise on this timely opportunity through undertaking a collaborative partnership-wide review of the SCP to ensure that our capital plans can best deliver for our populations.

However, without an indication of future funding beyond the end of HCF and IRCF in 2027, we face significant risk and challenge in planning and supporting capital development over a long-term period.

12.2. Stakeholder engagement

As previously noted, we aspire towards a collaboratively produced and delivered Strategic Capital Plan. To date, we have undertaken regular engagement with stakeholders within Strategic Partnership forums and with specific delivery partners to close SCP GAPS. Going forward, we will continue to engage with stakeholders via these forums; this approach will benefit from the refreshed membership.

We will also seek to reframe the SCP to ensure that it is written in plain English which is intelligible to the population of Gwent. SCP developments are funded by public monies for the benefit of our populations – therefore, it is imperative that our populations can access and understand the SCP.

12.3. Prioritisation

We are committed to delivering a fair and equitable processes for RPB approvals for funding. We will consider IRCF funding for Eliminate projects to provide equal opportunities for funding across all priority population groups.



The Gwent Regional Strategic Capital Plan has been developed by the Gwent RPB Partnership & Integration PMO, with the support of the following partners:

Attain Management Consultants
HICO
Institute of Public Care, Oxford Brookes University
Sirius Partners

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	21 May 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 Gwent Public Services Board (PSB).

Cefndir / Background

The Gwent Public Services Board last met on March 27th 2025. This meeting was the first Chaired by Cllr Anthony Hunt, Leader of Torfaen Borough Council.

The Chair opened with his reflections and aspirations to

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/
Prioirties of the PSB are informed by the Gwent Strategic Needs Assessment
Gwent Joint Strategic Assessment - Aneurin Bevan University Health Board

Asesiad / Assessment

A significant agenda item for this meeting was an update from Derek Walker, The Future Generations Commissioner for Wales.

The Commissioner outlined the timeline for the publication of the 10year refresh of the Future Generations Act and the continued ambition to create a legacy on improvement and inclusion for future generations. It was shared that an Action Summit is planned for April 29th and will be held at the Cardiff Museum, where key stakeholders will come together to hear from the Commissioner and the Auditor General to look back on the delivery of the Act and future plans to implement new energy and focus in response to the new plan.

The Commissioner outlined that the new plan with 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 is urging them 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

Areas of Action Updates

The PSB progressed the development of four at scale areas of focus to improve well-being in Gwent. The four areas of focus are:

1. That every child has the best start in life;
2. That everyone lives in a place they feel safe;
3. That everyone has the same economic chances;
4. That everyone lives in a climate-ready community where their environment is valued and protected**.**

Best Start in Life

An update was provided, by Tracy Daszkiewicz, Director of Public Health & Eryl Powell, Consultant in Public Health on The Best Start in Life, one of the four key areas of action of the PSB.

A formal partnership group has now been established to take this work forward, the first meeting set out to:

- Agree a definition for Best Start in Life.
- Identify priority workstreams in line with the agreed
- definition.
- Utilise a distributed leadership model to identify
- workstream leads to set up task groups and develop
- delivery plans.
- Ensure that the realisation of Children's Rights (United
- Nations Convention on the Rights of the Child) underpin the
- delivery plans.
- Finalise BSIL Regional Management Group membership,
- and reporting.

One of the priorities of this group is to establish a comprehensive needs assessment, The JSNA is being led by Gwent Public Health Team working closely with colleagues from Early Years Services across Gwent. The data analysis and engagement phases of the JSNA are now complete and the final step is to consult Early Years partners on the draft recommendations.

The final JSNA is due to be considered by the ABUHB Executive Board in May and it is anticipated that it will be published in June 2025. The recommendations from the JSNA will inform the delivery plans for the BSIL AoF.

Work will then commence on a JSNA which will provide an
overview of the needs of 5–16-year-olds and their parents/carers

Safer Communities

An update was provided by the, and Co -Chair of the Safer Communities Area of Action, Everyone Lives in a Place they Feel Safe. The Gwent Police and Crime Commissioner and the Chief Constable of Gwent Police have agreed to co-lead the second priority.

the Commissioner has developed a new Police, Crime and Justice Plan for Gwent, which was launched on 28th March 2025.
The new Plan has five Pillars under which sit relevant priorities. The Pillars to the Plan are:

- Preventing crime and antisocial behaviour
- Making our communities safer
- Protecting the vulnerable
- Putting victims first, and
- Reducing reoffending.

Flowing throughout the Plan is a strong emphasis on tackling those community safety issues that the public, PSB and other partners told the Commissioner are their main concerns following extensive surveying in 2024. Added to this is a focus on partnership working, in particular the safer places priority under the PSB.

Update on the Safer Communities Partnership Board

Jane Mudd, Police & Crime Commissioner outlined the Terms of Reference for the new Safer Communities Partnership. The purpose of the Board is to provide strategic oversight and support to the various boards and partnerships in Gwent that are focused on protecting communities, preventing crime, pursuing and reforming offenders, and protecting and supporting victims and the vulnerable.

Funding Agreement for Domestic Homicide Reviews (DHRs).

A report was shared seeking agreement fir the future funding requirement to undertake future Domestic Homicide Reviews.

DHR's are a statutory requirement by the Home Office and remain the statutory responsibility of Community Safety Partnerships across England and Wales. Traditionally, the cost of the DHR process has been borne by the CSP within the Local Authority area where the review is taking place, usually by the statutory members of that board responsible for community safety. They are Local Authority, Police, Health Authority, Probation services and South Wales Fire and Rescue service.

A Domestic Homicide Review (DHR) is a locally conducted multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by: a member of the same household as himself or herself.

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DHRs to date have been commissioned out to external independent chairs and authors and the average cost of a DHR is c. £13,000. DHR Panel meetings are resourced by multi-agency representatives but chaired by the external author.

From 1st October 2024, Single Unified Safeguarding Reviews were implemented in Wales, creating a single review process for Adult Practice Reviews, Child Practice Reviews, Domestic Homicide Reviews, Mental Health Homicide Reviews and Offensive Weapons Homicide Reviews.

The Single Unified Safeguarding Review (SUSR): statutory guidance sets out the SUSR process and provides specific direction when the review relates to a domestic homicide. As the statutory responsibility for Domestic Homicide Reviews

(DHR) remains with the respective Community Safety Partnerships (CSPs) under section 9(3) of the Domestic Violence, Crime and Victims Act, 2004, the guidance outlines the specific roles of partnerships in such circumstances.

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To support consistency across the region and prevent any future delays in the commissioning of a review, Gwent Safeguarding Board is keen to establish an arrangement with Gwent Public Service Board reflecting Community Safety Partnership statutory requirements, at the earliest opportunity, that sets out a future funding agreement for SUSRs relating to a domestic homicide.

Partners of the PSB agreed to fund the new approach.

Forward look

Becoming HIV Fast Track Region.

This agenda item was moved from the March meeting and deferred to the June meeting of the PSB which will be face to face to enable the signing of the pledge by all member organisations of the PSB. This is the PSBs commitment to supporting the UK wide ambition to stop all new transmissions of HIV by 2030. Ahead of signing the agreement we have invited a member of community to share their experience of living with HIV.

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. Therefore, 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 stopping new transmissions of HIV, whilst raising awareness and ensuring the right treatment and care for lose living with HIV.

Violence Against Women & Girls

A substantive item on the next agenda is for an update on the Vanguard work meet the priorities set out in the National Strategy to address Violence Against Women and Girls, Domestic Abuse and Sexual Violence.

The date of the next meeting is 26th June 2025

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 https://abuhb.nhs.wales/health-advice/gwent-joint-strategic-assessment/
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

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	21 May 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Executive Committee Activity: 10th March 2025 – 5th 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 Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides the Board with an overview of a range of issues discussed by the Executive Committee during the period

Due to the nature of the Executive Committee's business, not all issues will be suitable for disclosure into the public domain.

Cefndir / Background

The Chief Executive Officer is responsible for the overall organisation, management and staffing of the Health Board and its arrangements related to quality and safety of care as well as matters of finance, together with any other aspect relevant to the conduct of the Health Board's business in pursuance of the strategic directions set by the Health Board's Board, and in accordance with its statutory responsibilities.

The Executive Committee is the executive decision-making committee of the organisation, which is chaired by the Chief Executive as Accountable Officer.

The Executive Committee is responsible for ensuring the effective and efficient co-ordination of all functions of the organisation and thus supports the Chief Executive/Accountable Officer to discharge her responsibilities.

Asesiad / Assessment

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 10th March 2025 – 5th May 2025 the following matters were some of the issues considered by the Executive Committee:

Quality, Safety & Culture

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 Executive 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.

Other matters discussed included:

Improvement of Women's Gynaecology Experience: The Committee was informed that the Ward A3 at the Grange University Hospital (GUH) was the only female ward with 22 beds and 14 dedicated to gynaecology. The Committee noted that despite needing to cater for women who are up to 20 weeks pregnant who may need medical or surgical termination and management of miscarriage, there was no

dedicated bed or space or dedicated private area in which to hold difficult conversations which was causing psychological and emotional distress, for both patients, partners and staff which meant women who had lost babies under 20 weeks pregnant were not being afforded the same access to expert health advice and care as those who had lost babies after 20 weeks pregnant. The Committee supported a dedicated bed to be protected on Ward A3 to support women who needed medical or surgical termination and supported the allocation of a room at GUH to be used as a counselling room.

Continuity of ABUHB Thyroid Service: The Committee was informed that the services only consultant had provided the Division with notice of their retirement to commence from the end of May 2025. The Committee was advised that the Division had urgently explored a solution to support the continuation and the only available solution to ensure the continuation of care for a cohort of 800 patients was to outsource to Cardiff and Vale University Health Board through a 2-year Service Level Agreement in the first instance, with the appointment of a 0.4wte Band 7 Clinical Nurse Specialist post. The Committee approved the 2-year Service Level Agreement and recruitment of Clinical Nurse Specialist 0.4 WTE but, to ensure due diligence, requested further work was undertaken on the financial assessment.

HEIW Annual Education Commissioning Return – Education Commission Process for 26/27: The Committee approved the submission of the undergraduate educational commissioning numbers with Health Education and Improvement Wales for the 2025-26 Integrated Medium-Term Plan submission.

Stroke Improvement Plan: The Committee received an update on the Stroke improvement plan which incorporated actions from GIRFT and other reviews, including the HIW patient flow review. The Committee was assured that oversight was provided by the Aneurin Bevan Regional Stroke Oversight Board which had been repurposed from the Stroke Delivery Group and the Committee agreed that regular updates on improvement would be reported to the Executive Committee for oversight. It was noted that the update was also to be presented to the Board's Finance and Performance Committee.

ABUHB Response to Welsh Risk Pool Concerns Assessment: The Committee received the Welsh Risk Pool Concerns Assessment report and was assured that an improvement plan had been developed and was being implemented.

Restorative Clinical Supervision (RCS) Pilot Evaluation: The Committee was updated on the results of a pilot to provide 1.5 hours of RCS for each nurse, four times per year in response to WHC/2024/012, Nursing Preceptorship & Restorative Clinical Supervision. The Committee was assured by the high uptake and success of the pilot. The Committee noted there had been no additional funding from Welsh Government for this and the Committee noted discussions were ongoing with Welsh Government to explore further funding opportunities.

Quality Management Group Terms of Reference: The Committee approved the establishment of a Quality Management Group which would improve internal governance by drawing all evidence of quality into one place, strengthening escalation of risks and issues and assurance reporting.

Health Inspectorate Wales Annual Report: The Committee received the Annual Report and noted that all learning would be incorporated into existing health board programmes of work.

Core Learning Committee Update: The Committee received an update from the Core Learning Committee which had met on 13 February 2025 approved recommendations of the CLC to add NHS Wales – Duty of Candour for all relevant staff and Finance Training for Budget Holders as mandatory training requirements.

Briefing on Hospital Falls: The Committee received a thematic review which aimed to identify themes from closed Patient Serious Incidents and Regulation 28's relating to falls incidents (2019 to date). The Committee considered the findings of the thematic review and the ongoing work being undertaken to aid the prevention of patient falls.

A4C Bank Annual Leave Payments: The Committee was informed that the All-Wales Bank Incentivisation Group had recently updated the Bank Workers Terms of Engagement and highlighted the Health Board was an outlier in paying annual leave to Bank Workers by accrual of annual leave whereas all other NHS Wales Health Boards paid the Working Time Regulations 12.07% on top of the hourly rate. The Committee endorsed a recommendation for Annual leave for Bank Workers to be made as a payment of 12.07% of hours worked in June and not accrued, along with all other Welsh Health Boards. The Committee was assured that a revised Terms of Engagement had been updated by NWSSP Legal and Risk Services.

PROMPT Wales: The Committee received an update on PROMPT Wales which is a maternity and safety learning programme funded by Welsh Risk Pool. The Committee was pleased to note an overall improvement in compliance and noted the ongoing work to achieve all standards. It was noted that an update was also to be provided to the Board's Patient Quality, Safety and Outcomes Committee.

Review of Open Safeguarding Cases: The Committee was provided with an overview of open Safeguarding cases, which was reported as there being 26 safeguarding cases that had been open for more than 3 months, 12 of which required further actions by the Health Board, and 14 related to Police led investigations where the health board was in regular communication with the Police. The Committee requested a quarterly update on outstanding Safeguarding cases for regular oversight.

Update from Pride Network: The Committee received an update on the on the campaign strategy to support both the Welsh Government LGBTQ Action Plan priorities as well as the local ABUHB LGBTQIA+ Action Plan in increasing both support and visibility to support LGBTQIA+ staff and communities. The Committee noted that part of the work had included site visits sharing signage, lanyards and pop badges and attending events and providing education to spread awareness of the campaign.

Delivery, Performance & Efficiencies

The Executive Committee has monitored and discussed the Health Board's financial position continuously and implemented mitigating actions to improve the forecasted financial position. To ensure a consistent sufficient focus on delivery and to explore further opportunities across the Health Board, an Executive Value and

Sustainability Board meets fortnightly, with progress reported through the Financial Performance Report presented to the Board.

Other matters discussed included:

Urgent and Emergency Care Developments: The Committee was updated on developments since September 2024 which included: the investment in additional Emergency Department consultants; the expanded transfer lounge and associated model at the GUH and the current status of the capital project to expand and reconfigure the ED including the waiting area. The Committee was updated on the ED Consultant expansion and noted a full recruitment exercise had taken place which had resulted in the appointment of 5 out of the 6 consultants with further recruitment taking place. The Committee noted that the transfer lounge would be handed over to the Health Board in March with operational commissioning and an opening date anticipated for the 21st March 2025. The Committee noted a further delay to the ED Extension, and it was estimated as Phase 1 completion on July 2025 and Phase 2 completion on October 2025.

LIMS 2.0 Update: The Committee received an update on the Laboratory Information Management System (LIMS) 2.0 programme, noting that the programme had experienced several issues, specifically with user acceptance testing, this has caused delays to delivery. It was noted that the programme had developed a third corrective mitigation plan to address the issues, with the aim of delivering a minimal viable product within the specified time. The Committee discussed the risks associated with the Programme and agreed to maintain an oversight via the Corporate Risk Register.

Strategic Planning & Development

Fracture Liaison Service Business Case: The Committee considered the Fracture Liaison Service Business Case following Pre-Investment Panel support which was intended to ensure standards of good osteoporosis care for secondary fracture prevention. The Committee noted the positive impact of the fracture liaison service's approach on the treatment and prevention of refractures in elderly patients between May 2020 and September 2023 and the Committee acknowledged that the implementation of the Fracture Liaison Service was key to directly improving patient care and reducing increased fracture-related healthcare costs. The Committee approved the continuation of the service with small investment made in staff costs.

Gwent Joint Strategic Assessment Update: The Committee was informed that the Gwent Public Health Intelligence Team had completed the development of the new Gwent Joint Strategic Assessment and it was noted that the Gwent JSA was being used to inform the Gwent Public Services Board and the Regional Partnership Board's agendas.

Contraception Health Needs Assessment: The Committee received an update in respect of a Health Needs Assessment for Contraception in Gwent which had been undertaken to understand the contraceptive needs of the population whilst it also reviewed current provision and best practice. The Committee was informed that the assessment would inform the national Women's Health Plan and would be built into the local public health programme. It was noted that an update would come back to the Committee in due course.

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

In this reporting period, the Executive Committee has also considered development of papers ahead of Board and Committee consideration, including:

- HIW Mental Health Act Monitoring Annual Report
- Charitable Funds Bids
- CAMHS AND ND Update - Meeting the needs of Children and Adolescents with Mental Health Difficulties
- Eye Health Needs Assessment 2024/25
- Quality Narrative Report, Q4
- Quality Management Systems
- Integrated Performance Report, Q4
- Endoscopy Business Case
- Llantrisant Health Park
- Cancer Services Annual Report
- Urgent and Emergency Care Update Report
- Ethnicity Pay Gap and Gender Pay Gap Reports 2024
- Draft Long Term Strategy 2035
- Financial Control Procedures

Executive Team Development

The Executive Team continues to hold monthly sessions to focus on team development, informal discussion on the development of cultural and strategic aspects as well as enable dedicated attention to key risks and issues. In the last reporting period, the Executive Team has dedicated informal time to focus on team key risks, challenges and opportunities allowing space to explore matters in an informal and collective way. In addition, the Executive Team has committed to a programme of Team Development facilitated by GGI.

Argymhelliad / Recommendation

The Board is asked to **NOTE** the update of the Executive Committee and the overview of some of its activities.

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):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Linked to all IMTP priorities.
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 Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	IMTP- Integrated Medium-Term Plan RAAC- Reinforced Autoclaved Aerated Concrete NICU- Neonatal Intensive Care Unit CMO- Chief Midwifery Officer MHLD- Mental health and Learning Disabilities SHC- Surgical High Care HEIW- Health Education and Improvement Wales OCP- Organisational Change Process FNC- Funded Nursing Care WHC- Welsh health Circulars RGH- Royal Gwent Hospital GUH- Grange University Hospital ToR- Terms of Reference EHCR- Electronic Health & Care Record

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/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 May 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:	Bryony Codd, Head of Corporate Governance

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 – 31st March 2025
- Partnerships, Population Health and Planning Committee – 2nd April 2025
- Mental Health and Learning Disabilities Committee – 9th April 2025
- Audit, Risk and Assurance Committee – 22nd April 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 Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. Not applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Included within the report
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

Name of Committee:	Patient Quality, Safety and Outcomes Committee
Chair of Committee:	Helen Sweetland
Reporting Period:	31st March 2025

Key Decisions and Matters Considered by the Committee:

Annual Review of Committee Terms of Reference 2024/25
The Committee received the annual review of the Committee terms of reference for 2024/25 which included minor amendments to the dates and titles, with the Committee requested to review and provide any further comment on the Terms of Reference prior to submission to the Board for approval in May 2025.

Committee Annual Report 2024/25
The Committee received the Committee annual report for 2024/25 which was developed for submission to the Board via the Chair, setting out its activities during the year and including the review of its performance.

The report seeks to provide a comprehensive evaluation of the business undertaken by the Committee throughout the 2024-25 financial year including any issues, and gaps in assurance that have required escalation to the Board.

Committee Risk Report
The Committee received an overview of the Committee Risk Register for which the Board had delegated responsibility to the Committee.

The Committee noted that there were three high-level risks and three sub-risks, covering service delivery, transformation and partnership working, and compliance and safety. The risk environment had remained stable, and there were no changes to the risk scores for the monitored risks.

There was still one risk above the Health Boards appetite, which was Health and Safety risk, with ongoing work to recruit additional staff members that would support the improvement plan.

Quality Performance Interim Report
The Committee received the Quality Performance Interim report.

The key areas arising from this report were: -

- PALs officers receive about 500 enquires per month with the main theme found being communication issues.
- The CIVICA text service had gone live in emergency department and maternity to help improve the patient feedback percentage.
- The Health Board has been improving the speed of response to patient safety incidents, now achieving the 70% benchmark.
- On average there were 304 falls per month which was above the national average, with an increase in falls in January and a decrease in February.
- 67 incidents that had triggered of duty of candour and no new never events in this reporting period.
- The pressure ulcer data was being reviewed to ensure the information reported is reliable. A forum is being set up with divisional leads and

support of ABCi, to improve the reporting of data and learn from each other.

- In February 2025 the complaints performance showed 76% compliance for 6month early resolution, and the complaints data had found that the main themes being reported were clinical assessment / treatment and appointments.
- **The Welsh Risk Pool (WRP) had assessed the Health Board Putting Things Right processes in January 2024 to evaluate their effectiveness and provided recommendations for improvement.**
- 6 incidents under the reporting of injuries, diseases and dangerous occurrences regulations (ROIDDOR) reported to Health and Safety Executive (HSE) with 83.3% of case being reported within the legal timeframe of the legislation.
- Safeguarding reporting incidents were continuing to increase in adult and children. Training compliance was at 82% with the aim to be at 85% and level 3 training was now available with sessions being booked up till October 2025.
- The Mental Health and Learning Disabilities division had been working towards the enhanced care framework to focus on patients that require additional support and continuous improvement ongoing with an internal learning forum.
- Urgent and Emergency Care had now gone live with the Emergency department (ED) transfer lounge at the Grange University Hospital.
- The ED were piloting a stroke iPad with the Welsh Ambulance Service Trust with the aim to improve the flow of patients through the hospital.

Healthcare Inspectorate Wales – Unannounced Inspection of ED, GUH Published Report

The Committee received the Healthcare Inspectorate Wales report which included an overview of the Emergency Department inspection from 2nd to 4th October 2024, from the inspection several areas required improvements were identified, necessitating an action plan to address these issues and enhance patient care and safety.

The inspection revealed significant challenges in patient flow, pain assessment, oversight of waiting areas, risk assessments, and medication management. The Health Board had developed an improvement plan to tackle these issues, with specific actions assigned to responsible officers and timelines for completion.

The Committee noted that 95% of the actions were completed with the remaining open actions having an amber status relating to the flow centre, and the team were working with the urgent care department to make the improvements.

Healthcare Inspectorate Wales Annual Report

The Committee received the Healthcare Inspectorate Wales Annual Report, that included data from inspections, surveys, and reviews conducted during the year. It was crucial for the Health Board to learn from these findings to ensure the highest standards of patient care and safety.

Throughout the year HIW had conducted 172 onsite inspections across various healthcare settings, including hospitals, GP practices, dental practices, and independent healthcare providers.

The Health Board had examined the themes of the report to ensure that our own markers for Quality, Patient, Safety, and Experience and existing improvement plans were in line with HIW priorities.

Medical Devices Annual Report 2023/24
The Committee received the Medical Devices Annual Report for 2023/24 which provided assurance that the systems and processes were in place and operating effectively to achieve and maintain compliance with current and developing national Regulations, standards and guidance, under the constraints of what were practicable within available resources.

The Medical Devices Committee was aiming to change to a Strategic Medical Devices Group with the Group consisting of a multidisciplinary membership with the Group governed to work under the medical devices UK regulations.

Throughout the year there had been two moderate and no severe incidents reported with a review of Datix information at each medical devices meeting to ensure the Health Board could pick up any trends.

The Committee noted there had been a long-standing audit in 2017 and it had taken the Health Board some time to complete the recommended actions, with a large amount of the actions being completed throughout 2023/24.

Nutrition and Hydration Committee Interim Report
The Committee received the Nutrition and Hydration Committee Interim Report for assurance that the systems and processes were now established to achieve a multidisciplinary, timely approach to patient safety and quality within the N&H agenda.

There had been a trend concerning the failure to escalate the needs of complex patients that were not being fed in a timely manner, the Committee were assured that a new structure have been put in place with task and finish Group to improve the position.

The Health Board had received a regulation 28 from the coroner that outlined that the fluid balance monitoring had been linked to a patient's death. The coroner had been provided with an action plan that would improve the fluid balance monitoring across the organisation with a task and finish Group to monitor the improvements.

The Committee noted that the Nutrition and Hydration Steering Group had now been set up with two subgroups that would report into the Steering Group.

The Committee was pleased to note the re-establishment of a programme of Patient Safety Visits by members of the Executive Team and Independent Members.

Matters Requiring Board Level Consideration or Approval:
None Noted
Key Risks and Issues/Matters of Concern:
None Noted
Planned Committee Business for the Next Reporting Period:
The Patient Quality and Outcome Committee forward work plan for 2025/26 is in development.
Date of Next Meeting: Tuesday 3rd June 2025

Name of Committee:	**Partnerships, Population Health and Planning Committee**
Chair of Committee:	**Ann Lloyd**
Reporting Period:	**02nd April 2025**
Key Decisions and Matters Considered by the Committee:	

Annual Review of Committee Terms of Reference
The Committee noted that there were no changes to Committee scope or material changes following review of the Terms of Reference and endorsed submission to the Board for approval.

Committee Annual Report 2024/25
The Committee reviewed and endorsed submission of the Committee Annual Report to the Board.

Committee Risk Report
The Committee reviewed its delegated risks and queried whether or not the Llantrisant Health Park needed to be included within the Committees risk register as a risk to the Health Board's future strategy and method of enactment.

It was noted that the risk around regional planning would need to be reviewed based on recent activities.

Update on the Development of a Long-Term Strategy
The Committee noted that the framework was moving into the active phase, which involved workshops and stress testing for the three key aims of the strategy.

It was noted that the final report was on track to be presented to the Board in May.

Health Protection & Vaccination Programme Update
The Committee noted that vaccination uptake was still not at the desired level. Work was being undertaken to take a closer look into communities and what the barriers may be for people accessing vaccines.

It was noted that in order to tackle any lack of understanding around vaccinations, a history of vaccinations would be included in the Director of Public Health's Annual Report.

The Committee noted conversations with Royal Colleges around the implementation of a more universal style immunisation for the BCG vaccine.

The Committee noted that the uptake for HPV had decreased during the COVID-19 pandemic, and work had now started into an accelerated catch-up campaign with the target of being caught up by the end of 2025.

Regional Partnership Board Update
The Committee received an update on the work of the Regional Partnership Board

It was noted that detailed discussions were being held into bringing investment back into the RPB.

The Committee questioned why the 50-day challenge had seen such a delay in its review and was assured that this was mostly due to a delay in governance touchpoints.

Regional Planning
The Committee noted that that the baseline regional plan for Ophthalmology had been implemented.

The Committee noted discussions with Welsh Government were ongoing to confirm any additional monies for the region to maintain progress into quarter 1 of 2025/26. Confirmation had been received that £3 million additional funding would be allocated the region.

The Committee noted that the digital eye care space had been challenging, and that it had been agreed that ABUHB would take over a lead on the regional digital reporting group from Cardiff and Vale.

Public Services Board
It was highlighted that areas of work within The Best Start in Life had started to link in with national and regional strategies such as, the Children's Network and the Early Years Framework.

Matters Requiring Board Level Consideration or Approval:

- Long term strategy
- Health Protection and Vaccination Programme
- Regional Planning

Key Risks and Issues/Matters of Concern:

None noted

Planned Committee Business for the Next Reporting Period:

As per the Forward work plan for 2025/26

Date of Next Meeting: Tuesday, 01st July 2025, 09.30-12.30.

Name of Committee:	Mental Health and Learning Disabilities Committee
Chair of Committee:	Penny Jones
Reporting Period:	07th April 2025

Key Decisions and Matters Considered by the Committee:

Terms of Reference and Membership

a) Mental Health & Learning Disabilities Committee

The Committee noted the Mental Health & Learning Disabilities Committee Terms of Reference had been updated and Children and Adolescents Mental Health and Learning Disabilities was included within the Committee's oversight. The Committee noted that the Terms of Reference were approved by the Board in November 2024 and was assured the Terms of Reference would be reviewed on an annual basis.

b) Power of Discharge Sub Committee

The Committee noted a full review of the current Terms of Reference had been undertaken to ensure clarity on the role of the sub-Committee. The Committee approved the Terms of Reference for the Power of Discharge Sub Committee which would provide assurance to the Board regarding the exercise of section 23 of the Mental Health Act.

Overview of MH&LD Services and Improvement

The Committee received an overview of the Mental Health and Learning Disabilities Services of the Health Board and the Committee noted the role of Mental Health Services within the Health Board. The Committee was assured the Health Board's service was dedicated to supporting the Welsh Government Strategy.

The Committee acknowledged areas of progress and ongoing challenges of the division which included WCCIS challenges; recruitment and retention and estates. The Committee was assured that the improvement plan had been concluded, and was further assured that ongoing actions were being monitored through the Divisional Assurance process.

The Committee noted the improvement journey of the division and was assured by the IMTP priorities of the service that included: models of care, digital transformation, workforce, partnerships, quality improvement and ministerial priorities. The Committee was assured by significant improvements in performance metrics and compliance in a range of services and therapies.

The Committee noted and was assured by improvements in organisational development and improved professional relationships between staff in the division and was further assured the Health Board worked in conjunction with Gwent Local Authorities on the Regional Partnership Board on housing services for service users.

The Committee was assured a substantial review had been undertaken into all four directorates of the division, which included engagement and feedback from individual patients and carers and Directorate staff members and that learning was being implemented.

ABUHB Mental Health Act Monitoring Report and HIW Mental Health Act Monitoring Annual Report
The Committee noted the ABUHB Mental Health Act Monitoring Report and was assured it has been considered by the Patient, Quality, Safety and Outcomes Committee.

The Committee noted the HIW Mental Health Act Monitoring Annual Report and was assured a response from the Health Board would come to the next Committee meeting for consideration and discussion.

Overview of CAMHS Service
The Committee received an overview of the CAMHS Service and was assured by the timeline of improvement of the services; the service's core values and philosophy and noted a substantial increase in demand on the service from 3% in 2013 to over 20% in 2024 of the Gwent population.

The Committee was assured by key achievements of the CAMHS service delivered in 2024-2025 and improvement on performance indicators amidst increasing demand. The Committee noted there were internal hidden waits not presented by the performance indicators but was assured these were being monitored by the division

The Committee was assured there was a strong focus in all teams on preventative, early help/support and timely identification of problems and rapid initiation of interventions.

Emerging Priority Areas for the Committee's Forward Work Plan
The Committee noted priority areas that had emerged out of the meeting for forward planning.

Power of Discharge Sub-Committee Minutes 19th November 2024
The Committee noted for information.

Former Minutes and Action Log of the Mental health Act Monitoring Committee held on 4th June 2024
The Committee noted for information.

Matters Requiring Board Level Consideration or Approval:
None noted
Key Risks and Issues/Matters of Concern:
None noted
Planned Committee Business for the Next Reporting Period:
As per discussions and actions raised from the 7th April 2025 meeting
Date of Next Meeting: Tuesday, 17th June 2025, 01.30pm-04.30pm

Name of Committee:	Audit, Risk and Assurance Committee
Chair of Committee:	Iwan Jones
Reporting Period:	22nd April 2025

Key Decisions and Matters Considered by the Committee:

Financial Governance Report and Charges to Financial Capital Procedures (FCPs)

The committee reviewed and approved the following four Financial Capital Procedures (FCPs) that had been updated.

- Charitable Funds
- Digital
- Approving Orders Greater than 100k
- Overseas Visitors

Use of Single Tender Action (STA)
The committee reviewed the Single Tender Actions approved between 25th January 2025 to 1st April 2025. During this period 10 requests were submitted and approved during that period, with a total annual value of £367,739.56 (excluding VAT).

2024/25 Single Tender Action (STA) self-assessment summary.
The Committee received an overview of the Single tender action self-assessment.

Report of Losses and Special Payments
The committee received a status update on the status of Losses and Special Payments made between the 1st April 2024 and 28th February 2025, of which outlined an actual loss of £2.0million for the Health Board.

Response to Audit Wales as part of the 2024/25 Annual Accounts process.
The committee received an overview of the Health Board's response to Audit Wales' enquiries.

Review the Committee Terms of Reference

The committee received an overview of the updated Committee Terms of Reference (TORs) and endorsed the updated TORs for submission to the Board in May.

Draft Committee Annual Report 2024/25 including review of Committee Effectiveness 2024/25

The committee received an overview of the Draft Annual Report and endorsed the Annual Report for submission to the Board

Full Report of all Offers of Gifts and Hospitality as Declared

The Committee received an overview of the Gifts and Hospitality declared during 2024/25.

Committee Risk and Assurance Report Including review of the Health Boards Risk Management Framework
The Committee received an overview of the Risk and Assurance Report and updated Risk Management Framework.

It was reported that one Strategic Risk had decreased as a result of additional funding; The risk score for SRR 001G – Failure to deliver a sustainable financial position and longer-term financial plan – had been reduced due to the likelihood of the risk materialising moving from 'Almost Certain' to 'Likely'.

The effectiveness of actions in reducing strategic risks was questioned. It was acknowledged that ongoing work was being completed to effectively mitigate these risks by incorporating risk deep dives into committee agendas to allow more focused scrutiny.

The Committee endorsed the reduction in likelihood for SRR 001G for onward approval and approved minor changes made to the Risk Management Framework on behalf of the Board.

Internal Audit Progress Report
The committee received an update on the ongoing internal audit plan for 2024-25 and approved a request to defer the following two internal audits

- Capital Systems (Focus on the Decontamination Unit)
- Welsh Intensive Care Information System (WICIS)

Internal Audit 2025/26 Annual Workplan

The Committee received an overed and discussed the proposed audit plan 2025/26 in detail and made the following suggestions:

- Completion of an additional Audit relating to Mortuary and Care After Death Services due to recent events.
- Deferral of the Discharge Planning Audit to later in the year due to a recent Audit Wales review, allowing more time for progress to be made.

The committee also requested sight of the Internal Audit three-year plan, which will be presented to the committee in May 2025.

To Receive Internal Audit Reports
The committee were presented with an overview of five internal audit reports finalised within this reporting period.

Embedding of Policies "Speaking Up Safely" – Limited Assurance
The review assessed whether the "Speaking Up Safely, a framework for the NHS in Wales" had been fully implemented. It focused on the Health Board's previous process for handling speaking up safely concerns, with a new process introduced in December 2024. A further audit on the new process had been scheduled in the 2025/26 internal audit plan.

The committee emphasised the importance of revisiting the audit within the year to ensure the process was effective.

Divisional Governance Arrangements – Reasonable Assurance
The review assessed governance arrangements within the Primary Care and Community Division. Recommendations included implementing policies for escalating issues, providing guidance for risk assessment, and tracking escalated risks.

Mental Health and Learning Disabilities – Reasonable Assurance
The review focused on the 90-day Plan for the Division. Recommendations included strengthening governance structures, increasing focus on timely action implementation, and incorporating specific timelines for accountability.

The committee highlighted that the improvements made within the division were very clear and the report was a credit to the work that had been completed.

Maternity Services Improvement Plan – Reasonable Assurance
The review tracked actions from a commissioned review of maternity services. Recommendations included assigning key individuals to actions, defining completion dates, and identifying third-party support.

Staff Survey – Reasonable Assurance
The review focused on the actions underway to influence change following the Employee Experience Survey (staff survey) results.

Grange University Hospital (GUH) Emergency Department (ED) Extension – Reasonable Assurance
The audit was undertaken to review the management arrangements established to progress the extension of the GUH ED.

The committee raised concerns regarding the recurring issue of inadequate governance arrangements across all project reviews. The Committee proposed that the audit be revisited with management to identify strategies for improvement and prevent similar issues in future projects.

External Audit Progress Report 2024/25
The committee received an overview of the External Audit progress report noting that one of two scheduled finance audits (Audit of accounts and Charitable Fund Accounts 2024-25) were due to commence.

Audit Wales 2025/26 Annual Plan
The committee received an overview of the Plan for 2025/26, significant risks identified, were noted as management override, fraud in relation to revenue and expenditure, and failure to meet financial duties to break even.

A change in focus for the local project work was noted, which would now focus on a review of outpatient follow up arrangements.

Audit Wales' Review of Discharge Planning (Health Board)

The Committee an overview of the Audit Wales' Review of Discharge Planning. Five recommendations for improvement were made, including training and sharing of information.

Audit Wales' Review of Patient Flow out of Hospital (Gwent Partnership)
The Committee received an overview of the report which focused on patient flow in both Health and Social Care systems and had been shared with the five local authority partners.

Areas for improvement included training and guidance on discharge planning, embedding a seven-day approach to discharge, and clarifying roles and responsibilities in relation to informal over-prescribing of care packages.

Audit Wales' Review of Cancer Services in Wales
The Committee received an overview of the Audit Wales' Review of Cancer Services in Wales. The report focused on the examination of the national strategic approach rather than a Health Board-specific arrangement.

Matters Requiring Board Level Consideration or Approval:

For Information:

The Committee acknowledged the improvements highlighted in the Reasonable Assurance Internal Audit Report on **Mental Health and Learning Disabilities Divisional Review** . It viewed this as an opportunity to provide Board Members with assurance and visibility of the progress made in leadership, performance, governance over the past 12 months.

Key Risks and Issues/Matters of Concern:

The Committee agreed that the **Records Management** Limited Assurance Internal Audit should be escalated to the Board, given the risks associated with the current pace of digitising medical records.

The Board is asked to consider whether the existing strategic approach sufficiently advances the Health Board's efforts to improve records management and mitigate known risks, particularly regarding the safe storage of records during the ongoing digitisation process.

Planned Committee Business for the Next Reporting Period:

- Draft Minutes of the last Meeting held
- Committee Action Log and Matters Arising
- Audit Recommendation Tracking report and Approve the Quarter 4 Closing Position.
- Health Board's Annual Report (Overview & Performance Section) **(Part 1)**
- Draft Accountability Report, including Annual Governance Statement **(Part 2)**
- Draft Annual Accounts and Financial Statements **(Part 3)**
- Counter Fraud Annual Report
- Compliance with Welsh Health Circulars (WHCs)

- Internal Audit Progress Report
- Internal Audit Three Year Plan
- Internal Audit Review Reports.
- External Audit Annual Report
- External Audit Progress Report
- Committee Programme of Business 2025/26

Date of Next Meeting: Tuesday 20th May 2025 at 09:30

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	21 May 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**Committee Terms of Reference Review and Annual Reports 2024-25**
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Director of Corporate Governance
SWYDDOG ADRODD: **REPORTING OFFICER:**	Head of Corporate Governance

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 presents to the Board the revised Terms of Reference and Annual Reports 2024/25 for the Committees of the Board.

Cefndir / Background

Aneurin Bevan University Health Board's Standing Orders state that: "*The Board may and, where directed by the Welsh Ministers must, appoint Committees of ABUHB either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board shall establish a Committee structure that it determines best meets its own needs, taking account of any regulatory or Welsh Government requirements. As a minimum, it must establish Committees which cover the following aspects of Board business: Quality and Safety; Audit; Information governance; Charitable Funds; Remuneration and Terms of Service; and Mental Health Act requirements*."

In line with the above, the Health Board has established the following Committees:

- 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

Committees of the Board are required to develop an Annual Report and review their Terms of Reference on an annual basis.

It should be noted that this report does not include the Mental Health and Learning Disabilities Committee or the Remuneration and Terms of Service Committee.

In November 2024, the Board approved revised Terms of Reference for the Mental Health and Learning Disabilities Committee to enable a broader focus on all aspects of the Health Board's activities in relation to mental health, learning disabilities and child and adolescent mental health services. As a result, the Mental Health Act Monitoring Committee was stood down and a Mental Health and Learning Disabilities Committee established. The Mental Health Act Monitoring Committee met once in 2024/25 and a final report was submitted to the Mental Health and Learning Disabilities Committee in April 2025.

Due to the confidential nature of the issues discussed at the Remuneration and Terms of Service Committee it is not appropriate to publish an Annual Report for this Committee. A review of the Terms of Reference will be undertaken separately.

Asesiad / Assessment

Terms of Reference

The Terms of Reference (ToR) for each Committee have been reviewed by individual Committees and the final versions are provided in the supplementary papers. There have been minor changes to titles and dates but there were no material amendments to the Terms of Reference.

The Board is asked to approve the Terms of Reference.

Annual Reports

Each Committee is responsible for developing an annual report for submission to the Board, setting out its activities during the year and including the review of its performance.

The Annual Reports seek to provide a comprehensive evaluation of the business undertaken by the Committee throughout the 2024-25 financial year including any issues, and gaps in assurance that have required escalation to the Board.

The Annual Reports have been endorsed by each Committee and are presented to the Board for approval prior to publication.

As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its

responsibilities. A summary of the outcomes of these self assessments are included within the Annual Report for each Committee.

The outcome of the assessment will enable the Committee to identify areas of development and focus for the coming year, such as any training and development, as well as changes to processes and procedures.

Common themes from the Self Assessments are provided below and will be taken forward as part of the Board's Development Programme.

Areas for Improvement based on comments received	**Action**
Induction process: Development of tailored training and induction to support new Independent Members to undertake their role on Committees effectively	• Revised local Induction Programme being developed for the Health Board
Quality of Reports: Reports should be shorter and the successes and challenges addressed under headings, with links for reference purposes. They are often too comprehensive which means it can be hard for IMs to recognise key issues. Acronyms need to be explained to aid understanding. Reports should also be in an accessible format (not large excel spreadsheets)	• Report writing included within Development programme being developed with the Good Governance Institute
Committee meetings: Try to ensure that there is 5 minutes left at end of meeting for final 'wrap up'	• Review of agenda format to include a short feedback section at the end of each meeting to enable reflection, learning and improvement

Argymhelliad / Recommendation

The Committee Board is asked to APPROVE the Terms of Reference and Annual Reports 2024/25 for the Committees of the Board.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol:	Failure to agree the reports would mean that the Health Board would not comply with Welsh Government and HM Treasury requirements.

Corporate Risk Register Reference and Score:	
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 objectives will be referenced to the IMTP.
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:	Explained within the report.
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:	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	**No does not meet requirements**

Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. Not applicable to the report, however, considerations will be included in considering how the business of the Committee aligns to the Well Being of Future Generations Act.

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	21 May 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**NHS Wales Joint Commissioning Committee (JCC) Update Report – March 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

On 1 April 2024, the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) ceased to exist. They were replaced by the NHS Wales Joint Commissioning Committee. The new Joint Commissioning Committee (JCC) holds the functions of the former EASC and WHSSC together with commissioning of 111 and Sexual Assault and Referral Centres.

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 accountability 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 18th March 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 Committee is due to next meet on 20th May 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

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee (JCC)

Dyddiad y Cyfarfod / Date of Meeting	18/03/2025
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 Interim Chief Commissioner
Noddwr yr Adroddiad / Report Sponsor	Stacey Taylor JCC Interim Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Boards	April 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 Joint Commissioning Committee (JCC) at its public meeting on 18 March 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Joint Committee is set out in Paragraphs 2.18 and 2.20 of the JCC Standing Orders.

3. HIGHLIGHT REPORT

(Links to reports highlighted March 2025 - NHS Wales Joint Commissioning Committee)

Status	Update
Alert / Escalate	• The Joint Commissioning Committee Foundation Plan 2025-2026 was **approved** in readiness for inclusion in Health Board Integrated Medium Term Plans (IMTPs) and submission to Welsh Government by 31 March 2025 with the following conditions: ○ Develop an executive summary, ○ Include an acknowledgment of the level of risk including provider risk that this plan is highlighting, ○ Establish robust accountability process to monitor the delivery of the plan, ○ Recognise the on-going conversations with providers around deliverability and savings targets that could impact on the plan, ○ Acknowledge the limited capacity to undertake the transformation programmes identified within the Plan and the collaboration required from Health Boards in delivery; and ○ Representations with Welsh Government on the position in relation to non-recurrent funding that could impact on the plan. • **Positron Emission Tomography Emission Centre (PETIC) (prostate-specific membrane antigen (PSMA) PET Scan -** An urgent piece of work to be undertaken to identify how scan capacity can be identified and be prioritised according to clinical need and responsibility for health equity. Wider piece of work on equity of access will feature as transformation piece of work detailed in the approved foundation plan.
Advise	• The Chair confirmed that Huw George, Deputy CEO and Executive Director of Operations and Finance at Public Health Wales (PHW), will be the Interim Chief Commissioner from 1 April 2025 for 12 months. He will start in shadow form on a part-time for two days a week during March and become full-time on 1 April 2025 at which point he will hold Accountable Officer status for the

Status	Update
	JCC. Stacey Taylor will continue as the current Interim Chief Commissioner until 1 April 2026. • An update was received from the Interim Chief Commissioner: ○ **Quarter 4 Progress & Future Priorities**: Work continues under transition to establish 'routine business' for the JCC. Priorities included finalising and implementing the final organisational structure and developing the Foundational Annual Plan for 2025/26 for approval, ○ Work on finalising and implementing the Scheme of Delegation, ○ Key achievements were highlighted; and ○ Next developments include securing Public Health expertise, completion of internal reviews for Traumatic Stress Wales (TSW) and the Welsh Kidney Network (WKN). • Members received reports from each of the three Commissioning Directors: • Update from the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups. Members noted: ○ Work on the new Mother and Baby Unit (MBU) in Chester had commenced with a provisional operational date of October 2025; and ○ The review of TSW service had concluded, and discussions are ongoing to consider the recommendations. Further discussions would take place related to the future strategy of the Mental Health portfolio at the April JCC Strategy Session. Members **approved** the establishment of an NHS Wales Continuing Healthcare (CHC) Cooperation Programme subject to funding from WG being secured and assurance to the Chief Commissioner that there is a plan and resilience in place to establish as a co-operation forum. • Update from the Director of Commissioning for Ambulance and 111 provided updates on: ○ The judgment in relation to the judicial review of the JCC decision to develop the Emergency Medical Retrieval and Transfer Services (EMRTS) was anticipated by end of March 2025,

Status	Update
	○ Pending the outcome of the judicial review further work on the delivery of Recommendation 4 - the bespoke road-based service was paused, ○ During March 2025, the JCC will meet with Health Board representatives in stakeholder workshops to review and discuss the recommendations within the WAST Manchester Arena Inquiry report, ○ Welsh Government are establishing a new clinically-led 'national ambulance patient handover improvement implementation group'. This work will be a key enabler in supporting the JCC to reduce risks and improve productivity in emergency ambulance services; and ○ A verbal update was provided on the Health and Social Care Committee's recommendations on emergency ambulance response targets. The long-term vision for Non-Emergency Patient Transport Services (NEPTS) 'The Future Vision' was approved. • The update from the Director of Commissioning for Specialised Services included: ○ An update on the work of the Specialised Services Collaborative Commissioning Group, ○ With the planned care funding from the Welsh Government (WG), Swansea Bay University Health Board (SBUHB) aims to meet the 104-week target for Plastic Surgery patients by the end of March 2025. However, maintaining this target through 2025/26 may be challenging without additional funding above the contract baseline, ○ Capacity gaps in outreach plastic surgery services in north Wales (now in escalation), ○ Obesity surgery waiting times; and ○ Neonatal and Paediatric Intensive Care services remain at an escalated risk level. • **Strategic Planning (Foundation Annual Plan 2025/26)**: ○ NHS Wales Planning guidance highlighted a 1.77% budget uplift with a 2% efficiency savings target, ○ Highlighted the importance of collaboration and prioritisation of resources,

Status	Update
	○ Key priorities include urgent care and planned care recovery, ○ Early estimates suggest the JCC will require between 5.5%-6.4% financial growth requirement, ○ The substantial cost drivers such as inflationary pressures, increased demand and NICE technology approvals were highlighted, ○ The Foundation Plan for 2025/26 was approved subject to caveats (see Alert Section above); and ○ A JCC strategy workshop will be dedicated to support the work to develop the JCC long term strategy and the IMTP for 2026/2029.
Assure	• **Governance & Risk Management**: ○ Updated financial delegated limits were approved for the new Interim Chief Commissioner with effect from 1 April 2025, ○ The Risk register was received, with each of the risks assigned to one of the sub-committees for monitoring and scrutiny, ○ The Corporate Governance Report was received which provided the timeline for approval of the Annual Governance Statement (AGS). Details on the approach to the Committee Effectiveness was provided and the forward plan of Business was presented; and ○ Members noted that the Health Board Standing Orders (and subsequently JCC Standing Orders) would be updated to reflect the recently issued WHC which reduced the timescale for publication of board papers to 5 clear working days.
Inform	• The Committee received the Month 10 Finance Report and the Month 9 Performance Report, • The Committee received the following assurance reports: ▪ CTMUHB Audit and Risk Committee Assurance Report, ▪ Quality Safety and Outcomes Sub-Committee, ▪ Planning Performance & Finance Sub-Committee, ▪ Individual Patient Funding Request (IPFR) Panel assurance report; and ▪ Welsh Kidney Network Board (WKN) assurance report.
Appendices	None

Status	Update

Note that an "in committee" meeting was also held. A formal update will be given to the next public JCC meeting on 20 May 2025 under the Corporate Governance report.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality Reduce Duplication Improve Equality and 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 Healthier Wales
	If more than one applies please list below: 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))*	Data to Knowledge
	If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Efficient All of the domains of quality apply
	If more than one applies please list below: Effective; equitable; person centred; timely and safe
	No - Not Applicable

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	If more than one applies please list below:

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:	If no, please include rationale below: 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.

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	21 May 2025
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**NHS Wales Shared Services Partnership Committee (NWSSP) Update Report – March 2025**
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the NHS Wales Shared Services Partnership Committee as a Joint Committee of the Board.

Cefndir / Background

NHS Wales Shared Services Partnership Committee (NWSSP) was established in November 2010 and became operational in April 2011 and through its work delivers economies of scale; efficiencies and consistency of quality and process for the business and professional services that are directly managed and delivered by local NHS bodies.

The membership is comprised of representatives from each NHS organisation that use the services and from Welsh Government in an observer capacity. The NWSSP operates under the legal framework and Establishment Order of Velindre University NHS Trust. The Managing Director is the designated Accountable Officer for Shared Services in line with The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and is accountable to the Director General / CEO NHS Wales and Health Boards, Special Health Authorities and Trusts through the Shared Services Partnership Committee (the Partnership Committee). The Partnership Committee meets bi-monthly and is chaired by an Independent Member, Professor Tracy Myhill OBE.

Asesiad / Assessment

The Joint Committee last met on 25th March 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 22nd May 2025. The assurance report from this meeting will be reported to the Board once made available.

This paper also provides the Board with the NWSSP Summary Performance Report for the Health Board for the period 1st January 2025 to the 31st March 2025, attached at **Appendix B.**

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	25 March 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:

- completion of the Chair's appraisal and review process on 11 February 2025;
- attendance at the Health and Social Care Climate Focus Leadership event on 21 February 2025, where contributions were made from across Wales;
- Chairing the Welsh Risk Pool Committee meeting which took place on 19 March 2025;
- NWSSP's Annual Staff Recognition Awards took place on 13 February 2025. This was an uplifting recognition and celebration event for staff across all Services in NWSSP;
- participation at the Chair's Peer Group meeting, which took place on 25 February 2025;
- attendance at NWSSP's Formal Senior Leadership Group meeting, which took place on 27 February 2025; and
- meeting with Donna Mead, Chair of Velindre University NHS Trust on 27 February 2025.

The Committee **NOTED** the Chair's Report.

Managing Director Update - The Managing Director presented his report, which included the following updates:

- **Radiopharmacy/TrAMS update**: The following comprehensive update was provided in conjunction with the overarching report, which was noted by the Committee:
  - planning permission has been granted for the entire site, covering the RadioPharmacy and the Transforming Access to Medicines (TrAMS) Hub;
  - the initial phase of enabling works are nearing completion with the clean room build purchase order pending final sign-off from Velindre University NHS Trust. Overall, progress is positive, despite some delays in the system; and
  - NWSSP will continue to work with Committee Members on local governance processes required for the approval of the South East Hub BJC. This engagement is crucial to ensure appropriate time for internal discussions to take place.
- **Welsh Risk Pool Committee**: The Committee met on 19 March 2025. £32 million would be reimbursed as an outcome from the meeting. Positive discussions were

had regarding managing penalties and supporting the claims process by further working with BCUHB colleagues.

- **Cash Distribution**: We are pleased to confirm that NWSSP will be returning £3.6 million as part of cash distribution, which means that approximately £30 million has been distributed back to our partners, over the last 12 years.
- **Laundry Projects**: Significant investment work is being undertaken with the use of year-end capital, for which there are 33 schemes in progress. The Greenvale site will be temporarily closed for a large equipment installation and whilst there have been occasional breakdowns with stock supply, these have been well-managed, with no significant disruption.
- **Personal Protective Equipment (PPE) and the UK COVID-19 Public Inquiry**: The NWSSP Director of Procurement, Supply Chain, Logistics and Laundry Services would be providing evidence to the Inquiry on 25 March 2025. There have been ongoing positive discussions with Welsh Government on PPE terms and product clarifications.
- **Decarbonisation**: Positive progress was made with installations of solar panels, electric vehicle charging points and case studies on solar farms at IP5 and Matrix House, generating power for the respective sites.
- **Staff Recognition Awards**: Following the online event held for staff on 13 February 2025, the NWSSP Senior Leadership Team have been visiting regional sites and holding in-person celebration events, acknowledging efforts and contributions of NWSSP staff in going the extra mile to support Health Boards, Trusts and Special Authorities.
- **Infected Blood Compensation Authority (IBCA)**: The Chief Executive of IBCA reached out to the Managing Director to express gratitude for the support and collaboration since IBCA's establishment as a statutory body. NWSSP were currently working with IBCA on transitional arrangements and potential TUPE (Transfer of Undertakings Protection of Employment) implications as they move forward with making payments.

The Committee **NOTED** the Managing Director's Report.

Deep Dive

Deep Dive of Medical Examiner Service - A comprehensive presentation was delivered and provided to Committee members following the meeting.

The Medical Examiner Service (MES) became a statutory service in September 2024, driven by the need for independent scrutiny of deaths, influenced by cases like Shipman and Mid Staffordshire NHS Trust. Approximately 45% of Medical Certificates of Cause of Death (MCCDs) do not meet minimum standards, impacting policy development. MES was introduced as part of a Law and Justice Bill, a non-devolved responsibility enacted through the Health Service. The statutory phase began in September 2024, with all Medical Examiners employed via NWSSP to provide arms-length scrutiny of deaths in Wales. The MES is funded by the Department of Health and Social Care at the UK level, working with Welsh Government, for expenditure and funding requirements.

Duties of the MES include scrutinising medical notes, engaging with families, and notifying Health Boards of governance or patient safety issues. MES is not engaged if a death is reported to the coroner. The process involves multiple stages and stakeholders, leading to potential delays in registration and body release.

There are challenges including timely access to medical notes and the new MCCD form. Data shows variability in death registration times and the need for improvement. There is

significant variability between health boards and settings in terms of death registration times. Many GPs were unprepared for the new processes, leading to delays and challenges in death certification. Demand and capacity planning is needed for winter, with a session planned for April.

Public engagement and understanding of MES responsibilities are ongoing challenges. Efforts to improve public understanding of MES responsibilities, working with Welsh Government to disseminate information.

The Committee **NOTED** the Deep Dive of the MES.

Items Requiring SSPC Approval

2025/26 Service Level Agreements (SLAs) – The SLAs were received for the Committee's approval. SLAs are annually reviewed with the organisations NWSSP provides services to. The consultation period was extended and involved wider engagement, including communication with Chief Executives, peer groups and Directors of Corporate Governance. A review of feedback and experiences with inter-NHS agreements will take place early in 2026.

The Committee resolved to **APPROVE** the Service Level Agreements for 2025/26.

Items for Noting

All Wales Pharmacy Update – The Committee received a comprehensive update on current progress regarding the All-Wales Pharmacy, which was integrated into the Managing Director's Report. Highlights from the report were as follows:

- **South East Radiopharmacy**: Detailed design is complete, with minor changes during build/validation phase. Planning permission has been granted and the final funding letter has been received from Welsh Government. Enabling works started on 3 February 2025 and the cleanroom contract has been requisitioned. The physical build and equipping is expected to be completed by September 2025, with contractor validation by December 2025. Service go-live is anticipated to be March 2026.
- **South East Hub**: There is a focus on agreeing revenue baseline, operating costs, benefits, and funding profile. The emergent preferred funding model and the timeline for Business Case completion and approval is being developed.
- **South West Hub**: A suitable site within Swansea North and Cross Hands is actively being sought. A preliminary site scoring workshop scheduled for 2 April 2025.
- **Efficiency Review**: NWSSP commissioned a review to identify potential improvements to hospital medicines supply and logistics arrangements, which is almost complete and the report is due by 24 March 2025.
- **Assurance Arrangements**: The TrAMS programme remains red-rated primarily due to concerns about delays to delivery and is reported to each SSPC meeting in the Project Management Office report. An Integrated Audit and Assurance Plan is in place, with regular touchpoint meetings taking place with Welsh Government. Updates are provided to the Quality, Safety and Performance Committee of Velindre University NHS Trust.

The Committee **NOTED** the All Wales Pharmacy Update.

Chair's Appraisal – The Committee received an update on the outcome of the Chair's Appraisal, covering the framework and outcomes. The appraisal process, agreed in September 2022, aimed to objectively assess the Chair's impact. Feedback from seven Committee Members was positive, highlighting effective meeting management and successful development sessions. Suggested improvements included better communication and partner involvement, and regular reviews of engagement arrangements. The Chair will use this feedback to enhance her contributions and promote NWSSP's impact on NHS Wales and thanked Committee Members for their participation, welcoming ongoing feedback.

The Committee **NOTED** the Chair's Appraisal.

Workforce Race Equality Standard (RES) – An update was provided regarding NWSSP implementation of the RES. Positive actions and training were highlighted, although it was noted that it would take time to show the impact of the actions. There were poor levels of ethnicity declaration, which need to be pushed to improve data, particularly in the absence of data in the Single Lead Employer (SLE) area.

Engagement levels with the staff survey, particularly within SLE, were explored and discussions will continue to support collective actions in addressing shared issues, which is encouraging.

Efforts are being made to improve the diversity of the NWSSP Senior Leadership Team, with gender balance having improved in recent years and the Committee would look forward to a future update on progress.

The Committee **NOTED** the progress made on the Workforce Race Equality Standard.

Finance, Performance, People, Programme and Governance Updates

Finance - The financial position, as at February 2025, was reported as a year-to-date surplus of £4.302m at Month 11, with a surplus of £3.577m within our core operational budgets and £0.725m against our recurrent covid allocation. Underspend would be utilised to provide a 2024/25 distribution of £3.600m to NHS Wales and Welsh Government. £5.148m capital expenditure has been incurred to date against the 2024/25 final £9.365m Capital Expenditure Limit (CEL).

The Cabinet Secretary for Health and Social Care had approved the new Stockholding Policy for Personal Protective Equipment (PPE). This year, a Capital Prioritisation Group was introduced and has been effective. Going forward into 2025/26, £1.5 million from the Targeted Improvement in the Estates Funds (TEF) bids to the Welsh Government was successfully secured. Expenditure for WRP remains on track to be managed at approximately £140 million for the year. The Risk share contribution is forecast to increase to £36.056m in 2025-26.

People & Organisational Development – Good progress had been made in relation to the majority of the statutory indicators, for which compliance had increased. The key messages detailed in the overarching report were:

- sickness absence had decreased to 3.24%, compared to 3.46% for the same period last year, this was slightly under the NHS target of 3.30%. Improvements were noted in divisions with previously high sickness rates;
- turnover was reported at 21.89%, which had slightly decreased by 0.66%, compared to the same period last year. When excluding the Single Lead Employer

Division, where a higher degree of turnover is inherent in the model, the turnover for NWSSP was at 8.61%, which showed a decrease of 3.30%, year to date;

- statutory and mandatory e-learning compliance remained very high at 92.8%, excluding the SLE Division. Significant improvements within Medical Workforce and Laundry Services had been made;
- Personal Appraisal and Developmental Review (PADR) compliance remained very high at 85.9%, with NWSSP reporting the second highest figures across NHS Wales;
- agency spend decreased to £9,320 for February. One member of staff was engaged via agency within Procurement;
- continued achievement of the Time to Hire target at 55.8 days, against the 71 day target, where the NHS Wales average is currently 66.7 days; and
- employee experience initiatives during the period included Staff Recognition Awards, Staff Survey and employee engagement events.

Performance - Key Performance Indicators (KPIs) from November 2024 to February 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 37 of 40 high-level indicators achieving target, which were explained in detail in the overarching report. Professional influence benefits generated by NWSSP amounted to £317m, as at the end of February 2025. Quarter 3 meetings with partners were completed, with Quarter 4 meetings scheduled for late April. These sessions are vital for sharing data, receiving feedback, and addressing any issues or compliments.

Outcome Performance Report – The report had been shared with the Senior Leadership Group for scrutiny, prior to being presented to the Committee and focussed on outcomes from the IMTP 2024-2027. Planned improvements included customer experience and benchmarking, which was commissioned to compare against similar organisations, with results expected by 31 March 2025. Highlights included positive improvements in staff pride and well-being arising from the staff survey. In terms of value, the foundational economy reporting highlighted a 43% Welsh spend, within a total spend of £1.057 billion.

Project Management Office & Service Improvement Update Report – The update reflected the status of the 24 current projects and the controls in place to ensure effective monitoring. There have been no changes in the RAG ratings since the last report and the position remains stable. An update on the Primary Care Workforce Intelligence System (PCWIS) was provided, noting a three-month extension to complete user acceptance testing and data crossover, supported by NWSSP's Senior Leadership Group. The Committee acknowledged the progress and the rationale for the extension.

Corporate Risk – The position was reported as stable. There are 15 risks identified for action, of which there are six red risks and nine amber risks. The Committee's attention was drawn to the red-rated risks around capacity to respond to the COVID-19 Public Inquiry, which were hoped to abate but remain beyond control. The progress of the Transforming Access to Medicines (TrAMS) programme was discussed, emphasising the need to seek approvals to proceed at pace. The Primary Care Workforce Intelligence System (PCWIS) red-rated risk was reviewed, with updates and framing adjustments to be addressed in the next cycle.

The Committee **NOTED** the above Reports.

Papers for Information

The following items were provided for information only and the Committee **NOTED** the reports: • Finance Monitoring Returns (Month 10 and 11 2024-25); • Personal Protective Equipment (PPE) Report - February 2025; • NWSSP Audit Committee Assurance Report – February 2025; and • Shared Services Partnership Committee Forward Plan.
Any Other Business (AOB)
• Committee Members were encouraged to raise any suggestions for potential topics to be covered during future deep dive sessions. • A date would be sought for the Committee Development Day to take place in the Autumn of 2025 and suggestions were welcomed for items to be explored.
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 22 May 2025, 10.00am to 12.00pm

NWSSP
SUMMARY PERFORMANCE REPORT

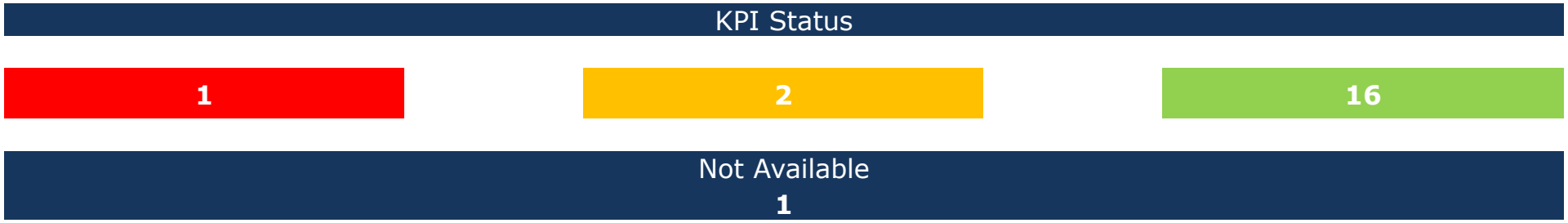
ANEURIN BEVAN
UNIVERSITY HEALTH BOARD

Period 1st January 2025 – 31st March 2025

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Shared Services Partnership

Overview



Points of Contact

Rebecca Nelson – Director of Planning, Performance & Informatics (Rebecca.Nelson2@wales.nhs.uk)
Richard Phillips – Business & Performance Manager (Richard.phillips@wales.nhs.uk)

Key Messages

The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 31st March 2025.

As part of the approval of our Year 1 of our IMTP for 2024-25, the Shared Services Partnership Committee (the Committee) reviewed our Key Performance Indicators. We then identified a number of Lead indicators for each division. There are 20 Lead indicators in total.

The Quarter 4 performance for the organisation was generally on target with 16 out of 20 KPIs showing as green.

The time to hire target was achieved in March and NWSSP continue to work with the organisation to cleanse the older records which can influence the overall time to hire performance.

Further action will continue to be taken forward to address the performance in areas of underperformance.

Of the 3 KPIs that did not achieve the targets:

- 3 are the responsibility of the health organisation.

NWSSP continue to support the organisation in relation to recruitment performance.

Heads of Audit continue to work with key individuals within the organisation to improve delivery against targets.

Accounts Payable – The non-NHS Public Sector Payment Policy (PSPP) - Information on the payment of non-NHS invoices within 30 days is currently unavailable. An updated report on the PSPP will be issued once it becomes available.

Professional Influence Benefits

The main financial benefits accruing from NWSSP relate to professional influence benefits derived from NWSSP working in partnership with Health Boards and Trusts. These benefits relate to savings and cost avoidance.

- Legal Services – Settled Claims savings, damages and cost savings.
- Procurement Services – Cost reduction, catalogue management etc. (Heads of Procurement discuss with Director of Finance of Health Orgs)
- Specialist Estates Services – Property management/lease/rates negotiated reductions and Build for Wales framework savings.
- Counter Fraud Services – Financial Recoveries and prevention.
- Accounts Payable - statement reconciliation, priority supplier programme (PSP) and the prevention of duplicate payments.

The indicative financial benefits arising in the period April – March 2025 for the organisation is £46.4M with the breakdown in the following table.

Service	YTD Benefit £m
Specialist Estates Services	0.25
Procurement Services	7.94
Legal & Risk Services	36.41
Accounts Payable	1.59
Oxygen Finance – PSP	0.04
Counter Fraud Services	0.20
Total	46.4

Explanation of Appendices

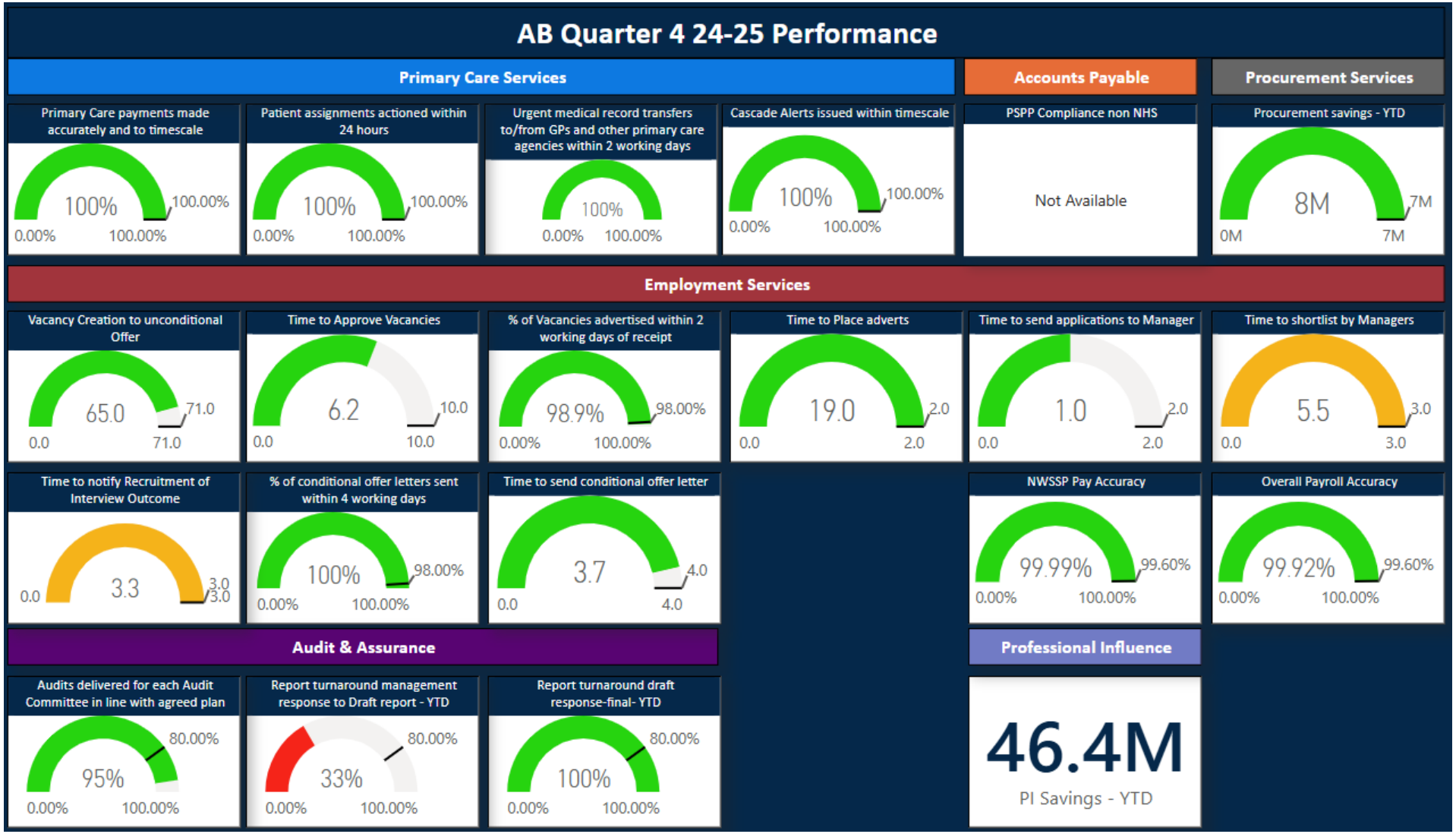
Appendix 1 to this report provides the March performance for your health organisation against the Lead indicators with comparison data for the rolling twelve-month period to 31st March 2025.

Appendix 2 provides March performance against All Wales KPIs which cannot be attributed to a specific health organisation but report an All-Wales position with comparison data for the rolling twelve-month period to 31st March 2025.

Appendix 3 then highlights the position for all health organisations at the end of March 2025.

Appendix 4 highlights the Outcome measures reporting we have been working on at the end of March 2025.

Summary Performance



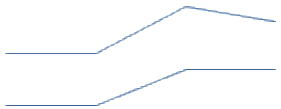
Action Plan for Lead Indicators

There was one KPI showing as red for the in-month March position.

There were two KPI's showing as amber for the in-month March position.

Delivering Value, Innovation and Excellence through Partnership

Audit & Assurance

AB High Level - KPIs Mar 2025	Target	30/06/2024	30/09/2024	31/12/2024	31/03/2025	Trend
			Audit & Assurance			
Audits reported to agreed Audit Committee (Excluding External Factors)	80%			88%	95%	
% of audit outputs in progress		13%	34%	26%	32%	
Report turnaround management response to Draft report - YTD	80%	Not Applicable	Not Applicable	50.0%	33.3%	
Report turnaround draft response-final- YTD	80%	Not Applicable	Not Applicable	100%	100%	

What is happening?

Audits delivered for each Audit Committee within agreed plan (Excluding external reasons) – Previously reported as a binary "Yes" or "No," this new metric measures the percentage of audits delivered.

Turnaround management response to Draft report - YTD missed the 80% target during March reporting 33.3%. 5 of the 15 reports were completed within the time frame. The reasons the attributed to the requests of additional work or requests for more information. This KPI is dependant on the organisation.

What are we doing about it?

Heads of Audit discuss any delays directly with the health organisations and are made aware of any revised timings of reports and submission to committees.

Employment Services – Recruitment

AB High Level - KPIs Mar 2025	Target	30/06/2024	30/09/2024	31/12/2024	31/03/2025	Trend
Organisation KPIs Recruitment						
% of vacancies shortlisted within 3 working days		49.3%	56.3%	52.3%	56.7%	
Time to Shortlist by Managers	3 days	7.4	8.2	5.1	5.5	
% of interview outcomes notified within 3 working days		66.8%	62.2%	64.7%	68.9%	
Time to notify Recruitment of Interview Outcome	3 days	3.1	5.7	3.2	3.3	

What is happening?

Time to Shortlist by Managers missed the target taking on average 5.5 days in March. Time to notify Recruitment of Interview Outcome narrowly missed the 3-day target reporting 3.3 days. Both indicators are showing a small decline since Quarter 3.

Recruitment Modernisation Process changes have been implemented. We are starting to see improvements in both the manager and candidate experience as well as reductions in the time to hire in individual elements of the process.

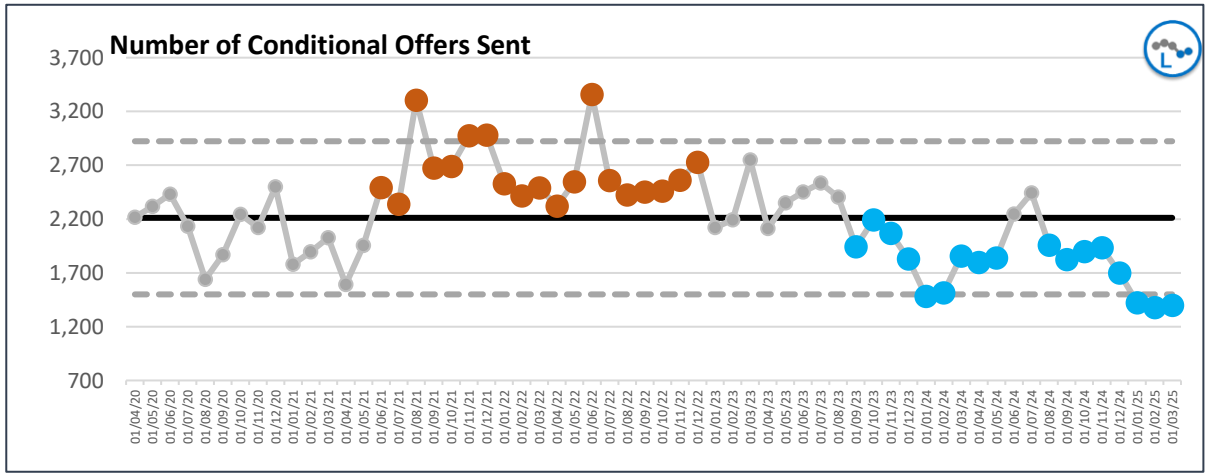
What are we doing about it?

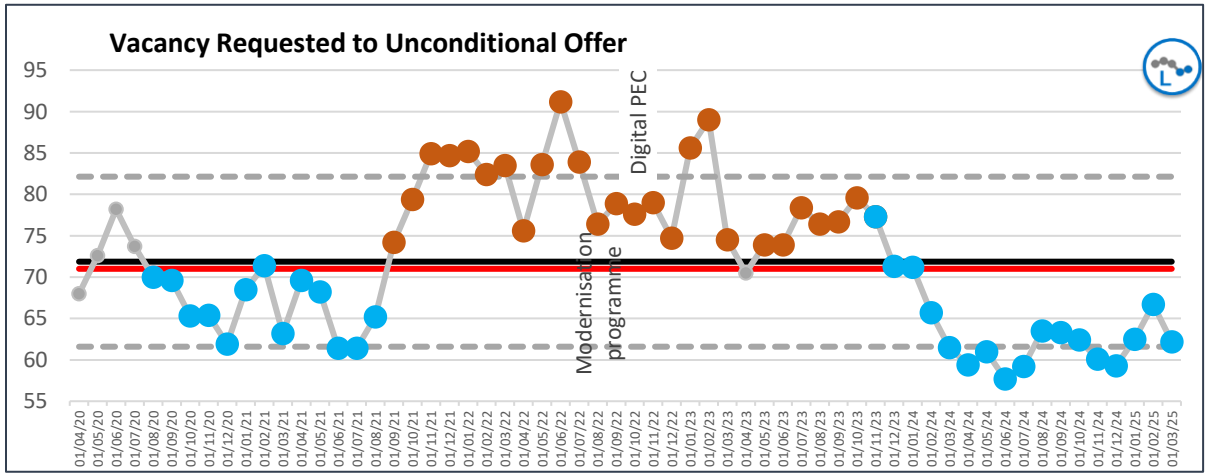
The Recruitment team continue to work with managers and organisations in relation to their responsibilities as part of the recruitment journey, to reduce the time to hire and ensure their applicant is engaged in the process.

Good progress has been made on the cleansing of older records in the system, there are still some older records in the system, these will continue to impact on the time to hire.

Employment Services – Recruitment

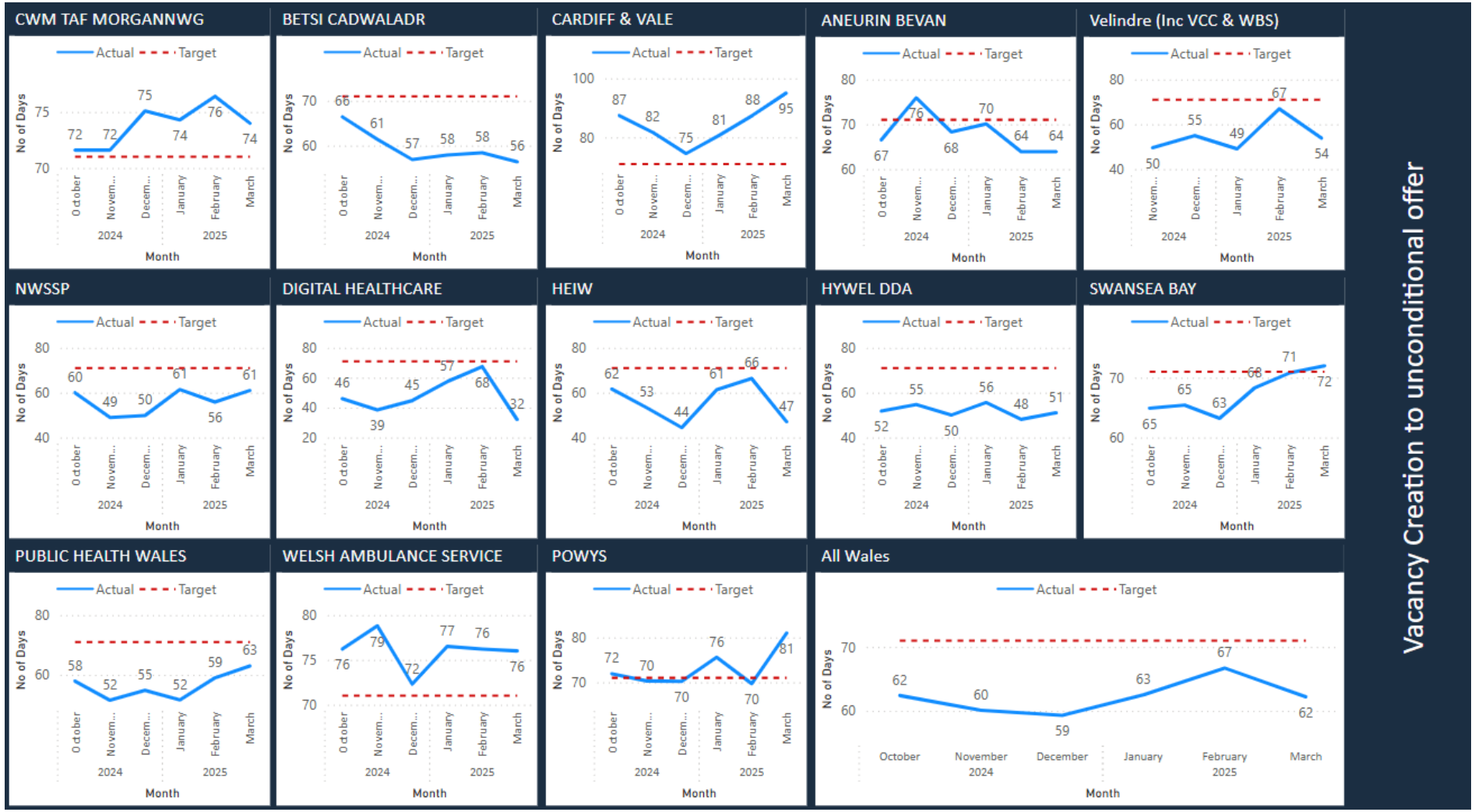
Recruitment		Vacancy Creation to Unconditional Offer												
Org	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Trend
AB	71	70	68	69	72	67	69	67	76	68	70	64	64	
BCU	71	63	68	65	69	71	66	66	61	57	58	58	56	
CV	71	87	84	76	78	82	85	87	82	75	81	88	95	
CTM	71	67	64	66	70	74	71	72	72	75	74	76	74	
HD	71	51	49	50	51	52	55	52	55	50	56	48	51	
HEIW	71	55	51	52	50	51	55	62	53	44	61	66	47	
DHCW	71	48	57	37	45	34	43	46	39	45	57	53	32	
NWSSP	71	46	55	56	56	62	63	60	49	50	61	56	61	
PTHB	71	68	66	59	59	78	71	72	70	70	76	70	81	
PHW	71	55	54	47	48	54	55	58	52	55	52	59	63	
SBU	71	61	57	57	58	62	60	65	65	63	68	71	72	
VEL	71	49	49	56	56	65	58	51	50	55	49	67	54	
WAST	71	73	94	65	65	71	70	76	79	72	77	76	76	
All Wales	71	59	61	58	59	64	63	62	60	59	63	67	62	





Employment Services – Recruitment

The charts shows the Vacancy creation to unconditional offer performance for the individual organisations October – March 25.



Appendix 1 – Performance for the period to 31st March 2025

AB High Level - KPIs Mar 2025	Target	30/06/2024	30/09/2024	31/12/2024	31/03/2025	Trend
Financial Information						
Professional Influence Savings - YTD		£7.070 m	£31.848m	£40.826 m	£46.437 m	
Employment Services Payroll Services						
NWSSP Pay Accuracy	99.6%	99.98%	99.98%	99.97%	99.99%	
Overall Pay Accuracy	99.6%	99.88%	99.84%	99.88%	99.92%	
Organisation KPIs Recruitment						
% of vacancy creation to unconditional offer within 71 days		69.1%	68.5%	64.3%	70.1%	
Vacancy creation to unconditional offer	71 days	68.7	69.1	68.3	64.0	
% of vacancies approved within 10 working days		70.0%	50.8%	79.9%	87.4%	
Time to Approve Vacancies	10 days	9.1	11.8	6.7	6.2	
% of vacancies shortlisted within 3 working days		49.3%	56.3%	52.3%	56.7%	
Time to Shortlist by Managers	3 days	7.4	8.2	5.1	5.5	
% of interview outcomes notified within 3 working days		66.8%	62.2%	64.7%	68.9%	
Time to notify Recruitment of Interview Outcome	3 days	3.1	5.7	3.2	3.3	
NWSSP KPIs Recruitment						
% of Vacancies advertised within 2 working days of receipt	95.00%	100.0%	100.0%	100.0%	98.9%	
Time to Place Adverts	2 days	1.7	1.8	1.5	1.9	
% of applications moved to shortlisting within 2 working days of vacancy closing		99.5%	99.5%	100.0%	100.0%	
Time to Send Applications to Manager	2 days	1.0	1.0	1.0	1.0	
% of conditional offer letters sent within 4 working days	95.00%	99.6%	98.8%	100.0%	99.5%	
Time to send Conditional Offer Letter	4 days	3.6	3.5	3.6	3.7	
Procurement Services						
Procurement savings - YTD		Target £2.689m Actual £3.152m	Target £3.919m Actual £4.097m	Target £4.921m Actual £6.785m	Target £6.614m Actual £7.944m	
Accounts Payable						
Invoices older than 30 days not discputed		1,943	1,702	1,772	1,682	
% Invoices on hold not disputed over 30 days		35%	38%	40%	43%	
PSPP Compliance non NHS	95%	97.2%	97.5%	98.5%	Not Available	
Primary Care Services						
Primary Care payments made accurately and to timescale	100%	100%	100%	100%	100%	
Patient assignments actioned within 24 hours	100%	100%	100%	100%	100%	
Urgent medical record transfers to/from GPs and other Primary Care agencies within 2 working days	100%	100%	100%	100%	100%	
Cascade Alerts issued within timescale	100%	100%	100%	100%	100%	
Audit & Assurance						
Audits reported to agreed Audit Committee (Excluding External Factors)	80%			88%	95%	
% of audit outputs in progress		13%	34%	26%	32%	
Report turnaround management response to Draft report - YTD	80%	Not Applicable	Not Applicable	50.0%	33.3%	
Report turnaround draft response-final- YTD	80%	Not Applicable	Not Applicable	100%	100%	

Appendix 2 – All Wales Performance for the period to 31st March 2025

ALL WALES KPIs		30/06/2024	30/09/2024	31/12/2024	31/03/2025	Trend
Primry Care Services						
Prescription - Payment Month keying Accuracy rates	99%	99.70%	99.72%	99.77%	99.84%	
Prescriptions processed (Apr - Jan)	£72.68m	7.28m	21.9m	43.2m	73.1m	
Welsh Risk Pool						
Time from submission to consideration by the Learning Advisory Panel	95%	100%	100%	100%	100%	
Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	100%	100%	100%	100%	
Holding sufficient Learning Advisory Panel meetings	90%	100%	100%	100%	100%	
Legal and risk						
Advice acknowledgement- 24hrs	90%	100%	100%	100%	100%	
Advice response – within 3 days	90%	100%	100%	100%	100%	
Student Awards						
% of NHS Bursary Applications processed within 20 days	100%	100%	100%	100%	100%	
Student Awards % Calls Handled	95%	96.4%	98.0%	97.7%	98.9%	
CTeS						
P1 incidents raised with the Central Team Are responded to within 20 minutes	80%	100%	100%	100%	100%	
BACS Service Point tickets received before 14.00 will be processed the same working day	92%	99%	100%	100%	100%	
Digital Workforce						
DWS % Calls Handled	85%	94.35%	97.96%	90.82%	96.47%	
SMTL						
% of Monitoring reports completed within 14 days from receipt into the laboratory		100%	100%	100%	100%	
% of Monitoring reports completed within 40 days from receipt into the laboratory		100%	100%	100%	100%	
% delivery of Audited reports on time (Commercial)	87%	100%	100%	100%	100%	
% delivery of Audited reports on time (NHS)	87%	N/A	N/A	N/A	100%	
Pharmacy Technical Services						
Service Errors	<0.5%	0	0	0	0	
Medical Examiner						
Deaths Scrutinised	60%	100%	100%	100%	100%	
All Wales Laundry						
Orders dispatched meeting customer standing orders	90%	89%	88%	95%	94%	
Microbiological contact failure points	85%	97%	97%	100%	97%	
Inappropriate items returned to the laundry including Clinical waste items	<5	0	0	1	0	

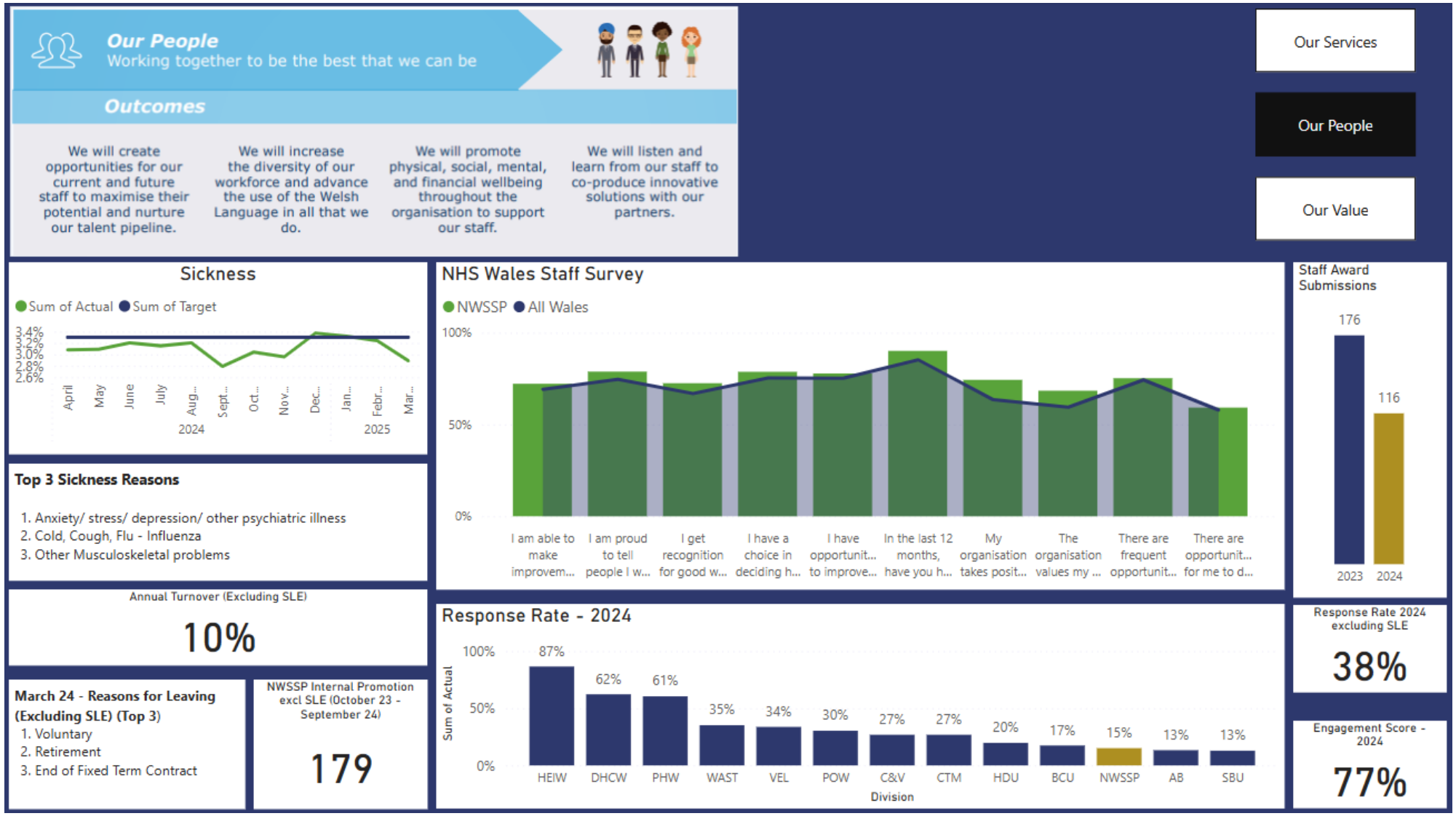
Appendix 3 – Health Org Performance comparison 31st March 2025

KPIs Mar 25	KFA	Target	SB	AB	BCU	C&V	CTM	HD	PHW	PTHB	VEL	WAST	HEIW	DHCW
HEALTH ORG KPIs Financial Information														
Professional Influence Savings- YTD	Our Value		£48.014 m	£46.437 m	£68.142 m	£73.857 m	£33.548 m	£18.171 m	£3.678 m	£1.935 m	£1.521 m	£4.246 m	£0.188 m	£0.284 m
Employment Services														
Payroll Services														
NWSSP Pay Accuracy	Our Services	99.6%	99.97%	99.99%	99.97%	99.89%	99.91%	99.96%	100.00%	99.96%	99.90%	99.98%	99.87%	99.76%
Overall Pay Accuracy	Our Services	99.6%	99.83%	99.92%	99.81%	99.84%	99.74%	99.89%	100.00%	99.75%	99.62%	99.73%	99.87%	99.84%
Calls Handling % Quarterly Average	Our Services	95%	98.7%											
Orgalisation KPIs Recruitment														
Vacancy creation to unconditional offer	Our Services	71 days	72.2	64.0	56.4	94.5	74.1	50.8	63.2	81.3	67.7	75.7	46.6	32.4
Time to Approve Vacancies	Our Services	10 days	13.2	6.2	4.5	9.6	19.6	7.4	5.0	16.3	1.1	10.3	10.0	0.1
Time to Shortlist by Managers	Our Services	3 days	10.0	5.5	4.9	5.1	7.2	1.2	6.2	9.1	15.2	19.5	7.4	4.8
Time to notify Recruitment of Interview Outcome	Our Services	3 days	5.8	3.3	2.8	1.4	3.4	1.6	2.7	1.8	2.6	2.1	1.0	1.8
NWSSP KPIs Recruitment														
Time to Place Adverts	Our Services	2 days	1.7	1.9	1.5	1.9	1.9	1.8	1.6	1.6	1.5	1.7	2.0	1.4
Time to Send Applications to Manager	Our Services	2 days	1.0	1.0	1.0	1.0	1.0	1.1	1.0	0.9	1.0	1.0	1.2	1.2
Time to send Conditional Offer Letter	Our Services	4 days	3.6	3.7	3.8	3.2	3.6	3.8	3.9	3.9	3.8	3.8	3.3	3.2
Calls Handling % Quarterly Average	Our Services	95%	98.6%											
Procurement Services														
Procurement savings- YTD	Our Value		Target £2.532m Actual £3.703m	Target £6.614m Actual £7.944m	Target £3.483m Actual £4.303m	Target £5.932m Actual £9.280m	Target £3.402m Actual £3.380m	Target £3.012m Actual £4.784m	Target £0.050m Actual £0.110m	Target £0.298m Actual £0.388m	Target £0.120m Actual £0.450m	Target £0.045m Actual £0.303m	Target £0.073m Actual £0.085m	Target £0.006m Actual £0.026m
Accounts Payable														
Invoices older than 30 days not discputed	Our Services		1,937	1,682	3,177	2,811	2,336	638	679	237	673	199	48	27
% Invoices on hold not disputed over 30 days	Our Services		55%	43%	62%	64%	50%	41%	71%	48%	41%	68%	43%	52%
Call Handling% - Quarterly Average	Our Services	95%	98.6%											
PSPP Compliance non NHS	Our Services	95%	Not Available											
Audit & Assurance														
Audits reported to Agreed Audit Committee (Excluding External Factors)	Our Services	80%	88%	95%	85%	60%	76%	74%	44%	71%	64%	76%	67%	92%
% of Audit outputs in progress	Our Services		26%	32%	28%	25%	38%	13%	0%	25%	57%	30%	18%	8%
Report turnaround (15 days) management response to Draft report - YTD	Our Services	80%	47%	33%	86%	43%	60%	81%	89%	75%	43%	64%	38%	70%
Report turnaround (10 days) draft response-final- YTD	Our Services	80%	100%	100%	100%	100%	93.3%	100%	89%	100%	100%	100%	100%	100%
Primary Care Services														
Primary Care payments made accurately and to timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Patient assignments actioned within 24 hours	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Urgent medical record tralsfers to/from GPs and other Primary Care Agencies within 2 working days	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Cascade Alerts Issued within timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A

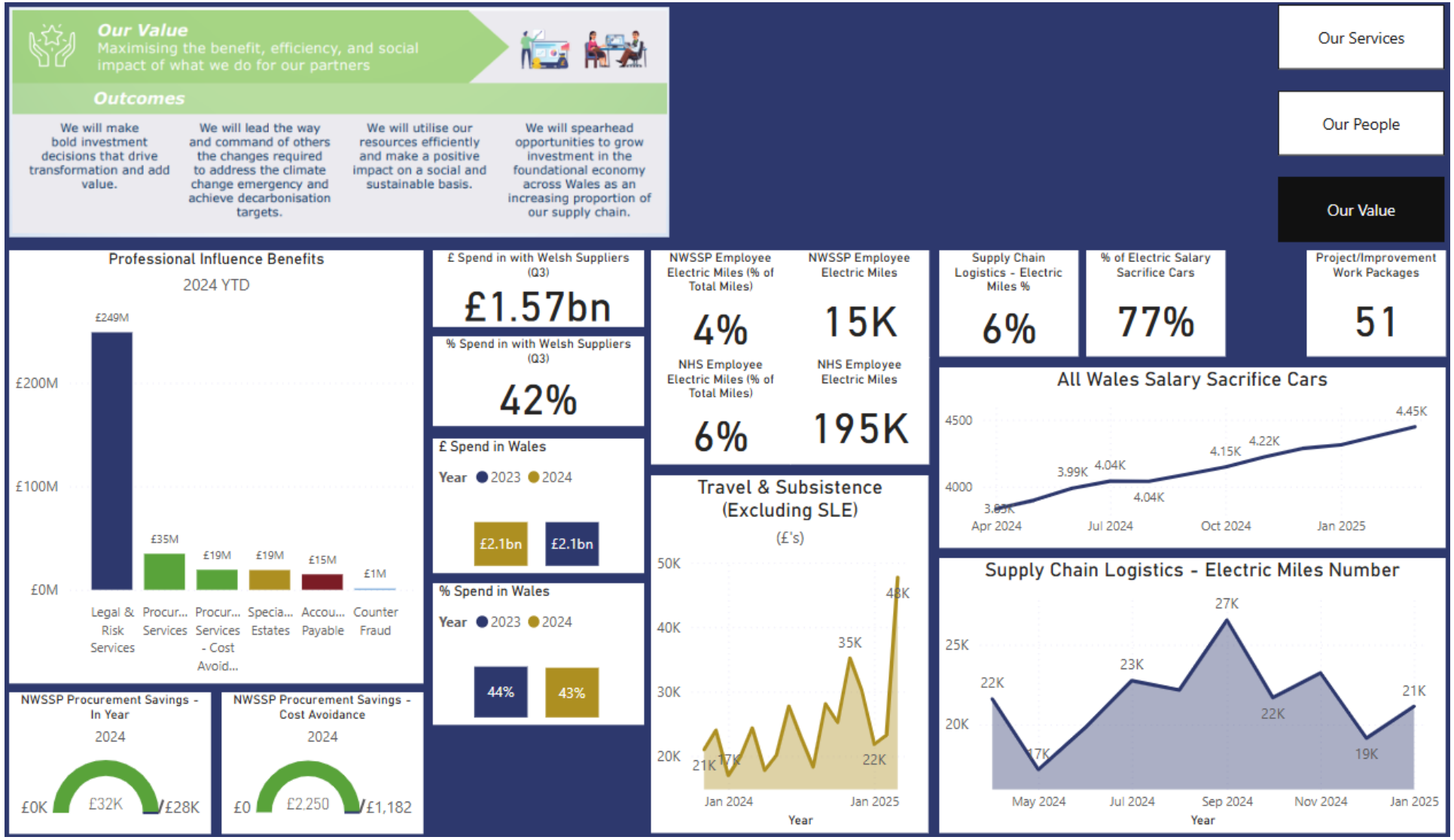
Appendix 4 – Outcome Reporting (Our Services)



Appendix 4 – Outcome Reporting (Our People)



Appendix 4 – Outcome Reporting (Our Value)



GIG CYMRU NHS WALES
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Shared Services Partnership



Delivering Value, Innovation and Excellence through Partnership