

Aneurin Bevan University Health Board Public Board

Wed 28 January 2026, 09:30 - 16:00
Conference Centre, St Cadoc's Hospital

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

 PB20260128_Board Consent Agenda.pdf (3 pages)

1.1. Welcome and Introductions

Oral Chair

1.2. Apologies for Absence for Noting

Oral Chair

1.3. Declarations of Interest for Noting

Oral Chair

09:30 - 09:30
0 min

2. CONSENT AGENDA BUSINESS

2.1. The Chair will ask if there are any items from the Consent Agenda (Item 8) that Board Members wish to bring forward to the Main agenda for discussion

Oral Chair

09:30 - 09:30
0 min

3. KEY UPDATES

3.1. Update from the Chair

Oral Chair

3.2. Update from the Chief Executive

Oral Chief Executive

09:30 - 09:30
0 min

4. Corporate Trustee Business

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

Attachment Director of Finance and Procurement

 PB 20260128 Agenda Item 4.1 Annual Report and Accounts 2024-25 for the Aneurin Bevan University Health Board Charitable Fund.pdf (8 pages)

 PB 20260128 Agenda Item 4.1 Annual Report and Accounts 2024-25 for the Aneurin Bevan University Health Board Charitable Fund Appendix 1 (1).pdf (21 pages)

 PB 20260128 Agenda Item 4.1 Annual Report and Accounts 2024-25 for the Aneurin Bevan University Health Board Charitable Fund Appendix 2.pdf (42 pages)

4.2. Charitable Funds ISA 260 Report

Attachment Audit Wales

 PB 20260128 Agenda Item 4.2 Charitable Funds Audit of Accounts Final ISA 260.pdf (28 pages)

4.3. Approval of the Annual Report and Accounts 2024/25

Oral Chair of the Corporate Trustees

09:30 - 09:30 5. PATIENT EXPERIENCE AND PUBLIC ENGAGEMENT 0 min

5.1. Arts in Health Strategy

Presentation Director of Allied Health Professions & Health Science

- a. Patient Experience Story
- b. Arts in Health Strategy Annual Report 2024/25

 PB 20260128 Agenda Item 5.1b Arts in Health Strategy Annual Report 2024-25.pdf (4 pages)

 PB 20260128 Agenda Item 5.1b Arts in Health Strategy Annual Report 2024-25 Appendix 1.pdf (33 pages)

5.2. Report from Llais, Gwent Region

Attachment Regional Director, Llais

 PB 20260128 Agenda Item 5.2 Report from Llais, Gwent Region.pdf (13 pages)

09:30 - 09:30 6. ITEMS FOR DECISION 0 min

6.1. Maternity and Neonatal Services Reconfiguration

Attachment Chief Operating Officer

 PB 20260128 Agenda Item 6.1 Maternity and Neonatal Services Reconfiguration.pdf (9 pages)

 PB 20260128 Agenda Item 6.1 Maternity and Neonatal Services Reconfiguration Appendix 1.pdf (41 pages)

6.2. Capital Programme 2026/27

Attachment Director of Strategy, Planning and Partnerships

 PB 20260128 Agenda Item 6.2 Capital Programme 2026-27.pdf (8 pages)

 PB 20260128 Agenda Item 6.2 Capital Programme 2026-27 Appendix 1.pdf (1 pages)

 PB 20260128 Agenda Item 6.2 Capital Programme 2026-27 Appendix 2.pdf (1 pages)

 PB 20260128 Agenda Item 6.2 Capital Programme 2026-27 Appendix 3a.pdf (1 pages)

 PB 20260128 Agenda Item 6.2 Capital Programme 2026-27 Appendix 3b.pdf (2 pages)

6.3. Patient Safety Incident Policy

Attachment Director of Nursing

 PB 20260128 Agenda Item 6.3 Patient Safety Incident Policy.pdf (3 pages)

 PB 20260128 Agenda Item 6.3 Patient Safety Incident Policy Appendix A.pdf (36 pages)

09:30 - 09:30 7. ITEMS FOR DISCUSSION 0 min

7.1. Performance Escalation Status Update

Attachment Director of Strategy, Planning and Partnerships

7.2. Winter Plan 2025/26, Interim Progress Report

Attachment *Director of Strategy, Planning and Partnerships*

 PB 20260128 Agenda Item 7.2 Winter Plan 2025-26, Interim Progress Report.pdf (9 pages)

 PB 20260128 Agenda Item 7.2 Winter Plan 2025-26, Interim Progress Report Appendix A.pdf (11 pages)

7.3. Digital Programmes Update

Attachment *Director of Digital*

 PB 20260128 Agenda Item 7.3 Digital Programmes Update.pdf (18 pages)

 PB 20260128 Agenda Item 7.3 Digital Programmes Update Appendix A.pdf (3 pages)

7.4. Artificial Intelligence Review

Attachment *Director of Digital*

 PB 20260128 Agenda Item 7.4 Artificial Intelligence Review.pdf (11 pages)

7.5. Report of the Director of Public Health: The Big Gwent Vaccination Conversation

Attachment *Director of Public Health*

 PB 20260128 Agenda Item 7.5 Report of the Director of Public Health - The Big Gwent Vaccination Conversation.pdf (4 pages)

 PB 20260128 Agenda Item 7.5 Report of the Director of Public Health - The Big Gwent Vaccination Conversation Appendix 1.pdf (16 pages)

7.6. 2025/26 Performance Reporting

Attachment *Executive Leads*

a. Integrated Performance Report

b. Financial Performance Report, Month 08

 PB 20260128 Agenda Item 7.6a Integrated Performance Report.pdf (10 pages)

 PB 20260128 Agenda Item 7.6a Integrated Performance Report Appendix 1.pdf (83 pages)

 PB 20260128 Agenda Item 7.6b Financial Performance Report, Month 08.pdf (25 pages)

 PB 20260128 Agenda Item 7.6b Financial Performance Report, Month 08 Appendix A.pdf (28 pages)

7.7. Strategic Risk Report, January 2026

Attachment *Chief Executive*

 PB 20260128 Agenda Item 7.7 Strategic Risk Report January 2026.pdf (7 pages)

 PB 20260128 Agenda Item 7.7 Strategic Risk Report January 2026 Appendix A.pdf (44 pages)

 PB 20260128 Agenda Item 7.7 Strategic Risk Report January 2026 Appendix B.pdf (2 pages)

7.8. Key Matters from Committees of the Board

Attachment *Committee Chairs*

 PB 20260128 Agenda Item 7.8 Key Matters from Committees of the Board.pdf (15 pages)

7.9. External Audit Reports

Attachment *Director of Corporate Governance*

a. Annual Audit Report 2025

b. Structured Assessment 2025

 PB 20260128 Agenda Item 7.9 Annual Audit and Structured Assessment 2025.pdf (4 pages)

 PB 20260128 Agenda Item 7.9a Annual Audit Report 2025.pdf (18 pages)

 PB 20260128 Agenda Item 7.9b Structured Assessment 2025.pdf (46 pages)

8. CONSENT AGENDA

8.1. FOR APPROVAL

8.1.1. Draft Minutes of the Health Board Meeting, held on 26th November 2025

Attachment

Draft Minutes of the Health Board Meeting, held on 26th November 2025

 PB 20260128 Agenda Item 8.1.1 Draft Minutes of the Health Board Meeting, held on 26th November 2025.pdf (16 pages)

8.1.2. Report on Sealed Documents and Chair's Actions

Attachment

Chair

 PB 20260128 Agenda Item 8.1.2 Governance Matters.pdf (6 pages)

8.2. FOR NOTING

8.2.1. Board Action Log with Updates

Attachment

Chair

 PB 20260128 Agenda Item 8.2.1 Board Action Log.pdf (1 pages)

8.2.2. Annual Report of the Senior Information Risk Owner (SIRO) 2024/25

Attachment

Director of Digital

 PB 20260128 Agenda Item 8.2.2 Annual Report of the Senior Information Risk Owner (SIRO) 2024-25 .pdf (7 pages)

8.2.3. Strategic Partnership Updates

Attachment

Director of Strategy, Planning and Partnerships & Director of Public Health

a. Regional Partnership Board

b. Public Service Board

 PB 20260128 Agenda Item 8.2.3a Regional Partnership Board.pdf (7 pages)

 PB 20260128 Agenda Item 8.2.3a Regional Partnership Board Appendix A.pdf (43 pages)

 PB 20260128 Agenda Item 8.2.3b Public Service Board.pdf (5 pages)

8.2.4. Executive Committee Chair's report

Attachment

Chief Executive

 PB 20260128 Agenda Item 8.2.4 Executive Committee Chairs Report.pdf (10 pages)

8.2.5. An overview of Joint and Partnership Committee Activity

Attachment

Chief Executive

a. NHS Wales Joint Commissioning Committee

b. NHS Wales Shared Services Partnership Committee

c. Regional Joint Committee

 PB 20260128 Agenda Item 8.2.5a Joint Commissioning Committee.pdf (4 pages)

 PB 20260128 Agenda Item 8.2.5a Joint Commissioning Committee Appendix A.pdf (11 pages)

 PB 20260128 Agenda Item 8.2.5b NHS Wales Shared Services Partnership Committee.pdf (3 pages)

 PB 20260128 Agenda Item 8.2.5b NHS Wales Shared Services Partnership Committee Appendix A.pdf (7 pages)

 PB 20260128 Agenda Item 8.2.5c Regional Joint Committee.pdf (4 pages)

 PB 20260128 Agenda Item 8.2.5c Regional Joint Committee Appendix A.pdf (14 pages)

8.2.6. Summary of Board Business held In-Committee, November 2025

09:30 - 09:30 9. OTHER MATTERS

0 min

9.1. Any Other Business*Oral Chair***9.2. Date of the Next Meetings***Oral Chair*

25th March 2026

09:30 - 09:30 10. PRIVATE/IN COMMITTEE SESSION

0 min

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

AGENDA

Date and Time		Wednesday 28th January 2026 at 9.30 am	
Venue		Conference Centre, Headquarters, St Cadoc's Hospital	
Item	Title	Format	Presenter
1	PRELIMINARY MATTERS		
1.1	Welcome and Introductions	Oral	Chair
1.2	Apologies for Absence for Noting	Oral	Chair
1.3	Declarations of Interest for Noting	Oral	Chair
2	CONSENT AGENDA BUSINESS		
2.1	The Chair will ask if there are any items from the Consent Agenda (Item 8) 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	Corporate Trustee Business		
4.1	Annual Report and Accounts 2024/25 for the Aneurin Bevan University Health Board Charitable Fund	Attachment	Director of Finance and Procurement
4.2	Charitable Funds ISA 260 Report	Attachment	Audit Wales
4.3	Approval of the Annual Report and Accounts 2024/25	Oral	Chair of the Corporate Trustees
5	PATIENT EXPERIENCE AND PUBLIC ENGAGEMENT		
5.1	Arts in Health Strategy: a. Patient Experience Story b. Arts in Health Strategy Annual Report 2024/25	Presentation	Director of Allied Health Professions & Health Science
5.2	Report from Llais, Gwent Region	Attachment	Regional Director, Llais
6	ITEMS FOR DECISION		
6.1	Maternity and Neonatal Services Reconfiguration	Attachment	Chief Operating Officer

6.2	Capital Programme 2026/27	Attachment	Director of Strategy, Planning and Partnerships
6.3	Patient Safety Incident Policy	Attachment	Director of Nursing
7	ITEMS FOR DISCUSSION		
7.1	Performance Escalation Status Update	Attachment	Director of Strategy, Planning and Partnerships
7.2	Winter Plan 2025/26, Interim Progress Report	Attachment	Director of Strategy, Planning and Partnerships
7.3	Digital Programmes Update	Attachment	Director of Digital
7.4	Artificial Intelligence Review	Attachment	Director of Digital
7.5	Report of the Director of Public Health: The Big Gwent Vaccination Conversation	Attachment	Director of Public Health
7.6	2025/26 Performance Reporting: a. Integrated Performance Report b. Financial Performance Report, Month 08	Attachment	Executive Leads
7.7	Strategic Risk Report, January 2026	Attachment	Chief Executive
7.8	Key Matters from Committees of the Board	Attachment	Committee Chairs
7.9	External Audit Reports: a. Annual Audit Report 2025 b. Structured Assessment 2025	Attachment	Director of Corporate Governance
8	CONSENT AGENDA		
8.1	FOR APPROVAL		
8.1.1	Draft Minutes of the Health Board Meeting, held on 26 th November 2025	Attachment	Chair
8.1.2	Report on Sealed Documents and Chair's Actions	Attachment	Chair
8.2	FOR NOTING		
8.2.1	Board Action Log with Updates	Attachment	Chair
8.2.2	Annual Report of the Senior Information Risk Owner (SIRO) 2024/25	Attachment	Director of Digital
8.2.3	Strategic Partnership Updates: a) Regional Partnership Board b) Public Service Board	Attachment	Director of Strategy, Planning and Partnerships

			& Director of Public Health
8.2.4	Executive Committee Chair's report	Attachment	Chief Executive
8.2.5	An overview of Joint and Partnership Committee Activity: a. NHS Wales Joint Commissioning Committee b. NHS Wales Shared Services Partnership Committee c. Regional Joint Committee	Attachment	Chief Executive
8.2.6	Summary of Board Business held In-Committee, November 2025	Attachment	Director of Corporate Governance
9	OTHER MATTERS		
9.1	Any Other Business		
9.2	Date of the Next Meetings: • 25 th March 2026		
10	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." <i>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</i>		

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Final Annual Accounts & Annual Report 2024-25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
SWYDDOG ADRODD: REPORTING OFFICER:	Robert Jones, Assistant Director of Finance – Systems and Services

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

Er Sicrwydd/For Assurance

This report gives an overview of the Final Annual Accounts and Annual Report for the year ending 31 March 2025 for Aneurin Bevan University Health Board Charitable Fund and Other Related Charities and highlights the key issues that are contained in the accounts.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Aneurin Bevan University Health Board, as corporate trustee of its charitable funds, must file accounts for the year ended 31 March 2025 with the Charities Commission before 31 January 2026.

The Accounts and Annual Report for 2024/25 were presented to the Charitable Funds Committee on the 7th January 2026, and the Committee recommended them to the Board for approval.

The audit process is complete and Audit Wales have confirmed that they intend to issue an unqualified audit opinion on the accounts following approval of the accounts by the Board.

The Board, acting as Corporate Trustee, is asked to approve the accounts letter of representation and annual report and note that they will be filed with the Charity Commission by 31 January 2026.



Cefndir / Background

This report presents the Final Annual Accounts and Annual Report of the charity for 2024/25.

Asesiad / Assessment

1. Annual Accounts

Following completion of the draft accounts, one amendment was identified which are reflected in these final accounts. This highlighted to the committee below.

The only adjustment to the accounts was in relation to income which should have been deferred. This related to training courses which were paid for in 2024/25, but due to availability, were delivered after year-end. The net effect of this on the Statement of Financial Activities is £12k.

The detailed accounts are shown at Appendix 1 and the following are key points to note from the accounts for 2024/25:

Statement of Financial Activities for year ended 31 March 2025: (Page 2 of Accounts)

Line	2023/24	2024/25	Movement	Movement %
Total Incoming Resources	£876k	£795k	(£81k)	-9%
Total Expenditure	£1,257k	£1,394k	£137k	11%
Total Funds Brought Forward	£5,764k	£4,944k	(£820k)	-14%

The 2024/25 financial year saw an increase in expenditure by the charity alongside a reduction in income received. These factors, together with a significant unrealised loss on the charity’s investment portfolio has meant a net decrease for the year of £820K.

The total funds carried forward at the end of 2024/25 is £4,944k.

Income from Donations, Legacies and Grants (Note 4, Page 10 of Accounts)

Line	2023/24	2024/25	Movement	Movement %
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Income from Donations, Legacies and Grants	£507k	£413k	(£94k)	-18%
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Income from Donations, legacies and grants has decreased by £94K from the previous year to £413K. This was due to a reduction in the value of donations and legacies received in 2024/25. There were 2 legacies received in the year.

Income from Charitable Activities (Note 5, Page 10 of Accounts)

Line	2023/24	2024/25	Movement	Movement %
Income from Charitable Activities	£158k	£193k	£35k	22%

Income from courses has increased by £44k from the previous year to £199k, due to an increase in the number of courses held. Other income is £0k for 2024/25, a reduction of £9k from the previous year.

During the audit process, it was identified that income in relation to 2 courses should have been deferred and the income should not have been recognised in the 2024/25 accounts. Within these final accounts we have adjusted for this error, which had a total value of £12k.

Investment Income (Note 7, Page 10 of Accounts)

Line	2023/24	2024/25	Movement	Movement %
Investment Income	£211k	£189k	(£22k)	-10%

Investment income has decreased by £22K from the previous year to £189K due to a decrease in the income received from the investment portfolio. This is a direct result of the reduction in our investments held with CCLA.

Expenditure (Page 2 of Accounts and Notes 8 & 9, Page 11 of Accounts)

Line	2023/24	2024/25	Movement	Movement %
Expenditure on Raising Funds	£10k	£11k	£1k	10%
Expenditure on Charitable Activities	£1,247k	£1,383k	£136k	11%



Expenditure has increased by £137K. The main increase in spend relates to patient and staff education & welfare and the purchases of equipment. Increases in these areas was offset by a reduction in building and refurbishment expenditure.

The net impact of income and expenditure is a decrease in funds of £593k before investment losses, compared with a decrease of £381k in the previous year. (Page 2 of Accounts)

Loss on Investment Assets (Page 2 of Accounts)

Line	2023/24	2024/25	Movement	Movement %
Net Gains/ (Losses) on Investments	£375k	(£221k)	(£596k)	-159%

During the year there has been a net loss of £221K on our investments, the majority of which is with CCLA. This loss reflects the significant stock market decreases on our underlying investments.

The Charity released £900k of our investment holdings in 2024/25 to support the increase in expenditure on funds in the year.

Alongside the stock market decreases since the previous year this has resulted in a decrease in our CCLA investments from £5,477K on 1st April 2024 to £4,419K on 31st March 2025 (Note 16, Page 13 of Accounts).

The net movement in funds for the year is therefore a decrease of £820k between 2023/24 and 2024/25. (Page 2 of Accounts)

Balance Sheet as at 31 March 2025 (Page 3 of Accounts)

Net assets / liabilities have decreased by £820K reflecting the decrease in funds during the year. The main movements in the balance sheet consist of a decrease in the value of the CCLA investments offset by an increase in creditors. The balance sheet movements are as follows:

	£000
Investments	-1121
Decrease in Cash Balances	-124
Increase in Debtors Balances	34
Decrease in Creditors Balances	391
Total	-820



The following table gives a more detailed breakdown of our fixed assets (*Note 16, Page 13 of Accounts*):

	Balance 1 Apr 2024 £000	Disposals £000	Realised Gains / (Losses) £000	Unrealised Gains / (Losses) £000	Balance 31 Mar 2025 £000
Fixed Asset Investments					
Investments					
CCLA	5,477	- 900	-	- 158	4,419
	5,477	- 900	-	- 158	4,419
Property					
13 Clytha Square	250	-	- 63	-	187
TP Price - Strip of land Oakdale	55	-	-	-	55
	305	-	- 63	-	242
Other					
Painting	25	-	-	-	25
Total per Note 16 of the Accounts	5,807	- 900	- 63	- 158	4,686

Cash Balances (*Note 18, Page 14 of Accounts*)

Cash at 31 March 2025 totalled £517K as follows:

	£000
NatWest Current Account	516
Petty Cash	1
Total	517

2. Annual Report

The Trustees Annual Report is shown at Appendix 2 and is subject to audit, by Audit Wales, in conjunction with the Annual Accounts.

There have been some small amendments as a result of the audit, mainly relating to the deferred income adjustment mentioned above.

References to a fundraising activity was removed from the final report, as the income related to a different financial period.

3. Letter of Representation

As part of their annual audit process, Audit Wales have requested the Health Board submit a Letter of Representation, as evidence that trustees of the charity acknowledge and accept responsibility for the financial statements.

The letter, which is attached as Appendix 3, details the responsibilities of the trustees of the charity and confirms that all information shared with the auditors relevant to the financial statements has been presented faithfully and represents a true and fair view of the financial statements.



The letter is being presented to the Board alongside the Final Accounts and Annual Report for final approval, before being submitted to Audit Wales.

4. Audit of Financial Statements Report

The audit of the financial statements has been undertaken by Audit Wales and they have indicated that they intend to give an unqualified audit opinion on the accounts.

5. Next Steps and Actions

Once the Annual Accounts and Annual Report are approved by the Board, the signed accounts will be submitted to Audit Wales for the Auditor General to sign.

The final step will be to file the Annual Accounts and the Annual Report with the Charity Commission before the 31st January 2026 deadline, and the accounts and annual report will then be available on the Charity Commission website.

The Charity’s Annual Accounts and Annual Report will also be publicised internally via the intranet.

Argymhelliad / Recommendation

The Board, acting as Corporate Trustee, is asked to approve the Annual Accounts, Annual Report and Letter of Representation of the charity for 2024/25 and note that they will be filed with the Charity Commission by 31 January 2026.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	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	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:	N/A
Rhestr Termau: Glossary of Terms:	CCLA – Churches, Charities & Local Authorities
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	
• Workforce	Not Applicable
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Yes, outlined within the paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Choose an item.



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



Aneurin Bevan University Local Health Board Charitable Fund and Other
Related Charities

The accounts for Funds Held on Trust.

FOREWORD

The Charity’s accounts and annual report for the year ended 31st March 2025 have been prepared by the Corporate Trustee in accordance with the Charities Act 2011 and the Charities (Accounts and Reports) Regulations 2008.

STATUTORY BACKGROUND

Aneurin Bevan University Local Health Board is the Corporate Trustee of the Funds Held on Trust under the National Health Service (Wales) Act 2006.

The Aneurin Bevan University Local Health Board and Other Related Charities registered with the Charity Commission on 7th January 2011, registration number 1098728.

Statement of Financial Activities for the year ended 31 March 2025

	Note	Unrestricted funds £000	Restricted Income funds £000	Total Funds 2024-25 £000
Incoming resources from generated funds:				
Donations, legacies and grants	4	168	245	413
Charitable activities	5	193	0	193
Investments	7	189	0	189
Total incoming resources		550	245	795
Expenditure on:				
Raising Funds	8	11	0	11
Charitable activities	9	958	425	1,383
Total expenditure		969	425	1,394
Net gains / (losses) on investments	16	(221)	0	(221)
Net income / (expenditure)		(640)	(180)	(820)
Transfers between funds	22	0	0	0
Net Movement in funds		(640)	(180)	(820)
Reconciliation of Funds				
Total Funds brought forward	23	4,618	1,146	5,764
Total Funds carried forward		3,978	966	4,944

Statement of Financial Activities for the year ended 31 March 2024

	Note	Unrestricted funds £000	Restricted Income funds £000	Total Funds 2023-24 £000
Incoming resources from generated funds:				
Donations, legacies and grants	4	237	270	507
Charitable activities	5	158	0	158
Investments	7	211	0	211
Total incoming resources		606	270	876
Expenditure on:				
Raising Funds	8	10	0	10
Charitable activities	9	887	360	1,247
Total expenditure		897	360	1,257
Net gains / (losses) on investments	16	375	0	375
Net income / (expenditure)		84	(90)	(6)
Transfers between funds	22	3	(3)	0
Net Movement in funds		87	(93)	(6)
Reconciliation of Funds				
Total Funds brought forward	23	4,531	1,239	5,770
Total Funds carried forward		4,618	1,146	5,764

Balance Sheet as at 31 March 2025					
	Note	Unrestricted funds £000	Restricted Income funds £000	Total 31 March 2025 £000	Total 31 March 2024 £000
Fixed assets:					
Investments	16	3,729	957	4,686	5,807
Total fixed assets		3,729	957	4,686	5,807
Current assets:					
Debtors	17	194	42	236	202
Cash and cash equivalents	18	405	112	517	641
Total current assets		599	154	753	843
Liabilities:					
Creditors: Amounts falling due within one year	19	350	145	495	886
Net current assets / (liabilities)		249	9	258	(43)
Total net assets / (liabilities)		3,978	966	4,944	5,764
The funds of the charity:					
Restricted income funds	23	0	966	966	1,146
Unrestricted income funds	23	3,978	0	3,978	4,618
Total funds		3,978	966	4,944	5,764

The notes on pages 5 to 17 form part of these accounts

Approved by the Trustees on 28 January 2026 and signed on its behalf by:

Signed :

Name : (Chair of Trustees)

Statement of Cash Flows for the year ending 31 March 2025			
	Note	Total Funds 2024-25 £000	Total Funds 2023-24 £000
Cash flows from operating activities:			
Net cash provided by (used in) operating activities	21	(1,213)	(122)
Cash flows from investing activities:			
Dividend, interest and rents from investments	7	189	211
Proceeds from the sale of investments	16	900	25
Net cash provided by (used in) investing activities		1,089	236
Change in cash and cash equivalents in the reporting period		(124)	114
Cash and cash equivalents at the beginning of the reporting period	18	641	527
Cash and cash equivalents at the end of the reporting period	18	517	641

Note on the accounts

1 Accounting Policies

(a) Basis of preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at market value.

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued in October 2019 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2019.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued in October 2019 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The Trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts.

In future years, the risks to the Charity are a fall in income from donations or investment income but the trustees have arrangements in place to mitigate those risks (see the risk management and reserves sections of the annual report for more information).

The Charity meets the definition of a public benefit entity under FRS 102.

(b) Funds structure

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified as a restricted fund.

Restricted funds are those where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The Charity's restricted funds tend to result from appeals, grants and legacies for specified purposes.

Those funds which are not restricted income funds, are unrestricted income funds which are sub analysed between designated (earmarked) funds where the Trustees have set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the Trustees' discretion, including the general fund which represents the Charity's reserves. The major funds held in each of these categories are disclosed in note 23.

(c) Incoming resources

Income consists of donations, legacies, grants, income from charitable activities and investment income.

Donations are accounted for when received by the charity. All other income is recognised once the Charity has entitlement to the resources, it is probable (more likely than not) that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

Where there are terms or conditions attached to incoming resources, particularly grants, then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms or conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown on the balance sheet as deferred income.

(d) Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable.

Receipt is probable when:

- Confirmation has been received from the representatives of the estate(s) that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy and
- All conditions attached to the legacy have been fulfilled or are within the Charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

(e) Resources expended and irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement
- The amount of the obligation can be measured or estimated reliably.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

(f) Support costs

Support costs are those costs which do not relate directly to a single activity. These include staff costs, costs of administration, internal and external audit costs. Support costs have been apportioned between fundraising costs and charitable activities on an appropriate basis. The analysis of support costs and the bases of apportionment applied are shown in note 12.

(g) Fundraising costs

The costs of generating funds are those costs attributable to generating income for the charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the charity's objects. The costs of generating funds consists of expenses for fundraising activities.

(h) Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 9.

(i) Fixed Asset Investments

Ethical Fund Investments are stated at mid-market value as at the balance sheet date, and Property Fund investments are stated at net asset value. Investment properties are included at their open market valuation. The statement of financial activities includes the net gains and losses arising on revaluation and disposals throughout the year.

Quoted stocks and shares are included in the balance sheet at mid-market price, excluding dividend.

Other assets are valued on an open market basis by a professional valuer.

(j) Debtors

Debtors are amounts owed to the charity. They are measured on the basis of their recoverable amount.

(k) Cash and cash equivalents

Cash at bank and in hand is held to meet the day to day running costs of the charity as they fall due.

(l) Creditors

Creditors are amounts owed by the charity. They are measured at the amount that the charity expects to have to pay to settle the debt.

(m) Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening carrying value (purchase date if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and opening carrying value (or purchase date if later).

2. Key Judgements and Assumptions

Average fund balances are used to apportion certain balances across restricted and unrestricted funds, which is deemed to be the most appropriate methodology to use.

There are no material assumptions judged to affect the 2024/25 accounts.

As at 31st March 2025, there is no other information to show that assets/liabilities would need to be materially adjusted during 2025/26.

3. Related party transactions

The Aneurin Bevan University Local Health Board is the sole beneficiary of the charity.

The charity had significant material transactions with Aneurin Bevan University Local Health Board as follows:

	2024-25		As at 31st March 2025	
	Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
Aneurin Bevan University Local Health Board	1,394	17	263	3

The Corporate Trustee has interests in related parties as follows:

Member	Related Organisation	Relationship with Related Party	2024-25		As at 31st March 2025	
			Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
			£000	£000	£000	£000
Penny Jones	Monmouthshire County Council	Councillor	0	0	0	0

The Corporate Trustee has interests in a number of related parties. All transactions with those related parties have been reviewed and there are nil transactions except for those listed above.

The value of expenditure paid to Monmouthshire County Council was less than £500 and therefore rounds to £0 in the above table.

3. Related party transactions (continued)

In 2023-24 the charity had significant material transactions with Aneurin Bevan University Local Health Board as follows:

	2023-24		As at 31st March 2024	
	Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
Aneurin Bevan University Local Health Board	1,257	39	378	8

The Corporate Trustee has interests in related parties as follows:

Member	Related Organisation	Relationship with Related Party	2023-24		As at 31st March 2024	
			Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
			£000	£000	£000	£000
Nicola Prygodzicz	Velindre NHS Trust	Sister is a Senior Nurse in the Corporate Nursing Team	4	0	1	0
Penny Jones	Monmouthshire County Council	Councillor	1	0	0	0
Martin Blakebrough	Kaleidoscope Project	Chief Executive	0	0	0	0

The Corporate Trustee has interests in a number of related parties. All transactions with those related parties have been reviewed and there are nil transactions except for those listed above.
The value of income from Kaleidoscope Project was less than £500 and therefore rounds to £0 in the above table.

4. Income from donations, legacies and grants

	Unrestricted funds £000	Restricted Income funds £000	Total 2024-25 £000	Total 2023-24 £000
Donations	168	0	168	237
Legacies	0	10	10	44
Grants	0	235	235	226
	168	245	413	507

5. Income from charitable activities

	Unrestricted funds £000	Restricted Income funds £000	Total 2024-25 £000	Total 2023-24 £000
Course income	193	0	193	149
Other income	0	0	0	9
	193	0	193	158

6. Role of volunteers

Volunteers have the trust and understanding of the community and are invaluable in engaging with our patients and providing support to paid professionals. The services they provide include:

- welcome services at our hospitals, directing patients and visitors
- befriending service for patients in our hospitals and nursing homes
- end of life companion support for patients in our hospitals
- operating buffet /coffee bars through volunteer organisations such as the League of Friends
- raising funds to purchase equipment across our hospitals.

In accordance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers is not recognised in the accounts.

7. Gross investment income

	Unrestricted funds £000	Restricted Income funds £000	Total 2024-25 £000	Total 2023-24 £000
Fixed asset equity and similar investments	168	0	168	189
Short term investments, deposits and cash	21	0	21	22
	189	0	189	211

8. Analysis of expenditure on raising funds

	Unrestricted funds £000	Restricted Income funds £000	Total 2024-25 £000	Total 2023-24 £000
Fundraising office	0	0	0	0
Fundraising events	0	0	0	0
Investment management	0	0	0	0
Support costs	11	0	11	10
	11	0	11	10

The investment management fee is shown as nil as this is deducted from capital held by the investment management company.

Note 12 sets out an analysis of support costs

9. Analysis of charitable activity

Split by activity	Grant funded activity £000	Support costs £000	Total 2024-25 £000	Total 2023-24 £000
Purchase of equipment	369	47	416	299
Building and refurbishment	39	5	44	189
Staff education and welfare	371	47	418	327
Patient education and welfare	449	56	505	432
	1,228	155	1,383	1,247

Note 12 sets out an analysis of support costs

Split by fund type	Grant funded activity £000	Support costs £000	Total 2024-25 £000	Total 2023-24 £000
Restricted Funds	383	41	425	360
Unrestricted Funds	845	114	958	887
	1,228	155	1,383	1,247

10. Analysis of grants

The majority of grants are made to the Health Board to provide for the care of NHS patients in furtherance of our charitable aims. The charity makes grants to individuals from one specific fund which is used to support nominated medical students from deprived areas. The total cost of making grants, including support costs, is disclosed on the face of the Statement of Financial Activities and the actual funds spent on each category of charitable activity is disclosed in note 9.

The trustees operate a scheme under which Fund Holders control how the Charity's designated funds should be spent. The day to day disbursements are in accordance with the directions set out by the trustees in the Charity's Standing Orders and Financial Instructions.

Where undesignated funds exist, the trustees do make grant awards based on applications from across the Health Board.

11. Movements in funding commitments

	Current liabilities	Non-current liabilities	Total 31 March 2025	Total 31 March 2024
	£000	£000	£000	£000
Opening balance at 1 April	375	0	375	563
Movement in funding commitments	(285)	0	(285)	(188)
Closing balance at 31 March 2025	90	0	90	375

As described in notes 9 and 10, the charity awards a number of grants in the year. Many grants are awarded and paid out in the same financial year. However, some grants are paid over a longer period.

12. Apportionment of support costs

Support and overhead costs are allocated between fundraising activities and charitable activities. Governance costs are those support costs which relate to the strategic and day to day management of the charity, including Committee members' time spent on Charitable Funds Committee activity.

	Raising funds £000	Charitable activities £000	Total 2024-25 £000	Total 2023-24 £000	Basis
Governance					
External audit	1	19	20	19	Average fund balance
Finance and administration	4	79	83	82	Average fund balance
Total governance	5	98	103	101	
Finance and administration	6	57	63	59	Average fund balance
Total Finance and Administration	6	57	63	59	
	11	155	166	160	

	Unrestricted funds £000	Restricted Income funds £000	Total Funds 2024-25 £000	Total Funds 2023-24 £000
Raising funds	11	0	11	10
Charitable activities	125	30	155	150
	136	30	166	160

13. Trustees' remuneration, benefits and expenses

The charity does not make payments for remuneration nor to reimburse expenses to the charity trustees for their work undertaken as trustee.

14. Analysis of staff costs

The charity has no employees. Staff services are provided to the charity by Aneurin Bevan University Local Health Board, the Corporate Trustee of the charity, which has received reimbursement of £451,295 (2023-24: £414,818) for these services.

15. Auditors remuneration

The auditors remuneration of £20,099 (2023-24: £19,764) related solely to the audit of the statutory annual report and accounts.

16. Fixed asset investments**Movement in fixed assets investments**

	Investment Properties £000	Investments Listed on Stock Exchange £000	Cash Held in Investment Portfolio £000	Other Assets £000	Total 2024-25 £000	Total 2023-24 £000
Market value brought forward	305	5,477	0	25	5,807	5,457
Add: additions to investments at cost	0	0	0	0	0	0
Less disposals at carrying value	0	(900)	0	0	(900)	(25)
Add any gain / (loss) on revaluation	(63)	(158)	0	0	(221)	375
Movement of cash held as part of the investment portfolio	0	0	0	0	0	0
Market value as at 31st March 2025	242	4,419	0	25	4,686	5,807

All investments are carried at their market value.

The investment valuation has been performed by CCLA Investment Management Limited.

The valuation of investment properties, consisting of a property and a small parcel of land, is based on a professional assessment of market value, by independent RICS (Royal Institute of Chartered Surveyors) qualified valuers at least every five years.

The other asset relates to a painting which is valued by an independent auctioneer and valuer of art, pictures and collectables, every 5 years.

The significance of financial instruments to the ongoing financial sustainability of Aneurin Bevan University Health Board Charitable Fund is considered in the risk management section of the trustees' annual report.

The Charity receive the majority of their income in the form of donations. However, significant investments are made and are the source of the main financial risk.

Interest rate risk - the Charity is exposed to fluctuations in interest rates on the monies invested in deposits and the stock market.

Liquidity risk is the risk that the charity does not have sufficient available resources to enable it to meet its obligations as they fall due. The vast majority of expenditure is funded from donations and legacies and therefore the Charity is not exposed to significant liquidity risk. The Charity also holds around 6 months of expenditure in its cash balance to cover any short term fluctuations and holds a reserve to protect against any fluctuations in the value of investments. Investments can be converted into liquid cash easily and with

17. Analysis of current debtors

Debtors under 1 year	Total 31 March 2025 £000	Total 31 March 2024 £000
Accrued income	80	95
Trade Debtors	130	84
Prepayments	26	23
	236	202

18. Analysis of cash and cash equivalents

	Total 31 March 2025 £000	Total 31 March 2024 £000
Current Accounts	516	640
Petty Cash	1	1
	517	641

No cash or cash equivalents or current asset investments are held in non-cash investments or outside of the UK.

All of the amounts held on interest bearing deposit are available to spend on charitable activities.

19. Analysis of liabilities

	Total 31 March 2025 £000	Total 31 March 2024 £000
Creditors under 1 year		
Trade creditors	380	560
Deferred Income	90	305
Accruals	20	12
Other Creditors	5	9
Total creditors	495	886

20. Analysis of Deferred Income

	Total 1 April 2024 £000	Deferred £000	Released £000	Total 31 March 2025 £000
Grant Income	292	0	(228)	64
Other Income	13	26	(13)	26
	305	26	(241)	90

21. Reconciliation of net income / expenditure to net cash flow from operating activities

	Total 2024-25 £000	Total 2023-24 £000
Net income / (expenditure) (per Statement of Financial Activities)	(808)	(6)
Adjustment for:		
(Gains) / losses on investments	221	(375)
Dividends, interest and rents from investments	(189)	(211)
(Increase) / decrease in debtors	(34)	26
Increase / (decrease) in creditors	(403)	444
Net cash provided by (used in) operating activities	<u>(1,213)</u>	<u>(122)</u>

22. Transfer between funds

Transfers have been actioned between Unrestricted funds during 2024/25 to streamline the number of funds in line with the Charitable Funds Committee plans to merge and reduce the number of Charitable Funds.

23. Analysis of funds**a. Analysis of restricted fund movements**

	Balance 1 April 2024	Income	Expenditure	Transfers	Gains and losses	Balance 31 March 2025
	£000	£000	£000	£000	£000	£000
Gastroenterology Fellowship Legacy	106	0	(4)	0	0	102
Royal Gwent Childrens Ward Legacy	97	0	(28)	0	0	69
Renal Unit Legacy	70	0	(2)	0	0	68
Nevill Hall Coronary Care Legacy	67	0	(4)	0	0	63
Royal Gwent Haematology Legacy	59	0	(3)	0	0	56
Royal Gwent Breast Care Legacy	59	0	(3)	0	0	56
Nevill Hall Rheumatology Legacy	83	0	(32)	0	0	51
Other - 53 restricted designated funds	605	245	(349)	0	0	501
	<u>1,146</u>	<u>245</u>	<u>(425)</u>	<u>0</u>	<u>0</u>	<u>966</u>

The material funds specified in the above note will vary from year to year dependent on the closing year end balance.

We consider that a closing fund balance of £50,000 or greater are material for disclosure in these accounts.

23. Analysis of funds (continued)

The objects of each of the restricted funds are as follows:

The Gastroenterology Legacy fund was bequeathed to the charity to assist in colonoscopy practices within the Health Board.

The Royal Gwent Hospital Children's Ward Legacy Fund was bequeathed to the charity for the benefit of the Children's Ward. A proposal for the purchase of various equipment to improve patient care and access was approved by the Charitable Funds Committee.

The Renal Unit Legacy Fund was bequeathed to the charity for the purpose connected with the research and treatment of patients under haemodialysis treatment (kidney unit).

The Nevill Hall Coronary Care Legacy Fund was bequeathed to the charity for the use of the heart unit at the hospital.

The Royal Gwent Haematology Fund was bequeathed to the charity for the Haematology Unit at the Royal Gwent Hospital.

The Royal Gwent Breast Care Legacy Fund was bequeathed to the charity for the Breast Care Unit at the Royal Gwent Hospital.

The Nevill Hall Rheumatology Legacy Fund was bequeathed to the charity for the use of the Rheumatology department at the hospital.

The other 53 restricted funds also related to monies bequeathed to the charity for various wards and departments.

23. Analysis of funds (continued)**b. Analysis of unrestricted and material designated fund movements**

	Balance 1 April 2024	Income	Expenditure	Transfers	Gains and losses	Balance 31 March 2025
	£000	£000	£000	£000	£000	£000
ABUHB Charitable Funds Reserves	597	184	0	(25)	(158)	598
ABUHB Breast Centre	260	15	(31)	106	0	350
Royal Gwent Property, 13 Clytha Square	250	0	0	0	(63)	187
Royal Gwent Casting Techniques Course	110	17	(25)	0	0	102
St Woolos Springfield Community Ward Project	108	0	(12)	0	0	96
ABUHB Patient Experience & Involvement Team	22	0	(26)	85	0	81
The Care Project	105	45	(84)	0	0	66
ABUHB Outpatients	81	0	(24)	0	0	57
Monmouth Chippenham Community Nurses	60	0	(3)	0	0	57
Royal Gwent Property, TP Price	55	0	0	0	0	55
ABUHB Post Graduate Fund	56	2	(4)	0	0	54
ABUHB Rheumatology	55	0	(2)	0	0	53
Royal Gwent Post Graduate Fund	50	5	(5)	0	0	50
Other - 321 unrestricted designated funds	2,809	282	(753)	(166)	0	2,172
	4,618	550	(969)	0	(221)	3,978

The trustees have delegated all unrestricted funds as designated funds to the ward or department the donations were intended for.

The material funds specified in the above note will vary from year to year dependent on the closing year end balance.

We consider that a closing fund balance of £50,000 or greater are material for disclosure in these accounts.

24. Events after the reporting period

In April 2025 the Charity sold 13 Clytha Square, one of its investment properties. The sale value of this investment property is reflected as the carrying value held at year end in Note 16. The actual sale will be shown in the 2025/26 Annual Accounts.

World and political events are likely to continue to cause fluctuation in the markets and impact on our investments in 2025/26.

Statement of Trustee's Responsibilities

The law applicable to charities in England and Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the charity's financial activities during the year and its financial position at the end of the year. In preparing financial statements giving a true and fair view, the Trustee should follow best practice and :

- select suitable accounting policies and apply them consistently;
- observe the methods and principles of the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards and statements of recommended practice have been followed, subject to any departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustee is responsible for keeping accounting records which disclose with reasonable accuracy the financial position of the charity and which enable them to ascertain the financial position of the charity and which enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the trust deed. The Trustee is responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustee confirms that they have complied with the above requirements.

By order of the trustee

Ann Lloyd
Trustee

Rob Holcombe
Financial Trustee

Dated: XX January 2026

The independent auditor's report of the Auditor General for Wales to the trustee of Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities

Opinion on financial statements

I have audited the financial statements of Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities for the year ended 31 March 2025 under the Charities Act 2011.

The financial statements comprise the Statement of Financial activities, Balance Sheet, Statement of Cash Flows and related notes, including the material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the charity as at 31 March 2025 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report.

My staff and I are independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the trustee with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The trustee is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Matters on which I report by exception

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- I have not received all of the information and explanations I require for my audit;
- sufficient accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements are not in agreement with the accounting records and returns; or
- the information given in the financial statements is inconsistent in any material respect with the trustees' report.

Responsibilities of the trustee for the financial statements

As explained more fully in the statement of trustee's responsibilities, the trustee is responsible for:

- maintaining sufficient accounting records;
- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- internal controls as the trustee determine is necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error;
- assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the trustee anticipate that the services provided by the charity will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management and those charged with governance, including obtaining and reviewing supporting documentation relating to Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities' policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances on non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.

- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, expenditure recognition, posting of unusual journals.
- Obtaining an understanding of Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities' framework of authority as well as other legal and regulatory frameworks that the Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities operated in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the charity.
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, those charged with governance and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the trustee;
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business; and
- I also communicated relevant identified laws and regulations and potential fraud risks to all audit team and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities' controls, and the nature, timing and extent of audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Adrian Crompton
Auditor General for Wales
13 January 2026

24 Cathedral Road
Cardiff
CF11 9LJ

2024-2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Annual Report & Accounts

**Aneurin Bevan University Local Health Board
Charitable Fund and Other Related Charities**

**Trustee's Annual Report and Accounts
2024-2025**

Registered Charity No: 1098728



Aneurin Bevan Health Charity

About Us

We are a registered charity, receiving monies given to Aneurin Bevan University Local Health Board from grateful patients, their loved ones and the wider community; thanking us for the NHS care and treatment they receive.

Our NHS Health Board

Aneurin Bevan University Local Health Board was established in October 2009 and achieved 'University' status in December 2013.

The Health Board serves the population of Gwent of just over 600,000, which reflects the five local authority areas: Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. The demographics of Gwent are varied and include rural countryside areas, urban centres and the most easterly of the South Wales valleys.

The Health Board is the largest employer in Gwent, with a budget of just over £1.7 billion, employing 13,424 whole time equivalent (WTE) staff (17,111 people at the end of March 2025) and providing an exceptional workplace to start, grow and build a career.

The workforce is ageing, as is the demographic profile of our population and the health inequalities of our population are also found within our workforce and 80% of our staff live within our communities. Therefore, it is essential that staff health and wellbeing is a key priority and a feature of the Health Board's preventative plans.

Introduction to the Annual Report & Accounts

By law, every charity must prepare annually a set of accounts and an annual report which is subject to audit by an independent auditor and should explain to the reader what the charity's purpose is; where the charity gets its money from; how the charity spends its money; what the charity achieved during the year and what plans it has for the future.

We present the Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities Annual Report together with the audited financial accounts for the year ending 31st March 2025.



Message from the Chief Executive

Croeso / Welcome

I want to start by thanking you all for your continued support in making donations, leaving gifts in your will and generating funds for our Charity over what has been a particularly challenging time. I truly appreciate everything you do to enable us to provide those added extras that make a difference to our patients, our staff and our services.

Our population is growing and ageing, demand for services is increasing, and we need to adapt to new challenges and opportunities, along with technological and medical advancements. We are shifting our focus beyond just treating illness and looking at how we can help keep people well, reduce health inequalities, and improve access to care.

We continue to look to charitable funds to support us in this, funding numerous initiatives as shown below in the highlights of our past year.

Thank You



Nicola Prygodzicz
Chief Executive, Aneurin Bevan University Health Board

Message from Chair of the Charitable Funds Committee

I would like to take this opportunity to thank all members of the public, patients and their family and friends, staff and others who have raised and donated funds to Aneurin Bevan Health Charity, the registered charity of Aneurin Bevan University Health Board.

The funds really do make a difference, helping to improve the quality of life for our patients and individuals from the Aneurin Bevan University Health Board Community, as well as supporting our staff who deliver such wonderful care and treatment.

Throughout this report we provide an overview of the Charity's achievements over the period April 2024 to March 2025. Your contributions have allowed us to fund many projects and items of equipment, and this great work is evidenced through the stories and information presented here.

The Charitable Funds Committee has the responsibility of administering the Charity and ensures that there are policies and procedures in place in relation to legislative framework, ensuring funds are used for public benefit. The Charity is also audited annually by Audit Wales.



I would like to thank all members of the committee for their input and advice over the past 12 months. I also place on record my particular thanks to all the staff at ABUHB and to all others who have been involved with the Charity's work, for their support and professionalism, which has been much appreciated. I am very pleased to present this Annual Report for the year ended 31st March 2025.

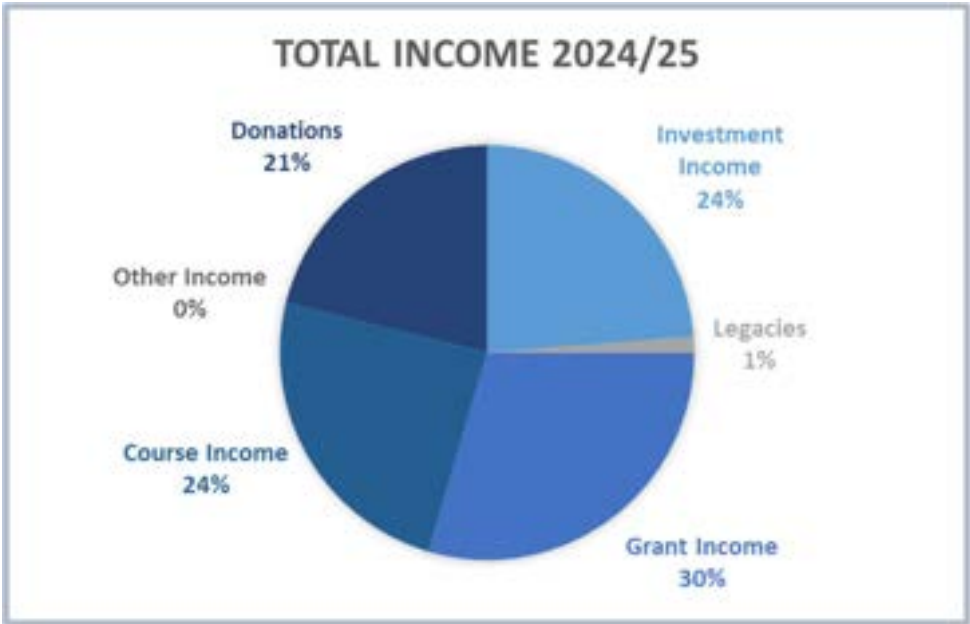
Paul Deneen
Chair of the Charitable Funds Committee

Diolch yn Fawr / Thank you

2024-2025 At a Glance

INCOME

This year we received £795,000



DONATIONS £168,000

We are so grateful for the donations we receive thanks to the generosity of patients, their relatives and friends in recognition of the care and treatment received from Aneurin Bevan University Local Health Board.

LEGACIES £10,000

We are extremely grateful to those individuals who choose to leave a gift to us in their will.

GRANT INCOME £235,000

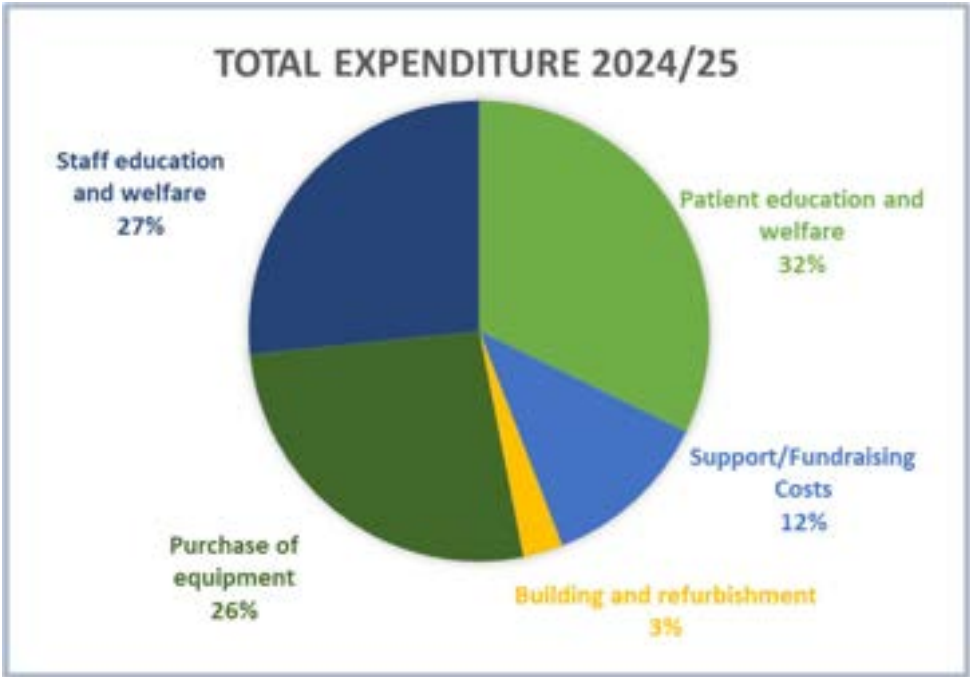
This money is received from external organisations to fund specific schemes / projects. Most of this funding was received from NHS Charities Together (NHS CT).

COURSE AND OTHER INCOME £193,000

Fees and sponsorship received from in-house conferences and training courses.

INVESTMENT INCOME £189,000	We received this from our investment portfolio. This was down by £22,000 on last financial year.
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This year we spent £1,394,000	EXPENDITURE
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The majority of this relates to staffing costs to support various projects such as meaningful activities, local specialist suicide bereavement service, psychological support for patients accessing cancer services, volunteer initiatives and our decarbonisation project. It also consists of various therapies, seasonal activities, support groups, volunteer expenses and other items of expenditure to benefit patients including purchasing Christmas gifts for those patients in hospital during the festive season.	PATIENT EDUCATION & WELFARE £449,000
This was spent on a range of varied equipment across the Health Board, additional equipment support by League of Friends and including the purchase of defibrillators and cabinets in the community from our Jack’s Appeal Fund.	PURCHASE OF EQUIPMENT £369,000

The main items consist of conferences and training course fees, both in-house and external and related travelling expenses, subsistence and accommodation, support for staff well-being, Counselling Service, Staff Recognition Awards and medical student bursaries.

**STAFF
EDUCATION &
WELFARE
£371,000**

We spent this mainly on various small projects including garden projects, improving the environment, making it better for our patients, staff and visitors.

**BUILDING &
REFURBISHMENT
£39,000**

This covers the cost of the Charitable Funds Team, Corporate support and auditor fee in administering the funds.

**SUPPORT COSTS
£166,000**

Charitable Funds are spent in line with the Charity's objects and are intended to provide those additional amenities that will improve the conditions under which patients are cared for and treated or staff work

**KEY
PURCHASE**

2 x Bladder scanners for Acute Medical Unit, Nevill Hall Hospital



Bladder scanners are portable, handheld ultrasound devices which can perform quick, easy and non-invasive scans of the bladder and is painless for the patient. It can be used to help identify bladder distension, causes of urinary frequency and bladder irritability and is useful in assisting with accurate assessments of hydration status. The purchase of additional bladder scanners enables the nursing staff to use them at the patient's bedside which is beneficial to both patients and staff.

Both these machines were purchased by Nevill Hall Hospital League of Friends.

KEY PURCHASE

2 x ECG Machines for Acute Medical Unit (AMU) and Haematology Day Unit, Nevill Hall Hospital

An ECG machine records and monitors cardiac rhythms and can identify if a patient is having a heart attack and the necessary treatment can be applied.

The AMU machine was purchased by Nevill Hall League of Friends.

KEY PURCHASE

Ocular Response Analyser for Ophthalmology, Llanwenarth Suite, Nevill Hall Hospital



Now we have two!

We purchased an Ocular Response Analyser last year for the Eye Clinic in Royal Gwent Hospital and this year the League of Friends kindly purchased one for Nevill Hall Hospital.



This equipment is used in assessing the eye condition, Glaucoma. More common in adults in their 70s and 80s, where the optic nerve that connects the eye to the brain becomes damaged. It is caused by a fluid build-up at the front of the eye which increases the pressure inside the eye.

Key Purchase

28 x Televisions, Brackets & Installation in Bedwas Ward, Ysbyty Ystrad Fawr

Bedwas ward was a short stay ward with patients expected to stay no longer than 72 hours. Since the pandemic the ward has been redefined and now looks after medical patients who have similar length of stays to other in-patient medical wards at the hospital, so the ward needed Televisions for the patients in the 28 individual rooms.

KEY PURCHASE

Thera Trainer for Ward C5 East, Royal Gwent Hospital



The Thera Trainer is used as part of the treatment for patients to enhance their overall rehabilitation in a cohort of patients where achieving aerobic activity can be challenging.

KEY PURCHASE

Sensory Room, Paediatrics, Grange University Hospital

The sensory room offers a safe and calming environment, significantly enhancing the well-being of individuals with sensory processing issues, such as autism and ADHD.

A 3D layout of the room is shown here with a list of items it features.



Interactive Borealis Tube

Fibre Optic Corner

Solar LED Projector

Beanbags



Interactive UV Activity Panel

Mirror Ball System

Floor & Wall Padding

Fibre Optic Harness



Anne Beard, Senior Nurse Manager, Paediatrics said:

"It's been truly wonderful to see this initiative come to life, making a meaningful difference for our children and young people. The use of charitable funds has highlighted the generosity and support of the public, creating a positive impact. This funding has made the sensory room accessible to those who might not otherwise have access to such spaces. Overall, the sensory room has greatly improved the quality of care we can provide for our children and young people."

KEY PURCHASE

Numerous Defibrillators and Cabinets across the Community



To prevent such heart-related tragedies, working together with community groups via Jack's Appeal, we are continuing to purchase 24/7 public access defibrillators, externally housed in secure cabinets and consumables such as defibrillator pads and batteries.

KEY PURCHASE

Other Equipment

Other equipment includes

- 2 x Ultrasound Enhancing Rheumatology equipment, for Royal Gwent & Nevill Hall Hospital.
- Therapy Chair for Outpatients, Royal Gwent Hospital.
- Wide Format Plotter printer for Facilities department, Grange University Hospital.
- Laparoscopic Insufflation System, Urology, Royal Gwent Hospital.

Charitable Funds have supported various volunteer projects such as:

"Ffrind I Me"

An initiative to support lonely and socially isolated people through befriender volunteers.

"Volunteer to Career"

An employability scheme of current volunteers through a defined pathway.

"End of Life Companion Support"

Trained volunteers offer comfort in the last days and hours of life to patients who are at risk of dying alone.

And so much more.....

We want to say a big THANK YOU to all our volunteers. Your commitment and contribution as a volunteer really makes a difference.

The Value and Impact of Volunteering

Volunteering has helped me feel part of something bigger—like I'm giving back but also gaining so much myself – RGH Volunteer

Improved patient experience



Reduced anxiety, loneliness, and isolation



Provide practical help with kindness and empathy



Share valuable insights to support service improvement

Currently, **294 directly engaged Ffrind i Mi volunteers** support the Health Board, with many more contributing through valued partnerships with third sector organisations.

Over the past year, we have supported **414 Ffrind i Mi volunteers**.

In addition, those who are engaged by **our partners** for example Age Cymru Gwent Robins, League of Friends, British Red Cross, Sparkle etc have made an **invaluable contribution** across our sites, providing both practical support and emotional care within busy healthcare environments.

Volunteer Voices



Thank you very much for our last meeting, it was indeed a wonderful meeting with you. The work experience applications are filled up, but I have submitted my interest form anytime it's open, particularly in the Administrative Department so I can have organizational working experience in the Management area - Abinuke



I just wanted to let you know that I have started my 5-day clinical skills training today to join the Bank. Thank you for all of your help in the volunteer to career process, I am really grateful to be on the course - Diana

I have completed the work experience, and I really enjoyed it. Dan

It was lovely to meet you, and I am much grateful for your kind concern on volunteers like me and the assistance giving us to ensure our career goals. Thank you very much, Inoka



I was able to secure employment with one of the agencies you helped with the reference, however, I am seriously searching for a permanent role in the healthcare sector. Thank you for your concerns and constant encouragement towards my career pursuit.
- Agatha

2024/25

Our volunteers have provided **over 20,239** unpaid volunteer hours

We have **40** spoken languages, including different dialects

We have supported over **450** volunteer inductions between January 2024 to March 2025

We have provided **62** training sessions for volunteers

We have created **5 new** volunteer role profiles during 2024.

Over **80** Volunteer Hours certificates were issued

We have attended **48** volunteer promotion events across the geographical area

20 volunteers have gained paid employment through our **volunteer to career** programme

We recruited new **250** volunteers in **2024/2025**

In **2024**, the Volunteer Service has **won 3 Volunteer Awards** and have been **finalists in 2** other awards

Received over **270** referrals for **Home** visits or **Telephone**

Extended our volunteer support across different **10+** areas

Yasmine's Story

This is Yasmine's story about her experience with a volunteer befriender.

My Mum, Barbara, was widowed at 46, lived alone and had always loved going out dancing and going to bingo until quite late in her life and then as her physical health deteriorated and I was unable to take her out, her life then centred around her home and solitude.

Then, about 8 years ago, I was asked if I would like a befriender to visit mum to offer support and friendship. That was when Susan started visiting; mum was 87.



Mum would chat about the old days, my dad, me and my brothers (probably the same on every visit) but Susan became a good friend that my mum liked and trusted as this was difficult for her to normally do. This is what makes your visits so important and treasured by the person you visit. It's familiarisation and companionship that as a person gets older, they rely on.

Unfortunately, mum had a fall a week after her 90th birthday which resulted in her leg being amputated and her going into a care home; the same week we were put into Lockdown in March 2020. Even with mum in the home, Susan still visited despite the fact she had now moved away.



Your visits to the elderly who are lonely and housebound are so treasured by them and their families.

I know that when I visited mum she would often chat about Susan and would always look forward to her next visit. Personally, it also gave me comfort to know that mum had a new FRIEND because that is what you will ultimately be, a person who can chat, laugh, cry, listen and be that extra bit of happiness in someone's life.

It sounds awful but when you visit your parent on a regular basis, it's difficult to think of things to say for both parties, but with a befriender visiting it opens up other routes for conversation which helps enormously and something that I will always be grateful for.

I just want to say thank you to you all. You give up your personal time to actually go and make someone smile and make their day and that must be so rewarding to know that you are making a difference to someone's life.

Unfortunately, I lost my mum last December. For me, it gave me comfort knowing that mum had a new friend who she loved to see and who added a little bit extra to her life.

THANK YOU



Staff

Celebrating our Staff

Staff Recognition Awards 2024!

On Friday 5th July 2024 - on the 76th birthday of the NHS - the Health Board held our annual Staff Recognition Awards funded from charitable funds. It is always a pleasure to welcome everyone to this special event, where colleagues from across the Health Board gather to celebrate each other's achievements and the hard work, dedication and outstanding care given by teams across Aneurin Bevan University Health Board.



The event was hosted by Chief Executive, Nicola Prygodzicz. In her opening address, Nicola acknowledged the overwhelming number and

standard of nominations received this year. She said: "It is testament to the expertise, dedication and compassion of our staff that despite the many challenges we face, we continue to step up and keep our focus where it should be - on the patient and the community we serve. "We recognise that even with this many nominations, this is just a snapshot of the excellent work undertaken by our staff every day. So, our celebration this evening is about recognising the contribution of all our staff but those of you here today, in particular, have been recognised for your dedication and efforts."



A huge CONGRATULATIONS to all our nominees, winners and runners up!

More Celebrations

The Breast Unit at Ysbyty Ystrad Fawr Turns 1!



The Breast Unit at Ysbyty Ystrad Fawr has now been open for a full year! This state-of-the-art facility has significantly improved access to breast care services for patients across Gwent, and its impact has been remarkable. A huge thank you to all the staff who have made this service such a success.

As we mark the first anniversary of the Breast Unit at Ysbyty Ystrad Fawr, we reflect on a year of remarkable achievements and unwavering dedication to patient care.

Over the past year, the Breast Unit has brought together clinical teams offering outpatient care, diagnostic investigations and surgery. It is a multidisciplinary unit with Consultants, Radiologists, Breast Care Nurses, Mammographers, Outpatient Nurses, HCSWs, Medical Secretaries and Bookings staff.



The introduction of a gold-standard one stop diagnostic service has allowed patients to undergo investigative procedures in a single visit, significantly improving efficiency and patient satisfaction.

Natalie North, Breast Unit Support Manager said: "The success of the Unit is a testament to the hard work and collaboration of the clinical teams, the support of the local community and the vision of leaders like Mr Gateley, whose legacy continues to inspire the team. As we look to the future, we remain committed to providing the highest quality care and support to those affected by breast cancer."

More Celebrations

Intensive Care UNIT (ICU) Steps celebrating 10 years



ICU Steps started in Abergavenny (Nevill Hall Hospital) and has been supporting ex ICU patients and their family and will be celebrating its 10-year anniversary.



The group meets monthly to share experiences of patients/ICU stay. The after-effects of critical illness and its recovery period have many common themes and problems for everyone concerned.

Many patients present unconscious for long lengths of time and have no recollection of long periods of time.

The group is made up of ex ICU patients and their families supported by ICU nurses from the Grange Hospital. Members have found it helpful to know they are not alone on their journey and that others have similar issues.

Donations made to the now called Critical Care Unit which is based at the Grange University Hospital support the group with payments for venues, and refreshments.

More Support Groups

Monthly Lung Cancer & Mesothelioma Support Group



We invite you to join us once a month at our drop in lung cancer & mesothelioma support group with members of the team. This is held 1st Wednesday of every month 11:00am-1:00pm at the Congress Theatre in Cwmbran Town Centre.

The patients who attend find the less formal contact with the members of team reassuring and enjoy meeting other patients. We also arrange annual trips and take part in fundraising for the group.

The group is open to Lung Cancer & Mesothelioma patients, relatives, carers etc.

Care Fund Bursary Project

Supporting students in medical careers

In partnership with the Shaw Foundation, we continue to gift bursaries from our Care Fund Project which is used to identify individuals from less privileged backgrounds, with a potential to become qualified doctors by supporting them with a programme of mentoring and financial support.

Two of our students have qualified and have stayed in South Wales and we have a third student who will hopefully qualify this year and stay in Wales to complete their foundation training.

The following comments have been received from recipients of our Care Fund Bursary Project.

I'm sincerely grateful for the ongoing support that's made a significant difference, both practically and emotionally, while pursuing my medical education. The bursary lifted the financial burden and eased the pressure during a particularly challenging year.

Receiving the bursary last year allowed me to start the degree, as I otherwise wouldn't have been able to afford the upfront tuition fee. The support from the bursary meant that I did not need to sacrifice revision time to work due to financial worries; I instead had the time to revise and focus on exams.

Being awarded the bursary was more than practical support; it had felt like a genuine vote of confidence in my potential as a medical student and future Doctor.

Thank you again.

Since September 2024, I've completed another year of my Medical Sciences degree and have been re-selected as one of the Presidents of the Med Prep Society. This has been a rewarding role, giving me the chance to work with my co-president to plan and deliver teaching sessions for the first years.

Looking ahead, my main goals are to apply to medical schools in October 25, and focus on completing my degree, including my dissertation, to the best standard I can. I'm looking forward to another year of learning, building on my experiences, and making the most of every opportunity.

Thank you so much - I am so happy!

Oh my goodness, thank you all so much! I'm actually lost for words, and that's not like me at all!

Thank you so much, it always means a lot and I'm always incredibly grateful for the generosity. It helps significantly.

More Donations

Donation to Ward 3/4 and Day Hospital, Nevill Hall Hospital



A huge thank you to the amazing Crickhowell and District Fundraising group who have donated £3000 to Ward 3/4 and the Transient Ischemic Attacks (TIA) Clinic at Nevill Hall Hospital (£1500 each) to help buy equipment to improve patients' experience.

The teams are very grateful for the donation, which they hope to use to buy specialist seating for Ward 3/4 and an ECG machine for the day hospital.

Pictured:

Sian Langdon - Ward Sister, 3/4

Rachael Way - Senior Nurse

Jennifer Richards - Day Hospital

And

Staff Fundraising



NHS Charities Together (NHS CT), the national charity for the NHS, allocated money for supporting Covid-19 projects across the NHS in the UK to be accessed through individual bodies' charitable funds. We were successful in applying for a grant of £290,000 to implement a Meaningful Engagement Activity Programme.

COVID-19 significantly impacted on the wellbeing of our population. A patient experience survey of people on in-patient wards across our hospitals identified that a lack of meaningful activity led to increased boredom, loneliness, frustration, escalation in behaviours that challenge and impacts negatively on their confidence, self-worth and overall wellbeing. Staying in hospital for both general and mental health care can be a difficult and worrying experience for some people.

We set about developing and rolling out a meaningful activity strategy:



- To promote and improve peoples **lived experience**, experience of care, increase cognitive stimuli for people, support carers and **reduce loneliness**.
- To provide hospital wards, care homes and prison services within the Aneurin Bevan University Health Board area with Meaningful Engagement Skills and Resources.
- To develop a cross- sector toolkit of **meaningful activities**.



To commence our scoping exercise, we contacted **partners** to identify the areas who would be interested in participating in this programme. To support **engagement**, we proposed:

- We would provide a **visit** to the participating areas to engage with staff patients and relatives/carers.

- Provide awareness and understanding of Meaningful Engagement.
- We would provide a series of training opportunities to support the Meaningful Engagement programme and **quality outcomes**.
- We would be providing each participating area with a starter Meaningful Engagement **starter pack** containing activity resources.
- We would provide a **list of items** and how you can reorder and get the best from these items.
- **We would provide signposting** to partners who can support with the Meaningful Engagement agenda, to include volunteers, intergenerational partnerships, assistive technology support and community partnerships.

What did we Learn?

- The scoping surveys took a lot longer than anticipated to complete. Resource vs outcome for this method was not effective. Feedback from steering group and care homes was survey use isn't always successful in this setting.
 - For **Phase 2** we suggested spending time in the home with staff residents and visitors to collate information rather than chasing survey responses over many weeks.
 - **Phase 1 response rate wasn't inclusive of Nursing homes and was primarily Residential settings. Feedback told us these homes generally have more complex issues and aren't always the first areas to reach out for this support.**
 - For **Phase 2** we have suggested targeting some of these areas with the support of complex care colleagues in steering group.
-
- In addition to this through the work being carried out for the Meaningful Engagement Programme in all settings inclusive of Care Homes, Hospitals and Prisons, and from listening to partners inclusive of carers, volunteers' staff and people living with Dementia it was identified that access to Information relating to the Meaningful Engagement Programme and resources to support were limited.
 - It was also identified through the Enhanced Care review that staff needed information to be easily accessible and in one place to address this the link for the Meaningful Engagement Padlet has also been embedded into the Enhanced Care Padlet to allow a single point of access for staff.
 - To further support addressing this feedback a new poster that is displayed in areas working in partnership with the Patient Experience Team on this Programme has been produced this includes a QR Link to resources. An Information Leaflet has been produced that is available in ward areas, care homes and the Dementia Hubs.



In response to this feedback we developed a new Dementia and Meaningful Engagement Padlet which is available on the Internal and External webpages and is accessible to all.



In addition to the Padlet as part of the communication work for the programme we have designed and produced several new documents to support communication and access to the programme benefits for all.



Leaflet: Available in English and Welsh
These are available in all 5 Hubs, throughout our hospital and care home venues. These have also been shared via the communication team and through the steering group with our partners for distribution through all networks.



Poster: This has been made available to all partners that are involved in the programme for display in their areas.



We also designed some promotional resources to support the delivery and advertisement of the programme.

What our staff said:



The project is nice for the patients and it is nice to see the patients enjoying the activities and engaging with other patients from other bays on the ward. The activities are suitable for all patients. The gardening and baking sessions have gone down well.

The dayroom has made such a difference to patients' experience during their stay on ward C7E. It breaks the day up from sitting in the bay all day.

Lottie – Assistant Practitioner

I'm really proud of how far we have come and what the ward team have achieved over the last 12 months.

There were some initial barriers and reluctance from staff to engage and get involved.

But 12 months on with the support of the Patient Experience and Involvement team the benefits are clear to see.

The ward really does have a new atmosphere to it, I'm proud to watch the whole MDT embrace the Meaningful Engagement agenda and feel it is now embedded into our everyday practice.

It's putting patients at the centre of all we do, but also impacting on the overall moral and well-being of my staff in a positive way.

I'm proud but also excited to continue this work and look forward to all that we can achieve moving forward.



Claire – Ward Manager

What our visitors said:

The activities are good for the patients: better than some care homes I have been to

Very encouraging and inclusive. Reassuring to know individuals have stimulating activities during a difficult time

Very enjoyable, encouraged to take part in lots of activities

- Patients were happy to meet and pet Dew, Lifted Dew up for one of the patients to be able to stroke her.
- Florence interacted well with all patient on C7E, One Patient who hadn't spoken all day spoke to Florence, staff also enjoyed her visit.
- Spoke to a patient who was a bit agitated, took some coloring books and pencils but she was not interested, talked a lot about going home.
- "Yes, it has been very interesting, and I felt that it has been helpful to myself and patients", Spoke to a patient who was distressed as she thought she had upset people, played a game and did some coloring and just chatted and reassured her.
- Such a lovely lady, she was looking a bit happier, and we discussed about a book which she was reading, told me about cooking and food stuff.
- Patient was looking much better but seemed fed up, she told me about her recent book that she was reading we discussed her physio sessions.
- Patient was looking a bit tired I cheered her up, we talked about birds and animals she told me about her neighbours.
- Had a lovely chat with a patient about her hobbies and she wishes to go back home soon for her gardening activities, she talked about her family and mentioned about her son passing away recently , spoke about her husband's death. Would love to see us again to so some coloring.
- Talked about how patient is doing such as going to the day room, likes puzzles , coloring, -mentioned going home soon.

Comments from the ward volunteers



And most importantly this is what our patients said:

We asked our patients what they like most about the Day room?

- Would like more time in dayroom
- Lightheartedness – good company
- Enjoyed planting seeds and gardening the most
- Dayroom has been set up really well and a lot of work has been put into it
- Enjoyed socializing and meeting people
- Spacious bright welcoming room
- Plenty of chairs and table space for everyone to join in
- Coffee, tea drinks and snacks provided
- Friendly homely feeling, great to have some activities so important for mental well-being and stimulation



So much more to come.....

In-house

Staff Conference

The Fracture Liaison Service Conference was held, where Consultant Geriatrician, Dr Inder Singh, delivered a presentation on the work that's underway in the Health Board to improve bone health.



Dr Inder Singh led several initiatives since 2020 to widely integrate and strengthen partnership with Rheumatology, Radiology Directorate and Orthogeriatric teams to streamline processes and identify fragility fractures in above 50 years. This conference was free to delegates, funded through charitable funds.

Contact Us

Charitable Funds Team

Alison Griffiths – Charitable Funds Manager



Wendy Keyte– Charitable Funds Higher Officer

Sue Turley– Charitable Funds Higher Officer



Jess Turley–Charitable Funds Officer

By E-mail

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By Phone

01495 765431

Charity Governance, Audit and Finance

1. Reference and Administrative Details

Charity Name: Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities

Charity Working Name: Aneurin Bevan Health Charity

Registered Charity No: 1098728

Address of Charity: Headquarters
St Cadoc's Hospital
Lodge Road
Caerleon
Newport
NP18 3XQ

Administration of the Charitable Funds:

The accounting records and the day-to-day administration of the funds are undertaken by:

Charitable Funds Section
Corporate Finance Department
Aneurin Bevan University Local Health Board
Upper Ground Floor
Ty Gwent
Lake View
Llantarnam Park
Cwmbran
Torfaen NP44 3HR

Tel No: 01495 765431

E-mail: Charitable.funds.ABB@wales.nhs.uk

Professional Advisors:

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Santander
Customer Services Centre
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External Auditors: The Auditor General for Wales
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Internal Auditors: NHS Wales Shared Services Partnership
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Cardiff
CF14 3UB

**Estate Management
For TP Price Estate:** NHS Wales Shared Services Partnership
Specialist Estate Services
3rd Floor, Companies House
Crown Way
Cardiff
CF14 3UB

Savills
2 Kingsway
Cardiff
CF10 3FD

**Valuations for
13 Clytha Square:**

NP Linnells Property Consultants
Gold Tops House
Pentonville
Newport
NP20 5HB

Valuations for Painting:

Bonhams
Queen Square House
Queen Square Place
Bath
BA1 2LL

2. Structure, Governance and Management of Charitable Funds

Objects of the Charity

The objects of the charity are as follows:

The main purpose of the charity is to apply income for any charitable purpose relating to the National Health Service delivered by Aneurin Bevan University Local Health Board.

The corporate trustee is Aneurin Bevan University Local Health Board. The executive directors and independent members of the Board share the responsibility for ensuring that the health board fulfils its duties as a corporate trustee in managing charitable funds.

The chair and independent members of the Board are appointed by the Welsh Government and the executive directors are appointed by the Health Board.

Trustee Arrangements

Aneurin Bevan University Local Health Board is the corporate trustee of the Charity. The directors who served the Aneurin Bevan University Local Health Board during the year to 31st March 2025 were as follows:

Name	Designation	Dates (if less than full year)
Executive Directors		
Nicola Prygodzicz *	Chief Executive	Full Year
Hannah Evans	Director of Strategy, Planning and Partnerships	Full Year
Rob Holcombe *	Director of Finance and Procurement	Full Year

Dr James Calvert	Medical Director / Deputy Chief Executive	Full Year
Sarah Simmonds	Director of Workforce and OD	Full Year
Jennifer Winslade	Director of Nursing	Full Year
Peter Carr	Director of Therapies and Health Sciences	Full Year
Tracy Daszkiewicz	Director of Public Health	Full Year
Leanne Watkins	Chief Operating Officer	Full Year
Independent Members		
Ann Lloyd	Chair	Full Year
Pippa Britton	Vice Chair	Until 30/11/2024
Louise Wright	Independent Member (Trade Union)	Full Year
Richard G Clarke *	Independent Member (Local Authority)	Full Year
Professor Helen Sweetland	Independent Member (University)	Full Year
Paul Deneen *	Independent Member (Community)	Full Year
Iwan Jones	Independent Member (Finance)	Full Year
Dafydd Vaughan	Independent Member (Digital)	Full Year
Neil Patrick *	Independent Member (Community)	From 01/04/2024
Penny Jones	Independent Member (Community)	Full Year
Martin Blakebrough **	Independent Member (Third Sector)	Until 08/06/2024
Directors in Attendance		
Paul Solloway	Director of Digital	Full Year
Special Advisors to the Board		
Phil Robson	Special Advisor to the Board	Full Year
Associate Members		
Vacant	Chair, Stakeholder Reference Group	Full Year
Vacant	Chair, Health Professionals Forum	Full Year
Vacant	Director of Social Services	Full Year
Director of Corporate Governance		
Rani Dash	Director of Corporate Governance	Full Year

* Members of the Charitable Funds Committee.

** Absent in agreement with Chair and Welsh Government (effective 01/09/2023 to 08/06/2024).

Charitable Funds Committee

The Board of Aneurin Bevan University Local Health Board, as the corporate trustee, delegates its governance work to the Charitable Funds Committee which is a subcommittee of the Board. The Committee is required to:

- Control, manage and monitor the use of the fund's resources for the public benefit having regard for the guidance issued by the Charity Commission.
- Provide support, guidance and encouragement for all its activities whilst managing and monitoring the receipt of all income.
- Ensure that 'best practice' is followed in the conduct of all its affairs fulfilling all its legal responsibilities.
- Ensure that the Investment Policy approved by the Health Board is adhered to and that performance is continually reviewed whilst being aware of ethical considerations.
- Keep the Health Board fully informed on the activity, performance and risks of the charity.

Membership of the Charitable Funds Committee is as follows:

Name	Designation	Dates (if less than full year)
Charitable Funds Committee Members		
Paul Deneen	Independent Member (Community)	Full Year
Richard G Clarke	Independent Member (Local Authority)	Full Year
Neil Patrick	Independent Member (Community)	Full Year
Nicola Prygodzicz	Chief Executive	Full Year
Rob Holcombe	Director of Finance and Procurement	Full Year

The following also attended the committee with other staff as appropriate for specific agenda items:

Name	Designation	Dates (if less than full year)
In Attendance		
Mark Ross	Assistant Director of Finance, Financial Systems & Services	Full Year
Estelle Evans	Head of Financial Services and Accounting	Until 30/09/2024
Gareth Lewis	Head of Financial Services and Accounting	From 01/09/2024
Rani Dash	Director of Corporate Governance	Full Year

Independent Members are appointed to hold office for a period of up to four years in any one term. During this time, a member may resign or be removed by the Board. The Chair of the Health Board keeps under review the membership of Board Committees to ensure changes are made regularly to refresh the membership of each committee and respond to circumstances when new members join the Board.

Trustee Induction and Training

As part of their induction programme, new Executive and Independent Members of Aneurin Bevan University Local Health Board are made aware of their responsibilities as Board members and as a Corporate Trustee of Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities.

At each Charitable Funds Committee meeting, members are advised of any changes in legislation or other requirements relating to charities.

Public Benefit

The objects of the charity are such that all expenditure from the charity is for the benefit of the National Health Service and as such is therefore for 'public benefit'. The Charitable Funds Committee is aware of its duties in relation to public benefit and ensures that all expenditure fulfils public benefit criteria. This is demonstrated further in this report in the Expended Resources Section of Item 7.

Management of Funds

The Director of Finance is responsible for the day-to-day management and control of the administration of charitable funds and reports to the Charitable Funds Committee. The Director of Finance has responsibility for ensuring that:

- The spending is in accordance with the objects and priorities agreed by the Charitable Funds Committee.
- The criteria for spending charitable monies are fully met.
- All accounting records are maintained.
- Devolved decision making or delegated procedures are in accordance with the policies and procedures set out by the Board on behalf of the corporate trustee.

Within the charity there are 389 internal funds which are delegated to authorised fund holders to approve expenditure within predefined limits. All expenditure requests exceeding £25k are subject to Committee approval. A further 6 funds are controlled by the Charitable Funds Committee. The Health Board has a formal procedure that sets out

guidance to delegated fund managers to aid them in the process of approving appropriate expenditure from funds.

3. Strategic Objectives & Activities

Charitable Funds received by the charity are accepted, held and administered as funds held on trust in accordance with the National Health Service (Wales) Act 2006.

The principal areas in which the funds are applied for the benefit of the public are:

- The purchase of medical equipment for use by Aneurin Bevan University Local Health Board.
- The provision of patient welfare activities and amenities.
- The education and welfare of staff.

The corporate trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objectives of each fund. The trustee respects the wishes of our generous donors to benefit patient care and advance good health and welfare of patients and staff.

The charity is constituted of 335 unrestricted and designated funds and 60 restricted funds as at 31st March 2025. Material fund details are shown in Note 23 to the accounts. The current structure of the individual funds reflects the fact that most of the income and expenditure is focused where patients receive services. Fund managers exercise control over the funds donated to their management area.

4. Risk Management

The main risks associated with the charity relate to:

- Financial controls risk.
- Investment risk.

Financial Control Risk

A financial control procedure has been developed for Charitable Funds and agreed with the Charitable Funds Committee and approved by the Audit Risk & Assurance Committee to ensure that there are sufficient management controls in place to ensure regulatory compliance and minimise risk of fraud and error. Specifically, to:

- Ensure the spending is in accordance with the objects of the charity and the priorities agreed by the Charitable Funds Committee.

- Ensure the criteria for spending charitable funds are fully met.
- Ensure all accounting records are maintained.
- Ensure devolved decision-making is within specified parameters.

All other Financial Control Procedures covering core financial systems within Aneurin Bevan University Local Health Board are also applied to the financial administration of the charity.

An internal audit is undertaken periodically, based on the assessment of risk, to evaluate the adequacy of procedures and controls in place and to test compliance against those procedures. Audit Reports are presented to both the Charitable Funds and Audit Risk & Assurance Committee of the Health Board and this is a key measure in mitigating control risk. The latest Internal Audit report carried out in November 2021 provided substantial assurance on controls covering charitable funds. This definition of assurance generally means there is substantial assurance that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively and that few matters require attention and are compliance or advisory in nature. Financial reports showing the income statement and balance sheet together with analysis of significant financial changes are reported to each Charitable Funds Committee meeting. In addition, the Charitable Funds Committee reviews the draft annual accounts while the Board approves the final annual accounts of the charity.

The external audit of the accounts is undertaken by the Auditor General for Wales. The accounts have historically received an unqualified audit opinion.

Investment Risk

This risk is mitigated by investing in a diversified portfolio of investments through the professional advice of investment managers. Our investment managers, CCLA, attend the Charitable Funds Committee annually to present and discuss investment performance and strategy.

5. Reserves Policy

The Charitable Funds Committee reviews the Charity's reserve policy, on a regular basis, observing both Charity Commission guidance on reserves and the current level of funds held.

If reserves are too high, the charity is retaining funds without justification, and this could constitute a breach of trust. If reserves are

too low, the fund's ability to meet future commitments or needs may be at risk.

The Charity operates on the basis that it only spends what it has received and does not rely on future donations to meet its commitments. Therefore, the reserves should be set at a level sufficient to cover the liabilities that face the charity, namely the cost of administering the funds and any unrealised losses and to hold some money in reserve to act as a buffer against stock market fluctuations.

The corporate trustee fully understands the need to regularly review the level of reserves and the charity's activities and operations so that future reserves can be maintained at a level which will mitigate the risk of significant fluctuations in the levels of donations and investments, and provide financial stability for the charity, to ensure that its aim of being able to apply charitable funds within a reasonable time is achieved.

In 2022/23 the Charity had to use its reserves to mitigate the unrealised loss incurred on its investments. The Charitable Funds Committee recalculated the reserve required based on performance over the past ten years and created a new reserve by agreeing to retain the interest and dividends for 2023/24 and 2024/25 together with unrealised gain received in 2023/24 (there was an unrealised loss in 2024/25). The money now held in reserve was more than the calculated reserve of £345k required and on further review it was agreed to allocate the 2024/25 interest and dividends to the Committee's general-purpose fund to support funding applications from across the Health Board. This leaves a small excess in reserves of £69k.

The charitable funds reserve value is reviewed at least annually.

6. Grant Making Policy

The use of our funds is restricted by the governing document which established the charity for purposes connected with the NHS. Grants consist of:

General Funds

This consists of donations received by the charity where no preference as to its expenditure has been expressed by donors. The Charitable Funds Committee decides on how these funds should be spent by receiving requests from across the Health Board. The value of general funds held is £32k. There are also fixed asset valuations totalling £267k which includes 2 investment properties (£242k) and 1 painting (£25k).

Designated Unrestricted Funds

These consist of donations where a particular part of the hospital or activity was nominated by the donor at the time their donation was made. Whilst their nomination is not binding on the trustee, the designated funds reflect these nominations. The value of the designated unrestricted funds is £3,679k.

Restricted Funds

These consist of legacies and grants where a legal document and signed agreement restrict the use to the terms of the bequest/agreement. The value of restricted funds held is £966k.

During the year the charity made grants of £1,228k representing 89% of the total charitable expenditure. In making grants the trustee requires that the activity falls within the objectives of the charity and relate to the specific purpose of the individual funds from which it is being met.

7. Review of our Finances, Achievements and Performance

The financial statements for 2024/25 are presented at the end of this report.

The net assets of the Charity as at 31st March 2025 were £4,944k (31st March 2024 £5,764k). Overall net assets decreased by £820k.

Incoming Resources

Incoming resources when comparing against the 2023/24 position were £81k lower than the previous year. Donations decreased by £69k, legacies decreased by £34k, investment income decreased by £22k, grant income increased by £9k and income from charitable activities increased by £35K.

The charity received two legacies during the year, total value £10k (2023/24 four legacies, value £44k).

The charity received no new grants in 2024/25 (2023/24 five new grants, value £198k). Additional income of £37k has been received in respect of two existing grants and £65k has been carried forward to 2025-2026. Income of £228k brought forward from prior years has been released to meet expenditure in the current year.

Expended Resources

Charity expenditure for the year totalled £1,394k, an increase of £137k from the previous year. Expenditure for the year was across several categories as follows:

I. Purchase of Equipment

Total expenditure on equipment was £369k. This was on a range of varied equipment across the Health Board as described in our key purchases at the beginning of this report.

II. Building and Refurbishment

Total expenditure on building and refurbishment was £39k.

III. Patients Education and Welfare

Total expenditure on patients' welfare and amenities was £449k. The bulk of this relates to staffing costs for numerous projects such as meaningful activities, local specialist suicide bereavement service, psychological support for patients accessing cancer services, volunteer initiatives and our decarbonisation project. It also consists of various therapies, seasonal activities, support groups, volunteer expenses and other items of expenditure to benefit patients.

IV. Staff Education and Welfare

Total expenditure on staff education and welfare was £371k. The main items consist of running in-house conferences and training, team building events, attending conferences as guest speakers as well as delegates, numerous study days, seminars, training course fees, and related travelling, subsistence and accommodation expenditure, textbooks, professional journals, student bursaries, Staff Recognition Awards and staff wellbeing.

V. Fundraising Costs

There were no specific fundraising costs this financial year.

VI. Support Costs

Total expenditure on support costs was £166k. This includes the audit fee of £20k and costs of the charitable funds office and corporate support.

Investment Properties

Investment properties owned by the charity are the T P Price Estate £55k, consisting of one small parcel of land and 13, Clytha Square, Newport £187k.

13 Clytha Square, Newport is a large Victorian building in the centre of Newport which is rented to Aneurin Bevan University Local Health Board to use as offices. It was sold at auction in April 2025.

Income from the investment properties was £5k (2023/24 - £14k). This is lower because the rental agreement came to an end during the year when the building needed to be vacated to market and sell it.

Investments on the Stock Exchange

The charity's investments are managed by CCLA Investment Management Limited with the aim of managing the funds to achieve a balance of growth and income. They are contracted to provide investment management services to the charity until the end of a 3-year term on 31st March 2026 where we have an option to extend for an additional year.

The charity's investment policy does not allow managers to invest in those companies whose main business is related to the production or sale of tobacco or alcohol, or those companies involved in the arms trade.

We continue to invest in their ethical investment fund.

Details of the investments (including cash held as part of the investment portfolio) and investment performance for 2024/25 are shown in the table below:

Investment Performance 2024/25

	CCLA
	£000
Balance 1 April 2024	5,477
Acquisitions	-
Disposals	(900)
Movement of Cash	-
Realised Gains/(Loss)	-
Unrealised Gains/(Loss)	(158)
Balance 31 March 2025	4,419
Income	163
Gains/(Loss) %	(3.19%)
Returns %	3.29%

Other Investments

"The Domestic Chaplain", a painting donated to the charity many years ago is valued at £25,000 and is currently on loan to the National Museum of Wales, Cardiff.



8. Key Achievements

Funding

Expenditure totalling £77k relating to 4 bids and 8 small grant schemes from across the organisation were supported from the Charitable Funds Committee from its own general fund.

This support significantly enhanced services for the patients and staff in the Aneurin Bevan University Local Health Board as shown throughout this report.

Charitable Funds Strategy

Progress on streamlining funds has continued throughout the year. There has been a significant decrease in the number of funds held since the start of the year as a result of both the merger & closure of funds. The number of static funds has reduced due to the increase in expenditure.

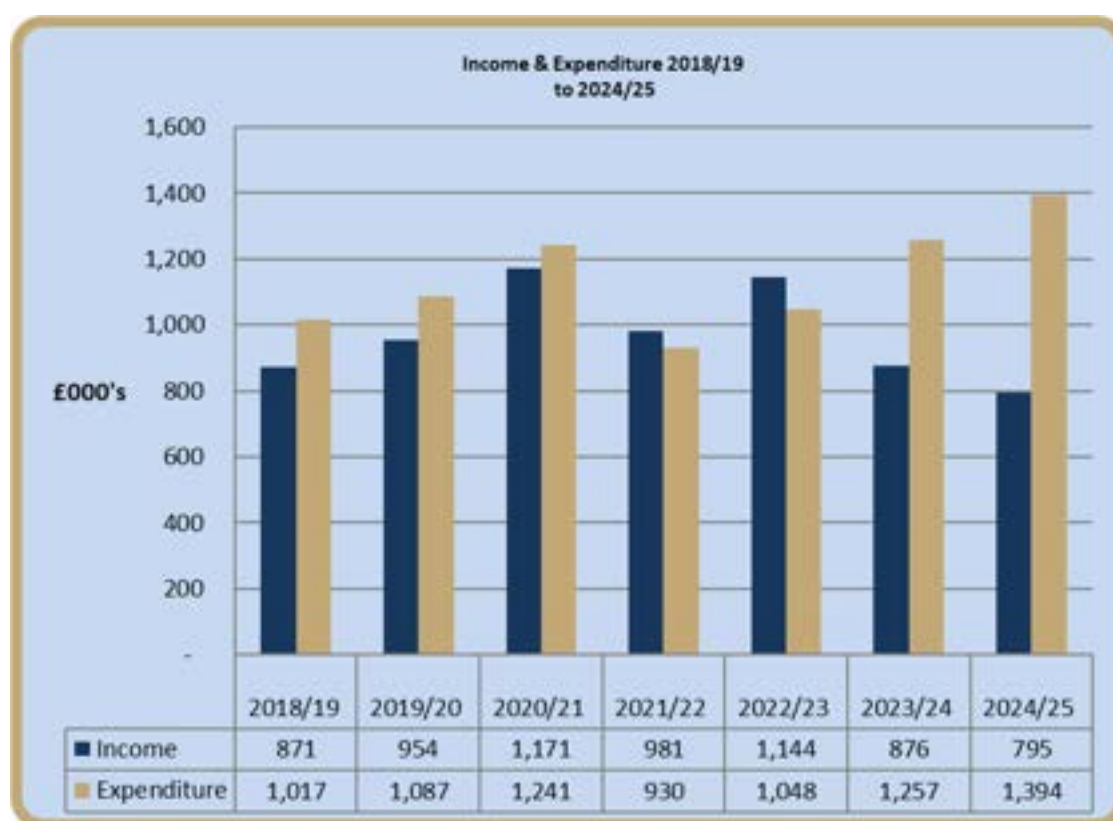
Governance Arrangements

The accounts and trustees annual report have always been produced on time with unqualified audit opinions and filed on time with the Charities Commission.

9. Plans and Objectives for the Future

Income continues to be received by the charity due to the generosity of the public in recognition of the care and treatment received from the Health Board and the charity will continue to use its funds to improve patient experience.

The following chart shows total income and expenditure received either side of the pandemic which is when we experienced our highest level of income. It also reflects that expenditure has significantly exceeded income this year and that donations are at their lowest level.



The Charity must look at ways of increasing income and to better demonstrate the impact of its charitable spending as follows:

- Raise the profile of the Charity.
- Invest in resourcing to grow and fulfil its potential

- Consider the effectiveness of using a Fundraiser.
- Discuss the use of a management consultancy firm that specialises in both raising the Charity's profile and its income.
- Support staff to work with partners to obtain grants from companies, external organisations and charities for identified equipment and projects.

Other objectives for the forthcoming year are to:

- Ensure that all accounting or charity regulatory requirements are fully complied with including reviewing the new Statement of Recommended Practice (SORP) which is expected to be published in Autumn 2025 and effective from January 2026. The SORP is a document that provides guidance on accounting and reporting, offering recommendations on how charities should prepare their financial statements and annual reports. These recommendations help ensure transparency, consistency, and accountability in how charities manage their finances.
- Explore the objectives of the charity to ensure they remain relevant and appropriate for the Health Board and to consider if Trading is something that should be added.

10. Events since the Year End

- CCLA, subject to regulatory approval, is being acquired by Jupiter Investment Management Group Limited (Jupiter), a leading European investment manager. CCLA will become part of Jupiter, retaining the CCLA branding, investment and client service approach, its mission, its stewardship activities, and its drive to build a better world.

CCLA stand to benefit from Jupiter's strength and resources. Its market-leading investment capabilities, including its 100-plus investment professionals, will add support to CCLA's existing investment team and product range. Jupiter's extensive distribution capacity both within the UK and abroad will help to facilitate CCLA's future growth, paving the way to expand into new markets.

As clients we should expect no change in service.

Looking ahead:

- President Trump's tariff negotiations may trigger volatility, but CCLA believe the fundamentals of the assets in which they invest are solid.
 - President Trump's OBBBA (One Big Beautiful Bill Act) is expected to raise companies free cash flows this year and next, so CCLA have increased their exposure to shares.
 - The OBBBA is deemed to be good for corporations but less good for consumers. Hints of a slowdown could force a decline in stock markets so despite a higher allocation to shares, CCLA are keeping a close eye on the broader economy.
- The Charitable Funds Committee sold the property 13 Clytha Square, Newport in April 2025.

Approved on behalf of the Corporate Trustee

Ann Lloyd CBE
Chair
Aneurin Bevan University Local Health Board

Date:



Our ref: **RJ/GL 01-26**

Auditor General for Wales

Audit Wales
1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

28 January 2026

Representations regarding the 2024-25 financial statements

This letter is provided in connection with your audit of the financial statements of Aneurin Bevan University Health Board Charitable Fund and Other Related Charities for the year ended 31 March 2025 for the purpose of expressing an opinion on their truth and fairness and their proper preparation.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

We have fulfilled our responsibilities for:

- the preparation of the financial statements in accordance with legislative requirements and Charities Act 2011; in particular the financial statements give a true and fair view in accordance therewith;
- the design, implementation, maintenance, and review of internal control to prevent and detect fraud and error.

Information provided

We have provided you with:

- full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;

Bwrdd Iechyd Prifysgol Aneurin Bevan
Pencadlys, Ysbyty Sant Cadog
Ffordd Y Lodj, Caerllion, Casnewydd NP18 3XQ

☎ 01633 436 700 📠 BwrddIechydPrifysgol 📧 BIPAneurinBevan

Rydym yn croesawu gohebiaeth yn Gymraeg a byddwn yn ymateb yn Gymraeg heb oedi.
Bwrdd Iechyd Prifysgol Aneurin Bevan yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Aneurin Bevan.



Aneurin Bevan University Health Board
Headquarters, St Cadoc's Hospital
Lodge Road, Caerleon, Newport NP18 3XQ

☎ 01633 436 700 📠 AneurinBevanHealthBoard 📧 AneurinBevanUHB

We welcome correspondence in Welsh and we will respond in Welsh without delay.
Aneurin Bevan University Health Board is the operational name of Aneurin Bevan University Local Health Board.

- additional information that you have requested from us for the purpose of the audit; and
- unrestricted access to staff from whom you determined it necessary to obtain audit evidence;
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- our knowledge of fraud or suspected fraud that we are aware of and that affects Aneurin Bevan University Health Board Charitable Fund and Other Related Charities and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements;
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others;
- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements;
- the identity of all related parties and all the related party relationships and transactions of which we are aware.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Representations by the Board

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by Aneurin Bevan University Health Board on 28 January 2026.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:

Nicola Prygodzicz

Signed by:

Ann Lloyd

Chief Executive and Accountable Officer

Date:

Board Chair

Date:

Audit of Accounts Report – Aneurin Bevan UHB Charitable Funds and Other Related Charities

Audit year: 2024-25

Date issued: December 2025

Document reference: 5168A2025



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For further information, or if you require any of our publications in an alternative format and/or language, please contact us by telephone on 029 2032 0500, or email info@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Introduction



Adrian Crompton

Auditor General for
Wales

I am pleased to share my Audit of Accounts Report. The Report summarises the main findings from my audit of your 2024-25 annual report and accounts. My team have already discussed these findings with the Finance Team.

My team have substantially completed the audit work as set out in my Audit Plan dated September 2025. The remaining tasks involve: the finalisation of cut off testing related to one course income sample.

Since my Audit Plan, I have updated materiality to reflect the 2024-25 accounts. I have not identified any new audit risks. My

response to previously identified risks is set out in **Appendix 1**.

I am required to provide an opinion on whether the accounts have been properly prepared and give a true and fair view, in all material aspects. My proposed audit opinion and basis for it is outlined on page 15.

It is the responsibility of the those charged with governance, i.e. the Charitable Funds Committee to address any matters raised in my report and provide me with a Letter of Representation.

I would like to extend my gratitude to the officers and staff of the Health Board Charity for their cooperation throughout the audit process which has been invaluable in completing this audit effectively.

Your audit at a glance



We intend to issue an **unqualified opinion** on the accounts

See [Appendix 4](#)



There are no **other significant matters** to report

See [Audit findings](#)



There are no **uncorrected misstatements** in the accounts

See [Audit findings](#)



We have raised **recommendations** as a result of our work

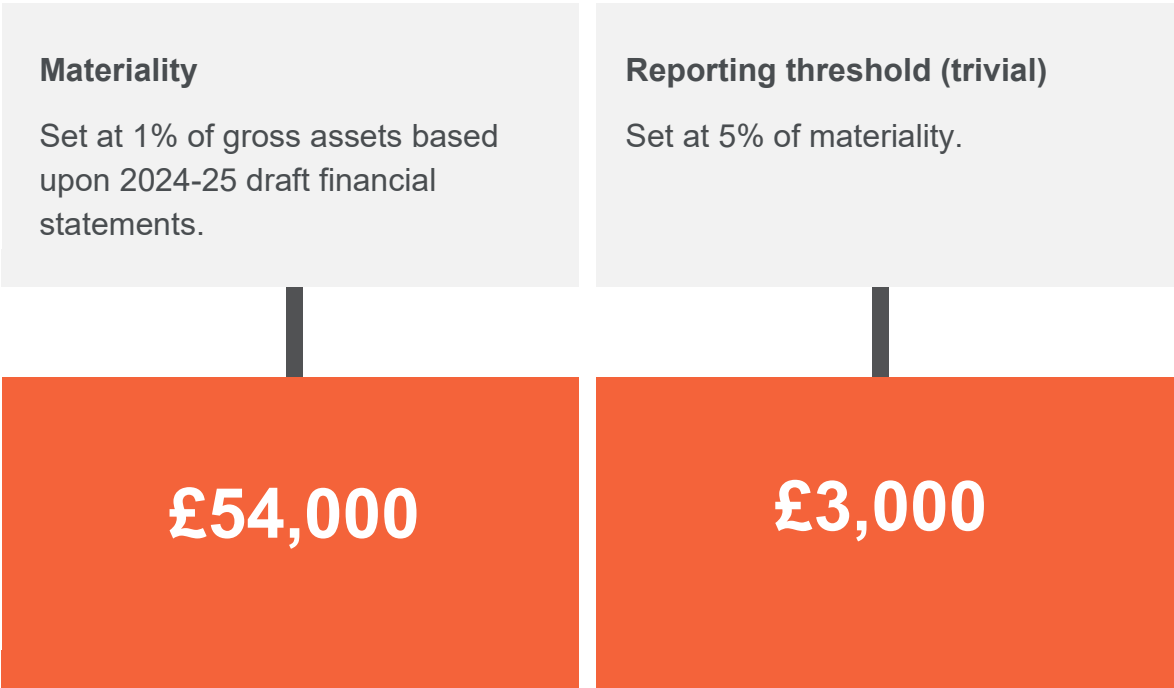
See [Appendix 5](#)



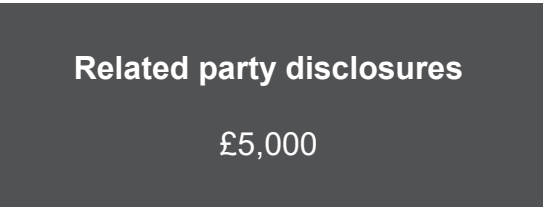
We are aiming to certify your accounts on 13 January 2026, which is ahead of the Charity Commission deadline of 31 January 2026.

Materiality

I use professional judgement to set a materiality threshold to identify and correct misstatements that could affect users’ decisions, considering both financial errors and disclosure requirements according to the applicable accounting framework and laws. My team updates materiality throughout the audit and I include in this report matters that exceed my reporting threshold, as set out below:



There are some areas of the accounts that may be of more importance to the user of the accounts. We confirm lower materiality levels for these:



Audit Findings

Misstatements

A misstatement arises where information in the accounts is not in accordance with accounting standards.

Uncorrected misstatements

There were no uncorrected misstatements identified in the accounts.

Corrected misstatements

During our audit, we identified misstatements that have been corrected by management, but which we consider should be drawn to your attention.

These are set out in **Appendix 2**.

Other significant issues

International Standard on Auditing 260 requires us to communicate with those charged with governance. We must tell you significant findings from the audit and other matters if they are significant to your oversight of the Charity's financial reporting process. We have not identified any significant issues that we need to report to you.

Proposed audit opinion

Audit opinion

We intend to issue an unqualified audit opinion on this year's accounts once you have provided us with a Letter of Representation (see below).

Our proposed audit report is set out in **Appendix 3**.

Letter of representation

A Letter of Representation is a formal letter in which you confirm to us the accuracy and completeness of information provided to us during the audit. Some of this information is required by auditing standards; other information may relate specifically to your audit.

The letter we are requesting you to sign is included in **Appendix 4**, the contents of which are in line with our standard request for representations.

Recommendations

We have made recommendations during the audit, which are set out in **Appendix 5** along with management's responses to the recommendations.

We will monitor progress against the recommendations during next year's audit.

Audit team and ethical compliance

The main members of my team who carried out the audit work, together with their contact details, are summarised in **Exhibit 1**.

Exhibit 1: my local audit team

Engagement Lead	Richard Harries richard.harries@audit.wales
Audit Manager	Julie Rees julie.rees@audit.wales
Audit Lead	Matthew Argyle matthew.argyle@audit.wales

Compliance with ethical standards

We confirm that:

- we have complied with the ethical standards we are required to follow in carrying out our work;
- we have remained independent of yourselves;
- our objectivity has not been comprised; and
- we have no relationships that could undermine our independence or objectivity.

Appendix 1 – Audit risks and outcomes

My Audit Plan set out the risks of material misstatement for the audit. **Exhibit 2** lists these audit risks and sets out how they were addressed as part of the audit. No additional audit risks have been identified since that need to be brought to your attention.

Exhibit 2: audit risks reported previously, work done and outcome

Audit risk	Work done	Outcome
Risk of management override The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].	The audit team: • tested the appropriateness of journal entries and other adjustments made in preparing the financial statements; • reviewed accounting estimates for bias; and • evaluated the rationale for any significant transactions outside the normal course of business.	My audit work did not identify any instances of management override of controls.

Valuation of Investment Assets The value of investment assets reflected in the balance sheet and notes to the accounts are material estimates. These estimates are subject to a high degree of subjectivity, depending on specialist and management assumptions. In April 2025 the Charity also sold one of its material investment properties. There is a risk that the carrying value of investment assets recognised in the accounts could be materially different to the current value of assets as at 31 March 2025.	The audit team: • reviewed the information provided to the valuers to assess for completeness; • evaluated the competence, capabilities and objectivity of the professional valuers; • tested a sample of assets revalued in the year to ensure the valuation basis, key data and assumptions used in the valuation process are reasonable, and the revaluations have been correctly reflected in the financial statements; • reviewed the accounting treatment of assets held for sale; and • tested the reconciliation between the financial ledger and the asset register.	My audit work did not identify any issues with the valuation of investment assets.
--	--	---

Related Party Disclosures The financial statements must disclose any related party relationships along with the transactions and balances between the body and the other body/party. The body has many relationships that could be considered a related party. Many are well known for example with the Health Board. However, where related party relationships arise via individual officer or member relationships, there is likely to be less transparency regarding these relationships. These transactions are of high interest and are considered to be material by their nature There is a risk of material misstatement due to incomplete or inaccurate disclosures, even where these are of relatively low value.	The audit team: • reviewed management’s process for identifying related party relationships and associated transactions and balances; • undertook procedures to confirm the completeness of related party relationships; and • ensured disclosures were complete, accurate, consistent with evidence and are in accordance with accounting requirements.	My audit work did not identify any issues with related party disclosures.
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Accounting for Grant Income Grant income is a material balance in the Charity’s financial statements. In 23-24, a material amount of grant income was incorrectly deferred because the grants did not have the sufficient conditions to allow deferment per the SORP. There is a risk that grant income is incomplete.	The audit team: • reviewed the work the Charity has completed in response to our 23-24 recommendation on the matter; and • tested a sample of grant income and deferred income to ensure completeness and compliance with the SORP.	My audit work did not identify issues accounting for grant income in 24-25.
---	--	--

Appendix 2 – Summary of corrections made

During our audit, we identified the following misstatements that have been corrected by management, but which we consider should be drawn to your attention.

Value of correction	Accounts area	Explanation
£6,000	Note 5 - Income from charitable activities	The prepaid element of course income relating to 2025-26 had been incorrectly accounted for as income in 2024-25.
£0	Annual Report	A section of the annual report stated that staff had raised funds for the charity during 2024-25. However, these funds were not received until 2025-26 meaning the Annual Report was inconsistent with the financial statements. This is a narrative adjustment only and has not requirement amendment of the financial statements.

Appendix 3 – Proposed audit report

The independent auditor's report of the Auditor General for Wales to the trustee of Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities

Opinion on financial statements

I have audited the financial statements of Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities for the year ended 31 March 2025 under the Charities Act 2011.

The financial statements comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flows and related notes, including the material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the charity as at 31 March 2025 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of financial statements and regularity of public sector bodies in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report.

My staff and I are independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these

requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the trustee with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon.

The trustee is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Matters on which I report by exception

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- I have not received all of the information and explanations I require for my audit;
- sufficient accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements are not in agreement with the accounting records and returns; or

- the information given in the financial statements is inconsistent in any material respect with the trustee's report.

Responsibilities of the trustee for the financial statements

As explained more fully in the statement of trustee's responsibilities, the trustee is responsible for:

- maintaining sufficient accounting records;
- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- internal controls as the trustee determine is necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error;
- assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustee anticipate that the services provided by the charity will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the Head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to the charity's policies and procedures concerned with:

- identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, expenditure recognition, posting of unusual journals;
 - Obtaining an understanding of the Charity's framework of authority as well as other legal and regulatory frameworks that the [name of charity] operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Charity.
 - Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, those charged with governance and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the trustee;
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business; and
- I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Charity's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's

website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Adrian Crompton
Auditor General for Wales
13 January 2026

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Appendix 4 – Letter of representation

[Audited body's letterhead]

Auditor General for Wales
Audit Wales
1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

[Date]

Representations regarding the 2024-25 financial statements

This letter is provided in connection with your audit of the financial statements of Aneurin Bevan University Health Board Charitable Fund and Other Related Charities for the year ended 31 March 2025 for the purpose of expressing an opinion on their truth and fairness and their proper preparation.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

We have fulfilled our responsibilities for:

- the preparation of the financial statements in accordance with legislative requirements and Charities Act 2011; in particular the financial statements give a true and fair view in accordance therewith;
- the design, implementation, maintenance, and review of internal control to prevent and detect fraud and error.

Information provided

We have provided you with:

- full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence;
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- our knowledge of fraud or suspected fraud that we are aware of and that affects Aneurin Bevan University Health Board Charitable Fund and Other Related Charities and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements;
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others;
- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements;
- the identity of all related parties and all the related party relationships and transactions of which we are aware.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to

achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Representations by the Board

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by Aneurin Bevan University Health Board on 7 January 2026.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:	Signed by:
Nicola Prygodzicz	Ann Lloyd
Chief Executive and Accountable Officer	Board Chair
Date:	Date:

Appendix 5 – Recommendation(s)

We set out below recommendations from our audit along with your management's response to them.

Course Income Accounting

Our testing identified errors relating to the accounting for course income, specifically cut off:

- 1 item of course income which wholly related to 2025-26 had been incorrectly recognised in full in 2024-25;

Recommendation:

Year-end closing procedures are reviewed to ensure income is recognised in the correct period.

Accepted in full by management:

Yes

Management response:

Guidance will be circulated earlier than March to increase the likelihood that such transactions are identified in future years. Guidance will also be updated giving some specific examples of course income where we perceive cut off risk to be higher given the nature of our charity.

Implementation date:

Prior to 2025-26 year end.

Expenditure Accounting

Our testing identified errors relating the accounting for expenditure, specifically cut off:

- 1 item of expenditure partly related to 2025-26 and had been incorrectly recognised in full in 2024-25; and
- 2 items of expenditure partly related to 2023-24 and had been incorrectly recognised in full in 2024-25.

Recommendation:

Year-end closing procedures are reviewed to ensure expenditure is recognised in the correct period.

Accepted in full by management:

No

Management response:

We acknowledge the audit finding on expenditure cut-off; however, the items identified were isolated and immaterial, with no indication of a systemic issue. Existing year-end processes already include cut-off checks, and these errors do not warrant a full procedural review.

Instead, we will reinforce guidance to relevant staff as part of routine year-end communications to prevent recurrence. We also note that this recommendation is similar in nature to the earlier income cut-off recommendation, as both relate to ensuring transactions are recorded in the correct accounting period.

Implementation date:

Prior to 2025-26 year end.

Income and Expenditure Accounting – Supporting Evidence

Source documentation for one of our income samples was not sufficient to evidence the income being accounted for.

Recommendation:

Fund holders should retain evidence of all income being generated on behalf of the charity.

The charity should review its expected and actual annual income streams, to ensure it is satisfied their income is complete and adequately evidenced.

Accepted in full by management:

Yes

Management response:

Fund holders will be reminded of the requirement to retain appropriate evidence, where possible, for all income generated on behalf of the charity. The team will review the expected and actual income streams for funds annually, to confirm income is complete and adequately evidenced.

Implementation date:

Prior to 2025-26 year end.

Audit quality

Our commitment to audit quality in Audit Wales is absolute. We believe that audit quality is about getting things right first time.

We use a three lines of assurance model to demonstrate how we achieve this. We have established an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by the Institute of Chartered Accountants in England and Wales and our Chair of the Board, acts as a link to our Board on audit quality. For more information see our [Audit Quality Report 2024](#).



Our People

- Selection of right team
- Use of specialists
- Supervisions and review



Arrangements for achieving audit quality

Selection of right team

- | | |
|------------------|----------------------------|
| • Audit platform | • Learning and development |
| • Ethics | • Leadership |
| • Guidance | • Technical support |
| • Culture | |



Independent assurance

- | | |
|-----------------------|---------------------------|
| • EQRs | • Peer review |
| • Themed reviews | • Audit Quality Committee |
| • Cold reviews | • External monitoring |
| • Root cause analysis | |

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Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.



DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Arts in Health Strategy Annual Report for 2024-25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Peter Carr Executive Director of AHPs and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Carr Executive Director of AHPs and Health Science

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

Er Sicrwydd/For Assurance

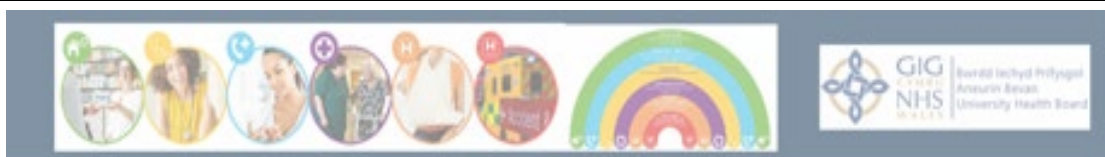
ADRODDIAD SCAA SBAR REPORT

The Board is asked to note the 2024-25 Annual Report of the Health Board's Arts in Health Strategy, ahead of it being presented to the Public Board meeting on 28th January 2026.

Cefndir / Background

The Arts in Health Strategy 2022 – 2027 was ratified and approved by the Board in July 2022. The strategy was developed to respond to a growing body of evidence from within Wales, the UK and further afield which recognises the benefits that arts and culture can make to addressing both physical and mental health.

The Arts in Health Strategy ensures the conditions for an increasingly strategic approach to Arts in Health to become embedded, and to be a key consideration in new builds and refurbishments, and when considering opportunities for patient, staff and community participation and involvement. This more strategic approach to Arts in Health allows the Health Board to maximise the possible benefits from this diverse practice alongside existing provision.



The strategic objectives are:

1. To identify and enable opportunities to maintain positive, welcoming, nurturing and energising environments for delivering healthcare that reflect the cultures and communities that they serve.
2. To deliver a consistent programme of quality and evidence-based participatory arts projects in primary, secondary and community health care settings.
3. To ensure that staff are supported and confident in using arts & creativity in the workplace.
4. To develop and expand existing internal and external partnerships with individual practitioners, arts in health organisations and other providers.
5. To gather evidence, evaluate and to establish (internally) – and contribute to (externally) – the national arts in health research field.
6. To identify sustainable funding and resources for arts in health projects from within the HB.

Assessment

This report provides the Board with an update on progress in delivering the strategic objectives, it provides an overview of the variety of work undertaken and some of the impact of these activities during the period 2024-25, and looks at the ongoing work in 2025-26.

The delivery of the strategy has been coordinated by the Health Board Planning Team with the agenda and strategy sponsored by Peter Carr, Executive Director Allied Health Professions and Health Science. A Creative Forum (with monthly meetings) has been established, which has provided important contributions to implementation of the strategy and harnessing involvement and participation across the Health Board and with key external partners.

Argymhelliad / Recommendation

The Board is asked to note the 2024-25 Annual Report of the Health Board’s Arts in Health Strategy.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	NA



Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 7. Staff and Resources 3.3 Quality Improvement, Research and Innovation 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	Research, Innovation, Improvement, Value
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse 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:	Executive Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	NA



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

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

Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves
Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives





Arts In Health @ABUHB

Annual Report 2024-25

- Introduction
- Our Strategic Objectives
- Our Projects
- Finance
- Our work in 2025-26

Introduction

Over this year we have continued to make progress and deliver over 20 projects, involving many staff and service users from across the Health Board.

Working on both capital and patient-focussed activity streams, we have increased our reach from patients experiencing live music to those supported by both our Perinatal and CAHMS teams. Continuing to work with Gwent Arts in Health, and The Arts Council of Wales, we have built new partnerships with external arts organisations to deliver quality projects enhancing patient experience of healthcare and access to health and wellbeing activities.

This report reflects the variety of work and some of the impact of these activities in 24-25, and looks at our ongoing work in 2025-26.

*Peter Carr
Executive Lead for Arts in Health, ABUHB*



Our Strategic Objectives

1. To identify and enable opportunities to maintain positive, welcoming, nurturing and energising **environments** for delivering healthcare that reflect the cultures and communities that they serve.
2. To deliver a consistent programme of quality and evidence-based **participatory arts** projects in primary, secondary and community health care settings.
3. To ensure that staff are supported and confident in using arts & creativity in **the workplace**.
4. To develop and expand existing **internal** and **external partnerships** with individual practitioners, arts in health organisations and other providers.
5. To gather **evidence, evaluate** and to establish (internally) – and contribute to (externally) – the national arts in health **research** field.
6. To identify sustainable **funding and resources** for arts in health projects from within the HB.

Our Activities - Summary

1. Capital & Environmental Enhancement

1. Satellite Radiotherapy Unit – strategic support to the Project Board and consultants
2. Ysbyty Ystrad Fawr: Ty Cyfannol Balcony Artwork
3. Ysbyty Ystrad Fawr: Donation of Artwork by Artist Shaun Ray
4. County Hospital: Learning Disabilities Arts Therapies waiting space
5. Nevill Hall Hospital: Art work for the Children's Centre exterior windows

2. Patient & Staff Participatory Projects

1. Arts & Minds – Parent & Infant Art project with GPIMHS, Perinatal and Flying Start
2. Arts & Minds – Young People's Voices with CAMHS service users & staff
3. Live Music in Healthcare settings: Music In Hospitals and Care
4. Live Music in Healthcare settings: BBC National Orchestra of Wales Connect
5. Staff Creativity & Wellbeing Programme

3. Creative Forum

4. Working in Partnership

1. Wellness with WNO
2. Coming to Our Senses –Theatr Cynefin
3. Women's Voices - Literature Wales
4. MenoMove - The Body Hotel



Artwork in the Grange University Hospital Community Gallery from the Wales Society for Botanical Illustration



1.2 Art work for Ty Cyfannol Ward Garden

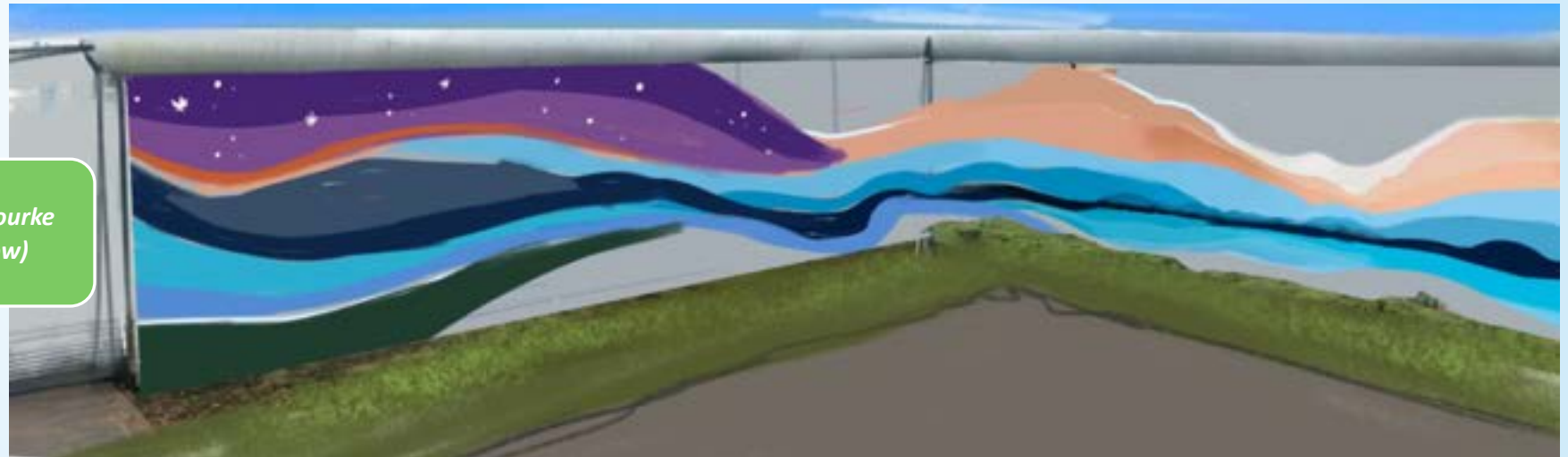
Ysbyty Ystrad Fawr – March 2025

The exterior space of Ty Cyfannol ward was identified as an area that would benefit from creative enhancement within its known limitations. A high translucent fence acts as a privacy and safety guard for patients, but also presents an unimaginative view in a large space. Senior and Ward staff asked assistance from the AIH team to support the initiative and identify potential funding. An amount of £4,000.00 from their budget (inc. VAT) to spend in the first phase of potential improvements.



The outside space before enhancement works.

Arts-led enhancement with artist Andy O'Rourke – Andy's initial design for the balcony (below)



Objective 1. To identify and enable opportunities to maintain positive, welcoming, nurturing and energising environments for delivering healthcare that reflect the cultures and communities that they serve.

1.2 Art work for Ty Cyfannol Ward Garden

Ysbyty Ystrad Fawr – March 2025

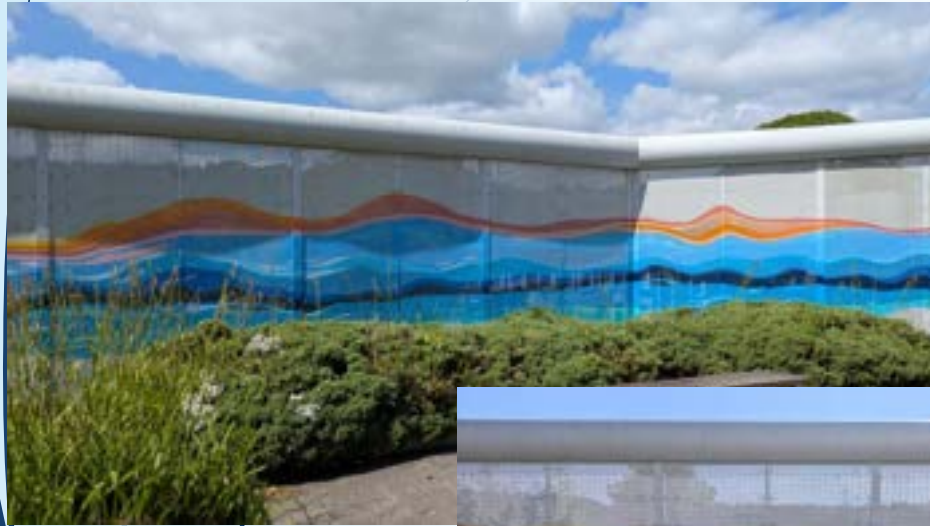
Artist Andy O'Rourke who has worked on several creative projects across the Health Board agreed to design a motif for the balcony that would enhance the space without and could be added to in future phases. Themes, colours and ideas were suggested by patients and staff, and the work was completed in May 2025.



Objective 1. To identify and enable opportunities to maintain positive, welcoming, nurturing and energising environments for delivering healthcare that reflect the cultures and communities that they serve.

1.2 Art work for Ty Cyfannol Ward Garden

Ysbyty Ystrad Fawr – March 2025



Ty Cyfannol Garden

*Phase 1 completed – ward visit
Mon 2nd June with Oluwasey
Akanro, Peter Carr, and David
Hanks.*



Objective 1. To identify and enable opportunities to maintain positive, welcoming, nurturing and energising environments for delivering healthcare that reflect the cultures and communities that they serve.

1.3 Donation and installation of Artwork - Artist Shaun Ray

Ysbyty Ystrad Fawr – May 2024



In 2023, Nicola Prygodzicz, the newly appointed CEO of the Aneurin Bevan Health Board, accepted an offered gift of over 30 artworks from local artist Shaun Ray. The outcome is an array of vibrant, abstract music-inspired paintings that now adorn the hospital's corridors, providing an uplifting distraction for service users and workers in what is often a stressful setting.

<https://www.southwalesargus.co.uk/news/24218823.ystrad-mynachs-ysbyty-ystrad-fawr-abstract-art-brings-boost/>

Objective 1. To identify and enable opportunities to maintain positive, welcoming, nurturing and energising environments for delivering healthcare that reflect the cultures and communities that they serve.

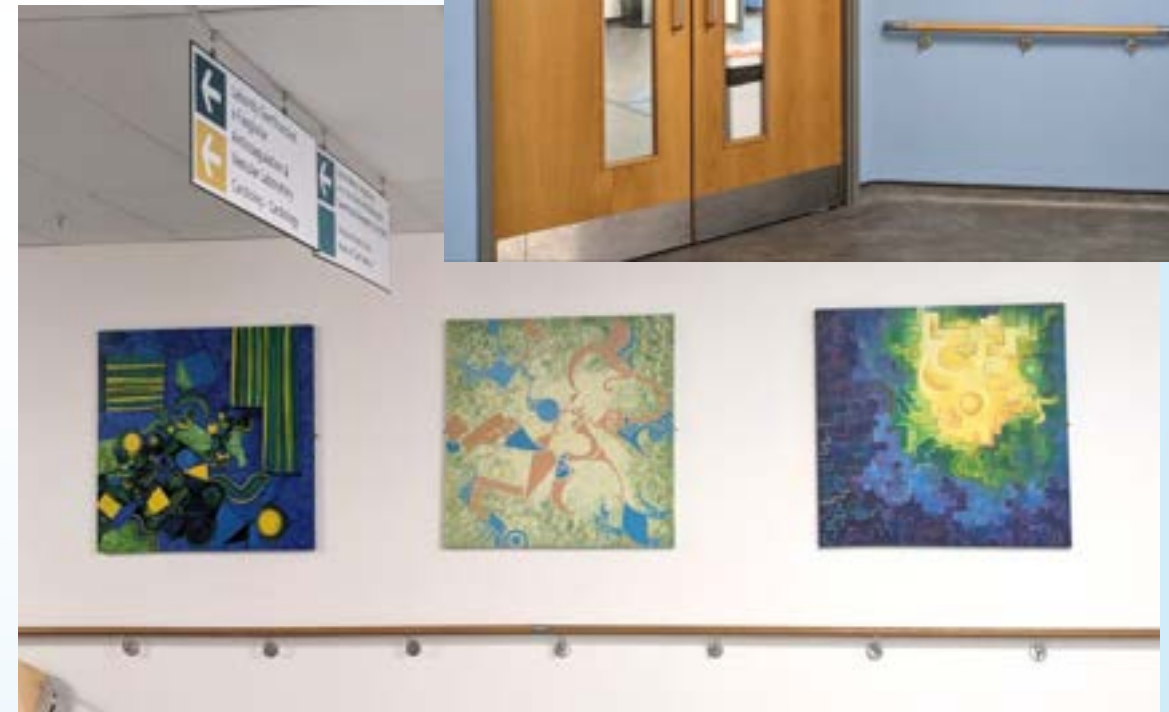
1.3 Donation and installation of Artwork - Artist Shaun Ray

Ysbyty Ystrad Fawr – May 2024

Shaun's work invites the viewer to 'hear' colour, 'see' sound and feel the lyrical connections of shape, shade, line and light, lifting the spirits of all who engage.

Shaun worked as a Theatre Designer, creating set and costume for many successful London productions. He then took his design skills into the classroom where he remained for over two decades as a Subject Leader of Art. In more recent years he has been a full-time carer, which gave him a need and an opportunity to paint and to obtain an MA in Art, health and wellbeing.

In 2017, Shaun began work at Chepstow Community Hospital with participants diagnosed as having early onset dementia and with the Royal National Institute for the Blind (Cymru) with participants who are sensory impaired.



Objective 1. To identify and enable opportunities to maintain positive, welcoming, nurturing and energising environments for delivering healthcare that reflect the cultures and communities that they serve.

1.4 County Hospital

Learning Disabilities Arts Therapies Waiting Room



In 2024, the Arts Therapies team asked for support to finish decorating The Forest Waiting Room at County Hospital. The AIH team were able to source the materials needed to complete the project.

*"Dear Arts in Health colleagues
We are sending a heartfelt thank you for supporting us in finding (and funding) just the right colour of green to renew the walls in our waiting area.*

It is a lovely mellow space for adults with a learning disability attending LDE Arts therapies at our clinic rooms in County Hospital, and we are so thankful for the uplift it has brought this space.

Thanks again, and to Jess for liaising and making it happen so beautifully."

This is an example of how a little can go a long way in making a significant impact for patients and staff.

Objective 1. To identify and enable opportunities to maintain positive, welcoming, nurturing and energising environments for delivering healthcare that reflect the cultures and communities that they serve.

1.5 Art work for Nevill Hall Hospital Children's Centre

Exterior windows

In March 2025, the Arts In Health team worked in partnership with Gwent Arts in Health to deliver new window artwork for the Children's Centre at Nevill Hall Hospital, and contracted local artist Danielle Farrington to design new images in consultation with patients and staff. This project was in response to requests from staff to replace and update the existing characters in keeping with the building's themes of nature and the natural world.



Objective 1. To identify and enable opportunities to maintain positive, welcoming, nurturing and energising environments for delivering healthcare that reflect the cultures and communities that they serve.

1.5 Art work for Nevill Hall Hospital Children's Centre

Exterior windows



Danielle's work blends seamlessly into the interior murals by Frances Baines. Dan has featured animals and insects from UK wildlife – nominated by staff and patients, and expanded into other climates and habitats from around the world.



Objective 1. To identify and enable opportunities to maintain positive, welcoming, nurturing and energising environments for delivering healthcare that reflect the cultures and communities that they serve.

1.5 Art work for Nevill Hall Hospital Children's Centre

Exterior windows

This phase of the work was installed in November 2025, and it is hoped - if further funds can be identified – that the project can extend to all of the exterior windows.



Objective 1. To identify and enable opportunities to maintain positive, welcoming, nurturing and energising environments for delivering healthcare that reflect the cultures and communities that they serve.

2.1 Arts & Minds Year 3: Jan-Oct 2024

The positive impact of artists and clinicians working collaboratively through art, music and movement to support parent infant relationships, mental health recovery and wellness in parenthood. Concluding this 3 year project with a focus on embedding meaningful relationships and 'easing out' opportunities for participants.



"Supporting a multi-year project has enabled the team to undertake an organic process of reflection and iteration, along with building and deepening working relationships, which has ultimately enhanced both the model and the impacts."

Ruth Stevenson, Ruthless Research, external evaluator.

Legacy

- The project was shared at the Wales Arts Health and Wellbeing (WAHWN) WEAVE conference in October 2024.
- Project cited by the Baring Foundation:
 - <https://baringfoundation.org.uk/blog-post/creatively-minded-and-becoming-a-parent/>
- **Inside Out Cymru / Flying Start Dads** music work continues through 'Creative Men' funded by the Baring Funding
- Arts in Health Lottery bid success for **Dancing the Parenting** for continuation of movement work

Objectives 2, 3, 4, 5: To deliver a consistent programme of quality and evidence-based participatory arts projects in primary, secondary and community health care settings.

2.2 Arts & Minds Year 4: Nov 24 – Oct 25

Arts & Minds Phase 2 - Young People's Voices – a co-produced project with young people, families and the CAMHS team.



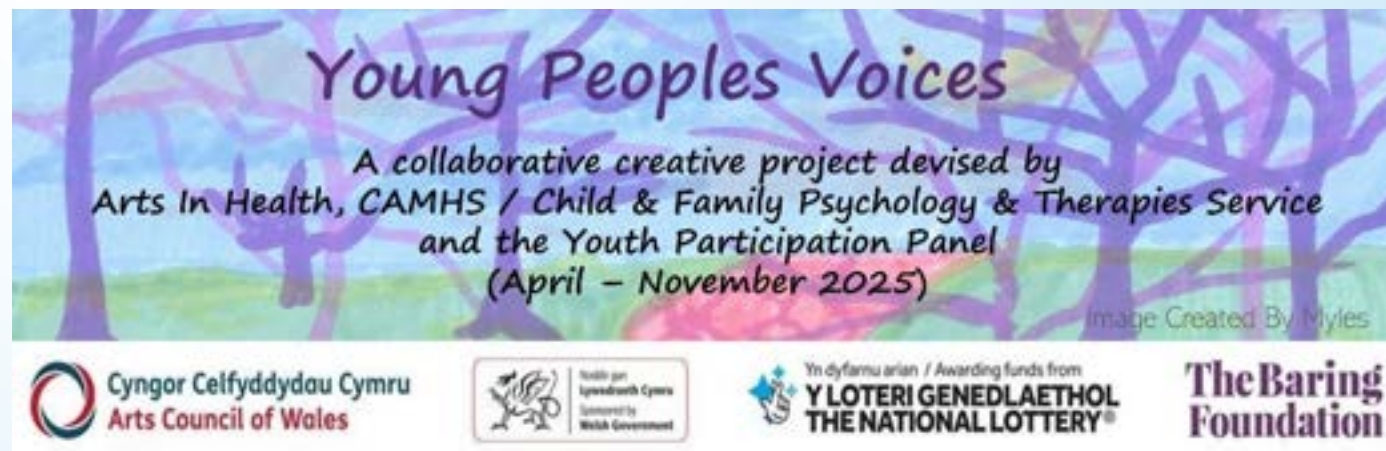
"The act of engaging with someone live is a huge part of calming the nervous system and is a big part of the impact the project has in terms of the young people entering the clinical spaces in a more relaxed state having engaged somehow with the artists beforehand." Clinician's reflection



Waiting Spaces Artists in Residence - Using creativity to enhance 4 hospital waiting spaces. Finding playful ways to explore Young People's Voices, experiences and stories. Our Youth Participation Panel are exploring how young people can be better reflected in these spaces, by connecting with and encouraging each other.

Families Get Creative 'Pop-Ups' - Using creativity as a playful means of engaging with - and learning from - our families, while offering support and connections to help navigate mental health challenges together. Artist-facilitated events in community spaces during September and October.

Creative Professional Development sessions for CAHMS and MH staff – Artists leading team sessions for staff involved in the project, allowing staff to reflect on their work through creative practice.



Objectives 2, 3, 4, 5: To deliver a consistent programme of quality and evidence-based participatory arts projects in primary, secondary and community health care settings.

2.3 Live Music in Healthcare settings

Music in Hospitals & Care (MIHC) - Supporting Patient & Staff Wellbeing – August 2024



Richard from MIHC plays for patients on Hafan Deg Ward, Ty Siroi, County Hospital, Wed 18th August 2025

Working with the ward teams and Mental Health Service Improvement staff, we arranged an extended music event for Hafan Deg Ward on Wed 18th Aug 2025 that was shared with the Summer Wellbeing Garden Party at Ty Siroi.

Gwent Arts in Health & ABUHB staff have worked with Music in Hospitals and Care (MIHC) for several years. MIHC supply music events to wards – their model encourages ward staff and teams to contact them directly and make arrangements. They supply experienced musicians who work well in a variety of health care settings.

MIHC have also invested in projects exploring musicians in ICUs and paediatrics.

MIHC raise money to provide subsidised concerts, and also approach NHS Charitable funds to raise money for specific projects. This year, MIHC have raised money with Learning Disability staff to deliver 24 music events to Ty Glas and Ty Lafant wards. (2024-25).

More information: <https://mihc.org.uk/>

Objectives 2, 3, 4 5: To deliver a consistent programme of quality and evidence-based participatory arts projects in primary, secondary and community health care settings.

2.4 Live Music in Healthcare settings

BBC National Orchestra of Wales Connect - Supporting Patient & Staff Wellbeing – 2024-25

Through partnership with BBC NOW Connect, we have been able to continue our long-standing Music While You Wait programme of live music events delivered in wards and Main Outpatient waiting areas at the Royal Gwent and St Woolos Hospitals. In 2024-25 we hosted 10 music mornings reaching over 500 patients, visitors and staff.

The programme has particular resonance for patients in Stroke Recovery and acute settings such as Sycamore Ward (Dementia Assessment, St Woolos Hospital).

We will continue to host musicians in 2025-26, with an agreed programme of 10 events throughout the year.



*Ruth, Peter and Lenny
performing for patients
on C7 East, April 2024.*



Objective 2: To deliver a consistent programme of quality and evidence-based participatory arts projects in primary, secondary and community health care settings.

2.4 Live Music in Healthcare settings

BBC National Orchestra of Wales Connect - Supporting Patient & Staff Wellbeing – 2024-25

Our music events can often be a meaningful moment in the day of an in-patient and their family, or a gentle support to those waiting in Out Patients for treatment or diagnosis.

We continue to encourage feedback from our audience at all of the live music events to ensure that we deliver a high standard of performance, in an appropriate way for each environment.



Tets, Ali and David playing for patients and staff in Main Outpatients at The Royal Gwent Hospital.



Music While You Wait - Live Music Day - Feedback

Please take a minute to tell us what you think of the music today.

1. What did you think of the style of music? (the instruments, songs etc)
I was happy and settled
2. What did you think of the volume of the music? (too loud, too quiet ...)
I couldn't believe it at all
3. Did you find the music disruptive? Did it get in the way, make you feel uneasy, or confuse you?
No - and my family enjoyed joining me
4. Did you like it?
Yes - I sang along to Moon River (best that I could anyway!)
5. Do you think that we should do it again?
Yes
6. What kind of music would you like to listen to in future?
I like to 'can-can'
7. Are you: staff / patient / relative / friend?
Written by orw on behalf of SWH/SYC
8. Which hospital area are you in today?
SWH/SYC

Thank you for your time, Sarah Goodey, Arts Development Manager

Please take a minute to tell us what you think of the music today.

1. What did you think of the style of music? (the instruments, songs etc)
I would have liked it if it was longer.
2. What did you think of the volume of the music? (too loud, too quiet ...)
One for me
3. Did you find the music disruptive? Did it get in the way, make you feel uneasy, or confuse you?
It was I would have told you so!
4. Did you like it?
I enjoyed it - very much - music makes you want to come along
5. Do you think that we should do it again?
"Oh please do!"
6. What kind of music would you like to listen to in future?
Anything or all - I love all music
7. Are you: staff / patient / relative / friend?
SWH/SYC
8. Which hospital area are you in today?
SWH/SYC

Thank you for your time, Sarah Goodey, Arts Development Manager

Objective 2: To deliver a consistent programme of quality and evidence-based participatory arts projects in primary, secondary and community health care settings.

2.5 Staff Creativity & Wellbeing

Supporting staff wellbeing in the workplace through creativity

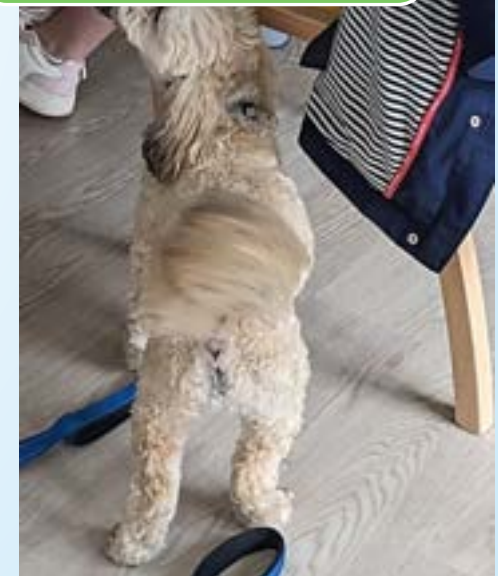


The Arts In Health team deliver creative activities throughout the year at tailored events such as 'Pop Up Pop In' which is a wellbeing programme delivered voluntarily in partnership with Chaplaincy and Mental Health Colleagues - and at Health Board Conferences, and divisional events throughout the year.

These events are an opportunity to raise awareness of the Arts In Health Strategy and the work of the team, as well as supporting teams and individuals from across the HB.



#PUPI – Pop Up Pop In -
Staff Wellbeing – 25th
April 2024.



Objective 3. To ensure that staff are supported and confident in using arts & creativity in the workplace.

2.5 Staff Creativity & Wellbeing

#PUPI – Pop Up Pop In -Staff Wellbeing – Ty Siriol - 18th August 2024



Many agencies and groups had stalls and info points at the Wellbeing event with support from the Planning team who were engaging visitors about the new Strategy. Other organisations present included Sport in Mind (<https://www.sportinmind.org/>) and Growing Space, who provide arts, crafts and horticultural activities for a number of our wards and patients (<https://growingspace.org.uk/>).



Objective 3. To ensure that staff are supported and confident in using arts & creativity in the workplace.

2.5 Staff Creativity & Wellbeing

#PUPI – Pop Up Pop In -Staff Wellbeing – GUH Cardiology Team – 27th June 2024



The #PUPI volunteer team provided a safe and welcoming space for a team of Cardiology nurses – Heart Failure team – in support of their team day, offering creative activities, massage, signposting to selfcare and Pets as Therapy dogs. The event gave the team an opportunity to relax together, connect with themselves, and reflect and share experiences together.



Objective 3. To ensure that staff are supported and confident in using arts & creativity in the workplace.

2.5 Staff Creativity & Wellbeing

Conference for Allied Health Professionals & Healthcare Scientists – 12th July 2024



Highlights from the Conference for Allied Health Professionals & Healthcare Scientists

nhs.uk/news/2024/07/12/allied-health-conference

On Friday 12th July 2024, the Health Board held the first Allied Health Professionals and Healthcare Scientists conference since 2018. Throughout the day, a range of Allied Health Professionals and Healthcare Scientists came together to share new in...

The AIH team provided a mindful making activity for delegates, offering a quiet corner on a busy day.

Photo: Joy Rickwood with her artwork.



Objective 3. To ensure that staff are supported and confident in using arts & creativity in the workplace.

2.5 Staff Creativity & Wellbeing

Women's Health Network Conference, Newport, March 2025



The AIH team contributed to the planning of the first Women's Health Network Conference in March 2025, and provided a mindful making activity for delegates, offering a quiet corner on a busy day.

The Arts In Health team delivered demonstration breakout sessions to delegates in the afternoon.

First Women's Network
Conference - Friday 7
March 2025 - University of
South Wales



Objective 3. To ensure that staff are supported and confident in using arts & creativity in the workplace.

2.5 Staff Creativity & Wellbeing

Seasonal Singing for Staff – online and in-person 2024-25



The benefits of singing for health and wellbeing are well-known in reducing stress, improving breathing and flexibility and boosting confidence

Since 2020, we have offered online singing for wellbeing sessions in partnership with our colleagues in Learning Disabilities Arts Therapies which enable any member staff with access to Microsoft TEAMS to join a supported singing session. We have also sing in person, and with different teams across our sites, where staff and patients can join in too.

Dec 2024 - Seasonal singing with teams at Royal Gwent Hospital & Llyn Onn, St Cadoc's Hospital



Objective 3. To ensure that staff are supported and confident in using arts & creativity in the workplace.

3. Creative Forum

Our monthly 'learning lunch' open to all staff showcasing our Arts In Health projects, initiatives and opportunities from inside and outside of the Health Board.

Attendees have made great contributions in championing arts in health projects, and the Forum offers the opportunity for any staff member to find out more, test ideas for projects and share their own projects with a wider audience. Guest speakers from external and partner projects give valuable insight into the local and national field, and some examples from our programme are given below:

Nov 2024: Taste of Nature
Bethan Lewis, Creative Director, Head 4 Arts & Blaenau Gwent Food Sustainability Officer, **Chris Nottingham**



Oct 2024: Most Significant Change Evaluation Methodology: interview with **Dr Daryl Harris** (Consultant Clinical Psychologist/Community Neurological Rehabilitation Service)

Jan 2025: Lleisiau Menywod | Women's Voices
Mared Roberts, Literature Wales
Developing a bilingual poetry anthology and workshops highlighting women's health issues and supporting healthcare improvements for women in Wales.

February 2025: Making Movement Irresistible
Dr Wendy Keay-Bright, Professor Emeritus (Technology and Inclusion) at Cardiff Metropolitan University.

4. Working in Partnership

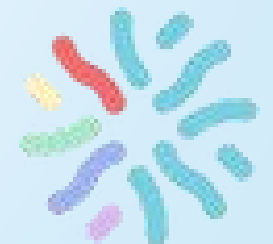
The Arts In Health team work with several external partners to deliver projects and programmes within the ABUHB area for its patients, staff and communities.

Partners can provide funding opportunities and professional guidance and advice, or bring specialist skills and experience to enhance our programme for specific patient groups or activities.

In 2024-25, we have worked with:

- The Arts Council of Wales (ACW) via their Strategic Capacity fund that supports our Project Officer post.
- The Baring Foundation, who (with ACW and Lottery) fund our Arts & Minds programme
- Gwent Arts In Health, who offer support and expertise, and this year have delivered the Nevill Hall Children's Centre Window Art project
- Welsh National Opera, who offer online singing for health sessions via their Wellness with WNO programme
- Theatr Cynefin, who have delivered mindfulness training for our staff
- Literature Wales, who are delivering a Wales-wide literature project raising awareness of Women's Health
- The Body Hotel, who are delivering 'MenoMove' – a programme of movement activities to support women in menopause.

AIH Objective 4. To develop and expand existing internal and external partnerships with individual practitioners, arts in health organisations and other providers.



4.1 Wellness with WNO

Singing for lung health – working with WNO and the Symptom Manage Service (Prv. Adferiad)

“Wellness with WNO

A breathing and singing programme delivered in partnership with NHS Wales health boards and Welsh National Opera

Wellness with WNO is a breathing and singing programme to support people experiencing symptoms such as breathlessness, fatigue and anxiety, which may persist as a result of having had a post viral illness or an energy limiting condition. This can include (but is not limited to) Long COVID, dysfunctional breathing pattern, myalgic encephalomyelitis (ME) and chronic fatigue syndrome (CFS), and fibromyalgia.

This six-week programme takes place online, one hour per week, and shares a variety of breathing and singing exercises to contribute towards improved breath control, lung function, circulation and posture, in a sociable and joyful environment. Breathing also plays a vital role in calming the nervous system and soothing the body. The sessions are led by a WNO vocal specialist, who are experts in breath control, who each week will guide you through breathing techniques and singing exercises they have cultivated over their careers.

No previous experience or interest in singing is required to take part.”

AIH Objective 2, 3, 4, 6: To develop and expand existing internal and external partnerships with individual practitioners, arts in health organisations and other providers.

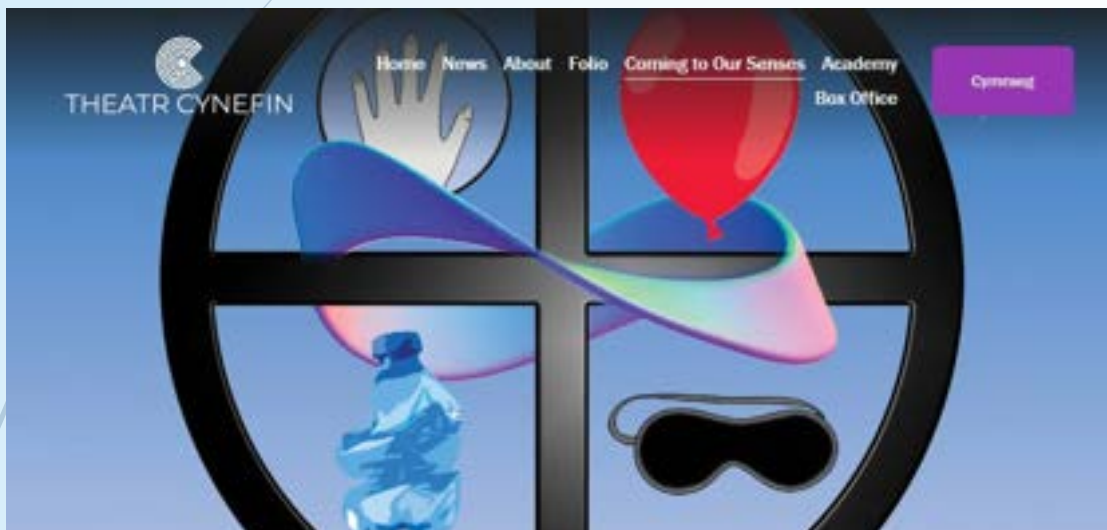
Project Partner for Wellness with WNO who provide ongoing remote sessions to support long Covid and other long term health conditions:

<https://wno.org.uk/press/wellness-with-wno-managing-persistent-pain-programme>



4.2 Coming to Our Senses: Phase 2

Creative Staff Wellbeing Course with Theatr Cynefin – August 2024



[Coming to Our Senses — Theatr Cynefin](#)

In August, Theatr Cynefin led by Ieuan Brioc delivered an eight week 90-min online course to training NHS staff in delivering Mindfulness training and practice.

This course was developed from research and sessions in partnership with NHS staff in previous years. The course allowed staff to shadow the practitioners in delivering Theatre for Mindfulness training, enabling more staff to access this practice in support of their wellbeing.

Participants from the course 'The Art of Looking at Ourselves' had very positive responses:

"This was one of those transformative experiences that you stumble on in life that stays with you; colouring and changing the way that you think. I am still trying to sift through all that we did because it was such a powerful and curious three days."

AIH Objective 1, 2, 3, 4, 6: To ensure that staff are supported and confident in using arts & creativity in the workplace.

4.3 Literature Wales: Women's Voices

Developing a bilingual poetry anthology and workshops highlighting women's health issues and supporting healthcare improvements for women in Wales

Poets: Bethany Handley, clare potter, Durre Shahwar, Emma Smith-Barton, Grace Quantock, Gwyneth Lewis, Hanan Issa, Iola Ynyr, Kandace Siobhan Walker, Lal Davies, Mel Perry, Myfanwy Alexander, Nia Wyn Jones, Rhian Elizabeth & Sioned Erin Hughes.

In March 2025, 15 poets were appointed – an amazing group of resilient, creative voices with a large variety of lived experiences and all living with health conditions. Many are prize-winning poets, many are wonderful creative facilitators; five of the group represent different ethnic backgrounds and cultures and six are Welsh speakers:

The aim is to use poetry as a springboard to open up conversations about women's and girls' experiences of health challenges and the health system, and to explore with healthcare professionals - e.g. GPs and clinicians - the potential for a more strategic use of poetry and creative writing to support health and wellbeing within the context of social prescribing and lifestyle medicine.

Honno Press are aiming to publish the anthology by mid-February 2026 and celebrate around International Women's Day (March 8th). Workshops and events to share the work will be delivered in Spring 2026, and an evaluation framework will be shared between all project partners.

Image: Hanan Issa, National Poet of Wales

This project is been delivered by Literature Wales in partnership with Hywel Dda, Swansea Bay and Aneurin Bevan University Health Boards.

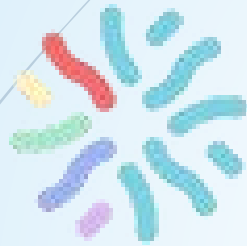
LLENYDDIAETH
Cymru
Literature
Wales



AIH Objective 1, 2, 3, 4, 6: To ensure that staff are supported and confident in using arts & creativity in the workplace.

4.4 The Body Hotel

MenoMove - Menopause Wellbeing Programme



@thebodyhotel
www.thebodyhotel.com



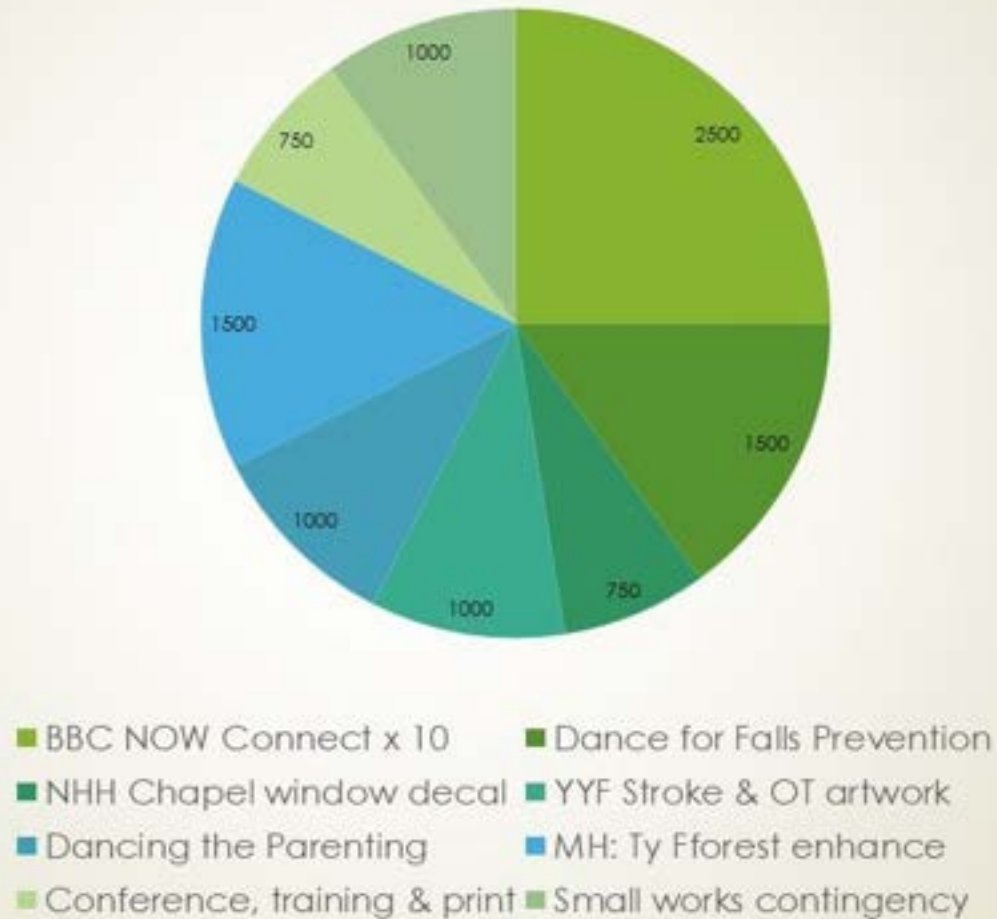
Thania Acaron and The Body Hotel are working in partnership with ABUHB, and Velindre Trust to offer a series of free movement workshops for people experiencing menopause. Project planning began in January 2025, and sessions will begin in August and September, and will be in-person and online.

Dr Thania Acarón (she/her) is a dance movement psychotherapist, researcher and international facilitator from Puerto Rico, currently based in Wales. Thania presented to our Creative Forum in May 2025 (recording available) and is Course Leader for MA Arts, Health and wellbeing at the University of South Wales. Acarón directs The Body Hotel CIC, an international social enterprise focusing on employee wellbeing in healthcare, burnout prevention and support for marginalised communities. She is soon publishing her first book: *Body Questions in Practice: Decision-Making through Movement and the Arts* (Routledge), coming out in June 2025.

AIH Objective 2, 3, 4, 6: To deliver a consistent programme of quality and evidence-based participatory arts projects in primary, secondary and community health care settings.

5. Proposed Activity 2025-26

AIH Internal Budget Proposed Spend 2025-26



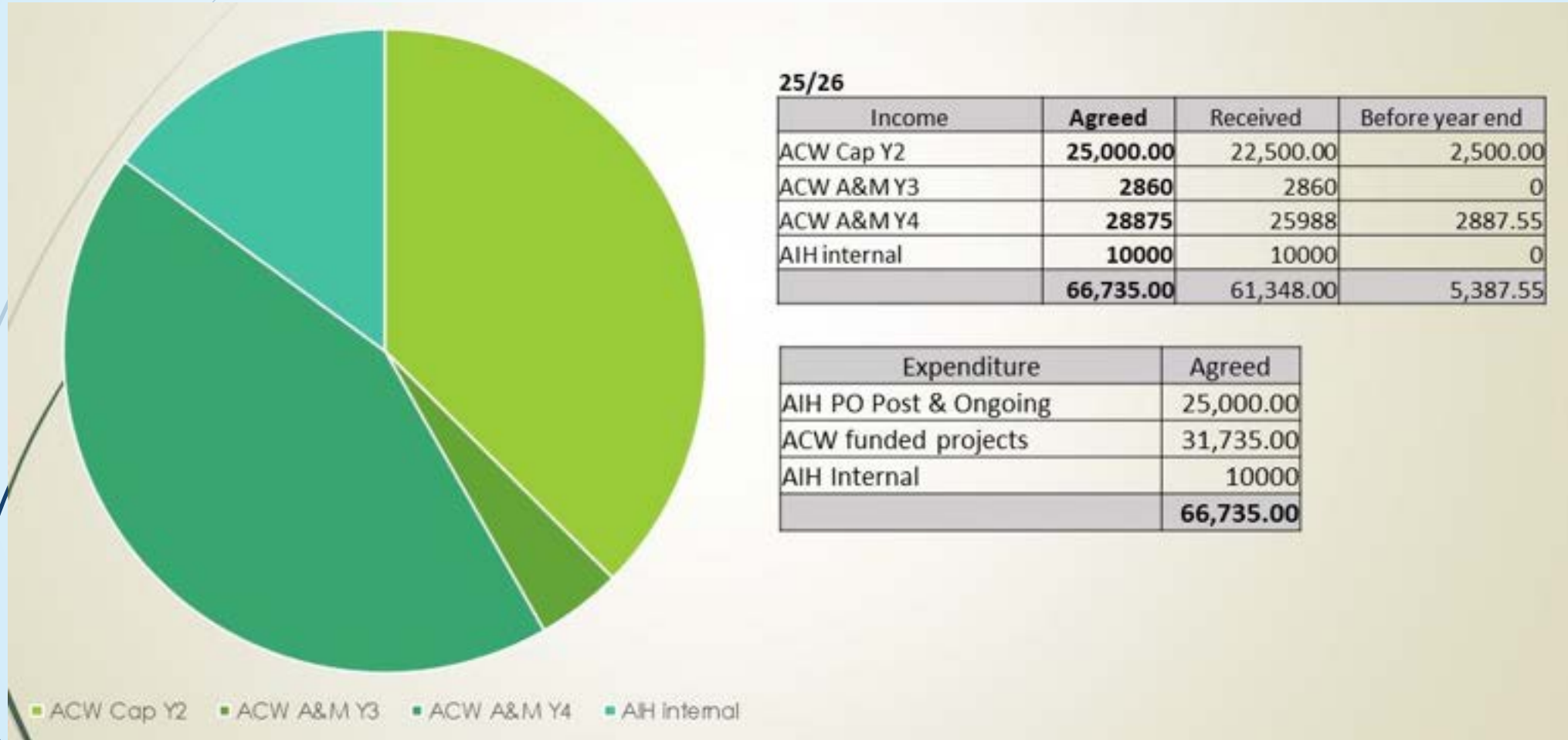
The Arts In Health team work across a variety of activity streams and deliver projects supported by internal and external funding.

In 2025-26, the team will be delivering in whole or in part:

- Arts & Minds – Young People’s Voices
- Working with young people and their families who are being supported by our Child and Adolescent Mental Health Services teams. This working is subject to successful external funding from the Baring Foundation, Arts Council of Wales and The National Lottery.
- 10 Live music events with BBC NOW
- Dancing the Parenting
- Small works and enhancements for our Primary care sites
- Dance for Falls prevention creative movement
- Artworks for Stroke Recovery
- Presentations and research (In person & in print)

5. Proposed Activity 2025-26

Arts In Health Income and Proposed Budget 2025-26



Links and resources



- ▶ Creative Health: The Arts for Health and Wellbeing
 - ▶ <https://www.culturehealthandwellbeing.org.uk/appg-inquiry/>
- ▶ Arts and Health in Wales: A Mapping study of current activity
 - ▶ <https://www.artshealthresources.org.uk/docs/arts-and-health-in-wales-a-mapping-study-of-current-activity/>
- ▶ Advancing Arts Health and Wellbeing (Welsh NHS Confederation)
 - ▶ <https://www.nhsconfed.org/resources/2020/11/advancing-arts-health-and-wellbeing>
- ▶ Well-being of Future Generations (Wales) Act 2015
 - ▶ <https://www.futuregenerations.wales/about-us/future-generations-act/>
- ▶ Gwent Arts in Health: <http://www.garth.org.uk>
- ▶ 'I'm thinking of you': [#imthinkingofyoucymru](https://twitter.com/imthinkingofyoucymru)
- ▶ WAHWN – Wales Arts Health & Wellbeing Network
 - ▶ <https://wahwn.cymru/>

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

January 2026



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

Accessible formats

This report is also available in Welsh.

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

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

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About Llais



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

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

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

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

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

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

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



Introduction



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

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

A National Conversation: Llais Strategic Plan 2024-2027



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

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

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

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

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

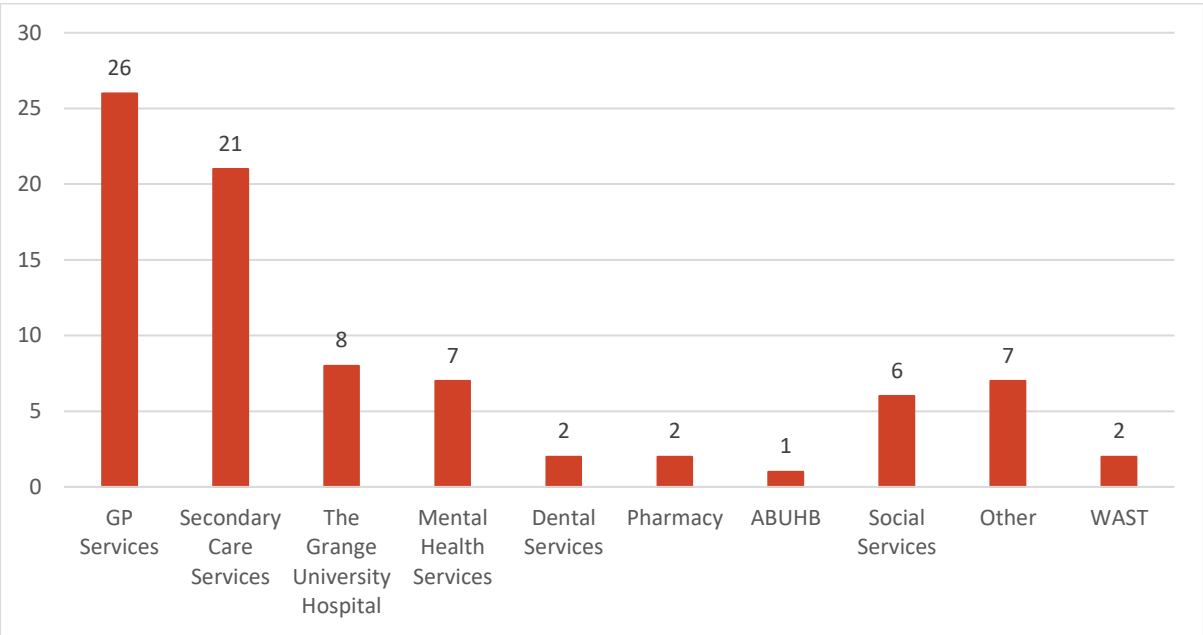


Local activities and feedback:

1. Gwent Advocacy Service

There were 82 contacts between November and December. 18 were formal concerns and 64 were enquiries that required early resolution or where we are awaiting consent.

Of the 82 contacts, 27 have now been resolved and 55 are still active.



Key Observations:

- **GP Services** 26 contacts, driven by critical issues including missing referrals, misdiagnoses, delays in processing prescriptions, patient interaction concerns, and a shortage of available appointments.
- **Secondary Care Services** 21 contacts identifying significant concerns, including the lack of interpreter provision, substandard cleanliness, inadequate staffing levels, prolonged waiting times, insufficient communication, and discharge practices that could pose risks to people’s safety.

2. Engagement in Gwent (November - December)

During November and December, Llais focused its engagement activities across Caerphilly, meeting people where they live, work, and spend time. By listening to real experiences of accessing health and social care, we strengthen our understanding of what matters most.

This approach brought us closer to communities and helped shape services that truly reflect their needs. Through community outreach and one-to-one conversations, we connected with 158 people.

Community Insights... what we heard and what we did:

Llais Local

Challenges highlighted in Caerphilly included long waits for GP and Dental appointments, gaps in mental health support, and difficulties accessing social care and hospital services.

Based on these conversations we are making key representations to the health board to address pressing issues and improve people's experience.

Key issues raised:

- People referred by hospital consultants for ongoing blood tests are often redirected back to hospital clinics because GP practices cannot meet demand. This causes significant inconvenience, with long journeys, added costs, and time commitments - particularly difficult for those with mobility issues, chronic conditions, or limited transport. These delays, sometimes up to four weeks, increase stress and risk missed or postponed tests, impacting treatment plans and overall health outcomes.
- Gaps highlighted in services for men, including access to NHS testosterone therapy and monitoring.
- People told us that changes to the availability of incontinence pads have affected their dignity, leaving some feeling isolated and trapped at home, and unable to live life as they once did.

When systems fail in health and social care... 'being unheard'

Michelle's Story

Michelle bravely shared her late mother's experience of seeking care while living with a diagnosis of paranoid schizophrenia. She described safeguarding failures, feeling unheard, and the trauma families carry when their voices are dismissed.

Her story was a powerful reminder that when systems fall short, people are harmed, and that change is urgently needed to better protect vulnerable people across Wales.

Through what happened to her mum, Michelle developed Megan's Voice, a specialist advocacy consultancy. This reflects the lasting impact of what she witnessed and carries with her every day. It doesn't go away, it is there with her in everything she does, and it is the reason she now supports others.

Michelle's Story

"I don't ever want what my mum went through, or the impact this has had on me, to go unheard. She lived with so much, and she did so with a strength that still guides me every day. There was never a bond that could break the love I had for her, and she is with me in everything I do.

She gives me the strength to support others.

I also want to acknowledge something that sits at the heart of all of this. When my mum went into hospital, I carried a deep fear, not just of her being unwell, but of her not being understood.

I was the constant bridge between her and the system, but a bridge that was only listened to when it suited them.

That experience, and the consequences of it, are why I am speaking up now.

The Health and Social Care I want is trauma-informed, compassionate, and accountable, where lived experience is valued and no one is left unseen."

Breaking Barriers: Learning from Deaf Voices to Improve Access to Care

Llais has continued work following several complaints from Deaf, British Sign Language community about barriers to accessing care in Gwent.

Key issues identified include inaccessible communication, and limited interpreter choice.

Llais has engaged with the health board, Royal National Institute for Deaf People (RNID), and the British Deaf Association to ensure the work is informed by specialist expertise, the wider Deaf community, and ensuring a joined up person-centred approach.

Spotlight: The change that happens when patient voices are heard

An individual with lived experience used our complaints advocacy service to raise a concern regarding the barriers they faced when wanting to access services at their GP Practice.

Cwmbran Village Surgery listened, trialled, and implemented change through piloting an online platform to better meet people's needs and breaking down the barriers to accessing services.

This sparked a learning journey, paving the way for a future where communication needs for sensory loss and BSL users are met, recorded, and respected.

Gemma also shared her story with us about barriers to accessing an appointment at her GP, you can watch her story [here](#).

3. Upcoming Activities: January to February

The Health and Social Care We Want – Manifesto for Change

On Thursday 15th January 2026, Llais will share at the Senedd, what over 3,000 people across Wales told us about the future of health and social care. Where we will hear from community voices, third sector partners, and Llais leaders as we launch our Manifesto for Change and People's Principles. Discover how you can pledge support and help shape future policy and services. [Click here](#) to find out more.

Llais Public Forum:

Llais Gwent Region are hosting a public forum on 19th January 2026 in partnership with the Health Board and Local Authority, focusing on Improving Delayed Discharges back into the community.

This important event will highlight challenges and the progress being made across Gwent to reduce delays in hospital discharge and ensure smoother transitions for people into appropriate care settings.

It is also a chance for people, communities and stakeholders, to share experiences and ideas, helping to shape future care and strengthen collaboration between health and social services.

Health and Social Care Summit: You think it will never happen to you...

We will be hosting a Health and Social Care Summit covering the South-East Wales corridor. The Summit will bring together public-sector leaders, third-sector organisations, community groups, and people with lived experience to identify shared barriers and co-produce practical, system-level recommendations across three interconnected themes: homelessness, mental health, and unpaid carers.

Event details will be confirmed in February 2026.

Our Manifesto 2026

Llais exists to champion the voices of people who use health and social services.

That is why across Wales, in villages, towns, and cities, we have listened to tens of thousands of people. In community halls, high streets, schools, local GPs, care homes, and online, people have shared their experiences, frustrations, and hopes for health and social care.

This manifesto is built on those voices: the people's priorities, what matters most, what would make the biggest difference to their lives, and what needs to change.

Our [manifesto](#) sets out:

1 Equity and Access

- Target investment in communities with the poorest health outcomes.
- Better transport solutions.
- Extend Llais complaints advocacy to all children and young people in social care.

2 Prevention and early intervention

- Increase primary care capacity.
- Create a statutory right to respite care for Wales's 310,000 unpaid carers.
- Protect and expand community prevention services.

3 Integration and service co-ordination

- Remove barriers to integration.
- Create a single, person-centred complaints process for health and social care.
- Fix the cliff edge for young people moving between child and adult services.

4 Person-centred care

- Make 'What matters to you' conversations standard in every NHS care and treatment plan.
- End 'no news is good news': actively communicate test results within two weeks.
- Strengthen Welsh language provision in health and social care.



Thanks



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

Feedback

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

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DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Maternity and Neonatal Services Reconfiguration
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Ashley Davies, Divisional Planning and Service Development Manager, Family and Therapies

Pwrpas yr Adroddiad Purpose of the Report

Ar Gyfer Trafodaeth/For Discussion

This report presents an overview of two interrelated business cases for the Board:

- Re-configuring Ward A3 at Grange University Hospital to establish a maternity transitional care unit.
- Developing a dedicated Neonatal Allied Health Professional (AHP) service at GUH.

The paper details the rationale, current status, costs, and projected benefits for both the A3 re-configuration and Neonatal Therapies development.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The neonatal unit at the Grange University Hospital currently stands as the sole Level 3 unit in Wales that does not have a dedicated Transitional Care Unit. At present, transitional neonatal care is provided on an ad-hoc basis, without any dedicated funding or formal structure in place to support these services.

Transitional care on a neonatal unit is care that provides extra support beyond normal newborn care, delivered on the postnatal ward so babies can stay with their mothers rather than be admitted to the neonatal unit.

Although the Grange University Hospital is one of the largest neonatal units in Wales, there is currently no dedicated therapy workforce in place. The absence of Allied Health Professional (AHP) services has been identified as a key concern during external reviews, highlighting a notable gap in the support available for

neonates within the neonatal unit at GUH. The Joint Commissioning Committee is responsible for commissioning and setting the national commissioning framework for specialised neonatal care in Wales—defining what services must be provided, setting standards, overseeing delivery, and ensuring consistent, equitable access across Health Boards. For example, the Neonatal Services Commissioning Policy (CP263) and Service Specification (SS263) define how neonatal intensive care, high dependency care, and special care must be commissioned and delivered across Wales. These policies outline the service model, required standards, and expectations for Health Boards.

Cefndir / Background

The proposed reconfiguration of Ward A3, alongside the introduction of a dedicated Neonatal Allied Health Professional (AHP) service at the Grange University Hospital, is driven by a clear need to improve several important aspects of patient care. Specifically, the focus is on enhancing flow, raising the standard of care delivered, and improving the overall experience for patients within maternity, neonatal, and gynaecology departments.

The need for improvements in transitional care provision was highlighted during a visit from the Chief Midwifery Officer for Wales in November 2023. This visit prompted a local audit, which conclusively demonstrated the necessity for four transitional care cots. These cots are required to adequately support mothers and newborns who need additional assistance during the transition from intensive hospital care to home or lower-dependency settings.

The business case proposes reallocating eight beds on A3 to maternity care (from female surgical patients and gynaecology patients). This change will expand the maternity bed footprint and facilitate the creation of a dedicated transitional care area, appropriately staffed to meet the needs of mothers and babies requiring additional support.

In parallel, the Neonatal Therapies business case responds to the lack of commissioned therapy services for neonates in the health board. Despite being one of the largest neonatal units in Wales, there is currently no dedicated therapy workforce. The absence of Allied Health Professional services has been cited as a significant concern in external reviews. The business case proposes funding for a multidisciplinary therapy team aligned with British Association of Perinatal Medicine (BAPM) standards, aiming to improve developmental outcomes, reduce long-term health complications, and support family-integrated care. The JCC references therapists contained within this case as essential staffing, although no funding has been provided.

Both business cases have undergone extensive review and development, incorporating feedback from executive teams, patient stories, and external recommendations. The proposals are designed to deliver quality improvements, operational efficiencies, and cost avoidance by preventing complications and optimising care pathways for mothers and babies in Gwent.

Asesiad / Assessment

Maternity services prioritise public health by promoting optimal outcomes for mothers and babies, with a strong emphasis on prevention and addressing inequalities. The 2024-2027 improvement plan includes staff education, care pathways such as smoking cessation, carbon monoxide monitoring, healthy pregnancy weight, and health information. There is a particular focus on infant feeding and breastfeeding promotion to ensure the best start in life, emphasising keeping mothers and babies together. However, ongoing issues continue due to limit bed capacity and place pressure on these services.

Gynaecology has consistently accommodated patients from other specialities within ward A3. The current allocation plan for the 22 beds on A3 is 14 designated for Gynaecology and 8 for General Surgery. However, ongoing use of these beds by additional specialties has reduced availability for gynaecology patients. Prioritising all A3 beds for women's health services, in accordance with the initial model, would enhance both patient experience and access for individuals requiring gynaecological care.

1.1. Aims and Key Proposals of the A3 Reconfiguration Business Case

The A3 reconfiguration business case is centred on three primary aims: enhancing patient flow, improving access to services, and elevating the overall patient experience within gynaecology, midwifery, and neonatal care. These objectives are designed to address current challenges and ensure that care pathways are optimised for mothers and babies, as well as for gynaecology patients.

1.1.1. Reconfiguration of Beds on Ward A3

A core component of the proposed changes involves the re-allocation of eight beds on Ward A3. Specifically, these beds, currently designated for gynaecology patients, will be repurposed to provide postnatal and post-operative care for maternity patients.

This adjustment is intended to expand maternity services, enabling the creation of a dedicated area for transitional care and postnatal recovery, thus supporting mothers and newborns to remain together as they move from intensive care towards discharge.

Reconfiguration, as detailed in the business case (appendix 1), will increase maternity beds from 40 to 48 and reduce gynaecology beds on A3 from 14 to 6. Eight beds on A3 will remain assigned to general surgery. The reduction of gynaecology beds on A3 will be offset by continuing 'our next patient' initiative, active since September 2025. This approach streamlines patient care and supports the Welsh Government's 45-Minute Ambulance Handover Protocol, aiming for handover within 15 minutes and never exceeding 45 minutes.

1.1.2. Workforce Funding for Neonatal Transitional Care

As transitional care is only delivered on an ad-hoc basis there is no dedicated funding workstream, the business case seeks to secure funding to support the workforce required for four dedicated neonatal transitional care cots in-line with BAPM standards. The intention is to ensure that neonates, who do not require admission to the neonatal unit, but still require additional support, can receive appropriate care in a specialised setting. By establishing dedicated staffing for these transitional care

cots, the service aims to improve outcomes for babies and streamline the transition from hospital to home or lower-dependency care environments.

A total of 5.69 WTE Band 5 Registered Nurses is required to support neonatal transitional babies. The rationale for employing registered staff is their capability to manage infants who require antibiotics—a task that non-registered nursery nurses are not qualified to perform. Furthermore, additional categories of infants, such as those experiencing jaundice who may subsequently require intravenous fluids and intensive phototherapy, are not necessarily preterm or of low birth weight, but would similarly benefit from transitional care. Providing this level of support can help prevent unnecessary admissions to the neonatal unit.

Staffing Costs

The total cost of the A3 Reconfiguration case in the first year is £567k, which covers start-up and capital expenses. For each following year, the cost is £537k. Please refer to the breakdown below, further detail is available in the business case (appendix one).

		Band	WTE	Rotation		Annual Cost	
Gynae Staffing							
	HCSW	2	-2.83	Days	-£	105,456	
	RN	5	-5.5	Full	-£	328,728	
							-£ 434,184
Maternity Staffing							
	HCSW	2	2.83	Days	£	105,456	
	RN	5	5.5	Full	£	328,728	
	RN -Midwife	5	3.3	Full	£	197,237	
							£ 631,421
Neonates							
	RN - Neonatal	5	5.69	Full	£	340,084	
							£ 340,084
Staffing Costs						£ 537,321	

The A3 business case is designed to improve the quality of care provided to women and infants at GUH, while ensuring services are more closely aligned with national standards. Significant cost savings are not anticipated. Neonatal commissioning is expected to remain largely unchanged, as any potential reductions in income are projected to be offset by an increased capacity to manage higher acuity cases. Enhancements to maternity flow should contribute to reduced delays, shorter lengths of stay, and a decrease in the number of women declined for care, thereby enabling more women to deliver and receive transitional care alongside their infants at GUH.

The business case provides additional evidence regarding the effects of rising demand on Maternity services, primarily attributed to an increased caesarean section rate. Patient narratives prepared for presentation to the Board also contain feedback highlighting how current limitations in Maternity bed availability have affected their experiences within ABUHB.

Neonatal Therapies Business Case

As previously mentioned, despite being one of the largest Neonatal units in Wales, there is no commissioned therapy service for neonates in ABUHB. To note, there is no therapies allocation per cot day funded through Joint Commissioning Committee (JCC). ABUHB Neonatal Network External Peer review (April 2021) cited the lack of Allied Health Professional Services (AHP/ Therapies) as the second highest priority of serious concern. The aim of the Therapies business case is to ensure safe, timely and effective therapy workforce resources aligned to British Association of Perinatal Medicine (BAPM) standards and to mitigate the known developmental risks for neonates and their families. This will then be progressed with the JCC as a priority area of investment noting only the highest acuity patients within NICU are commissioned via the JCC.

Table 1 below provides an overview of the current therapies staff WTE providing services in GUH.

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

The current therapies staffing capacity to provide assessment, advice, intervention, and support to Neonatal wards is insufficient and compounds the developmental risk to neonatal babies which impacts on long term outcomes. Therapy professionals have a key role in the management of infants and children with long term health conditions and are well placed to optimise early outcomes, identify future care needs, and empower families in the ongoing management of the child's needs. Preterm infants who survive birth are at greater risk of developing both short and long-term health complications including cerebral palsy, sensory and motor disabilities, feeding difficulties, respiratory illnesses, learning and behavioural disorders (Petrou, 2003).

The first 1000 days of life from conception to the age of 2 years are the most critical time to influence healthy outcomes. This concept has been called developmental programming and can have effects across generations to come. It is therefore vital that healthcare advice and provision during the first 1000 days is of the highest quality to optimise outcomes (Mat Neo SSP report 2023).

Embedding highly specialist therapy professionals; dieticians, physiotherapists, occupational therapists, speech and language therapists, and paediatric psychologists within neonatal care delivers significant benefits for babies and families. It enables timely specialist assessment and intervention, optimises nutrition and feeding practices, and supports neurodevelopmental care, reducing risks of long-term motor, sensory, and communication difficulties. Highly specialist therapy services strengthen Family Integrated Care (FiCare) which improves parent confidence and bonding and provides psychological support to mitigate trauma and stress. These interventions collectively lead to better developmental outcomes, shorter length of stay and safer discharges, reducing future healthcare

needs and improving quality of life for infants and families. A rapid review of Allied Health Professionals working in neonatal services (RR0028) was published by Health and Care Research Wales Evidence Centre in July 2024.

The current deficits in relation to therapy assessment, advice and interventions at GUH has been escalated within the Neonatal and Therapies directorates and the Family and Therapies division in addition to being logged on the respective risk registers of the services.

A robust evidence base supports the inclusion of the Rapid Review of Allied Health Professionals working in Neonatal Services (RR0028, July 2024), which demonstrates that embedding specialist AHPs—such as physiotherapists, occupational therapists, speech and language therapists, dietitians, and psychologists—within neonatal care significantly improves early assessment, feeding and nutrition, neurodevelopmental outcomes, and parent-infant bonding. The review’s findings align with the British Association of Perinatal Medicine (BAPM) standards and corroborate national concerns raised through peer review and the All-Wales Neonatal Network regarding current deficits in therapy provision. The business case documents confirm that RR0028 was incorporated to strengthen the evidence base in response to scrutiny panels, particularly given the absence of local ABUHB outcome data, and to demonstrate the clear link between specialist AHP input, reduced long-term developmental morbidity, safer discharge, and improved family-integrated care.

The preferred option 3 in the Therapies business case proposes a funded therapy workforce establishment for therapy input for neonates in GUH.

Table 2 below provides Neonatal workforce costings aligned to BAPM standards.

Table 2 Therapy Service	WTE Required	Band	Total Cost
Dietetic	1.611	7	£105,515.60
Occupational Therapy	1.6	7	£ 104,795.13
Physiotherapy	1.6	7	£ 104,795.13
Psychology	1.6	8a	£ 122,107.10
SLT	1.43	7	£ 93,660.65
TOTAL	7.841		£ 530,873.61

A full breakdown of the costs can be found in the Therapies Business Case outlined in appendix 2.

To mitigate the financial impact of the proposed changes, the following options are recommended:

1. Cost Avoidance and Funds Flow

- Leverage network-level efficiencies and explore Joint Commissioning Committee (JCC) arrangements to redistribute costs across partner organisations.

2. Operational Efficiency Initiatives

- Review potential offset of additional variable pay being incurred with the increased pressure on the maternity ward

3. Quality & Financial Impact and Cost Savings Through Prevention

Reducing complications in maternity care offers major savings and improves clinical outcomes. Emergency procedures like complex caesarean sections may cost more than £4,900 each, and longer postnatal hospital stays typically increase expenditure by £400–£600 per day. When surgeries are delayed or there is not enough capacity, negative outcomes can occur, which often require neonatal intensive care at a daily cost of £1,500–£2,000.

Beyond immediate clinical expenses, the financial exposure from litigation is substantial. In 2024/25, maternity-related negligence claims totalled £3.5 billion, representing over half of all NHS claims. Severe birth injury cases often result in payouts of £5–£10 million per claim, creating long-term liabilities for the health system. Clinical negligence associated with maternity and neonatal services represents the most significant legal and financial exposure within NHS Wales. Recent Welsh Risk Pool data shows a total provision of £1.712 billion for clinical negligence liabilities in 2024/25, with maternity holding the highest number of active claims (168 cases)—a disproportionate driver of overall cost. Given the high value and long-term nature of maternity and neonatal harm claims—often involving lifelong care needs—this specialty continues to exert substantial financial pressure on the system and underscores the importance of sustained investment in safety, workforce, and service improvement to reduce avoidable harm and future liability.

Preventive strategies such as optimising patient flow, ensuring timely access to theatre, and aligning workforce to BAPM standards reduce these risks by avoiding escalation to high-acuity care and improving outcomes. Investment in transitional care beds and early intervention programmes also mitigates indirect costs, including mental health support and prolonged neonatal stays.

In conclusion, strategic investment in capacity and workforce planning offers significantly greater cost-efficiency than managing the implications of unforeseen complications, thereby ensuring patient safety and supporting long-term service sustainability.

Cost Comparison: Maternity Complications

Category	Example	Estimated Cost
Direct Clinical Costs	Emergency Caesarean Section (complex)	£1,056 – £4,982 per case
	Extended Postnatal Stay (per day)	£400 – £600 per day

Litigation / Negligence	Severe Birth Injury Claim	£3.5 billion total (2024/25)
	Average High-Severity Case	£5m – £10m per claim
Indirect Costs	Perinatal Anxiety (6 months postpartum)	£1,174 vs £1,046 (no anxiety)
	Neonatal Intensive Care (per day)	£1,500 – £2,000 per day

Argymhelliad / Recommendation

- Board is asked to:
- Approve the A3 Reconfiguration and Neonatal Therapies business cases as priority areas for investment with the timing of implementation linked to affordability that will be considered as part of IMTP for 2026/27 and JCC discussions. This endorsement is essential to progress the proposed changes and ensure alignment with the Health Boards strategic objectives.
 - To note the anticipated quality enhancements that are expected to result from the implementation of both the A3 Reconfiguration and the Neonatal Therapies schemes. These improvements are projected to have a significant and positive impact on patient care and service delivery.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3. Effective Care 4.1 Dignified Care 6.3 Listening and Learning from Feedback
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life Adults in Gwent live well healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	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 prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:	
Ar sail tystiolaeth: Evidence Base:	Appendix one (A3 Business case) Appendix two (Therapies business case)
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. Not applicable to this report

BUSINESS CASE TEMPLATE

This template should be used to document NEW investment cases greater than £75k, as per the Scheme of Delegation. Please refer to separate guidance on the content required for each section.

Title of Business Case:	Reconfiguration of Ward A3 to sustain midwifery, gynaecology, and neonatal services
Unique ref No.:	To be completed by Corporate Support

Directorate/Division:	Family and Therapies
Divisional Director:	Kavitha Pasunuru
Project Lead(s):	Sian Chard, Assistant General Manager Ashley Davies, Planning Manager and Service Development Manager Hannah Morley, Senior Planning and Service Development Manager

Drafting and Approvals Status Record

Version No.	Date Issued	Accountable Manager
1	27/06/2024	Hannah Morley
2	30/07/24	Sian Chard
3	31/07/24	Sian Chard
4	02/08/24	Hannah Morley
5	06/08/24	Hannah Morley
6	14/08/2024	Jayne Beasley
7	22/08/24	Hannah Morley
8	11/10/2024	Sian Chard / Ashley Davies
9	16/10/2024	Sian Chard / Ashley Davies
10	06/11/2024	Ashley Davies
11	15/07/2025	Ashley Davies
12	30/07/2025	Ashley Davies
13	13/08/2025	Ashley Davies
14	19/11/2025	Ashley Davies

Integrated Divisional/Corporate team members involved in developing Business Case	
Finance Business Partner (Name)	Gordon Devoir
HR Business Partner (Name)	Rhiannon Penny
Capital Planning (if applicable) (Name)	

Approval by Divisional Manager	Sara Garland
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1. Executive Summary

Subject/Purpose:

To support the flow and quality of care in maternity, gynaecology, and neonates through the reconfiguration of Ward A3 within The Grange University Hospital. This will create 8 additional beds for postnatal/post-operative care for maternity, by utilising 8 beds on A3. Improve the provision for babies requiring transitional care by utilising 4 beds/cots on maternity B3 and improve the patient experience and access to gynaecology services (by prioritising the beds for women's health services as originally planned). This would realise an overall increase in bed footprint for maternity from 40 to 48, recognising that 4 of those beds are dedicated to transitional care and seeing an overall reduction in beds on A3 beds from 22 to 14.

Scope

The primary aim of this business case is to enhance the flow in maternity services and elevate the quality of patient experience and access to gynaecology and neonatal services. This initiative is focused on addressing the following key areas:

1. Maternity Flow Improvement:

- Optimising patient movement through maternity unit to reduce bottlenecks and enhance the overall patient experience.
- Reduce risk originating from the inability to transfer women to labour ward for ongoing care.
- Streamlining processes to ensure timely admissions, transfers, and discharges, thereby improving the efficiency of maternity care delivery.

2. Timely Care and access to Gynaecology Unit:

- Ensuring that gynaecology patients receive an improved experience and timely care in an environment that is conducive to their specific needs, which can lead to better health outcomes and higher patient satisfaction.
- Reallocating and repurposing existing gynaecology beds to better meet the demands of both gynaecology and maternity services.
- This reconfiguration will help in creating a more adaptable and flexible bed management system that can respond to the fluctuating needs of different patient groups, including women with pregnancy loss, and those at risk of miscarriage, postnatal readmissions, cerclage insertion and those with hyperemesis.

3. Neonatal Care Enhancement:

- Formalising and improving the provision of Transitional Care thus keeping mother and baby together.
- Improve provision of care to babies requiring Intravenous antibiotics, by retaining care on the postnatal ward.
- Ensuring that babies who need specialised care after birth receive it promptly and effectively, reducing the risk of complications, reducing mother-baby separation and improving health outcomes.
- Optimising support for infant feeding and/or breast feeding through dedicated resource

4. Bed Reduction Plan and wider plan for medical beds

- Reducing patient safety events in medical outliers by reducing dispersion of patients
- Contributing to the overall Health Board's Bed Reduction Plan which supports Clinical Futures

By realising these aims, the business case aims to create a more efficient, responsive, and high-quality maternity, gynaecology and neonatal care service within the acute hospital setting. This will not only improve patient outcomes but enhance the overall operational efficiency of The Grange University Hospital (GUH).

Stakeholders (Appended list)

Divisional communication and engagement lead involved in all meetings and a communication plan will be enacted subject to outcome of Business Case.

Internal stakeholders	Name	Name	Name
	Executives (COO)	Maternity Staff	Primary Care, WAST, Unions
	Gynaecology staff	Neonatal Staff	ABUHB Commissioning Team
			Medical Division
External stakeholders	Name	Name	Name
	Public	University	Chief Midwifery Officer for Wales
	Mat Neo WG link	Service User Group (Mat&Neo)	Maternity and Neonatal Network
	Staff side representative	RCM	

Proposal – Preferred Option (Option 2). Reconfiguration of Ward A3 to support the delivery of the matneo programme.

Reconfiguration of Gynaecology Beds to Support Maternity, Gynaecology and Neonatal Flow.

The preferred option involves reconfiguring the gynaecology ward A3 to repurpose eight existing beds, specifically allocating:

- **The reduction of 8 beds on Ward A3 (gynaecology)**
- Increase maternity by 8 beds for surgical maternity patients, **including those recovering from caesarean sections. This will be on A3**
- Four beds will be repurposed as dedicated transitional care cots **for new mothers and their neonatal babies within maternity footprint of B3**

Cost summary of preferred option

Cost summary	Year 1	Year 2	Year 3
	£,000	£	£
Capital	22 (inclusive of VAT) Baby tagging system	0	0
Revenue -Staff*	567.5	537	537
Revenue - Non Staff	8.5 (start up costs)	0	0
Revised Total (Revenue)	567.5 (includes £8.5k start-up costs).	537	537

2. Context/Background

The acute hospital is currently facing significant challenges in meeting key standards and policies related to the provision of neonatal, maternity, and gynaecological care. Addressing these issues is crucial to ensuring compliance with national standards, improving patient outcomes, and enhancing overall service quality. In addition, there has been increased pressure on the maternity unit, neonatal and gynaecology services in GUH and this comes at a time when there is heightened governance, visibility and overall scrutiny from Welsh Government, Health Inspectorate Wales, Independent reports, professional bodies, and the media.

The model that was carefully planned for Clinical Futures has since seen an increased acuity and demand at GUH, reduced patient flow, potential for poor patient experience and increased clinical risk, due to delays in care. The Directorates have attempted to mitigate this, through induction of labour work streams, caesarean section pathway, virtual baby ward, EPAU workstreams and support for transitional care without designated space or staffing. After collective planning across each service and with the proposed introduction of the new Discharge/Transfer Lounge (DTL) at GUH, the Division has identified a sustainable model that will address the ongoing challenges across all three services.

2.1 Current Demand on Women and Children’s Services

Midwifery B3

Figure 1a shows the births and bookings from April to August 2024 which are consistently high in terms of births and bookings. Figure 1b shows the births and bookings from April 2023 – April 2024.

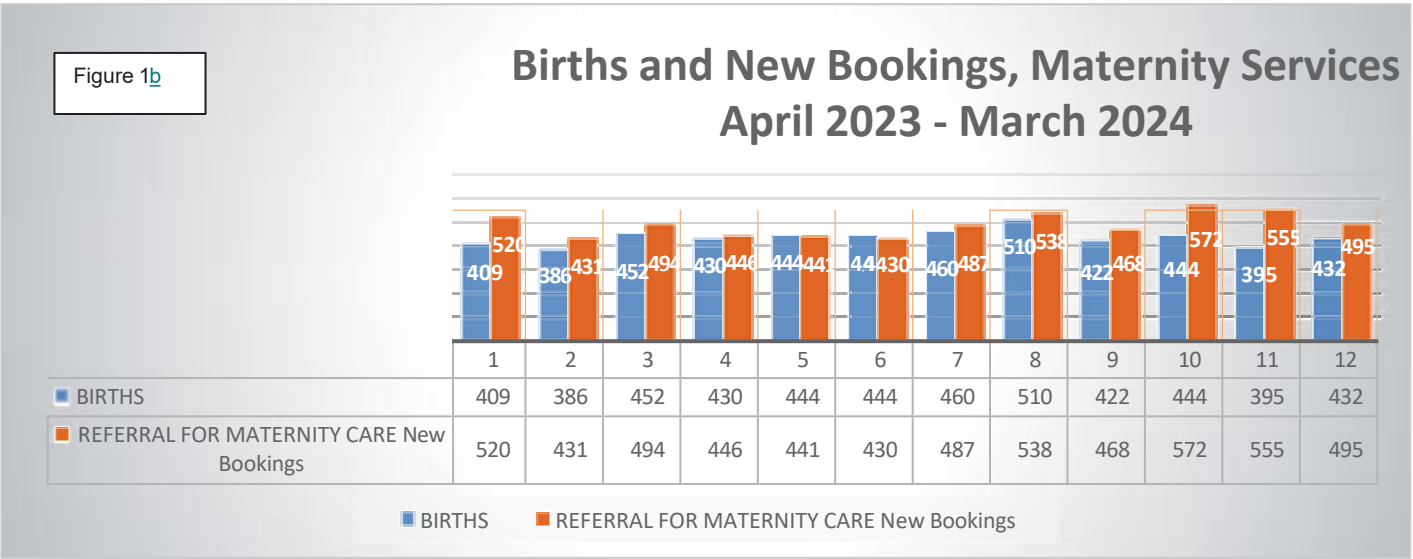
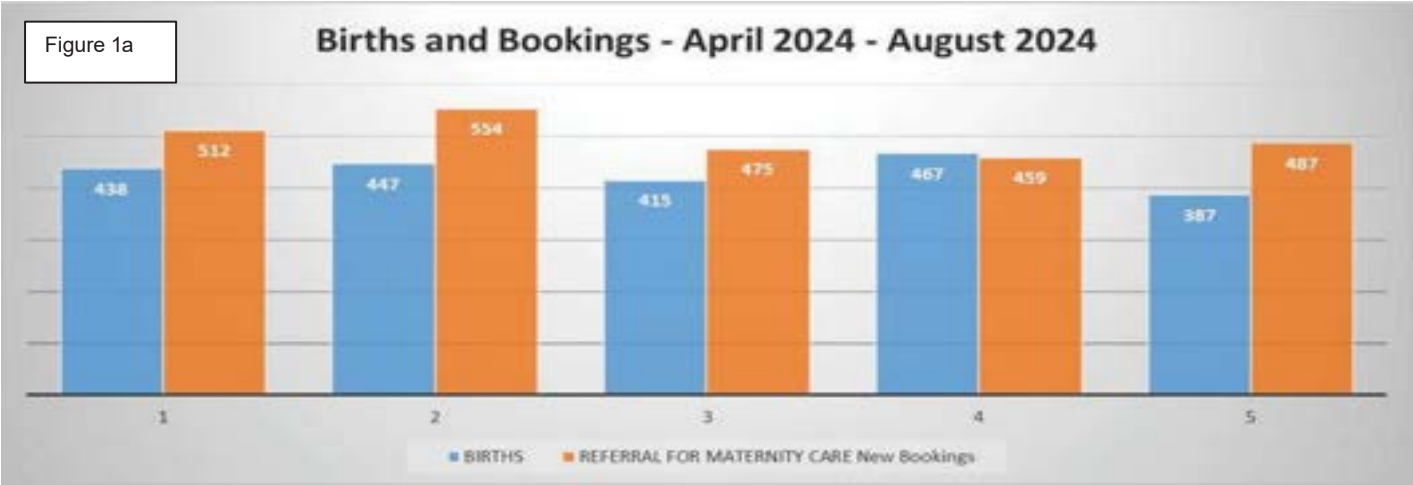


Figure 2a Shows the bed occupancy for this current financial year, April to August, which is still reaching 100% and does not drop below 88%. Figure 2b shows total monthly occupancy data from April 2023 – March 2024.



Figure 2b

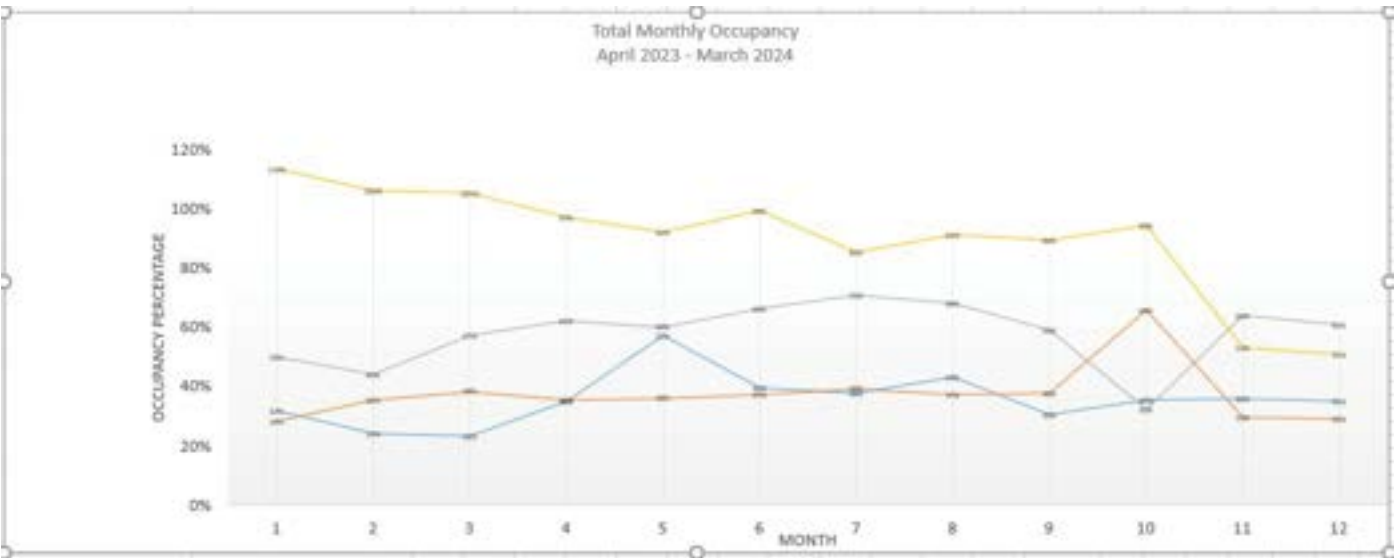


Figure 3 shows the anticipated deliveries. Figure 4 shows the increasing C- Section rates which adds to the complexity of the patient as well as high IOL (induction of labour) rates. The drivers for the increase are well understood but includes growing obesity, poor health as well as maternal choice.

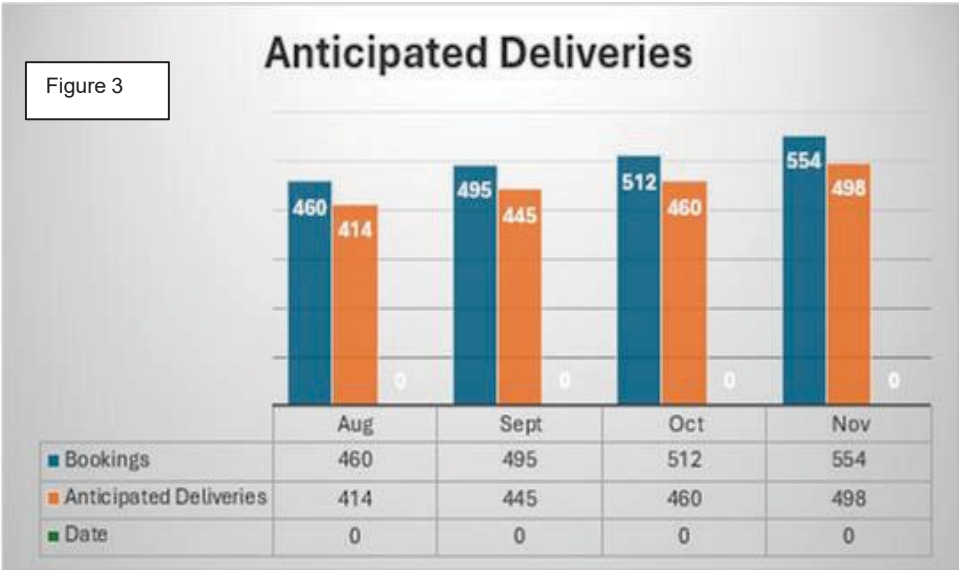


Figure 4

Caesarean Section Rate for July to September 2024

	Total	Emergency	Elective
July	193 = 41%	89 = 39%	104 = 22%
August	160 = 42%	87 = 22.4%	73 = 19%
September	216 = 43.5%	124 = 25.3%	92 = 19%

Gynaecology A3

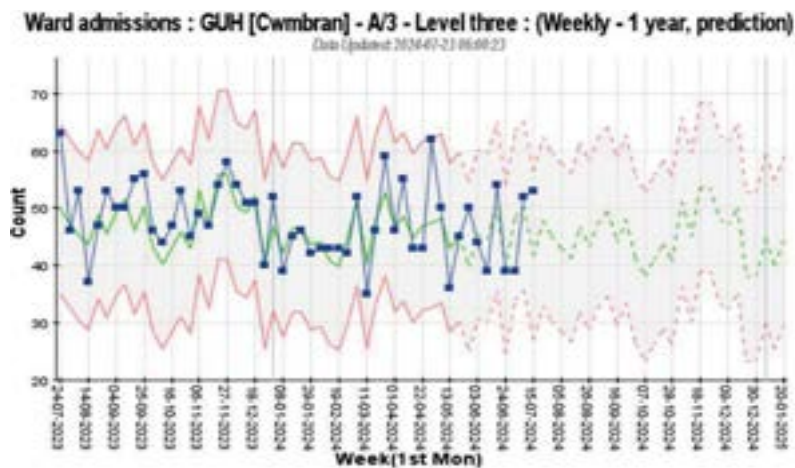
The inpatient gynaecology service at GUH has been under sustained pressure in terms of beds predominantly through having to accommodate patients from other specialities. ABUHB also has the busiest gynaecology emergency dept in Wales – Data presented at the Ministers Gynaecology Summit (08/07/24).

Admissions to Ward A3 occur at a rate of around 48/week, generally ranging from 40 to 55. Since GUH opened, A3 has been occupied by between 30 and 50% gynaecology patients with the remaining being outlier patients. The peak since May 2021 was in February 2023 when the ward averaged 58% gynaecology patients.

Figure 6 provides the breakdown of patients using Ward A3. This will be further compounded following a recent Serious Incident (major haemorrhage requiring blue light transfer to GUH) in the termination service in Sexual Reproductive Health (SRH). SRH are receiving an increasing

number of referrals for terminations with women with complex medical needs. These women are unsuitable for care at Bargoed and require admission to A3 GUH. Due to the nature of the procedure timely access to care is essential. This is an additional bed pressure and is likely to increase in the coming months. 50% of these admissions are for patients with a specialty under Gynaecology (incl. Assess/USC), implying that half of these are outlying patients.

Figure 5



WS Sub Specialty	Value	%
Gynaecology	3950	42%
General Surgery	1776	19%
Respiratory	1306	14%
Gynaecology Assess	562	6%
Trauma & Orthopaedic	484	5%
General Surgery Assess	372	4%
Gastroenterology	250	3%
General Medicine	195	2%
Gynaecology USC	193	2%
General Medicine Assess	142	2%
Care Of The Elderly	59	1%
Orthopaedic Assess	35	0%
Obstetrics	17	0%

Fig 6 April 23 to March 24 data

Nurse Staffing model

The proposed staffing model will be made up of two elements (see staffing proposal summary on page 18 for a breakdown):

- Repurposing existing gynaecology staff (RN and HCSW) to support Maternity
- New Maternity posts for as a result of the reconfiguration
- New Neonatal posts for transitional care

Repurposing existing gynaecology staff

The current staffing model for A3 covers 22 beds, originally planned as 8 surgical and 14 gynaecology - This excludes the Emergency Gynaecology Assessment Unit (EGAU). There are 4 registered nurses by day (including nurse coordinator role) and 3 HCSW - this is reduced by night to 3 registered nurses and 2 HCSW (however it was recognised that having 2 HCSW by night was challenging due to increased acuity and boarding on the ward due to the high proportion of current outliers). See table below. It is important to note that the nurse coordinator works flexibly across ward A3 and EGAU moving between areas throughout the day in response to the acuity at any given time in each area. In addition, the ward manager works Monday to Friday and is not included in the table below.

			Mon	Tue	Wed	Thu	Fri	Sat	Sun
Early (LD)	Shift	Beds	22	22	22	22	22	22	22
	Duration	RN	4.00	4.00	4.00	4.00	4.00	4.00	4.00
		HCSW	3.00	3.00	3.00	3.00	3.00	3.00	3.00
Late	Shift	RN	4.00	4.00	4.00	4.00	4.00	4.00	4.00
	Duration	HCSW	3.00	3.00	3.00	3.00	3.00	3.00	3.00
Night (LN)	Shift	RN	3.00	3.00	3.00	3.00	3.00	3.00	3.00
	Duration	HCSW	2.00	2.00	2.00	2.00	2.00	2.00	2.00

Proposed bed numbers and staffing A3

As part of the reconfiguration of A3, 8 of the existing 22 gynaecology beds will be re-purposed for use by the Maternity service. This will mean that under the proposal there will be 14 Gynaecology beds on Ward A3. This would see a reduction in staffing for Gynaecology as below.

			Mon	Tue	Wed	Thu	Fri	Sat	Sun
Early (LD)	Shift	Beds	14	14	14	14	14	14	14
	Duration	RN	3.00	3.00	3.00	3.00	3.00	3.00	3.00
		HCSW	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Late	Shift	RN	3.00	3.00	3.00	3.00	3.00	3.00	3.00
	Duration	HCSW	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Night (LN)	Shift	RN	2.00	2.00	2.00	2.00	2.00	2.00	2.00
	Duration	HCSW	2.00	2.00	2.00	2.00	2.00	2.00	2.00

It is considered essential to Gynaecology that the nurse coordinator role is maintained under the reconfigured A3 Ward to support the flow and admission and discharge of women through EGAU and to provide 1:1 care for women during the period of time that they are actively miscarrying their baby. The co-ordinator role is included in the table above by day. In addition, the ward manager works Monday to Friday and is not included in the table above.

The net reduction in staffing (i.e. 1 RN by day and by night) for Gynaecology on A3 will support the increased staffing that is required for the Maternity service (see below) under the re-purposed A3 Ward. For Gynaecology, the proposed reduction in beds on A3 will result in a reduction in one registered nurse and one health care support worker by a long day and one registered nurse overnight that will be redeployed to Maternity to support post operative Maternity patients. The costs of the 5.5 WTE RNs and 2.83 WTE HCSW will be cross charged in order to maintain budget alignment. There are no proposed changes to the medical model

New Maternity posts for as a result of the reconfiguration

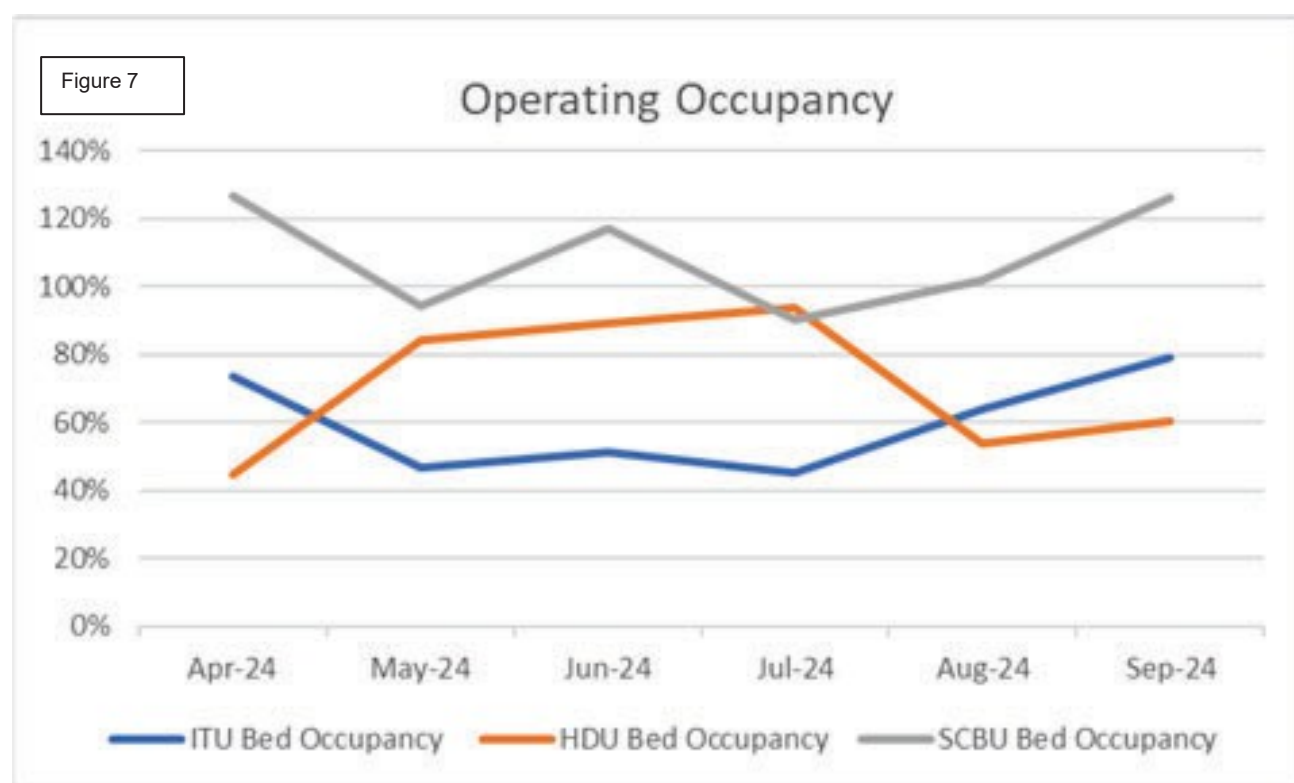
Under the proposal there is a required additional staffing resource of an additional 3.3 WTE band 5 midwives to equate to 7 staff by day and 7 by night on B3 with 1 per day and 1 per night on A3. The rationale for the proposed staffing model of 2 registrants (1 Midwife and 1 RN) is based on:

- A requirement to provide care to 8 post operative women and 8 babies ie 16 patients
- To ensure safe clinical practice to women who have a caesarean section due to increased risk ie - of post partum haemorrhage/bleeding
- The distance between A3 and B3 and that these 2 areas are segregated means that in the event of an emergency either to a baby or a mother there is a need for 2 registrants. In terms of governance arrangements, the nurses on gynaecology will continue to be line managed by the band 6 & 7 and band 8a senior nurse and Head of Midwifery as professional lead (see Appendix 4). Training needs analysis & induction will be undertaken jointly with the lead nurse and PDM to ensure safe care - BLS, NLS, bespoke prompt.

New Neonatal posts for transitional care

An additional 5.69 band 5 RN are required under the proposal in order to support neonatal transitional babies. The rationale for requiring Band 5 RNs is so that they can manage babies requiring anti-biotics.

Figure 7 shows the percentage occupancy for the Neonatal Unit from April to June 2024. The configuration of cots is scheduled to change as a result of the WHSSC review of cot capacity across Wales however the data shows the sustained pressures around Special Care (SCBU), some of which will include transitional care babies which in turn potentially displaces HDU, ITU capacity (ITU/ HDU capacity used by SCBU babies). Figures over 100% occupancy denote overspill from one acuity level to another such as from SCBU beds into HDU cots.



There is significant political pressure from WG and professional bodies for ABUHB to have a Transitional Care Unit. This was picked up by the Chief Midwifery Officer for Wales following her site visit in November 2023. A specific local audit was therefore undertaken to inform this business case. The analysis of this included antibiotic admissions. Due to time constraints, it was possible to collect data from the first four months of this year only. In conclusion, the audit demonstrated we reached a total of **3.83 babies per day**. The findings of auditing our current and potential demand supports the need for 4 transitional care cots to be based on B3. It is proposed that these be located in a dedicated transitional cots area, with designated staffing in line with BAPM standards.

There are other categories of babies who are not necessarily preterm or of low birth weight but who may well have avoided admission to the Neonatal Unit had there been specific transitional care facilities and staff available on the postnatal ward able to intervene at an earlier stage e.g. jaundiced babies who go on to require intravenous fluids and intensive phototherapy.

3. Case for Change

This business case seeks to address the shortfall in capacity that resulted from the change in clinical model planned for GUH for women and children's services and to rectify non-compliance with several critical standards and recommendations and to address the increasing pressures around capacity and flow.

3.1 Women and Children's Services planned vs actual Clinical Futures Model

The Clinical Futures Model for Women and Children's Services (maternity, gynaecology, paediatrics, and neonates) which was fully articulated from 2017 onwards was informed by national standards and extensive local reviews (HEIW etc). However, for reasons such as a reduced GUH footprint, bed pressures, Covid 19, demand and a growth in complexity/ morbidity of women; the Division was not afforded the opportunity to deliver on their model. The Table below shows the Clinical Futures proposed model compared to the actual model in place as of 2024.

Service	Proposed Clinical Futures Model	Actual Model in Place at 2024
Midwifery	An integrated centralised midwifery and obstetric service in GUH supported by a network of midwifery led units across Gwent	Overall bed reduction from 85 to 63. A centralised obstetric/ maternity unit and subsequent closure of midwifery led units in RGH/ NHH
Gynaecology	A centralised gynaecology 16 bedded unit ward plus 4 trolleys for emergency assessment at the GUH. At the inception of GUH planning the ward was intended to be a gynaecology managed ward with a bed base split 16:8 (22 beds in total) between gynae and female elective surgery	Approximately 12 of the beds are now used for outliers, general surgery, gastroenterology and respiratory.
Neonates	35 cots (plus 3 cots in parent bedrooms used 'rooming in') at GUH supported by a dedicated Transitional Care Unit.	30 operational cots (including 3 'rooming in' bedrooms. This will be increased to 32 as part of WHSSC's Cot Reconfiguration Review. No dedicated Transitional Care Unit is in place

3.2 Compliance with national and clinical standards

Midwifery Standards

- Clinical futures planned care closer to home and this included midwife led births, with obstetric inpatient care moving to centralised services at GUH. However, the trajectory for midwife led births has seen reduced activity over several years within the freestanding birthing units. This is in line with women's increased acuity and care requirements, and is a national picture. Due to the reduced activity and staffing challenges there was a temporary closure of the freestanding birthing areas in RGH and NHH. An independent midwifery led review was undertaken which culminated in an agreed permanent closure of those birthing areas.

- Changes in women's demographics, increased obesity, diabetes, smoking, and deprivation have seen higher rates of operative births and increased length of stay noticeable at GUH. This is compounded by the reduction in bed numbers of 22 beds when amalgamating the obstetric inpatient services.
- The MatNeo support programme was launched in 2022 to improve safety, experience, and outcomes for maternity and neonatal care. Recommendations included a commitment to transitional care to prevent mother and baby separation.
- The CNO developed a set of priorities to determine the strategic direction for the Nursing and Midwifery professions. As part of this there was a recommendation to implement and deliver the mat neo safety support programme.
- A core foundation for building a healthier and more equitable future for Wales, Best Start in Life is a priority for tackling inequalities as well as giving children the best outcomes in life. Keeping the family unit together is a key part of supporting the best start in life to not only promote parent infant bonding but also infant/ breast feeding.
- The All Wales Breastfeeding Plan launched in 2019 with the aim to increase breastfeeding at birth and for babies to be breast fed for longer. Supporting transitional care ensures that the strategic aims of the plan are aligned.
- Currently GUH is the only Level 3 Unit in Wales not to have a dedicated Neonatal Transitional Care Unit. See appendix 5 for Neonatal Network Benchmarking.

Gynaecology Standards

- Necessity for safe, person-centred, and equitable access to women's services. It emphasizes providing adequate capacity for surgical and diagnostic women's services, standardized care pathways, and evidence-based support for reproductive choices.
- GUH currently faces challenges in meeting these standards due to inadequate bed allocation and capacity issues in the gynaecology unit. This is because priority is given to outliers in the beds as a result of system pressures

Neonatal Care Standards

- The All Wales Neonatal Standards document amalgamates the BAPM Service Standards and Neonatal Service Quality Indicators documents, outlining best practices for neonatal care delivery.
- The BAPM Neonatal Transitional Care - A Framework for Practice (2017) highlights the need for transitional care – GUH does not fully comply with these standards.

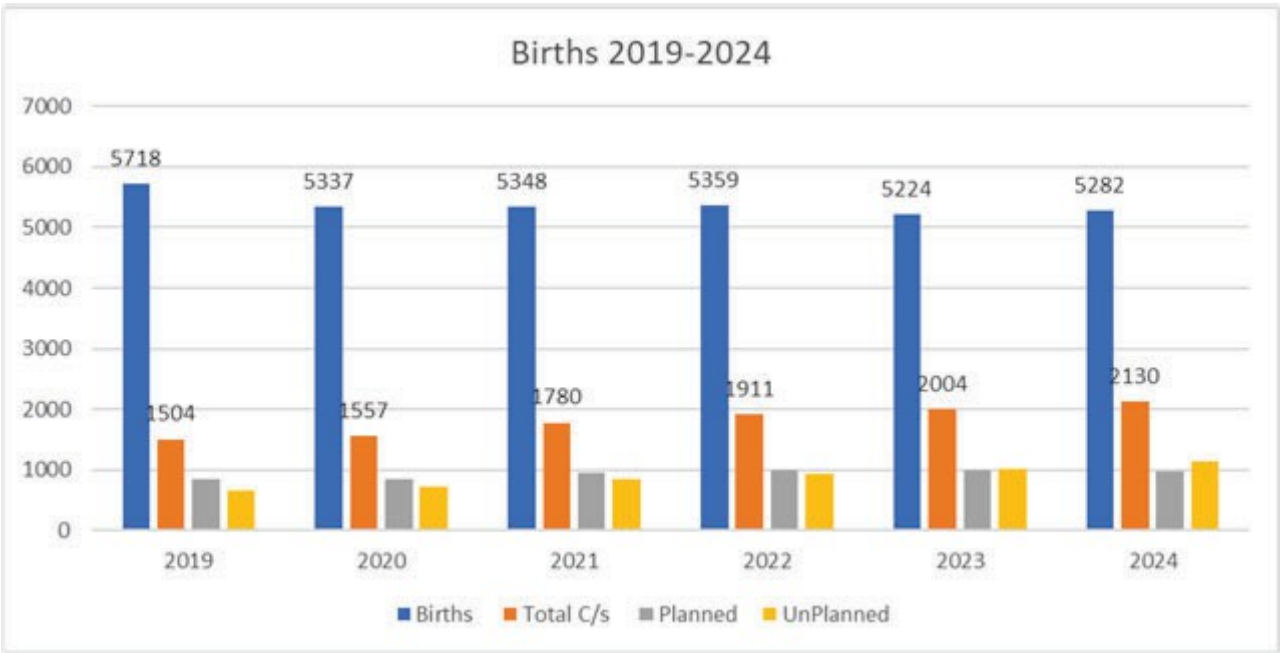
- The BAPM Framework: Early Postnatal Care of the Moderate-Late Preterm Infant (Jan 2023) discusses the requirement for transitional care facilities to accommodate this group of babies – GUH is not able to meet this requirement.
- The Maternity & Neonatal Network are currently chairing a task and finish working group consisting of neonatal and maternity staff from Welsh Health Boards and will establish a Welsh transitional care criteria – currently GUH will not meet this.
- GUH does not fully comply with these standards, particularly in terms of providing adequate transitional care for neonates and managing neonatal capacity efficiently.
- The South Wales Transport Service (CHANTS) reported a high volume of capacity transfers, indicating a significant issue with neonatal cot availability and distribution.
- Addressing the recommendations from the associated Dr Grenville Fox Neonatal Transport Service Review in 2019 is critical to improving neonatal care and reducing the need for capacity transfers. The arising WHSSC Cot Reconfiguration Review from August 2022 considered the number and placement of neonatal intensive and high dependency cots commissioned across South Wales but this did not extend to Transitional Care.
- A recommendation following a GUH site visit by the Chief Midwifery Officer in November 2023 was for a Transitional Care Unit to bridge the gap between NICU and general neonatal care.
- It was also recognized the current limitations around maternity capacity and flow, highlighting the need for strategic improvements in these areas.
- The hospital's current configuration does not support optimal neonatal care, particularly for babies requiring transitional care.
- Non-compliance with BAPM standards could lead to suboptimal patient outcomes and increased pressure on neonatal intensive care units.

3 Capacity and Flow across Women and Children Services

1. Maternity Flow Issues

- Capacity issues, due to bed reduction and increased complexity of both mother and baby on the postnatal ward means that there are delays in women requiring transfer to C3 for ongoing care. Due to the ongoing delays identified at the Grange University Hospital maternity service undertake audit via DATIX. In September 2024 there were 16 women who were delayed more than 24 hours in being transferred to labour ward for ongoing care. There were 2 women who had delays in caesarean section and left nil by mouth for over 24 hours. There were 11 women who had a second stage that lasted longer than 3 hours therefore their birth was delayed.
- Whilst the birth rate within ABUHB has remained fairly static at around 420-500 births per month, the demand on maternity in terms of post operative function has increased. The Caesarean section (c/s) rate has increased markedly since 2019 (see graph below) with the c/s is now 42%. Whilst the increase is predominantly

emergency cases, both planned and emergency cases have increased demonstrating a requirement for additional post operative area to provide care to women.



- When booking planned c/s, a score is given to each woman, this is to ensure there is sufficient time to undertake all the planned c/s on the day. When the theatre list score is above 12 then no further c/s should be booked due to the complexity of cases. In July 2025 there were 6 days when the team were operating above this level with scores for the day coming in over 12. These women require additional care. With 5 planned c/s per day, the option to open a theatre list over the weekend was considered this would be at an additional cost to the service of £5.5k for the day – excluding costs for obstetrician and additional midwife – meaning the costs would be in the region of £7K for a list. Had we had additional bed capacity, there could have been consideration to increase operating lists during the week – thus reducing overall costs.
- Additionally, the scenario described above resulted in increased acuity of patients and ultimately length of stay. Average LOS is 3 days with 50% of women remaining an inpatient on the ward due to baby requirements. With the introduction of the NEWTT 2 scoring to identify deteriorating babies it is feasible that this may increase. The current flow issues are having a detrimental issue on staff wellbeing and patient safety, with delays in care now being DATIXED. If post operative women have no bed on the main ward they are cared for in high dependency or on the labour ward. This takes up a midwife from labour ward who would otherwise be free to provide care to labouring women or look after a woman who requires induction. There were 13 DATIX in May 2025 relating to high acuity and staffing. 7 delays were recorded in March 2025.

- In utero transfers from other areas cannot be accepted resulting in mothers and babies being transferred outside of Wales. ABUHB has the highest rate of births across Wales, second only to Betsi Cadwaladr. The service also has the highest number of premature births. Capacity and flow are therefore critical. The impact of not having a transitional care unit means babies who do not fulfil high dependency or neonatal care criteria but require additional care such as IV medication, blood glucose monitoring, feeding support, observations, will remain on the postnatal ward for 48 hours and up to 5 days with their mother taking up valuable bed space. Therefore, additional bed space is required to accommodate any transitional care beds/cots.

2. Gynaecology Capacity and Standards:

- The hospital must ensure adequate capacity and access to gynaecological services to comply with the Minister's Quality Statement for Womens and Girls' health – July 22
- By reallocating and optimising gynaecology beds, the hospital can improve care delivery and meet the outlined standards for women's health services.

3. Neonatal Care Pressure:

- Whilst transitional care is provided it lacks any dedicated space or designated workforce. Due to babies being treated in areas without dedicated transitional baby support or workforce the neonatal nursing team currently has to accommodate this. This leaves the neonatal unit with fewer staff for the period of time this staff member is off the ward looking after the transitional babies which increases pressure on the neonatal unit.
- This business case aims to address this workforce issues by creating dedicated transitional care workforce and space.
- Babies who require IV antibiotics are cared for on the postnatal ward but there are no designated staff to provide the treatment and babies are currently transferred to the neonatal unit for administration of their medication. This separates mother and baby and adds clinical risk to the staff on the neonatal unit, who are allocated this workload in addition to the provision of care of babies on the neonatal unit. A review of midwifery workforce has suggested that an additional 2.2 band 6 midwives would be required for this care alone if provided by midwifery staffing.

4. Outcomes and Benefits Realisation Plan - Value

Objectives of the Proposed Change

1. **Improve Flow and Reduce Pressure:**

- Reallocating eight gynaecology beds for maternity and surgical maternity patients (such as those recovering from c-sections), and in turn facilitating 4 beds on B3 maternity postnatal ward for dedicated transitional care for new mothers and their neonatal babies, thus alleviating pressure in the maternity ward. There will be a total of 48 beds for maternity recognising that 4 are allocated for transitional care mothers and babies. Improved flow would lead to a reduced number of complaints due to fewer delays for C-Sections and transfers from the ward.

2. **Enhance Neonatal Care:**

- Creating 4 dedicated transitional care cots, on B3 addressing workforce pressures and ensuring neonates receive specialised care promptly.

3. **Align Skills with Patient Needs:**

- Matching the skill set of gynaecology staff with the new patient case mix will reduce significant incidents and improve staff retention. This will create a safer and more efficient care environment for gynaecological patients.

4. **Improve Patient Safety:**

- Reducing the dispersion of patients will minimise patient safety events and ensure that patients are placed in the most appropriate care settings, thereby enhancing overall patient safety, experience and care quality.

Benefits of the Change

1. **Compliance with Standards:**

- The proposed reconfiguration will bring the Hospital into compliance with BAPM Service and Quality Standards for Provision of Neonatal Care relating to transitional care and the Minister's Quality Statement.
- Implementing Chief Midwifery Officer's recommendations will also address identified gaps in neonatal and maternity care.

2. **Operational Efficiency:**

- The improved bed allocation will optimise patient flow, reduce bottlenecks, and enhance the efficiency of care delivery across maternity, gynaecology, and neonatal units.

3. **Enhanced Patient Outcomes:**

- Patients will receive care in the most appropriate settings, leading to better health outcomes and higher patient satisfaction.
- Dedicated transitional care for neonates will ensure there is a recognised and consistent nursing establishment to deliver essential care needed to thrive.
- Reduce risk arising from an inability to undertake ongoing care on maternity.
- Provision of IV antibiotics for babies on the postnatal ward.

4. **Workforce Stability and Satisfaction:**

- Aligning staff skills with patient needs will improve job satisfaction and retention rates among gynaecology staff.
- Having a dedicated workforce to deliver transitional care will reduce workforce pressures in the Neonatal Unit thereby enhancing staff well-being and performance.
- There would need to be operational consideration to items such as backfill for sickness and annual leave and whether budgets between maternity and gynaecology need to be realigned to agree where these sit. There would also need to be an awareness that the dedicated transitional care workforce would not be included in exercises such as winter pressures to protect the function of the transitional care unit.

5. Option Appraisal – to include at least 2 options

i. “Do Nothing” – (baseline)

Risks including consequence, likelihood and mitigating actions:

Midwifery

- ▶ Maternity capacity and flow have seen significant challenges due to the reduction in bed capacity coupled by ongoing complexity of both mothers and babies resulting in longer LoS e.g. CS rates at 38% since 2024.
- ▶ Capacity issues means that there are delays in women requiring on going care such as inductions of labour and caesarean section.
- ▶ Capacity issues in the service means that in utero transfers from other areas cannot be accepted resulting in mothers and babies get transferred outside of Wales.
- ▶ ABUHB has the highest rate of births across the UK, second only to Betsi Cadwaladr in Wales. Capacity and flow are therefore critical.
- ▶ The impact of not having a transitional care unit means babies who do not fulfil neonatal unit criteria but require additional care such as IV medication, blood glucose monitoring, feeding support, observations, will remain on the postnatal ward for 48 hours and up to 5 days with their mother taking up valuable bed space.
- ▶ Babies who require IV antibiotics are transferred to the neonatal unit for administration resulting in temporary separation from their mother and poses infection risk. Alternatively, neonatally nurses must leave the neonatal unit to administer IV antibiotics on the midwifery unit.

Gynaecology

- ▶ The loss of clinical accommodation, loss of beds to outliers, general surgery, respiratory and gastroenterology (with a significant growth in gastro and respiratory admissions since 20/21) is impacting on the gynaecology service to such an extent that it is reintroducing

many of the sustainability issues that was the driver for centralisation under Clinical Futures. Tackling the significant backlog in gynaecology is extremely challenging in this environment.

- ▶ The workforce profile for gynaecology is not tailored to look after enhanced patients which is introducing clinical risk out of hours when the staffing profile is reduced.
- ▶ The consumable costs associated with nursing medical/ enhanced patients (pressure wounds, incontinence pads, leg ulcers etc).
- ▶ Continued issues with bedding displaced gynaecology patients to accommodate outliers or gynaecology having to admit patients at the end of the day resulting in women miscarrying on a trolley or passing a foetus during the night: Should the risk of haemorrhage be realised this medical emergency needs to be managed when nursing and medical staffing is reduced.
- ▶ Recruitment challenges due to working on the ward with such a diverse set of patient needs. This financial year the service failed to recruit into a substantive RN post for the first time ever
- ▶ Increased complaints related to the ward experience. Particularly for women presenting with miscarriage or threatened miscarriage
- ▶ Increased boarding of patients on A3 may see an increased requirement for an additional HCSW overnight at a cost of 94K, this is currently being monitored.

Neonates

- ▶ The service is extremely busy and cot capacity can be challenging. The absence of a dedicated Transitional Care Unit can result in inappropriate neonatal cot utilisation by transitional babies. This is especially the case when the Neonatal Unit is operating at full capacity with no spare cots, and where babies and those in utero may be transferred to other Units.
- ▶ There is overwhelming evidence that separation of mother and baby at, or soon after birth, can affect the positive development of the mother–child attachment process (Crenshaw, 2014). Mothers may find it harder to establish and maintain breastfeeding and it may affect their mental health (Bigelow *et al*, 2012; Dumas *et al*, 2013). Preventing separation, except for compelling medical indications, is an essential part of providing safe maternity services and an ethical responsibility for healthcare professionals (Crenshaw 2007; 2014).
- ▶ Currently, the core Neonatal nursing workforce cares for babies receiving transitional care who are either located on the postnatal ward or on the Neonatal Unit. Without specific workforce funding for transitional care, these babies are often cared for in addition to the neonatal nurse's core allocation of NICU babies i.e. they may be caring for an ITU baby or 2 HDU babies and be allocated a transitional care baby in addition. In addition, the nursing staff are providing administration of IV antibiotics to babies who are on postnatal ward, of between 0 and 4 per day.

ii. Option 2 – Reconfiguration of Ward A3 to support the delivery of the MatNeo programme

On A3, 8 beds will be utilised for post operative/postnatal care staffed by 1 Midwife and 1 RGN. Transitional care will be accommodated on B3 ring fencing 4 beds/cots.

This proposal would result in 8 beds on A3 being reconfigured and allocated to maternity post-op and postnatal care. It would also involve converting 4 beds on B3 from maternity beds to maternity / transitional care beds.

The 8 reconfigured beds on A3 will be staffed by a midwife and gynaecology RN. This will involve reallocating the RN from A3 and moving a midwife from B3 to work on A3 thus reducing midwifery staffing on B3 from 8 per shift to 7 per day and night (currently 8 per day and 7 per night). To support safe care on B3 due to the reduction in a midwife by day, 2.8 HCSW will be transferred from A3 to maternity to support 1 additional HCSW by day.

It is not acceptable or safe to reduce B3 Midwifery staffing to 6 per night and therefore the total complement for registrants for B3 roster needs to be 52.8 WTE. Whilst this represents an increase in the roster numbers by 3.3 WTE there are over 8 WTE vacancies in GUH (B3, C3 and Birth centre). Filling those vacancies will ensure the staffing can be optimised.

The transitional care beds on B3 will be staffed by a band 5 Neonatal RN. Of note, the women in these transitional care beds will require care from a midwife as well as neonatal care for their babies. Currently, there is no resource for managing IV antibiotics in this area and staff currently need to leave the neonatal unit and the designated babies they are caring for to administer the antibiotic.

Bed proposal summary

Area/ward/unit	Ward name	Current bed base	Proposed bed base	Comments
Neonates	NICU	No change	No change	
Maternity	B3	40	48 (includes 4 transitional cots)	Same number of beds on the unit however 4 beds are now allocated to transitional care with 8 additional maternity beds on A3
Gynae	A3	22	14	Reduction in A3 footprint as 8 beds will be

				allocated to pop/postnatal care.
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Please note - patients that are currently occupying the 8 gynaecology beds that are being re-purposed as Maternity beds will be managed within their appropriate speciality in GUH. This will be supported by the planned discharge lounge which is scheduled to be open early next year.

Staffing proposal summary

Area/ward/unit	Ward name	Change to Staffing	
		RN	HCSW
Neonates	NICU	Additional 5.69 WTE band 5 RN	
Gynae	A3	-5.50 WTE	-2.83WTE
Maternity	B3	Additional 3.3 WTE band 5 midwives (this is addition to the 5.50 RN and 2.83 HCSW WTWs being transferred from Gynaecology)	

Benefits: This strategic reallocation aims to address several key objectives, enhancing patient care and operational efficiency across multiple departments.

- 1. Improve Flow and Reduce Pressure in Maternity Ward, Gynaecology, and Medical Beds:**
 - By reallocating beds, we can alleviate overcrowding in the maternity ward, ensuring that new mothers and their babies receive timely and appropriate care.

- This reconfiguration will also reduce the pressure on gynaecology and improve patient experience for medical patients by creating a more balanced distribution of patients across the hospital.
- 2. **Improve Flow, Length of Stay (LOS), and Workforce Pressures in Neonates:**
 - The introduction of dedicated transition cots will streamline the care process for this group, optimising their length of stay through dedicated, specialised care.
 - This initiative will also help alleviate workforce pressures by ensuring that neonatal nurses can focus on providing high-quality care without being overstretched.
- 3. **Match Skill and Case Mix on Gynaecology Ward with Potential to Reduce Significant Incidents and Improve Retention in Gynaecology:**
 - By aligning the skill set of gynaecology staff with the patient case mix, we can reduce the occurrence of significant incidents.
 - This alignment will also improve job satisfaction and retention rates among gynaecology staff by ensuring they are working within their areas of expertise and competence.
- 4. **Reduce Patient Safety Events in Medical Outliers by Reducing Dispersion of Patients:**
 - Concentrating care within specialised units will minimise the dispersion of patients across the hospital, thereby reducing the likelihood of patient safety events.
 - Ensuring that patients are placed in the appropriate wards with skilled staff will enhance patient safety and care quality.

Resource Requirements for preferred option

1. Staffing

- **Additional Staff Requirements:**
 - Recruiting or reallocating staff to cover the increased need for specialised neonatal and maternity care such as nursery nurses/Band 5s or maternity staff to cover the surgical beds.
- **Staff Training:**
 - Providing training programs for existing staff to equip them with the necessary skills for the new care requirements.
 - Possible need for ongoing professional development to ensure staff are up-to-date with best practices in neonatal and maternity care.

2. Equipment

- **Medical Equipment:**
 - Procurement of specialised equipment for neonatal transitional care, such as neonatal monitors, storage trolleys, 2 x tympanic and 2 x Dynamaps
 - Ensuring availability of necessary surgical recovery equipment for post-caesarean section patients.
- **Supportive Technology:**
 - Investment in technology to support monitoring and care of neonates and surgical maternity patients, such as advanced monitoring systems and patient management software.

4. Operational Adjustments

- **Policy and Procedure Updates:**
 - Developing and implementing new policies and procedures to guide the care processes in the reconfigured units (such as abduction policy)
 - Ensuring compliance with regulatory standards and best practices in both neonatal and post-surgical maternity care.
- **Coordination and Communication:**
 - Establishing clear communication channels between different departments (maternity, gynaecology, neonatology) to ensure smooth transitions and coordinated care.
 - Implementing regular interdisciplinary meetings to discuss patient flow and address any emerging issues promptly.

Mitigation plans should the reduced gynaecology bed establishment be found to be insufficient on occasion

A number of steps can be taken should the reduced gynaecology bed establishment be found to be insufficient at times:

- Flex up and flex down between Maternity and Gynae
- Prioritise beds in accordance with demand and urgency of patient's conditions.
- Proactively manage admissions and discharge for EVAC and Medical management ensuring beds are utilised early in the day for EVACS to enable same day discharge.
- Review criteria for home management of miscarriage and plan to increase procedures done under local anaesthetic to reduce length of stay.
- Utilise discharge lounge and board in EGAU in accordance with escalation plan.
- Its imperative that the residual beds left in gynaecology are protected at all costs and the Division would want this formalised as ringfenced where possible.

General Internal Medicine (GIM)

It is acknowledged that the medical model at the GUH requires ward beds exclusively for GIM patients to maintain patient review/flow and to provide additional high acuity GIM cover in GUH. The patients are anticipated to represent high acuity GIM clinical need, with regular review and reassessment of these patients; not only to ensure safe and targeted care for the sickest cohort of GIM patients but also in an effort to improve flow and safe discharges. In order to provide this, the model of care required is different to the GIM provision model at an eLGH site, therefore there is a requirement for additional workforce to support the GIM proposal to ensure the delivery of safe and sustainable care with the anticipated benefits of reducing hospital LOS, facilitating timely patient discharge and wider system impacts e.g., ambulance hand overs.

There are currently no dedicated GIM beds or consultant support at GUH, aside from transitional support/short stay support on the first floor provided by the Acute Physicians, is becoming increasingly demanding to manage and has a negative effect on patient flow.

In order to address the concerns and deficiencies identified in GIM provision, the proposal is for the inpatient ward 4/4 at NHH to be decommissioned to facilitate the reconfiguration of the service model to support 16 GIM inpatients at GUH, creating a single sited Respiratory inpatient bed base at GUH. This also meets the strategic aim to reduce to the original Clinical Futures Bed Base.

Following the decommissioning of the Respiratory inpatient beds at RGH in October 2021 the service has since reviewed utilisation of the Respiratory inpatient beds at NHH and it is acknowledged that there is a reduced requirement for acute Respiratory patients in an eLGH settings resulting in the Respiratory teams mainly accommodating multi-morbid care of the elderly patients with complex discharge requirements.

Therefore, it is proposed to support 16 GIM beds at GUH across wards B4 and C4 under the care of the Respiratory Consultants. This will require a reconfiguration and relocation of RHCU (Respiratory High Care Unit) to an alternative area within the GUH.

Pay and Non Pay Costs:

Cost summary	Year 1	Year 2	Year 3
	£,000	£	£
Capital	22 (inclusive of VAT) Baby tagging system	0	0
Revenue -Staff*	537	537	537
Revenue - Non Staff	£8.5 (start-up costs) See appendix 7	0	0
Revised Total (Revenue)	£567.5 (including start-up costs of £8.5k)	537	537

Cost breakdown by service of preferred option

		Band	WTE	Rotation		Annual Cost	
Gynae Staffing							
	HCSW	2	-2.83	Days	-£	105,456	
	RN	5	-5.5	Full	-£	328,728	
							-£ 434,184
Maternity Staffing							
	HCSW	2	2.83	Days	£	105,456	
	RN	5	5.5	Full	£	328,728	
	RN -Midwife	5	3.3	Full	£	197,237	
							£ 631,421
Neonates							
	RN - Neonatal	5	5.69	Full	£	340,084	
							£ 340,084
Staffing Costs						£ 537,321	

To note – As the acuity of ward A3 is likely to change under the proposals i.e. lower acuity due to a lack of medical outliers on A3, there could be a reduction in variable pay. In regards to the potential for external funding sources - A review has been undertaken and no opportunity for funding (including JCC Commissioning options) are available at the present time.

Commissioning

Joint Commissioning Committee (JCC) currently commission the following Neonatal cot day baselines from AB

	Cot days
Intensive Care	1,533
High Dependency	2,300
Special Care	4,964

It is yet to be determined what the impact will be of this business case on cot days under the current JCC Commissioned Service. It is possible that the opening of transitional care capacity may impact on the number of SCBU cot days being recorded in Badgernet which in turn may impact on the current JCC commissioned service (and the associated divisional funding).

Moreover, it is unclear at this stage if, after the requirements of AB residents are met, the business case would generate any spare capacity which would become available to (or be required by) other commissioners. Therefore, it would be imprudent at this stage to assume any addition income from external commissioners as a result of this case (this is also relevant for option 3).

iii. Option 3 – Establishment of transitional care at GUH via a dedicated transitional care workforce consisting of 5.69 WTE Band 5 staff and four flexible transitional care cots located on the postnatal ward.

Benefits: The establishment of Transitional Care Unit at GUH would mean that neonatal nurses would no longer be required to leave their existing unit and dedicated babies to care for transitional babies, instead dedicating their time to higher acuity babies. On the rare occasion where no cots are occupied by transitional babies, the transitional care staff member on duty (5.69 WTE equating to 1 staff member per shift, 24/7) will be available to help alleviate any staffing pressures within the midwifery and/or neonatal teams. These staff would also routinely administer antibiotics which have historically been given by Neonatal Unit staff and which currently entails staff having to attend the Midwifery Unit, leaving babies they are already providing care for, or babies being brought from Midwifery to the Neonatal Unit with associated infection risks. Securing investment in a dedicated transitional care workforce will also lead to improved efficiencies and skill mix utilisation on the neonatal unit and reduce mother and baby separation.

The benefits of this option are that there would be No increase in footprint for any of the areas, it would support transitional care and IV administration, there would be no requirement for additional midwifery staff and no movement of Healthcare Support Workers.

Risks: The option would not address the issues described in this business case in relation to Maternity flow, quality of care within Gynaecology or Bed Reduction Plan and wider plan for medical beds.

This option would also result in a decrease in maternity capacity, likely increase length of stay for patients, a reduction in flow through the maternity unit with the potential the create delays in patient care and increase in patient risk. Option 3 does not give the opportunity to review the care, workforce and flow on A3, maternity or neonates which the preferred Option 2 does enable.

Cost summary	Year 1	Year 2	Year 3
	£000	£000	£000
Capital	22	0	0
Revenue -Staff*	537	537	537
Revenue - Non Staff	8.5		
Revised Total	545.5 (including start-up costs but excluding capital costs)	537	537

6. Clinical Evidence

- British Association of Perinatal Medicine (BAPM) Service and Quality Standards for Provision of Neonatal Care in the UK (November 2022):
- Gynaecology Ministers Quality Statement (2022):
 - Dr. Grenville Fox Neonatal Transport Service Review (2019):
 - Visit by Karen Jewell, Chief Midwifery Officer (November 17, 2023):
 - Ockendon Review Independent Midwife Review of maternity services (March 2022)
 - Mat/Neo Safety Support Programme in Wales (2022)
 - Best Start in Life (March 2023)
 - All Wales Breastfeeding Plan for Wales (2019)

7. Application of Prudent Healthcare Principles

The proposed business case for improving maternity inpatient flow through the reconfiguration of gynaecology beds aligns closely with the Welsh Prudent Healthcare principles. These principles focus on ensuring healthcare is delivered in a way that maximizes value, minimizes waste, and is sustainable and equitable. Here is how this business case applies these principles:

1. Achieve Health and Well-being with the Public, Patients, and Professionals as Equal Partners

- **Patient-Centred Care:** The reconfiguration plan places patients at the centre by addressing the specific needs of new mothers, neonates, and gynaecological patients. This patient-centric approach ensures that care is tailored to the needs of these groups, enhancing health and well-being outcomes.
- **Engagement and Collaboration:** By implementing recommendations from healthcare leaders such as Karen Jewell, and adhering to standards like those from BAPM, the hospital demonstrates a commitment to collaboration with professional bodies and patient advocacy groups to ensure the best outcomes.

2. Care for Those with the Greatest Health Need First, Making Most Effective Use of All Skills and Resources

- **Targeted Interventions:** The creation of dedicated transitional care beds for neonates and surgical maternity patients ensures that those with the greatest health needs receive timely and appropriate care. This targeted approach helps to prioritise resources effectively.
- **Optimal Resource Use:** By reallocating existing gynaecology beds rather than expanding infrastructure, the plan makes the most effective use of current resources. This reallocation will address immediate needs without unnecessary expenditure.

3. Do Only What is Needed, No More, No Less, and Do No Harm

- **Efficiency and Effectiveness:** The proposed reconfiguration focuses on reducing bottlenecks and improving patient flow, ensuring that care delivery is efficient and effective. This approach minimises unnecessary interventions and optimises patient care pathways.
- **Safety and Quality:** By aligning staff skills with patient needs and reducing the dispersion of patients across the hospital, the plan aims to reduce significant incidents and improve patient safety, adhering to the principle of “do no harm.”

4. Reduce Inappropriate Variation Using Evidence-Based Practices Consistently

- **Standardized Care Pathways:** The plan aligns with the Ministers Quality Statement for Gynaecology by ensuring standardised care pathways for surgical and diagnostic women’s services. This reduces inappropriate variation and promotes consistency in care delivery.
- **Evidence-Based Decisions:** Implementing recommendations from the Dr. Grenville Fox Neonatal Transport Service Review and adhering to BAPM standards ensures that the changes are grounded in evidence-based practices, further reducing inappropriate variation.

5. Ensure that Organisations, Services, and Individuals Collaborate to Deliver the Best Possible Outcomes

- **Interdisciplinary Collaboration:** The proposed changes necessitate close collaboration between maternity, gynaecology, and neonatal departments. This interdisciplinary approach ensures that services work together seamlessly to deliver the best possible outcomes for patients.
- **Stakeholder Engagement:** Engaging with key stakeholders, including healthcare professionals, patients, and regulatory bodies, ensures that the reconfiguration plan is comprehensive and considers diverse perspectives for optimal implementation.

8. Implementation Plan and Measurement of Success

ID	Task Description	Named Lead	Estimated start date (ESD)	Estimated finish date (EFD)	Dependent on any preceding task/s	Status
	Business case approved	Leanne Watkins/ Clare Lipetz/ Sara Garland	September 2025	September 2025	Approval by COO	

	Funding secured through Executive Team/Board	Leanne Watkins/ Clare Lipetz/ Sara Garland	September 2025	September 2025	Approval of Business Case	
	Recruitment of staff	Clare Payne / Jayne Beasley	November 2025	January 2026	Investment secured through Exec team	
	Strengthen metrics to monitor impact	Sian Chard/ Ashley Davies	January 2026	January 2026		
	Service initiated	Celia Satherley / Jayne Beasley, Louise Harvey	February 26	April 2026	Recruitment of staff	
	Service reviewed	Sian Chard/ Ashley Davies	October 2026	October 2026	Service initiation	

Metrics / KPIs

Metric/ KPI	Outcome/ Purpose
Reduction in LoS across each service	To assess improved flow
Track variable pay	To assess reduction in gynaecology bank to support enhanced patients/ outliers
Complaints/ datix/ patient safety events across all service/ medical litigation	Relation to patient experience as a result of delays etc
Timeliness of treatment intervention in gynaecology through complaints/ LoS and cancelations	In relation to medical terminations as a result of abnormal foetus/ miscarriages, UFE, biopsies/ USC patients, EVACs all time critical and requiring beds
ABUHB mothers/ babies treated outside ABUHB	Track displaced patients due to capacity treated OOA

Staff turnover. sickness across 3 services	More sustainable workforce and improved health and wellbeing
Neonatal Cot usage	To determine whether potential additional capacity released for higher acuity babies and therefore higher tariff/ income for ABUHB
Inability to accept of intra uterine transfers across Wales	Assess capacity on maternity unit
Clinical incidents reduction/ delays over 24 hrs in maternity	i.e. infections rates as a result of delays. etc

9. Conclusion and Recommendation

This business case presents a strategic approach to:

- Address the hospital's non-compliance with key neonatal and gynaecological standards and recommendations. By reconfiguring the gynaecology unit to support transitional care for neonates and enhancing capacity for maternity and surgical patients, the hospital aims to achieve the following:
 - ▶ Compliance with the BAPM Service and Quality Standards for Neonatal Care.
 - ▶ Reduction in capacity transfers and improved neonatal care outcomes.
 - ▶ Implementation of recommendations from the Chief Midwifery Officer.
 - ▶ Enhanced capacity and compliance with the Gynaecology Minister’s Quality Statement.
- It addresses the shortfall in model that was presented for the Clinical Futures and GUH footprint.
- It addresses key ongoing capacity and flow issues across each service.

Through these measures, the hospital will significantly improve the quality of care for neonates, new mothers, and gynaecological patients, ensuring safe, efficient, and high-standard healthcare services. The Executive Team and Pre-Investment Panel are asked to approve the preferred option outlined in **Option 2** so the Families and Therapies Division can provide a sustainable service to women and children in Gwent.

Improve Flow and Reduce Pressure:				
Desired Objectives	Benefits	Current State	Future State	Timescale
To improve flow and reduce pressure on maternity ward, gynaecology unit, and medical beds.	This will be beneficial to staff and patients resulting in improved satisfaction and retention of staff and improved experience and outcomes for patients	Currently A3 beds are currently utilised between 30-50% for gynaecology patients with the remaining being utilised for medical outliers. Maternity are struggling with their flow because patients are often delayed intervention because of a lack of access to post-surgical beds	We anticipate this reconfiguration will support an increased number of A3 beds being utilised by gynaecology patients. This will be measured through data capture 6 months post implementation. We also anticipate that flow and throughput on the maternity wards will improve due to more timely intervention and access to post-op beds	Qtr. 2 26/27
To reduce the number of transitional care babies being admitted to neonatal unit	- Creates capacity on neonatal unit for babies requiring neonatal care - Allows for more appropriate use of workforce within the neonatal unit	- Transitional care babies are occupying neonatal cots due to problems with capacity and restrictions on care delivered under current transitional care model - This impacts on the neonatal unit's ability to admit higher acuity babies who require specialist neonatal care	In addition to the 3.83 transitional care babies which are currently being accommodated off the neonatal unit and will be transferred to specific transitional care beds we also predict there will be a further 1 baby from the neonatal area which will be cared for in dedicated transitional care beds rather than neonatal unit, reducing transitional care babies on the unit and increasing the capacity of the unit	Qtr. 2 26/27
Align Skills with Patient Needs				

Desired Objectives	Benefits	Current State	Future State	Timescale
Matching the skill set of gynaecology staff with the new patient case mix	will reduce significant incidents and improve staff retention	Gynae beds are 50-70% taken up by non-gynae patients leading to lower satisfaction on ward and difficulty filling vacancies	Matching skill set will result immediately, improvement in retention will be a longer term aim	Qtr 2 26/27
Improve Patient Safety				
Desired Objectives	Benefits	Current State	Future State	Timescale
Improve patient safety	Reducing the dispersion of patients will minimize patient safety events and ensure that patients are placed in the most appropriate care settings	A3 has 50-70% medical outliers and transitional care bed/cots are housed in non-dedicated spaces with non-dedicated staffing	A ring fenced area for transitional care with dedicated staffing resource and an improved case mix appropriate to the ward and staff skills on A3	Qtr 2 26/27

Risk Based Prioritisation of the Preferred Option *This is a 2-part matrix to assess the scale of your project, i.e. complexity, risk, capacity, support required, and its priority status against operational and strategic objectives. Choose the statement for each criteria that best fits your scheme proposal.*

Score for Complexity and Resource Consumption Criteria (Part 1)						
Criteria	1	2	3	4	5	Score
Scope	One main deliverable		Multiple deliverables		Complex and vague. Dynamic dependencies.	5
Costs	Resource neutral.	May involve some costs within departmental Scheme of Delegation i.e. <£50k.	Investment required <£100k. Executive approval.	Investment required £100-£250k	Investment required >£250k	5
Workforce Dependencies	No changes to workforce.	Workforce impact involves changing practice and procedures. Provision of short training programmes provided through in house. May require recruitment but no current skills shortages and no risk of the use of agency or high cost variable pay.	Workforce changes effect small number of staff and involve changes to base or rotas only (potential short term protection), which may require formal consultation under OCP or Requires provision of in house or external training or Will require recruitment but no current skills shortages identified and low risk that failure to recruit will require agency or high cost variable pay.	Workforce changes impact staff and involve reduction of staff in post &/or changes to roles by 2 thirds &/or changes to bases &/or rotas (potential long term and short term protection through formal OCP or Requires provision of external training and backfill of posts. Will require recruitment of skills already in short supply, & Likely risk of failure to recruit which will require agency usage or high cost variable pay.	Significant workforce changes effecting a whole service, function or ward and involving reduction of staff in post &/or changes to roles by 2 thirds &/or changes to bases &/or rotas (potential long term and short term protection through formal OCP) or Requires external training and backfill of posts. Will require recruitment of skills where there are already significant vacancies and skills on occupational shortage lists and and will require agency usage or high cost pay to provide the level of resource requirements/or internal recruitment creates vacancies and high cost variable pay or other parts of the service.	3
Indicative Capital Requirements*	No capital requirements	Small scheme <£100k ABHB CEO / Dep. CEO	£100k to £500k ABHB Executive Team	£500k - £1m ABHB Board level	>£1m External capital funding and	2

* It is recognised that capital requirements may not be clear at the scoping stage, so if you are unsure about how to score this, please contact Capital Team for advice.		approval required.	approval required.	approval required	approval required.	
Stakeholder Involvement & Consultation	Needs only internal staff (or 'free' resources) to do the work and consuming very low effort Informal internal discussion with staff only.	Involves working across 2 or more service areas. Informal discussions with stakeholders such as CHC, patients and staff required. HR and Trade Union support may be required.	Involves working across 2 or more service areas, and external partners or bodies. Some corporate support may be needed. Informal discussions with Trade Unions, HR, CHC and patients. Formal workforce consultation required.	Formal discussions with Trade Unions, HR, CHC and patients advised. Executive or Board level approvals required. Needs close working with other Divisions and/or corporate support to do the work. Requires some dedicated staff to do the work.	Requires dedicated staff resources and its own budget to deliver. Formal public consultation required. Potential political interest. Likely stakeholder opposition.	2
Project Duration	Very short-term – <3 months	Short- term – 3-8 months	Medium 9-<12 months	Med-Long term 12-18 months	Long term >18 months	2
Score for Complexity and Resource Consumption Criteria (Max score 30)					Total Score	19

* It is recognised that capital requirements may not be clear at the scoping stage, so if you are unsure about how to score this, please contact [Capital Team](#) for advice.

Score for Strategic Fit (Part 2)						
Criteria	1	2	3	4	5	Score
IMTP Strategic Priority: Degree of Alignment	Local priority e.g. improves efficiency, resolves local difficulty.	Key to delivery of Divisional objectives, e.g. financial or annual plans.	Key to delivery of ABUHB corporate objectives, e.g. financial balance, Clinical Futures	Key to delivery of a national priority e.g. target or strategy.	Delivers more than one national or regional or legislative directives	5
IMTP Strategic Priority: Health Inequalities	No/neutral impact on health inequalities.	Some small evidence that narrows gap in life or healthy life expectancy for small % of target Pop.	Some evidence of positive impact on moderate % of target Pop.	Good evidence of positive impact on significant % of target Pop.	Robust and convincing evidence on large % target Pop.	5
Organisational Risk Profile	Very low risk, if any. Failure not mission critical.	Low risk, modest changes, failure a local difficulty	Moderate risk profile (Amber). Major changes. Failure would have significant impact on business or operations.	Major changes. Failure would have major impact on strategic objectives and/or reputation.	High risk profile or mandatory compliance issue Red-rated risk on ABUHB Corporate Risk Register. Failure potentially catastrophic.	3
Evidence of Effectiveness	No evidence will have intended impact.	Limited amount of evidence predominantly from descriptive case studies, surveys or expert opinion.	Some evidence from non-comparative cross-sectional, or before and after studies, e.g. case control and cohort studies.	Moderate evidence from randomised and non-randomised comparative studies.	Strong evidence of effectiveness (well-conducted systematic reviews/meta-analyses).	5
Benefits/Value: Financial	Small financial benefit.		Makes a moderate contribution to the division's /organisation's savings target.		Makes a significant contribution to the division's/ organisation's savings target.	1
Benefits/Value Non-financial (inc QPS & EQIA)	Outcomes – capture of PROMS	Outcomes – capture of PROMS and clinical outcomes	Outcomes & Costing – transforming element of a pathway	Outcomes & Costing - transforming and capturing over a complete pathway	Full Integrated Practice Unit	4
Sustainability	Does not support Well Being Future Gens' – Long term way of working or other ABUHB sustainability objectives, e.g. Clinical Futures.		Partially supports achievement		Fully supports achievement including impact on other services and the overall health and social care system.	5
Score for Organisational Priority (Max score 35)					Total Score	26

When you have scored the two matrices, check the outcome for each rating using the tables below. The see next page.

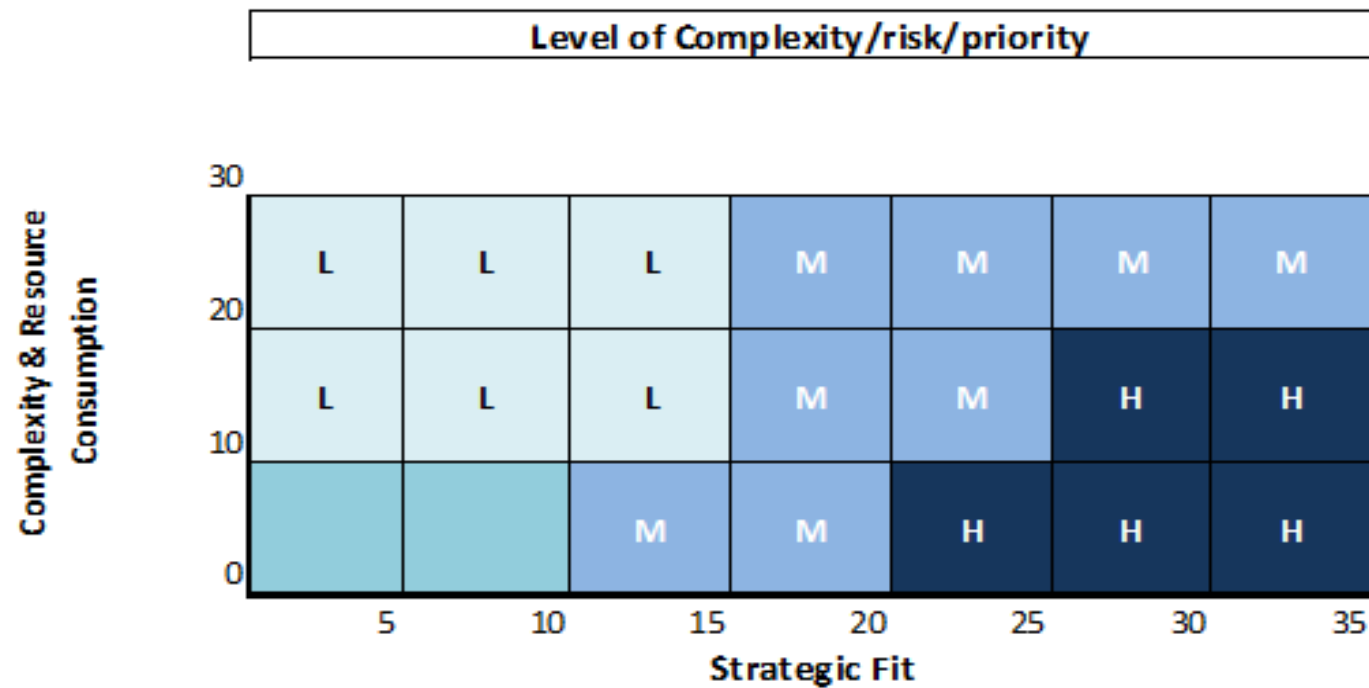
Score for Complexity and Resource Consumption Criteria	Outcome
< = 10	Low level consumption
11 – 20	Moderate level consumption
>20	High level consumption

Score for Strategic Fit	Outcome
< = 10	Low Priority for Organisation
11 - 20	Moderate Priority for Organisation
>20	High Priority for Organisation

Prioritisation of the Preferred Option

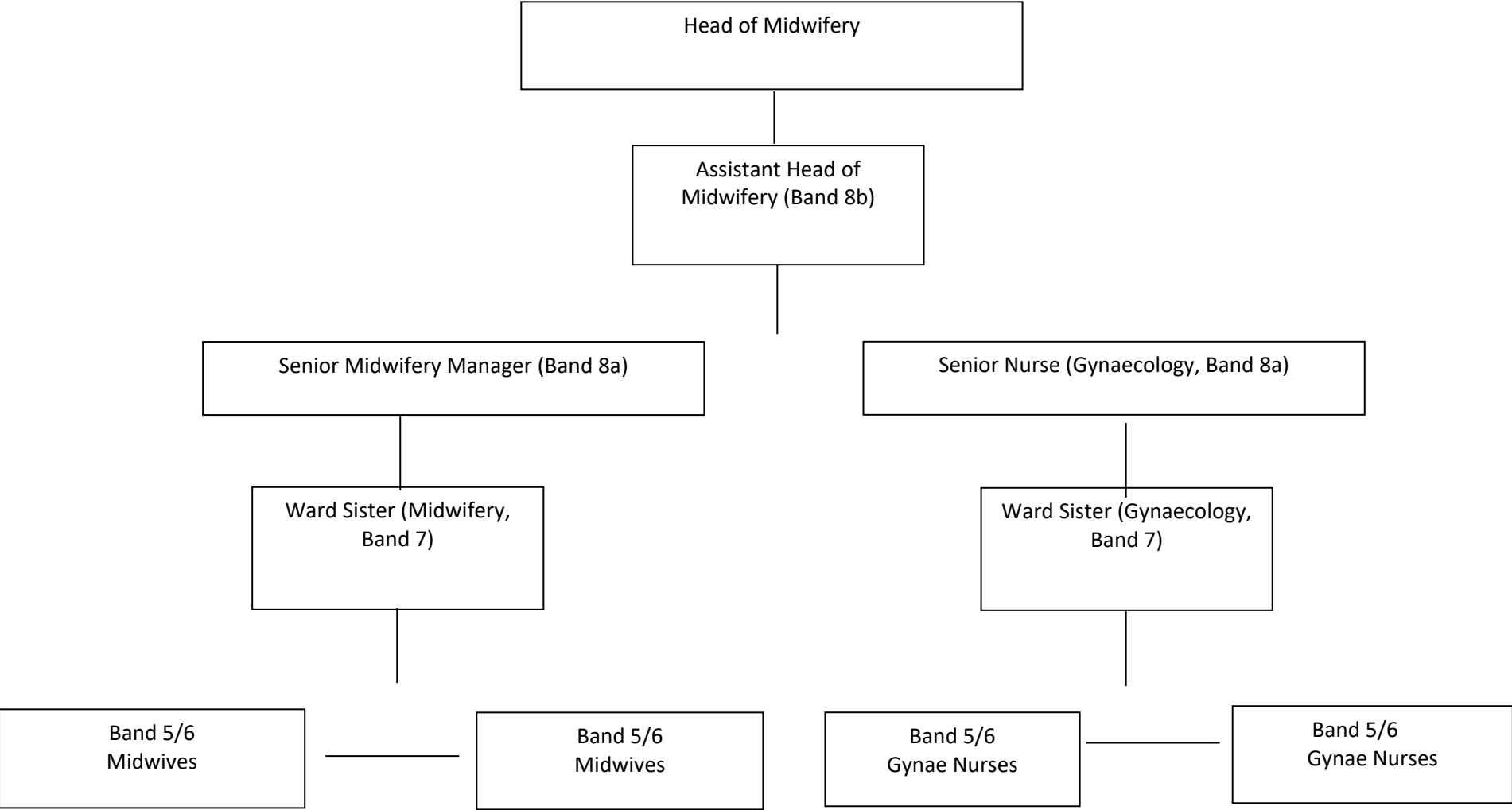
Assess the project by category type, using the assessment matrix below, and include in the **Executive Summary** of this form. The scoring and categorisation will assist the Pre Investment Panel in assessing the relativity of each business case with regards to complexity, risk, capacity requirements and support needed, in conjunction with its priority status against operational and strategic objectives. The Executive Board will use this assessment to assist in its decision making and prioritisation process.

The prioritisation level for the Preferred Option in this business case is:HIGH.....



H	High priority for the Organisation
M	Medium priority for the Organisation
L	Low priority for the Organisation
	Low priority for the Organisation but High priority for Division

Appendix 4 – Existing and proposed Governance Arrangements



Appendix 5 – Neonatal Network Benchmarking document 2024



Benchmarking data
TC provision 2024.xl

Appendix 6 – Baby Tagging quote July 2025



2025.07.16 -
Llanfrechfa Hospital

Appendix 7 – Start-up costs August 2025



Quotation
60460233 - Royal Gw



FW_ Quotation
60460233 - Royal Gw

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Capital Programme for 2026/27
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Hannah Capel, Assistant Director of Capital Kelly Jones, Head of Capital Finance

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

Ar Gyfer Penderfyniad/For Decision

This paper provides an update on the Capital programme for 2025/26 and seeks approval of the draft opening Capital Programme for 2026/27 for both the All-Wales Capital Funding and the Discretionary Capital allocation for 2026/27.

**ADRODDIAD SCAA
SBAR REPORT**

Cefndir / Situation & Background

The total opening capital programme for 2025/26 for Aneurin Bevan was £17.944m. The All Wales Capital Programme (AWCP) commenced at £12.184m. The Health Board Discretionary Programme approved funding totalled £12.875m, however, after the required deductions for AWCP brokerage and a 30% contribution to the Targeted Estates Funding scheme, the remaining Discretionary Programme was set at £5.760m. Throughout the year the Health Board has been successful in securing additional funding for projects totalling £24.507m (inclusive of leases) in order to support the Health Board's strategic and service and infrastructure risk priorities.

The Health Board's Discretionary Capital Programme (DCP) allocation for 2026/27 has been confirmed as £14.456m by the Welsh Government. This is an increase of £1.581m compared with the 2025/26 opening allocation of £12.875m.

Assessment

Progress in 2025/26



All Wales Capital Projects

There are currently 6 live schemes, all at differing stages in the planning and delivery process, 2 being fully approved by Welsh Government and in the course of construction. The remaining projects are at business case / planning stage.

In the last 12 months the following capital schemes have been delivered:

- Satellite Radiotherapy Unit, Nevill Hall – Completion May 2025
- Emergency Department Waiting Room Extension Phase 1, The Grange University Hospital - December 2025
- 2nd MRI, The Grange University Hospital – Completion September 2025

In addition to this, the following schemes are due for completion over the next few months:

- Decontamination Unit, Royal Gwent Hospital – Planned completion, March 2026
- Emergency Department Phase 2 Reconfiguration, The Grange University Hospital – Planned completion, Summer 2026

Following the submission of the Health Boards 10 Year Estates prioritisation, the Welsh Government (WG) has confirmed the Nevill Hall Reconfiguration/ Removal of RAAC and the St Woolos Rationalisation have been prioritised as Aneurin Bevan's green schemes. Project Boards have been set up and work is actively underway for each scheme.

- Nevill Hall Reconfiguration/ RAAC Removal - In November 2025, the Board approved the Strategic Outline Case (SOC) which has now been submitted to WG for consideration in order to proceed to the next stage of the project. The Health Board is still awaiting formal feedback.
- St Woolos Rationalisation – Phase 1 work has begun to move administrative services from the old part of the site due to failing infrastructure. Professional Advisors have been appointed to undertake a feasibility study for the remainder of the site in order to inform the potential options for the site. It is anticipated that a SOC will be presented to the Board later in 2026.

Through the Integrated Regional Partnership (IRCF) Board funding route, the Health Board is pursuing the development of Outline Business Cases (OBC) for the Aber Valley Health and Wellbeing Centre and also the Monmouth Health and Wellbeing Centre. Whilst work is actively progressing, there have been a number of issues faced in relation to the sites of the 2 projects. It is anticipated however that both schemes will have Outline Business Cases completed by quarter 3 of 2026/27 in readiness for approval by the Board and submission to the IRCF for further funding to proceed to Full Business Case (FBC).

The attached **Appendix 1** provides an overview for each capital project including:

- Purpose of project
- Capital cost



- Programme / Timescale for implementation
- Current position and next steps

There is a significant amount of work which has been carried out in delivering the priorities for the Extant Estates Strategy. The Health Board will continue to progress this work through the development of the new Estates Strategy, which will be a 3 lens approach to focus on the Service Need, Condition and Utilisation of the Health Board Estates. A Facet Survey is currently being procured and will be used to inform the service strategic direction from an estate perspective. It is anticipated that this will be completed by the end of quarter 3 of 2026/27.

Targeted Estates Fund

The Health Board has been successful in securing funding in relation to the Targeted Estates Fund (TEF) for a 2 year period. Funding is based on a 70% contribution from WG with the Health Board responsible for the remaining 30%, and is allocated to the following areas -

- Infrastructure
- Fire Safety
- Mental Health
- Decarbonisation
- Infection Prevention Control
- Decontamination

The Health Boards contribution for 2025/26 was £2.862m and the 2026/27 contribution of £2.501m. **Appendix 2** shows the schemes which have been approved for both financial years.

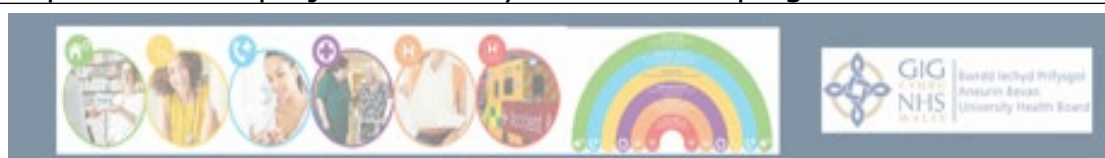
Targeted Investment Fund

In addition to the TEF opportunity, funding has also been made available from Welsh Government through the Targeted Investment Fund (TIF) for Mental Health services. The focus of this funding is investment that supports the transition to new models of care for people in crisis, and/or for people who might traditionally be admitted to a mental health hospital as referenced in the national strategy. Following the submission of appropriate bids, the Health Board has been successful in securing an additional £705k to support the following projects -

- Talygarn courtyard improvement
- Ty Siriol OT Kitchen replacement
- Goldtops security enhancements
- Cedar Parc window replacements
- Anti-ligature works across 4 sites

ReFIT

ReFit Cymru is a Welsh Government promoted scheme that aims to accelerate the energy efficiency of public sector buildings. The framework provides a guaranteed 100% of the energy saving or generation (kWh) via a contractual agreement for the payback period of the project. This key feature is helping to remove risk of failure with



new developments, plus protecting the client and their investment. Additional benefits include improvements to buildings' operational performance and comfort levels for staff, reductions in building-related complaints and maintenance backlogs, a boost to local investment through local job creation, and important reductions in CO2 emissions. The Health Board has been successful in gaining capital funding for this work with £3.536m being allocated for 25/26 and £4.790m for 26/27

Additional Funding from Welsh Government

Throughout the financial year of 2025/26, the Health Board has been successful in securing additional funding to support organisational and divisional priorities, which include -

- Endobronchial Ultrasound
- Fusion and targeted ablation therapy kit
- Trauma and Orthopaedic Power Tool Replacement which has helped offset revenue
- Mini C-Arm – Hand, Foot & Ankle
- Replacement Catering Trolleys
- A number of ultrasound machines

From a digital perspective, additional funding has been received to support the following –

- Windows 11 incompatible devices
- Secondary backup platform
- Critical Network Edge Refresh
- Wi-fi Refresh County Hospital
- Core and Edge Computer rooms APC UPS/PDU/ATS replacement
- Critical Core Refresh at Ysbyty Ystrad Fawr

Whilst this investment is welcomed, earlier notification of additional monies would enable investment to be targeted at strategic and risk based opportunities rather than projects deliverable within an “end of year” timeframe.

Programme for 2026/27

The Capital Programme is made up of two key components:

- i) All Wales Capital Funded Projects, which includes significant projects supporting major strategic proposals of the Health Board, and those projects seen as an exception to the discretionary programme.
- ii) Discretionary Capital Programme, which is generally allocated for the following priority areas:
 - Meeting statutory obligations, such as Health and Safety and Firecode.
 - Maintaining the fabric of the estate; and
 - The timely replacement of equipment, including IT.



The following section sets out the capital funding available and the proposed allocation for the financial year 2026/27.

All Wales Capital

The opening AWCP 2026/27 allocation agreed with Welsh Government is £15.385m and broken down as follows-

Scheme	Total (£m)
Royal Gwent Demolition of Blocks 1 & 2	0.250
DPIF – Medicines and Prescribing: Electronic Prescribing and Medicines Administration (ePMA)	0.685
DPIF – RISP	0.024
Targeted Estates Fund (including expected brokerage of £0.150m)	9.636
REFIT Decarbonisation Programme	4.790
TOTAL	15.385

Discretionary Capital Programme

The following proposed opening programme for Discretionary Capital is based on Organisational and Divisional priorities. All priorities will be subject to continual review and scrutiny based on Organisational and Divisional risks. (Please see Appendix 3 for full break down of Divisional priorities for the opening programme)

2026/27 Discretionary Capital Plan	Proposed 26/27 Programme £m
Draft Discretionary Baseline Funding – Opening position	14.456
Less:	
Targeted Estates Fund (EFAB replacement) Contribution	(2.501)
Less Anticipated AWCP Brokerage 25 / 26	(0.150)
Draft Available Discretionary Funding 26 /27	11.805
Statutory Allocations	0.600
B/f Commitments from 2025 / 26	0.895
Digital New/Replacement end user devices	0.750
Capital Programme Management	0.300
Divisional Priorities 2026 / 27	
Clinical Support Services	1.776
Corporate	0.250
Digital, Data and Technology	2.292
Estates and Facilities	0.730



Family and Therapies	0.199
Health and Safety	0.000
Medicine	0.142
Mental Health and Learning Disabilities	0.932
Primary Care and Community	1.362
Surgery	0.365
Urgent Care	0.300
Total Expenditure	10.893
Uncommitted Contingency	0.912

It is likely that additional funding from the All-Wales Capital Programme may become available later in the financial year due to slippage.

Other national funding sources

Health and Social Care Integration and Rebalancing Capital Fund - HCF and IRCF funding streams

The following have been agreed as pipeline schemes for HCF and IRCF for 2026/27 for ABUHB -

Scheme	Value £m
Adferiad Ward Extra Care (Mental Health)	0.100
Older Adult Mental Health AT	0.020

In addition, the Health Board are pursuing Health and Wellbeing Developments for both the Aber Valley and Monmouth. There have been a number of issues with these projects during 2025/26, predominantly around the sites for development. It is anticipated however that a 'Notification of Event' will be submitted for IRCF consideration for the projects to proceed in developing the Outline Business Case, which will be completed during quarter 3.

National Imaging Programme:

Welsh Government has advised that there will be a National Imaging funding allocation for financial year 2026/27. This will be managed through Shared Services Partnership based on the organisational imaging replacement requirements.

National Informatics Programme:

Whilst there are ongoing discussions in Welsh Government in relation to the Digital Priority Investment Fund (DPIF), there has been no confirmation of funding available at present.

Governance

All Capital will be managed in accordance with the Health Board's Capital Procedures, Standing Financial Instructions (SFIs) and to the Capital Investment



Manual (Wales), for Major Projects, including the completion of the relevant Project Proposal Documentation.

Approval of the opening programme by The Board will negate the requirement for schemes over £500k to be brought back for Chair's Action under the Scheme of Delegation.

Discretionary projects with estimated costs exceeding £1m, may require prioritisation and Ministerial Approval following further internal scrutiny and refinement.

Argymhelliad / Recommendation

The Board are asked to:

- Note the content of the report
- Approve the proposed opening programme for 2026/27.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Each project has or will have a developed capital and service risk register. The former being a contractual requirement.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.1 Managing Risk and Promoting Health and Safety 2.9 Medical Devices, Equipment and Diagnostic Systems 3.1 Safe and Clinically Effective Care 7. Staff and Resources
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	Choose an item.
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 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. Choose an item.
--	------------------------------------

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Each capital project has to go through a rigorous business case process which includes reference to appropriate legislation, health services policy and clinical guidelines.
Rhestr Termau: Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Each capital project has a process for the appropriate engagement with key stakeholders during the course of their development from inception through to operational commissioning.

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
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 Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs



All Wales Capital Projects - January 2026 Update

Project	Description	Capital Cost	Funding Route	SRO	Project Timescales	Stage	Current Position
GUH ED Extension	This scheme is an extension to the ED waiting areas in GUH and is aimed at improving patient experience and address over-crowding in the current ED waiting area. The scheme proposes more than doubling the waiting room area	£15m	AWC	Steve Bonser	Phase 1 completion 12th December 2025	Delivery	Agreement by Executive Team to Omit Phase 2 out of the current programme of works with Morgan Sindall. Health Board to complete Phase 2 2026/27. 'Take Over' certificate issued for Ops Hub move which took place 4th December. ED move across from 12th Decemeber with a view to go live 16th December. slnterim model being worked through. Building will be handed over on the 24th November 25, with external works completing 12th December.
RGH Central Decontamination Unit	This scheme will provide a purpose designed unit within RGH for the decontamination of scopes. Current provision is non-compliant and lacks the capacity to support the increase in clinical activity.	£4.5m	AWC	Jamie Marchant	Quarter 4 2026	Delivery	Works are progressing. Planned building completion is 12th Feb 26. Approximately 6 week commissioning period planned. Unit go live date 25th March 26. Mobile Decon Unit to be removed from RGH end of April 26.
Aber Valley Health and Well Being Centre	It is proposed to construct a new facility to replace the existing Aber Medical Practice, Senghenydd Health Centre which accommodates Health Board services and the Branch Surgery of the Nantgarw Practice. The proposed new facility will also provide additional accommodation that can be utilised by GMS service providers, the Health Board, the Local Authority and the 3rd sector.	£15m	IRCF	Lloyd Hambridge	OBC Submission Est Oct 2026	OBC	Flooding re-mapping work concluded, consultants report details potential to develop on the Aber Parc site. Fees agreed with SCP to begin feasibility surveys. Community Asset Transfer identified on the Aber Parc site, contact with LA made and deemed as not a risk to development Site surveys concluded Design team tabled options for building location, cost advisor and project manager to discuss further and present further info on option appraisal
Monmouth Health and Well Being Centre	It is proposed to construct a new facility to replace the existing Dixon Surgery and to provide additional clinical accommodation that can be utilised by Castle gate Medical Practice, the Wye Valley Practice, the Health Board, Local Authority and the 3rd sector.	£15m	IRCF	Lloyd Hambridge	Pending outcome of test-to-fit for Monnow Vale OBC completion est Oct 2026	OBC	Final environmental surveys concluded for Osbaston site Decision made to investigate feasibility of utiising Monnow Vale as a further site option for the development Test for fit options tabled by design team, further internal dicussions required as to which option to pursue
NHH Development Project	In the context of RAAC having to be removed from a significant proportion of NHH the opportunity has to be taken to review services models and the associated future functional requirements of the site. This will inform the development of a SOC for capital investment.	£475m	AWC	Hannah Evans	SOC Submission November 2025	SOC	SOC approved by Board and submitted to WG in November 2025. Awaiting feedback from WG following SOC submission.
St Woolos Rationalisation	This scheme is proposed to relocate services from the old estate.	£50m	AWC	Jamie Marchant	TBC	PBC	Feasibility work underway with Mott McDonald in relation to Casnewydd in order to determine space availability and proposals for the site.

ABUHB TEF Schemes

Funding Category	Project Name	Project Description	Current WG Approved Spend Total 2025/26	Current WG Approved Spend Total 2026/27	Total TEF Funding Allocation
INFRASTRUCTURE	SWH Kitchen Alterations	TEF 03	£850,000		£850,000
	SCH Service Duct Phase 3	TEF 01	£126,000	£800,000	£926,000
	SWH Ducts Phase 2 Structural Works	TEF 04	£50,000	£100,000	£150,000
	Lift Auto Dialers	TEF 05	£300,000		£300,000
	County Hospital Ty-sirol calorifier Upgrade	TEF 06	£21,000		£21,000
	Security of Medical gas compounds	TEF 07	£54,000		£54,000
	Phase 2 lift door replacements	TEF 08	£500,000	£525,000	£1,025,000
	RGH Kitchen Alterations	TEF 09	£300,000		£300,000
	Lift replacement - E Block lifts & Pathology	TEF 10	£120,000	£300,000	£420,000
	SCH Roof repairs (inc HQ building)	TEF 11	£350,000	£850,000	£1,200,000
	RGH D7E Refresh	TEF 12	£505,000		£505,000
	Chillers YYF	TEF 14	£150,000	£300,000	£450,000
	RGH/rolling ward refurbishment (price per ward)	TEF 16		£1,500,000	£1,500,000
	NHH rolling Ward refurbishment	TEF 17	£1,500,000		£1,500,000
	Nurse call replacements NHH 3 Wards RGH	TEF 18	£150,000	£150,000	£300,000
	Theatre Recovery – UPS replacement	TEF 19	£20,000		£20,000
	Maindiff Court Hireath Boilers	TEF 20	£40,000		£40,000
	Roof Repairs NHH Stores/records/Conference	TEF 21	£97,000		£97,000
	GUH Alders House Roof Repair	TEF 22	£20,000		£20,000
	Serennu Roof Repairs	TEF 25	£16,000		£16,000
	YAB Kitchen Vent	TEF 26	£12,000		£12,000
	Sluice Valve replacements	TEF 27		£13,000	£13,000
	Main Chillers RGH	TEF 28	£100,000	£330,000	£430,000
	Boilers for Main hall @ LGH	TEF 29	£41,000		£41,000
DECARBONISATION	RGH UPVC & NHH Drs Houses Windows replacement	TEF 31	£500,000	£2,000,000	£2,500,000
	GUH Alders House UPVC Windows and Doors	TEF 32	£65,000		£65,000
	NHH Resi. Insulation (3 Drs Houses)	TEF 33	£15,000		£15,000
	NHH Resi. Repalce Gas boilers to heat pumps	TEF 34		£50,000	£50,000
FIRE	RGH Fire Safety - Fire Alarm and Detection System	TEF 38	£860,000	£446,000	£1,306,000
	NHH Fire Safety - Partitions to inpatient wards	TEF 39	£290,000	£0	£290,000
	NHH Fire Safety - Staff Residencies	TEF 40	£92,000	£0	£92,000
	RGH Fire Safety - Partitions at C&D Block	TEF 41	£68,000	£676,000	£744,000
DECONTAMINATION	HSDU RGH Equipment replacement	TEF 35	£375,000	£500,000	£875,000
INFECTION PREVENTION CONTROL	YAB Failed shower replacements	TEF 36	£40,000	£0	£40,000
	RGH Fire Safety - Partitions at C&D Block	TEF 41	£28,000	£0	£28,000
MENTAL HEALTH	Installation of secure doors -Extra Care Area	TEF 42	£24,000	£0	£24,000
	Patient Rehabilitation Kitchen Replacement - Ty Skirrid, Maindiff Court (ADL & Skills Development)	TEF 43	£32,000	£0	£32,000
	Patient Rehabilitation Kitchen Upgrades (x2) - Adferiad Ward, St Cadocs (ADL & Skills Development)	TEF 44	£53,000	£0	£53,000
	SCH Building structural work	TEF 04	£150,000	£946,000	£1,096,000
	SCH Service Duct Phase 3	TEF 01	£374,000		£374,000
	SCH Adferiad Heating and Hot Water	TEF 13	£100,000		£100,000
Totals			£8,388,000	£9,486,000	£17,874,000

AWCP Approved Schemes	Division	Opening AWCP Plan £m
RGH – Block 1 and 2 Demolition and Car Park	Corporate & Facilities	250
DPIF - Medicines and Prescribing: Electronic Prescribing and Medicines Administration (ePMA)	Digital, Data & Technology	685
DPIF - RISP	Digital, Data & Technology	24
Targeted Estates Fund - (including anticipated brokerage)	Facilities	9,636
REFIT Decarbonisation Programme	Facilities	4,790
Total AWCP 2026/27 Approved Schemes		15,385

Capital Bid (PPD) No.	Project Manager	Site	Division	Scheme Detail	£000s
				DISCRETIONARY CAPITAL PROGRAMME FUNDING	
				Discretionary Baseline Funding	14,456
				TEF Contribution	-2,501
				Anticipated Brokerage (TEF Slippage)	-150
				Total DCP Funding	11,805
				DISCRETIONARY CAPITAL PROGRAMME EXPENDITURE	
				Statutory Compliance Allocations	
	Jamie Marchant	HB Wide	Facilities	Statutory Compliance - Asbestos / Water / Electrical / Building Fabric / Ventilation)	500
	Scott Taylor	HB Wide	H&S	Statutory Compliance - Fire Safety	100
				Sub Total Statutory Allocations	600
				Other Commitments	
	Sarah Humphries	HB Wide	Digital, Data & Technology	Digital New/Replacement end user devices	750
	Hannah Capel	HB Wide	Corporate	Internal fees to support delivery of AWCP Schemes	300
				Sub Total Other Commitments	1,050
BJC	Jamie Marchant	RGH	Facilities	Commitments B/f From 2025/26	
1960 & 2031	Liza Methuen	LGH	Facilities	Forecast Overspend on RGH Blocks 1&2	110
2051	Justin Jones	HB Wide	Facilities	Llanfrechfa Grange Parking Fees and Works	231
1723	Jan Jenkins	GUH	Digital, Data & Technology	REFIT DCP Funded Fees	125
				Symphony Upgrade	429
				Sub Total Commit B/f From 2025/26	895
1975	Esther Lowe	HB Wide	MH&LD	Divisional Priorities - MH&LD	
2045	Kally Richards	YYF	MH&LD	Phase 2 - Installation of Anti Ligature sensor Bedroom doors	900
2072	Lauren Watkins	LGH	MH&LD	Replacement Showers - Annwylfan Ward	6
2073	Debra Hammett	YYF	MH&LD	CCTV Ty Lafant	7
				Ty Cyfannol Garden Cladding	19
				Sub total - MH&LD	932
2233	Jamie Marchant	SCH	Estates and Facilities	Divisional Priorities - Estates and Facilities	
2217	Jamie Marchant	HB Wide	Estates and Facilities	SCH Ducts - Phase 5	230
				Backlog Maintenance	500
				Sub total - Estates ad Facilities	730
2043	Carrie Hopkins	RGH	Surgery	Divisional Priorities - Surgery	
1767	Dawn Baker Lari	RGH	Surgery	Reconfiguration of Rooms E Block	21
1760	Teresa Allcock	RGH	Surgery	Lumeneye scopes	10
1761	Teresa Allcock	RGH	Surgery	Replacement Obsolete Laboratory Benches in Orthodontic Lab	11
2163	Kate Bradley	RGH	Surgery	Diagnostic Endoscopes for TMJ (Temporo Mandibular Joint)	33
2150	Kate Bradley	RGH	Surgery	Radio Frequency Ablation Equipment	35
2165	Carrie Hopkins	NHH	Surgery	Spinal Stenosis kit	24
2223	Dawn Baker Lari	RGH	Surgery	A Scanner	7
2152	Kate Bradley	RGH	Surgery	D3W Bladder scanner	14
				Power Tool Replacement	210
				Sub total - Surgery	365
2056	Julie Gilbert	HB Wide	Clinical Support Services	Divisional Priorities - Clinical Support Services	
2225	Marcus Silcocks	RGH	Clinical Support Services	CSS167 Defibs Replacement HB Wide	1,200
2214	Thomas Chinnick	GUH	Clinical Support Services	RGH Theatre Light Replacements	150
1754	Marcus Silcocks	RGH	Clinical Support Services	CSS178 High-pressure Liquid Chromatography (HPLC)	176
2100	Thomas Chinnick	RGH	Clinical Support Services	CSS112 Improvements for dignity of patients (SHC)	35
2215	Mark Wilkes	HB Wide	Clinical Support Services	CSS171 Air Tube System RGH	66
2229	Rebecca Owen-Pursell	GUH	Clinical Support Services	CSS179 Replacement of 3 x MRI injectors	74
				CSS181 Fees for ITU reconfiguration	75
				Sub total - Clinical Support Services	1,776
2188	Mandy Jefferies	NHH & YYF	Family and Therapies	Divisional Priorities - Families & Therapies	
2204	James Turner	RGH	Family and Therapies	Colposcope NHH & YYF	39
2203	James Turner	NHH	Family and Therapies	LAPSIM (Laparoscopic Simulators)	46
2139	Mandy Jefferies	GUH & RGH	Family and Therapies	1 x 8mm Resectoscope, Generator and Foot Pedal	35
2058	Ashley Davies	Cwmbran Clinic	Family and Therapies	Bladder Scanners x9	62
				Cwmbran Clinic Wifi	18
				Sub total - Families & Therapies	199
1711	Eira Turner	Trethomas Health Centre	Primary Care and Community	Divisional Priorities - PC&C	
1866	Josh Marchant	HB Wide	Primary Care and Community	DDA compliance - Trethomas Health Centre	30
2083	Lisa Forey	HB Wide	Primary Care and Community	Mobile Label Printers and Pharmacy Prescription Tracking System Mobile / Tethered Scanners	37
2198	Leah MacDonald	RGH	Primary Care and Community	Pharmacy Cabinet Replacements	1,269
				Gwanwyn Ward - Reconfiguration of Seminar Room, Shower/Toilets and Relocation of Nurses Station	26
				Sub total Divisional Priorities - PC&C	1,362
1812	Sarah Wilson	RGH	Medicine	Divisional Priorities - Medicine	
2033	Keri Russell	SWH	Medicine	Creation of additional consultant room GACU	56
1914	Keri Russell	NHH	Medicine	Installation of swipe access system in Chest Clinic	7
1913	Keri Russell	GUH	Medicine	Swipe Access for Sleep Lab, NHH	6
2234	Jane Thornton	YYF	Medicine	Addition of needle training to the Ultrasound simulator	18
2209	Jane Thornton	YYF	Medicine	Multi Adjust Chair	5
2208	Natalie Davies	YYF	Medicine	Trolleys for MAU YYF	38
				Purchase 2x Maxi hoists - Medicine	12
				Sub total - Medicine	142
BJC	Hannah Capel	GUH	Urgent Care	Divisional Priorities - Urgent Care	
				ED Extension Phase 2	300
				Sub total - Urgent care	300
2080	Hannah Capel	HB Wide	Corporate	Divisional Priorities - Corporate	
				6 Facet Survey	250
				Sub total - Corporate	250

				Informatics National Priority & Sustainability	
2228	Paul Solloway	HB Wide	Digital, Data and Technology	Digital Staffing Costs 26/27	275
2232	Gareth Moran	HB Wide	Digital, Data and Technology	Vitals Licenses	1,600
2231	Chris Williams	HB Wide	Digital, Data and Technology	ECR and CCR	250
2002	Phil Wrintmore	HB Wide	Digital, Data and Technology	Aerohive IQ Platform	33
2131	Phil Wrintmore	SWH	Digital, Data and Technology	St Woolos (Casnewydd) Wi-Fi Refresh	134
				Sub Total Digital	2,292
				TOTAL DCP BUDGET APPROVALS / EXPENDITURE	10,893
				CONTINGENCY REMAINING	912



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Aneurin Bevan University Health Board 'Patient Safety Incident Reporting & Management Policy'
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jennifer Winslade - Executive Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Tracey Partridge-Wilson - Deputy Director of Nursing Gemma Couch - Head of Quality Patient Safety

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

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Health Board’s ‘Patient Safety Incident Reporting & Management Policy’ (issued 2023) has been revised to refine current processes and enhance consistency and quality of Patient Safety investigations.

Cefndir / Background

The Health Board strives to ensure that all processes relating to Patient Safety Incident reporting and investigation are aligned, compassionate, and consistently applied across the organisation. This revision of the ‘Patient Safety Incident Reporting & Management Policy’ reflects learning gathered from listening to patients, families, and staff. Their insights and experiences have directly shaped the changes, ensuring that investigations prioritise what matters most to the people affected and support staff to deliver high-quality, person-centred reviews.

The updated approach strengthens the quality, transparency and sensitivity of Patient Safety investigations, ensures that patients and families remain at the heart of the process, and enhances organisational learning to improve outcomes for patients, service users, families, staff, and partner NHS organisations.



Asesiad / Assessment

A summary of key changes are outlined below:

New components of the revised 2026 policy:

Investigation Training and Support: Staff assigned to investigations will receive bespoke, one-to-one training and ongoing support from senior team members of the corporate PSI team throughout the investigation process.

Strategy Meetings for Complex/Sensitive Patient Safety Incidents (PSI): For highly complex, sensitive, or involved Patient Safety Incidents, a strategy meeting is now convened at the outset and led by a senior member of the corporate team. This meeting establishes the appropriate management approach, assigns suitable staff to key roles such as investigating officer or family liaison officer, and proactively addresses any early challenges that may arise.

Family Liaison Officer (FLO) Role: FLO role requirement has now been added into the policy which highlights the importance of the role in engaging with patients and families by providing information, listening to concerns, and ensuring communication is clear and timely throughout the PSI process.

Argymhelliad / Recommendation

The Board is asked to APPROVE the changes contained within issue 3 of the Patient Safety Incident Reporting and Management Policy 2026.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3.2 Communicating Effectively 6.3 Listening and Learning from Feedback 6. Individual care
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives	



**Gwybodaeth Ychwanegol:
Further Information:**

Ar sail tystiolaeth: Evidence Base:	NHS Wales National Policy on Patient Safety Incident Reporting & Management.
Rhestr Termau: Glossary of Terms:	Within Policy
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, not needed
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.



Aneurin Bevan University Health Board

Patient Safety Incident Reporting & Management Policy

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out-of-date printed versions of the document. The Intranet should be referred to for the current version of the document.

Status: Issue 3
Approved by: Patient Quality Safety Outcome
Committee
Owner: Head of QPS & PSI

Issue date: 7/11/2023
Review by date: 7/11/2026
Policy Number: ABUHB/Corporate/Number

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1 Introduction and Background

Patient Safety Incidents have the potential to cause harm to those in receipt of healthcare. It is inevitable that healthcare systems and processes will have weaknesses and that sometimes, these may result in errors or near misses. Patient Safety Incidents not only impact upon patients, services users, their families, and Health Board staff but can affect the reputation of the organisation, eroding public trust. Therefore, being able to respond effectively and appropriately when things go wrong is fundamental to improving patient safety and the quality-of-service provision. In an increasingly complex health care system, it is impossible to prevent all risks associated with healthcare. Aneurin Bevan University Health Board (ABUHB) is committed to the health and safety of its patients, service users, staff, visitors and contractors by promoting a culture of openness and honesty, focusing on improving practice and creating a safer environment. It thereby aims to proactively report and manage all patient safety incidents to reduce future risks and mitigate further recurrence.

This Patient Safety Incident Reporting & Management Policy forms part of the Health Board's governance and risk management process for managing, reporting, analysing and learning from patient safety incidents.

Historically, incident reporting has been used as a key safety indicator in healthcare to attempt to understand where things go wrong to learn and improve safety, experience and outcomes for future patients and service users. Incident reports can be a valuable source of data about where to focus resource and attention to improve patient safety. However, they are only one part of the puzzle and should be examined in the wider context of other sources of safety intelligence. Patient safety incident reporting has changed across NHS Wales as our understanding of how to best use intelligence from incident data continues to evolve. This includes triangulation with other data sources (for example, patient experience and compliance data) and moving from a Safety I to a Safety-II approach will help organisations to shift the narrative from focusing purely on "what went wrong?" and balance this with learning from "what goes right".

Applying these new approaches will enable the Health Board to think differently about this complex and sensitive area of healthcare and ensure that these maximise learning opportunities for the benefit of patients, service users, their families, carers and loved ones, and ABUHB staff. Incident reporting and management can highlight specific weaknesses in our healthcare system or processes that need to be addressed to prevent future incidents leading to avoidable death or serious harm.

The Patient Safety Incident Reporting & Management Policy seeks to promote an open reporting culture which encourages staff to look critically at their own actions and those of their teams, with an emphasis on learning and not blame, and where Health Board staff feel supported to identify, report, manage and learn from patient safety incidents, without the fear of punitive response or action. The Health Board are fully committed to embedding Speaking Up Safely as part of our culture. [Speaking up Safely: A Framework for the NHS in Wales](#)

ABUHB's Patient Safety Incident Reporting & Management Policy supports the NHS Wales National Policy (effective from 11 May 2023) which endeavours to empower all NHS organisations in Wales to take more ownership and accountability for incident reporting and management.

2 Policy Statement

This Patient Safety Incident Reporting & Management Policy covers the reporting, management and investigation of patient safety incidents. These will be facilitated by the Patient Safety Incidents Team, in conjunction with and support from, the Executive team, Divisions and Directorates, the Health & Safety Team, and Health Board staff

While many patient safety incidents will not result in significant harm to an individual, the exploration of incident reports can help provide a source of intelligence which can be used by healthcare providers for a variety of purposes, including:

- Highlighting existing risks so that early safety actions can be implemented to reduce the likelihood of recurrence.
- Reviewing of current measures, the Health Board has in place to prevent incidents.
- Fulfilling the Health Board's legal and statutory obligations to record and report certain defined incidents as set forth by NHS Wales Executive.
- Acting as a mechanism for oversight and assurance particularly where significant harm has occurred in the delivery of healthcare, in line with The National Health Services (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 - also known as 'Putting Things Right' (referred to forthwith as 'the Regulations').
- Enabling the monitoring of trends, themes and patterns of incident types or in certain areas, departments or hospital sites and helps to facilitate thematic review for wider learning.

- Learning from what has gone wrong and what could have been done differently, ensuring the sharing of lessons learnt from appropriate levels of investigation and providing a springboard for onward system improvements for the safety of patients.
- Ensuring that all learning is disseminated among key members of the Health Board to inform and improve future practice.
- Providing assurance to patients, service users, their families that lessons have been learned.

There are several routes within the Health Board for learning opportunities to ensure an open and positive learning culture. These include, but are not limited to, patient safety incident investigations, patient experience and complaints alongside established Health Board panels such as Medical Examiner, Falls Review, and Redress. These should be managed collaboratively and thoroughly to determine root causes, contributory factors and actions where appropriate to improve services. ABUHB is committed to ensuring that all actions for learning and improvement from patient safety incidents should be disseminated across the whole organisation to ensure the safety of patients, service users and staff.

3 Aims

ABUHB aims to ensure that all staff can identify Patient Safety Incidents, take appropriate actions and mitigate risks of avoidable harm to patients, staff and service users. Integral to this is the development of an organisational culture which supports incident reporting in an open and fair environment in line with a 'just culture.' Efforts to resolve system failures to support staff in delivering a quality service will be prioritised to improve service delivery. Analysis and learning from incidents are a critical part of patient safety including learning from when things go well. ABUHB is committed to the development of a positive learning culture throughout the organisation.

4 Objectives

- Ensure a clear and consistent Health Board approach to incident reporting, management and investigation aligned to the All-Wales National Policy.
- Provide support and guidance regarding the reporting and investigation of patient safety incidents within ABUHB.
- Provide clear guidance on what types of incidents should be nationally reported to the NHS Executive, and how this should occur.
- To ensure that all incidents (including incidents of near miss) are appropriately reported, and recorded, and an appropriate and

proportionate level of investigation is undertaken (nhs.uk/healthcare-teams/abb-pulse-policies/corporate-policies/forms/all-staff-documents.aspx?id=%2Fsites%2FABB_Pulse_Policies%2FCorporate_Policies%2FPatient_Safety_Incident_Reporting%26ManagementPolicyV2%2Epdf&parent=%2Fsites%2FABB_Pulse_Policies%2FCorporate_Policies).

5 Scope

This policy replaces the ABUHB Serious Incident Policy (2012). This policy applies to all permanent and temporary employed staff working within ABUHB, including primary care contractors, who have a responsibility to report and/or investigate and co-operate with Patient Safety Incidents. This policy only applies to patient safety incidents which are to be reported, managed and investigated by ABUHB.

The Policy links and may also need to be considered in conjunction with the following documents:

- Health and Social Care (Quality and Engagement) (Wales) Act 2020
- The National Health Services (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 as amended by National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) (Amendment) Regulations 2023
- Putting Things Right guidance document (v3, 2013)
- The Duty of Candour Procedure (Wales) Regulations 2023
- The Duty of Candour Statutory Guidance 2023
- ABUHB Incident Reporting Policy and Procedure

6 Definitions

6.1 Patient Safety Incident

A patient safety incident occurs when an unintended or unexpected incident could have or did lead to harm for one or more patients or service users receiving NHS-funded healthcare.

This also extends to;

“A situation in which one or more patients or staff are involved, has or could result in significant harm or death; is likely to produce significant legal, or media interest; could damage the Health Board’s (HB) reputation or assets

and may have significant HB wide implications for practice and delivery of care".

Policy Term	Applicable Definition
Concern	As defined in the <i>NHS Wales (Concerns, Complaints and Redress Arrangements) (Wales) (Amendment) Regulations 2011</i> , a concern is any complaint, claim or reported patient safety incident.
Patient Safety Incident	Refers to an incident occurring during the delivery of healthcare. It is recognised that this may not always be to a patient but can also affect other service users in receipt of NHS-funded healthcare. The definition of a patient safety incident applies equally to a service user in receipt of NHS funded healthcare even if they are not classified as a patient.
Patient or Service user	A person to whom healthcare is or has been provided Healthcare includes services for the prevention, diagnosis or treatment of illness as well as the promotion and protection of public health. It also includes NHS staff accessing treatment and care through wellbeing/occupational health services.
Action	Something done intentionally or unintentionally.
Inaction	Something not done intentionally or unintentionally including because of indecision, unnecessary delay, failure to act.
Nationally Reported Incident (NRI)	A patient safety incident which is nationally reportable in line with this policy.
"Must report"	A sub-set of Nationally Reportable Incidents where national reporting is mandated through this Policy.

6.2 Harm definitions

The following definitions align with the definitions set out in the [Duty of Candour Statutory Guidance](#).

No harm	Any patient safety incident that had the potential to cause harm, but impact resulted in no harm having arisen.
Low harm	Any patient safety incident that resulted in a minor increase in treatment and which caused minimal harm to one or more persons receiving NHS-funded care.
Moderate harm	Any significant but not permanent harm, or harm that requires a 'moderate increase in treatment' relating to the incident. A 'moderate increase in treatment' is further defined as an unplanned return to surgery, an unplanned readmission, a prolonged episode of care, extra time in hospital or as an outpatient or transfer to another treatment area such as intensive care.
Severe Harm	The permanent lessening of the bodily, sensory, motor, physiologic or intellectual functions, including the removal of the wrong limb or organ or brain damage, which is related directly to the incident and not related to a natural course of the service user's illness or underlying condition.
Death	A death caused or contributed to by a patient safety incident, as opposed to a death which occurs as a direct result of the natural course of the patient or service user's illness or underlying condition.

A near miss is an incident that did not result in harm, loss or damage, but could have.

7 Roles and Responsibilities

7.1 Chief Executive

The Chief Executive has overall responsibility and accountability to ensure that effective reporting and management of the risks associated with Patient Safety Incidents within ABUHB and is consistent with good practice throughout the Health Board.

The Chief Executive is responsible for ensuring that ABUHB meets its mandatory reporting obligations to external bodies including the NHS Executive, Wales and Health and Safety Executive (HSE). This is achieved through the development of robust incident reporting and investigation mechanisms. The Chief Executive and the Executive Team are committed to improving patient outcomes and patient safety and increasing patient satisfaction as well as workplace health and safety of staff. Timely and effective reporting, investigation and analysis of incidents are important constituent parts in achieving this commitment.

7.2 Responsible Officer

The Executive Director of Nursing has day to day responsibility for quality and patient safety. They are responsible for and overseeing the day-to-day management of these arrangements and will provide leadership and support in achieving the aims of this policy and procedures.

The Responsible Officer ensures arrangements are in place to:

- Ensure that concerns (patient safety incidents, complaints and claims) are dealt with under a single arrangement.
- Manage concerns in line with the Putting Things Right (PTR) Regulations (2013).

The responsibilities of the Executive Director of Nursing are delegated to the Head of Patient Safety Incidents but remain under the direct control and supervision of the Executive Lead.

7.3 Head of Patient Safety Incidents

The Head of Patient Safety Incidents, with the support of the central Patient Safety Incident team, is responsible for the handling and consideration of patient safety incident investigations (Duty of Candour: Moderate/ Severe/ Death) and their role requires them to undertake other functions in relation to dealing and cooperating with other persons or organisations, e.g., primary care providers. The Head of Patient Safety Incidents provides leadership and advice to the Executive Board, clinicians and managers on the handling and management of Patient Safety Incident investigations. This includes implementing a system across the Health Board to ensure the remedial actions of Divisions and Directorates are tracked and implemented, with escalation if required, to avoid recurrence of incidents and the sharing of lessons learnt across the organisation and beyond.

All Patient Safety Incidents raised will be discussed via the weekly Executive Safety Huddle. Details of the subject and nature of the incident together with the outcome of the investigation must be recorded. Compliance with the stated time periods for response are monitored and reported. The Board are made aware of Patient Safety Incidents which may adversely affect the reputation of Board.

7.4 Patient Safety Incidents Team

The central Patient Safety Incident team will provide an Annual Report to the Board. This report will include the number of Patient Safety Incidents. The report will focus on providing assurance to the Board that lessons identified during the investigation of an incident are actioned and that appropriate remedial action is implemented, monitored and evaluated for effectiveness.

7.5 Divisional Directors

Are responsible for establishing structures to ensure that Patient Safety Incidents are reported in a timely manner and appropriately investigated within their division. This includes establishing reporting and monitoring arrangements within the Division with a focus on lessons learnt.

7.6 Divisions

Each Division will establish a Quality and Patient Safety forum which includes in its terms of reference the need to review monitor and audit its management of Patient Safety Incidents.

7.7 Redress

If the investigation identifies that there is a possibility that the Health Board may have breached its duty of care to the patient, and that as a result this has caused harm to the patient, and assessed to be within the financial threshold for Redress, the division/locality will need to submit their investigation findings to the Health Board's Redress Panel. In addition to the investigation papers, clinical opinions on harm, and a draft CEO response, the Division will need to complete an LFER to summarise the case and submit to the Redress Panel – Learning from Events Report.

Further information on the required process can be obtained from the Legal Intranet pages: [Legal Services - Home \(sharepoint.com\)](#)

The Redress Panel will formally review the information provided and make a determination as to whether a breach of duty and harm has occurred – a 'Qualifying Liability'

It is possible that the Panel will require further information before a determination can be made. Once the further information has been gathered the case will be represented to the Panel.

The findings of the Redress Panel will be layered into the draft CEO response and send to the CEO for final approval and sign off.

Each division will produce a robust and measurable action plan related to Patient Safety Investigations that occur within their division.

7.8 Investigating Officers

Investigating officers are required to:

- Undertake all patient safety incident investigations and produce written reports in accordance with this policy when appointed by the Divisional Management/QPS team or on occasions the corporate team to do so.
- Seek and undertake the Health Board Investigating Officer training to perform this role.
- Communicate with other key staff involved in the investigation and ensure confidentiality, integrity, sensitivity, courtesy and professionalism throughout their investigation.
- Act in the best interests of patients and their families in the course of their patient safety incident investigation. Seek advice from specialist departments where necessary.
- In cases where information is provided by a member of staff or employee (e.g., from their statement) is referenced in the report, the member of staff or employee must be shown a copy of the report before it is approved.

7.9 Family Liaison Officer (FLO)

FLO's are required to:

- Provide the patient/family with 'An Information Guide for Patients and Families'.

- Contact the patient/family to introduce themselves and have a discussion with them as soon as possible.
- Listen and learn about what they have experienced.
- Collate questions and queries to inform the Terms of Reference for the investigation in agreement with family.
- Establish any particular needs such as language barriers, communication or literacy issues.
- Establish how the patient/family would like the affected person to be referred to in the report.
- Establish preferred mode and frequency of updates (this may be none).
- If appropriate/agreed update of the progress of the investigation following each meeting, what is happening and why, including any untoward delays.

7.10 Responsibility of All Staff

- Work to the principles and aims outlined in this policy and the All-Wales National Policy.
- To identify, report and review all patient safety incidents (regardless of harm).
- To learn from Patient Safety Incidents and use opportunities to share learning among colleagues.
- To fully co-operate in an investigation to ensure that there is no unreasonable delay in providing information to the investigating officer. Where appropriate to provide statements and attend meetings to give information. Employees are encouraged to seek assistance or advice from their employee's representative. Staff with any literacy issues, must be supported to complete statements from their line manager.

7.11 Responsibility of the Patient Quality Safety Outcome Committee

- PQSOC to receive assurance of data, learning and actions
- PQSOC to provide assurance to the Board.
- Quality Management Group
- Quality Patient Safety Learning and Improving Forum

7.12 Primary Care (General Medical Services) contractors in NHS Wales

- Accountable for the quality and safety of care and services provided to their respective populations.
- Required to locally report incidents that have occurred within their organisations using the Datix Cymru system. (The Health Body whose system they report into is responsible for assessing whether incidents have met the NRI threshold and undertaking any subsequent reporting).
- Primary Care Contractors must notify the relevant Health Board of occurrences where the Duty of Candour is triggered in respect of the health care they provide under a contract or other arrangement.
- Establishing mechanisms to extract and share learning from incidents and taking action to reduce the risk of recurrence and improve patient and service user safety, experience and outcomes.

8 Nationally Reportable Incidents

8.1 Governance and Assurance Requirements

Aneurin Bevan University Health Board must ensure that it has robust systems and processes in place in relation to local and national incident reporting, including:

- Systems and processes to enact this policy in all areas of the organisation.
- All incidents should be reviewed within an appropriate governance framework to determine required risk management activities as well as any national reporting requirements.
- Being responsible and accountable for their judgements and decisions in line with the policy.
- Integration with other relevant clinical and corporate governance processes e.g., management of complaints and claims, mortality review processes etc.
- Internal oversight, scrutiny and quality assurance of all incident reporting and investigation processes, including Executive level sign off on national incident notification and investigation outcome forms.
- Clear and demonstrable lines of reporting across all parts of the organisation, including through relevant Committees of the Board.
- Mechanisms for ensuring joint investigations with other responsible bodies and external agencies where applicable and appropriate.
- Systems for recording the outcomes of decisions around national reporting and investigation, including decisions on appropriate investigation methodology. Organisations must ensure they keep

robust records around the decisions not to report/investigate incidents as this will be needed for quality assurance purposes.

- Capturing and demonstrating shared learning.
- Ensuring engagement with any affected patient or service user or anyone acting on their behalf, in line with the legal Duty of Candour.

8.2 Types of Incidents

Patient safety incidents can be single isolated events, or multiple recurring events which can signal more systemic failures in care or demonstrate system weaknesses. They can also include events which indirectly impact patient safety or an organisation's ability to deliver a service, such as a failure of an IT system. Consequently, there is no definitive list of what constitutes a patient safety incident, and the Health Board will need to apply judgment when considering what should be reported, both at a local and a national level.

Examples of incidents which must be reported include but not limited to:

- Unexpected death
- Clinical error
- Equipment failure
- Unexpected outcome of clinical intervention
- Absence of records
- Self-harm/suicide/overdose
- Delays in diagnosis or treatment
- Slips, trips and falls (patients, public & Staff)
- Information Governance issues
- Staffing/resource related
- Medication errors (prescribing, administration, anaphylaxis)
- Never Events (see Appendix for further guidance)

Incident Reporting should not be used as a means for staff to register a point of view, highlight a situation they were unhappy with or raise a 'political' issue. There are other, more appropriate, means of raising and dealing these within ABUHB. The Health Board also has other policies that may be the more appropriate avenue for raising a concern.

8.3 Complaints as Patient Safety Incidents

The Health Board may be alerted to a Patient Safety Incident raised via the Complaints process. On receipt of a concern raised by a patient, their carer or representative, the Complaints Manager will conduct an initial review

and grade the incident in terms of level of harm to the patient. It is acknowledged that the complaint letter is based on the perspective of the patient/family and facts will need to be verified. Therefore, for concerns graded as serious (severe or catastrophic) the complaints manager will check whether there is a serious incident investigation underway and send the concern to the Locality/Divisional Director to arrange for a rapid review (within 3 working days) to verify the grading. If grading is verified the complaint will be managed via the serious concerns process.

8.4 Datix Cymru

All patient safety incidents should be reported through Datix Cymru (part of the Once for Wales Concerns Management System) in line with the applicable User Guide operational at the date of reporting.

Employees should have access to report directly into the system. Relevant clinicians should register on the Datix Cymru system to access and review incidents within it also assign and be assigned actions as well as being able to send and receive e-mails out of Datix Cymru thereby creating an audit trail.

The use of Datix Cymru ensures a consistent approach to data collection and analysis. This should be sufficient to capture and analyse data from across all parts of the patient or service user pathway, including (but not limited to):

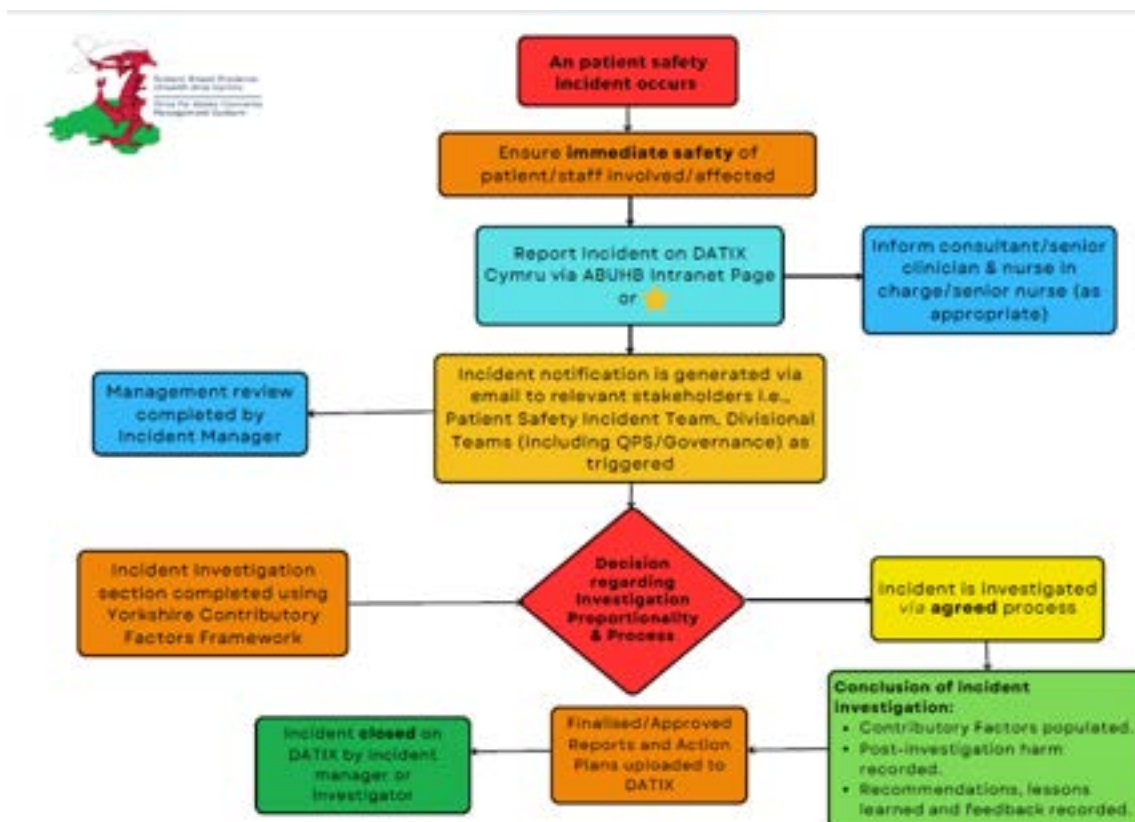
- Secondary and acute care settings
- Primary and community care, including community pharmacy, optometry, dentistry services urgent and emergency services including emergency departments & ambulance services
- Out of hours' services
- Public health services
- Relevant IT services
- Prisons
- Commissioned services, and
- Incidents identified through the course of other clinical and corporate governance processes, for example Medical Examiner and Mortality Reviews.

The systems and processes must fully align with the Health Boards' governance and assurance mechanisms, ensuring clear reporting of relevant information.

The Health Board will ensure that local processes are reviewed, amended and/or adapted to incorporate the requirements of this Policy.

Guidance for Reporting an Incident can be found in the Appendices.

Figure 1: Process for reporting and investigation of a Patient Safety Incident within ABUHB



9 Review of Patient Safety Incidents to ascertain if they are Nationally Reportable Incidents (NRIs)

As part of the initial assessment process the Health Board will need to consider whether an incident requires reporting nationally, taking the following principles into account:

Principle 1 - 'Must reports'

Incidents related to the following are always nationally reportable:

- Never Events, as specified within this Policy, even where no harm has occurred. (The current NHS Wales Never Event list can be found in Supporting Section 1 of this Policy);
- Suspected mental health homicides;
- Suspected suicide or self-inflicted death
 - in any clinical setting; or
 - during authorised/agreed leave, following recent planned discharge, or following unplanned leave/discharge
- maternal, perinatal and infant deaths.

Principle 2 - outcome/harm

A safety incident should be nationally reported if it is **assessed or suspected** an **action or inaction** during a patient or service user's treatment or care, in any healthcare setting, **has**, or **could have caused or contributed** to their **severe harm or death**.

It will not always be possible to rapidly determine the extent to which a safety incident caused or contributed to the harm or death of a patient or service user within seven working days. In this case, organisations should nationally report the incident, specifying that the position is unclear and/or investigations are ongoing. Incidents can be downgraded later.

Acts and inactions can relate equally to human interactions, technical failures and/or delays in systems and processes.

Principle 3 - number of patients or service users involved

Special consideration must be given to incidents where the numbers of patients or service users affected is significant, even where direct harm has not been, or is difficult to, identify. This includes but is not limited to incidents involving significant:

- Screening services
- IT failures
- Data breaches
- National system failures, and/or
- Service disruptions

Principle 4 - learning opportunities

Incidents should be nationally reported where they present new learning opportunities, particularly where a similar risk may be present in other NHS organisations. This may include:

- Near misses and/or no or low harm incidents where the learning would be beneficial to be shared nationally with other organisations to help raise awareness and mitigate risks for other patients or service users; and/or
- Incidents may present which are unusual, unexpected or surprising, where seriousness of the incident requires it to be nationally reported and the learning would be beneficial for others.

Principle 5 - joint decision making around reporting and investigation

Some patient safety incidents will require joint investigation with another organisation. Early consideration must be given to involving relevant stakeholders in any discussions around incidents potentially requiring joint investigation, to ensure relevant information is obtained from all sources to inform the discussion.

9.1 Reporting Process for Patient Safety Incidents as NRIs

A patient safety incident will be nationally reported to the NHS Wales Executive within seven working days from the date of knowledge of the incident.

The reporting process is set out in **Appendices**.

9.1.1 Welsh Government Early Warning Notifications (EWN)

Early Warning Notifications (EWN) (previously No Surprise Reporting) is a communication function to provide rapid information to Welsh Government on a range of issues, which may or may not relate to patient safety incidents.

The EWN process is independent of the incident reporting systems which are overseen and managed by the NHS Wales Executive.

AN EWN should be considered with regards to incidents which may or may not have resulted in direct harm to patients, but may have an impact on service provision, organisational reputation, adverse media coverage or political embarrassment.

An EWN will be submitted to Welsh government via PTR only and requires Executive sign off prior to submission.

For clarity, where a patient safety incident meets both the requirements of a EWN and a NRI, both processes must be followed.

9.2 Initial assessment to determine risk management and next steps

All patient safety incidents will require an initial assessment to assess the circumstances, identify the relevant make safe actions required, and determine the next steps to manage the incident. This initial assessment should take place as soon as practicable after the incident (within first 72 hours) has occurred or otherwise been identified by the Health Board.

This initial assessment must include:

- Review of known information about the incident and consideration of further information to be obtained to inform the next steps;
- Assessment of risk and determination of make safe actions in relation to:
 - All patient(s) or service user(s) affected by the incident; and
 - The organisation, or other safety systems, to prevent recurrence in similar circumstances;
 - Consideration of engagement with the patient or service user and anyone acting on their behalf as appropriate. This assessment will need to balance the desire to engage transparently and compassionately with all affected by the incident whilst having due regard for legal matters of consent and capacity.

The initial assessment must be undertaken by a member of staff of sufficient seniority and experience in incident management proportionate to the circumstances of the incident, and in many cases will require a multi-disciplinary approach. This should ideally be undertaken by the incident manager or an ABUHB appointed member of staff identified to complete an incident investigation.

The incident will be presented to a pre-executive huddle panel made up of Assistant Director level representatives from Nursing, Medicine and Therapies and Health Sciences.

For highly complex/sensitive/involved Patient Safety Incidents (PSI), a Strategy Meeting will be convened at the outset, overseen by a senior member of the corporate team; to give early and considered determination of best management, to include selection & independency of the IO (Investigating officer), most suitable Executive Chair, appointment of FLO (Family Liaison Officer), arrangements for patient/family contact, identifying any early challenges or resource issues to address. Consideration will be given to an IO 'buddy' system for highly complex investigations, at the outset of the investigation and throughout the investigation.

9.3 Just Culture and Staff Wellbeing

Staff who have been involved in a patient safety incident should be treated in a consistent, constructive and fair way. ABUHB in conjunction with NHS Wales endorses the use of the NHS England Just Culture guide as a tool to support the fair treatment of staff who have been involved in an incident. It supports a conversation between managers about whether a staff member involved in a patient safety incident requires specific individual support or intervention to work safely.

The just culture guide should not be used as a routine or integral part of a patient safety investigation – it should only be used when consideration needs to be given to whether an individual member of staff requires support or management to work safely.

The Just Culture guide, along with supporting reference materials, can be found on the NHS England website - www.england.nhs.uk/patient-safety/a-just-culture-guide/.

If staff are involved in an incident, the investigating officer assigned to undertake an investigation might want to talk to all staff involved about what happened. Staff may be asked to provide a formal statement of their involvement or what they witnessed. This helps to understand the events leading to and during the incident. Staff who are asked for this type of information should receive support from their clinical supervisor/line manager and should be kept informed of what is happening with any investigation.

Being involved in a patient safety incident can be upsetting for any member of staff.

Staff who are worried or distressed by what has happened or need someone to talk to can access support via their clinical supervisor, or local education centre. They can also self-refer to [Employee Wellbeing Service](#).

9.4 Corporate Responsibilities

The ABUHB Patient Safety Incidents Team will escalate patient safety incidents of potential concern, and which meet the criteria of national reportable incidents to the Executive team via the weekly Executive Safety huddle to:

- Determine the depth and parameters of an appropriate investigation;
- Consider, where required, escalation e.g.: as a Nationally Reported Incident (NRI) or Early Warning Notification
- Determine reporting to relevant national frameworks (e.g., multiagency safeguarding processes); Reporting to relevant external bodies (MBRACE/HSE/RIDDOR/SHOT);
- Any relevant communications handling required;
- Consider the need, in highly complex/sensitive/involved Patient Safety Incidents (PSI), to hold a Strategy Meeting, overseen by a senior member of the corporate team; to give early and considered determination of best management, identifying any early challenges or resource issues to address.
- Next steps in terms of incident management.

10 Duty of Candour

The provisions of the statutory Duty of Candour, as set out in the Health and Social Care (Quality and Engagement) (Wales) Act 2020 came into effect on 1 April 2023. This is an organisational duty on all NHS bodies and primary care providers. More information on the Duty of Candour, including the statutory guidance, can be found on the Welsh Government website.

Incident reporting, management and investigation is intertwined with the principles of Being open: communicating patient safety incidents with patients and their carers and must adhere to the Duty of Candour, so in practice these activities should be fully integrated. In preparation for the Duty of Candour, NHS organisations have been reviewing their systems and

processes in relation to concerns and incident reporting, investigation, and management to ensure that they are aligned as far as possible, to provide a seamless patient or service user experience.

The Duty of Candour is triggered when:

- An adverse patient safety event (usually an incident) occurs, and the service user sustains or could sustain harm which is:
 - Unintended or unexpected, and
 - More than minimal e.g., moderate, severe or death, and
 - The provision of healthcare was or could have been a factor in that harm occurring.

At the point the incident is reviewed, and it is recognised that the above triggers for the Duty of Candour have been met, the organisation becomes 'aware'. It is at this point that the Duty of Candour procedure should be initiated.

The Duty of Candour is not intended to operate retrospectively and therefore will only apply where the conditions triggering the Duty of Candour as set out in Section 3 of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 occur after the date on which Section 3 was brought into force (i.e., 1 April 2023). In practical terms, this means that the provision of health care and the harm which ensued, must have taken place after 1 April 2023.

For the avoidance of doubt, the Duty of Candour may be triggered following a retrospective case review but that the conditions which gave rise to the notifiable adverse outcome must have occurred after Section 3 was brought into force.

- The Duty of Candour Statutory Guidance 2023 – see **Appendices**
- Duty of Candour Datix Process – see **Appendices**

A list of case studies illustrating duty of candour can be found on the following link. The examples listed are for illustrative purposes only and are not intended to be an exhaustive list.

nhs.uk/365/sharepoint.com/sites/ABB_Pulse_PuttingThingsRight/SharedDocuments/Forms/AllItems.aspx?id=%2Fsites%2FABB_Pulse_PuttingThingsRight%2FSharedDocuments%2FDutyOfCandour%2FAnnexHCaseStudyExamples%2Epdf&parent=%2Fsites%2FABB_Pulse_PuttingThingsRight%2FSharedDocuments%2FDutyOfCandour

11 Investigation

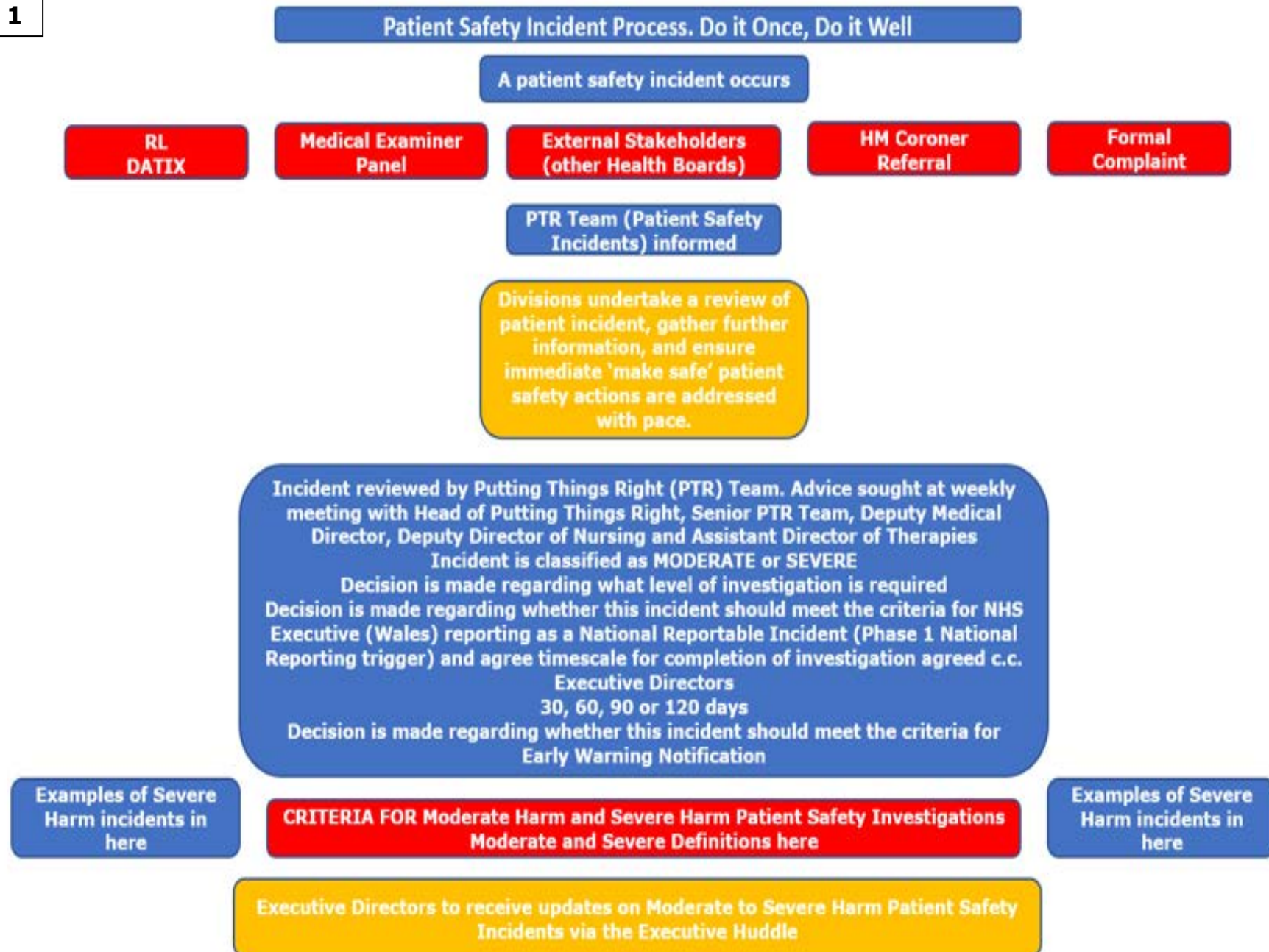
All concerns reported in NHS Wales, including patient safety incidents, must be subject to an appropriate and proportionate investigation in line with the NHS Wales (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2023.

Regulation 23 outlines the requirements of the investigation to be undertaken and requires the organisation to undertake the investigation in the manner that appears, to that organisation, to be most appropriate to reach a conclusion in respect of those matters thoroughly, speedily and efficiently.

In addition to Patient Safety Incident investigations, focussed on an adverse event causing moderate or severe harm, the Health Board will invoke other types of investigations as determined, including thematic reviews, look back reviews, joint investigations, concise reviews and rapid learning. These will be discussed and taken forward via the Executive Huddle.

Patients and/or their representatives/family will be engaged from the beginning of the investigation. If the Duty of Candour has been triggered this will commence at that point. Patients must be contacted to ascertain any concerns, explain the intended investigation and its purpose, to ascertain the patient's wishes and expectations. The Health Board will incorporate this input from the patient directly into the Terms of Reference (TOR) for the intended investigation. The Health Board will share the draft TOR with the patient/representative and look to agree these wherever possible. The ultimate determination of the TOR will rest with the Health Board to ensure investigations progress and wider opportunities for learning/prevention of future harm are not lost through delay.

Appendix 1



Appendix 2

<u>Moderate to Severe Harm Patient Safety Incident Process</u> • Appointment of Chair of Investigation process (list as appendix) • A trained Investigating Officer (IO) is appointed by the Division in advance of the initial meeting (consideration of multiple IOs if cross-divisional) • Timeline of events completed by the Division and clinical notes secured. • List of key stakeholders to attend is agreed (including any external). • Dates for initial and outcome meetings are arranged. • Standard PTR Incident Agendas are used.
Initial Meeting 1 week <i>Purpose of meeting (Initial meeting agenda used):</i> • Division present overview/timeline of patient safety incident. • Agree Terms of Reference and Scope of Investigation. • Nominate a Patient/Family Liaison Officer for Patient/family. <i>Need discussion about minutes</i> • Appoint an Action Plan Lead. • Consider if incident meets the criteria for National Reporting. • Gain assurance that immediate patient safety actions undertaken. • Identify support for staff. • Assurance of immediate Patient Safety actions undertaken and added to Action Plan • Any early learning for sharing to be presented.
Family Liaison Officer Contacts Patient/Family and asks if they have any questions/concerns to be investigated as part of the process.
Investigation Period 6 weeks • Investigating Officer undertakes investigation based on Terms of Reference and Scope, including any additional Patient/Family questions and drafts investigation report (+/- Fishbone Diagram) • Investigating Officer meets with PTR Incidents Team and the draft investigation report is reviewed against Terms of Reference. Consider if any other areas of investigation need to be explored. • The Investigating Officer meets with Action Plan Lead, shared key areas of learning and improvement and the draft action plan is developed. • The Investigating Officer considers any Breach of Duty and if Learning from Events (LFER)/Redress required.
Investigating Officer shares Investigation Report and Action Plan (+/- Fishbone Diagram) and sends to Divisional Management for Divisional Approval.
Outcome Investigation Meeting 10 weeks • Divisionally Approved Investigation Report and Action Plan is presented and Chair Approval is completed. • Agree monitoring of Actions and ABUHB learning. • Consider if Incident meets the criteria for National Reporting (if reported, an NHS Executive Outcomes Form is completed by PTR (Incidents) Team. • Confirm arrangements for sharing report with relevant staff and family/patient. • Confirm arrangements for sharing report and action plan with Legal Services (for HM Coroner)
Approved Investigation Report and Action Plan (+/- Fishbone Diagram) are formatted and saved in Word and PDF. PDF copies are uploaded to RL DATIX as Approved and PTR (Incidents) Team will email Divisional QPS out of RL DATIX to request closure of the incident. Investigating Officer emailed final Exec Approved Report as copy.
Sharing of Approved Reports with Patient/Family

11.1 Guidance for Investigating a Concern

The investigating officer will undertake several steps in the thorough investigation of a Patient safety Incident.

Purpose of the Investigation

1. **To find out the full facts** with respect to sequence of events that led to concern
2. To determine **what, if anything, went wrong** – and what went well
3. To find out **why it went wrong**
4. To Identify what actions are required to **prevent it happening again**

Planning the Investigation

Take time to plan your investigation

- Be clear of the issues
- Make a list of the people you will need to speak to/contact and what information you need from them
- Remember other people may emerge as you gather information
- Identify the documentation you will need to look at, e.g.
 - Medical and nursing records
 - Incident form
 - CWS / Myrddyn
 - Staff rotas, etc
- Remember time scales
- Factor in:
 - Availability of medical records
 - Availability of key staff
 - Time to draft the report
 - Time for the corporate review

Finding out the Facts

Gather the information - this is the lifeblood of any investigation and will take 60% of your time. Facts will be obtained from:

- Documentation

- Interviews/or information gained from the staff involved in the concern/witnesses. These should be identified at the earliest opportunity.
- Examination of equipment records, where necessary
- Examination of the location of the incident may relevant
- A review of appropriate policies and procedures
- **Consider whether CCTV exists and if it aids the investigation**
N.B. it will require securing within 28 days

Determine what, if anything, went wrong

- What service/care should have been provided?
- What was provided and what happened?
- Map and analyse the information gathered by using relevant tools (e.g., timeline, tabular timeline, narrative chronology, time person grid)
- Compare sequence of events with relevant standards, protocols and guidelines

Determining why it went wrong

- Were suitable standards in place to control what went wrong?
- If standards in place, were they appropriate or sufficient?
- If standards were good enough, were they applied in practice?
- Look at the influencing factors, such as:
 - Staff factors
 - Patient factors
 - Environmental factors
 - Task factors
 - Equipment factors
 - Team factors
 - Organisational and Management factors

Use appropriate tools dependent on severity and complexity of concern. Remember, some tools help gather information, some help to analyse information and some help to draw conclusion. (ABUHB Patient Safety Incident Toolkit).

More information on the ABHB Toolkit can be found on: Putting Things Right - Web Page Tool Kit.pdf - All Documents (sharepoint.com) and within the Appendices.

Preventing it happening again

- What lessons can be learnt?
- Are there any recommendations?
- Think about failures that have led to concern, e.g.
 - Human error or inappropriate behaviour by staff
 - Procedural or administration problems
 - Communication problems
 - Recommendations to be practical, proportionate and constructive

Witness statements from staff involved should include:

- Name and job title at the time of the index events.
- Qualifications and relevant training/experience to the issues at hand.
- How the witness was involved in the care.
- Whether the information provided is based on the contemporaneous medical notes, normal medical practice and/or recollection of the events.
- A chronological description of involvement in the case giving dates and places and the identity of others involved. Distinguish between what is in the notes and what is recollection or your usual practice.
- The diagnosis and treatment plan where applicable.
- Try to avoid medical jargon.
- If results are included, it is helpful to explain the normal ranges for the particular test.
- Clinical reasoning for the decisions made.
- Any discussions with the patient and/or family about the issues of concern that were raised.
- Set out anything that would have been done differently in retrospect, and/or now do differently as a matter of practice and/or details of any additional training, protocols, guidance which have come into force since.
- Include only facts and not assumptions.
- Sign and date the statement once completed.

Involving patients, families, service users and carers

Involvement begins with a genuine apology. The principles of honesty, openness, and transparency (Being Open) must be used. All ABUHB staff involved in liaising with patients, families, service users and carers must have the necessary skills, expertise, and knowledge to explain what

occurred comprehensively and compassionately. The appropriate person must be identified for each incident in accordance with the Duty of Candour.

- Patients and/or their representatives will be engaged from the beginning of the investigation. They must be contacted to ascertain any concerns and to help inform the Terms of Reference for the investigation.
- Patients and their families will know what they can expect from the investigation. They will be informed of realistic and achievable timescales and outcomes, including predicted timescales for investigation.
- Patients and their families will be made aware of the rationale and purpose of the investigation.
- Patients and their families will be provided with the opportunity to express any concerns and questions.
- Patients and their families will be provided with a draft final patient safety incident report inclusive of the findings. The Health Board will consider any further comments or questions before finalisation of the report.
- Patients and their families will be signposted to any identified appropriate support services.
- Patients and their families will be provided with the opportunity to meet with representatives from the Health Board to discuss the findings and explore any further concerns.

11.2 Methodologies

Methodologies used should ensure the involvement throughout the investigation of appropriate staff and patient, service user or a person acting on their behalf.

For certain incident types, to support a consistent national approach there are several focussed review tools built into Datix Cymru which should be used where they are available. This includes safety incidents relating to:

- Falls
- Pressure damage (All Wales Pressure Ulcer/PU tool)
- Extravasation

Use of Yorkshire Contributory Factors Framework

The Yorkshire Contributory Factors Framework (YCFF) has been built into Datix Cymru to support a consistent approach to the analysis of incidents,

including the identification of cross-cutting themes to enable targeting of improvement activities.

Accordingly, the use of the YCFF is required for NRIs and encouraged for other patient safety incidents (see Appendices).

11.3 Joint investigations

Some safety incidents will require joint investigations, including between:

- different departments within the same organisation;
- where patients have been moved between organisations, including patient handovers at emergency departments; and
- where services have been commissioned, including relating to social care.

For joint investigations involving multiple organisations, please refer to the joint investigation process in Appendices.

The Health Board currently holds weekly joint investigation meetings with Welsh Ambulance Service Trust (WAST) to review collaboratively cross organisational incidences.

Commissioned Services

When healthcare is funded by another Welsh NHS body (Health Board or Trust), the Regulations require a full investigation up to and including consideration of qualifying liability (QL). Organisations are required to undertake a joint investigation with a lead organisation agreed.

There are however distinct differences in how the Regulations are applied when healthcare provision has not been provided by a 'Welsh NHS body' (Health Board or Trust) through NHS funding arrangements. The degree in variation is predicated on which other type of 'responsible body' provided the healthcare, and particularly when the healthcare has been provided outside of Wales.

The way in which the Regulations vary can be divided into two categories;

1. NHS Wales funded healthcare provided by another UK NHS provider, i.e.:
 - NHS England; or
 - NHS Scotland; or

- NHS Northern Ireland; and
- 2. NHS Wales funded healthcare provided by an 'independent provider', either:
 - Provided in Wales under arrangements made with a Welsh NHS body and is not an NHS body or a primary care provider; or
 - Provided outside of Wales.

NHS Wales funded healthcare provided by another UK NHS provider

When the Regulatory duty is applied to other UK NHS organisations through cross-border and other commissioning arrangements, it is anticipated that local procedures for managing concerns and investigations will be of a sufficient standard to support investigations in keeping with the Regulations. The Regulations require other UK nations to consider a qualifying liability (QL) and refer the matter back to the NHS Wales commissioning organisation where they consider a QL **does or may** exist. However, there is no requirement on other UK NHS organisations to inform an NHS Wales commissioning organisation where they **do not** consider a QL exists.

NHS Wales funded healthcare provided by an 'independent provider'

The Regulations state any responsible body, who provides healthcare **in Wales** under arrangements made with a Welsh NHS organisation, and who is not an NHS Wales Health Board or Trust, must have arrangements in place to manage and undertake investigations when a concern, including a patient safety incident, is raised.

The first element to highlight is that the Regulations do not apply to private provision of healthcare *outside* of Wales.

The second element relates to private provision *within* Wales. In this regard, this will include healthcare provision in care and residential home settings through continuing healthcare (CHC) and funded nursing care (FNC) arrangements, including local authority managed, third sector/charitable/not for profit sector, and private business. This also extends to any other privately provided healthcare which is NHS funded.

Responsibility to Investigate

Whilst the Regulations require an investigation to be undertaken when a patient or service user is subject of a concern during funded provision of healthcare, there are two key differences when a concern is raised in this regard:

- The investigation is to be **undertaken by the provider** and not the NHS commissioning organisation, in keeping with the requirement on them to have arrangements in place to do so; and
- There is no requirement on the provider to consider a QL as part of the investigation process.

Joint investigations in relation to commissioned services

Although the Regulations require the provider to undertake investigations when a concern is raised (including a patient safety incident), it is envisaged that when a concern is raised both in respect of the commissioned healthcare provider, and the commissioning organisation, it will be for the NHS Wales organisation to lead a joint investigation. The Regulations still however limit the independent provider element of the investigation to a factual response and not as far as considering QL, but the NHS element of the investigation is required to consider QL.

Post discharge

Concerns which occur during healthcare provision by an NHS Wales body prior to, or during a transfer of care to an independent provider through NHS funding arrangements, will remain the responsibility of NHS commissioning organisation to manage and investigate, fully in keeping with the Regulations up to and including consideration or QL.

11.4 Investigation outcomes

Learning from incident investigations

A fundamental part of undertaking incident investigations is to learn from previous experience to identify areas for improvement to reduce the risk of similar incidents occurring in the future.

Completing an incident investigation

The accountability for supporting and engaging with an incident investigation sits within the Division who undertook the investigation.

To allow the Executive Board to be assured that incidents within the organisation have been dealt with appropriately, the Health Board must ensure robust processes are in place to inform and assure their Boards that:

- The quality of their investigation processes is of a high standard;
- Investigations are being undertaken and completed in a timely manner;
- Patients or service users or anyone acting on their behalf are being engaged and supported during the investigation process and the findings and outcomes of the investigation are shared with them; and
- Appropriate actions are being taken and learning is being shared across the organisation.

All Patient Safety incident investigations and their accompanying action plan, resulting in Moderate and above harm, in addition to all Never Events will receive Senior Executive sign off.

Learning, and ongoing monitoring and assurance of actions, will be presented at the Quality and Patient Safety Operational Group by Divisions and Directorates through to Patient Quality Safety Outcome Committee.

Accountability for tracking and implementing learning and actions

The central Patient Safety Incident Team will monitor and track identified Divisional actions and learning from incident investigations. Whilst the central team will assist with this quality assurance, ultimately each Division will be responsible and accountable for the delivery of its learning, actions and ongoing monitoring, audits and assurance around compliance. Accountability Agreements will be developed for each Division. An Escalation process will be invoked if required.

Actions arising from moderate/severe investigations to be shared with Executives and Divisional Triumvirate.

The Health Board strives to be an all-encompassing learning organisation where people continually expand their capacity to improve.

12 Process for reporting outcomes of a National Reportable Incident investigation

Detailed guidance on the process for reporting NRI investigation outcomes to the NHS Wales Executive is in Appendices.

This function will be undertaken by the Patient Safety Incident SI team.

13 Training

Staff undertaking the Investigating Officer Role Should attend the Putting Things Right Serious Incident Investigation and Complaints Training. This workshop should be attended by Senior Health Board staff involved in the handling and response to Complaints and Serious Incidents received within the Health Board.

The workshop focuses upon developing an understanding of Serious Incident and Complaints investigation and response in line with the Putting Things Right regulations and provides:

- An understanding of the PTR process and the framework for investigating concerns.
- Roles, responsibilities and skills required of the IO.
- An overview of the necessary tools and knowledge required in the execution of an investigation.
- Signposts to the resources used to support investigations.

For staff allocated an investigation there will be further training delivered on a one-to-one bespoke basis by a senior member of the Corporate PSI team. This team member will continue to support the IO(s) throughout the incident investigation process. The bespoke training available includes modules on effective investigation techniques, communication skills, and understanding the legal and regulatory framework surrounding patient safety incidents. This tailored approach ensures that IOs can conduct thorough and fair investigations, ultimately leading to better outcomes for patients and families.

14 Review

This Policy will be reviewed every 3 years or in line with any National or Local Policy change.

15 References

Health and Social Care (Quality and Engagement) (Wales) Act 2020

The National Health Services (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 as amended by National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) (Amendment) Regulations 2023

Putting Things Right guidance document (v3, 2013)

The Duty of Candour Procedure (Wales) Regulations 2023

The Duty of Candour Statutory Guidance 2023

16 Appendices/Supporting information

1. [NHS Wales Never Events list](#)
2. [Nationally Reportable Incident \(NRI\) reporting processes & flow chart](#)
3. [Guidance on nationally reporting specific incident types](#)
4. [Joint investigation process](#)
5. [Guidance on Safety-II principles](#)
6. [Commissioned Services flowchart](#)
7. [Cause and effect diagram \(fishbone diagram\)](#)
8. [Yorkshire Contributory Factors Framework - Improvement Academy](#)
9. [Guidance for Reporting an Incident](#)
10. [Datix Cymru Incidents Module User Guide](#)
11. [Health and Safety Intranet pages](#)
12. [Safeguarding Intranet pages](#)
13. [Putting Things Right Intranet pages](#)
14. [Duty of Candour Datix Process](#)
15. [The Duty of Candour Statutory Guidance 2023](#)
16. [The National Health Service \(Concerns, Complaints and Redress Arrangements\) \(Wales\) Regulations 2011](#)

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Escalation – Update on national escalation position
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Trish Chalk, Assistant Director Planning and Performance

Pwrpas yr Adroddiad Purpose of the Report

Er Sicrwydd/For Assurance

The purpose of this report is to update the Board on the Health Board National Escalation Level.

Specifically, the Board are asked to:

- **NOTE** the national escalation position

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

As part of the Welsh Government NHS Oversight and Escalation Framework, escalation levels are considered at least twice a year. This includes an assessment of each health organisation against the six escalation domains, and discussions with Audit Wales and Health Inspectorate Wales about the current issues, concerns and progress since the last review.

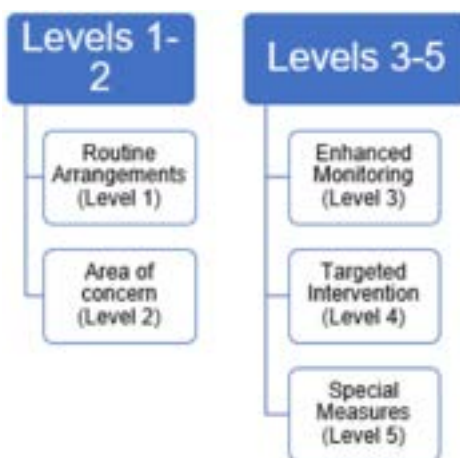
The purpose of this update report is to confirm the escalation levels of the Health Board following recent publication on the 16th of December 2025.

Cefndir / Background

The Welsh Government NHS Oversight and Escalation Framework (updated July 25) sets out the approach to national escalation of NHS organisations.

[NHS Oversight, Assurance, Escalation and Intervention Framework](#).

The framework sets out the 6 domains of escalation and 5 levels of escalation:



The escalation status of NHS Organisations is considered at least twice a year via a tri-partite process between Welsh Government, Audit Wales and Health Inspectorate Wales.

Status levels are communicated from the Chief Executive of NHS Wales to NHS Organisations. Where there are changes in escalation, an escalation framework document is developed for joint sign off with the NHS organisation which sets out the conditions and de-escalation criteria required.

This paper sets out the detail of Aneurin Bevan’s national escalation levels and actions in train to de-escalate.

The table below charts the escalation history for the Health Board:

DATE	FINANCE AND PLANNING	URGENT & EMERGENCY CARE (performance and outcomes)
September 23	Level 3 – Enhanced monitoring	
January 24	Level 4 – Targeted Intervention	Level 3 – Enhanced monitoring – ED at the Grange
July 25	Level 3 – Enhanced monitoring	Level 3 – Enhanced monitoring– ED at the Grange
December 25	Level 4 – Targeted Intervention	Level 4 – Targeted Intervention – Whole system

The rationale for the most recent change in escalation status due to a deterioration in the financial position, failure to deliver the approved plan and waiting times at The Grange emergency department.

In December 25, in addition to being escalated for Finance and Planning, the Cabinet Secretary for Health and Social Care revoked his approval of the 2025/28 Integrated Medium Term Plan (IMTP).

A draft AB Escalation Framework, setting out the improvements required to de-escalate in both domains is expected. In line with previous frameworks, this document will set out the de-escalation criteria and, in the case of urgent and

emergency care, the quantifiable improvements required for organisational de-escalation.

Assessment

In the section below, under each domain is an assessment of rationale for the December 25 escalation, consideration of decisions and improvement action in train.

Performance and Outcomes (Urgent and Emergency Care) escalation

Notably under this domain, the Health Board was both escalated to a higher level of escalation and the scope of the escalation widened from Emergency Department at The Grange University Hospital to Urgent and Emergency care across the system.

The table below summarises the position against the extant de-escalation metrics at time of escalation decision

GUH Emergency Department	Baseline Nov-23	De-escalation Requirement	Current Position Oct-25
Ambulance handovers over 1 hour	858	528	425
% of patients waiting 12 hours or more in ED	15.8% (GUH only)	5%	14.2% (GUH) 7% (all AB EDMIU)
Median time from arrival at ED to assessment by a clinical decision maker (mins)	142	60	134

Most notably:

- Ambulance handover times improved in September and October, with fewer crew hours lost. November saw a slight deterioration, but overall results remain better than 2024/25. December had a minor increase in crew hours lost, albeit 45-minute target compliance improved.
- Twelve-hour breaches have reduced for four straight months and are lower than last year, albeit they have not achieved the de-escalation requirement. This is set against the context of significant winter pressures.
- Waits of over 12 hours in ED and MIU began the year positively. November performance deteriorated slightly, but overall compliance is above last year's baseline.
- 24 hour waits have also significantly decreased compared to last year and remain steady despite rising demand.
- Pathway of care delays were showing continued improvement in terms of actual number and total days delayed, although the position has deteriorated in December
- 4 hour performance has generally been maintained and is typically the best in Wales on a total system comparator

Notwithstanding this, there are persistent challenges with ambulance handover performance at GUH especially in relation to Handover 45 expectations and the improvements in September and October have not been sustained (although still

improved from this time last year). In addition, with respect to the “wait to be seen” in ED, this performance remains relatively static as do waits of over 12 hours in the GUH, although at a system wide level this metric performs comparatively well.

Clearly additional actions and focus is required to deliver the required improvement, key elements of the improvement plan include:

- Driving value and benefit from the recently launched Single Point of Access to support improved navigation of system. The most recent phases were launched in November 25 and early signs are that the SPOA is delivering a 58% admission avoidance rate. The next phase of opportunities including PRU and falls response and clinical access to stack is being explored,
- Realising full benefit from the new ED extension Phase 1 and delivering Phase 2 in quarter 1 of next year in order to support improved clinical assessment
- Focused improvement actions for “wait to be seen” including increasing SDEC and Rapid Assessment Zone (RAZ) models into fast-track lower acuity patients, reviewing consultant rosters to better match to demand and increase fast track pathways,
- Complete pilot of Community Assessment Lounge (CAL) model – due to run to March 26 – and based on evaluation consider options for mainstreaming
- Delivery of second national sprint, embedding learning from pre-Christmas sprint and the Health Board’s “Our Next patient” initiative to deliver immediate ambulance release ambition
- With our local authority partners, complete full review of discharge schemes and developing an integrated discharge model, factoring in learning from sprint, critical incident and NHS P&I quality visit.

There is strong executive oversight of delivery of this UEC improvement plan with weekly Executive led meetings with system leaders to review the data, consider impact of delivered actions and drive forward the improvements set out. As an Executive team and Board there are regular deep dive sessions through Winter into system performance and system safety.

Planning and Finance escalation

In terms of rationale for re-escalation for planning and finance, commentary from Welsh Government has queried the “rapidly deteriorating financial position” having submitted a balanced plan and forecast a breakeven up until month 8 when a deficit was first reported.

Under regular reporting the Board will have seen that the risks that led to this deterioration were identified in the financial elements of IMTP and consistently reported as part of our monitoring returns. The challenge has been the materialisation of a number of these identified risks.

Good progress has been made in the identification and delivery of savings plans, delivering over £40million for the 3rd year running and there are additional opportunities to be explored as part of next year’s plan. Positive progress in

strengthening financial control processes has also been made as evidenced through previously submitted checklists and internal audits.

In terms of wider IMTP delivery beyond the financial plan, this is reported through to Board via the integrated performance report which tracks progress against IMTP trajectories and commitments (including operational performance, workforce metrics and quality outcomes). Every quarter this report is expanded to include progress against the non-numerical elements of our IMTP. Key headlines of delivery this year include:

- Finalised and launched a new organisational strategy, Gwent 35; Better Health, Better care, Better Lives which signals a clear rebalancing of focus towards health communities and a prevention lens,
- Significant and sustained improvements in meeting the Mental Health act Part 1a, 1b for adults and CAMHS through a blended approach of process reengineering, including use of RPA and pathway redesign,
- Significant progress with partners on developing a route map for place-based care built on a Joint needs assessment and supported by a growing number of “discovery reports”,
- In line with plan commitments, delivered changes across a number of service areas including reconfiguration of respiratory services across Gwent, growing NHH as a day case focus with development of HIIT and HVLC as part of core practice,
- A number of estate priorities have been delivered including Phase 1 of the ED extension, the new satellite radiotherapy unit and on track with the RGH decontamination unit development. Two Health and Well Being centres were officially opened and Phase 1 of the rationalisation of St Woolos has been delivered.
- Successful delivery of the South East Wales regional Cataract plan, including the additionally commissioned activity

The approach to developing the IMTP for 2026/29 builds upon the learning and assessments of risk from this financial year and also reflects the actions and improvements identified through the Planning maturity matrix assessment. The planning process includes regular Board engagement sessions where the outputs, choices and risks elements will be considered. The requirements as set out in the new planning framework and financial allocation for 26/27 are framing the approach and the assessment against deliverability of all requirements within the resource context is underway.

Additional oversight and actions

These are areas that the Health Board have recognised as priority areas for improvement and have already put in place local enhanced management arrangements to ensure the focus and improvement required. Additional actions include:

- Approved a revised Performance Management Framework, September 2025

- Continued Internal oversight for UEC provided via weekly COO led Safety Flow meetings which are whole system and are CEO led on a monthly basis
- De-escalation metrics are embedded into the Integrated Performance Report
- Escalation specific reports to Finance and Performance Committee and detailed financial reporting.
- The Value and Sustainability Programme arrangements reporting to Executive Committee also provides divisional and thematic oversight on financial plan delivery.
- The development of the plan for 26/27 is overseen by an Executive steering group with regular reports to Executive Committee. PHPP Committee and Board.

Argymhelliad / Recommendation

The Board are asked to:

- **NOTE** the status of the Health Board's national escalation levels
- **NOTE** the assessment against the two escalated domains and oversight arrangements
-

APPENDIX 1

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	007
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply All Health & Care Standards Apply Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well Every Child has the best start in life
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
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 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 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:	
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)	
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	Yes, outlined within the 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 Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Winter Plan 2025/26 Progress Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Claire Nelson, Deputy Director Strategy, Planning and Partnerships

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Gwybodaeth/For Information

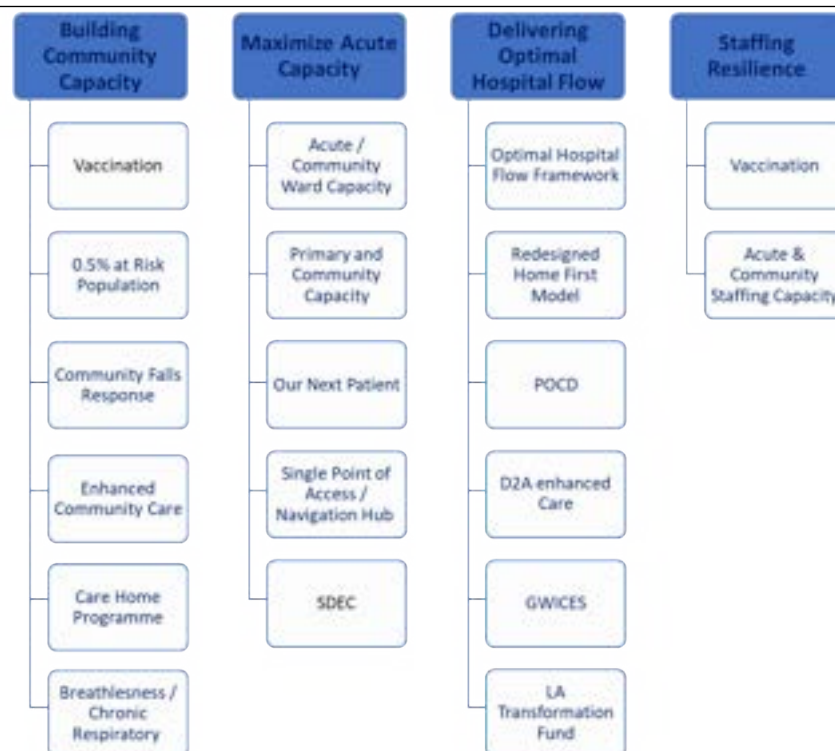
**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This paper sets out how the Health Board with partners, has been responding to the challenges which have been and are currently being faced by the Health and Care system during the Winter period. It provides an interim review of progress of implementation of the Health Board and wider Healthcare systems Winter Plan and a status of the current health and care system. It also provides an update on the Critical Incident called in January 2026. A full review of the winter plan will be brought to a future Board meeting.

Cefndir / Background

The Winter Plan was approved by the Board in the September meeting. The plan set out the scale of the challenge based on Welsh Government's national winter modelling and local winter occupancy forecasts and was framed around 5 key themes with priority actions under each, summarised as follows:



Nationally, modelling was received in October 25 which set out the modelling scenarios for Covid, influenza and RSV, including combined scenarios. These scenarios along with weekly tracking information can be found below:

[Winter Modelling Dashboard - WG - Power BI](#)

This modelling was combined with local demand data to provide a forecast and likely scenarios for system admissions and system occupancy during the Winter months. These products indicated that demand into the healthcare system would steadily rise in the run up to Christmas week, then drop but with a sharp rise in demand in early January. The plan was therefore tweaked in relation to this modelling, particularly the timing of additional capacity.

The aims of the plan were therefore to directly respond to the analysis of demand and the creation of or the mitigation of the need for additional capacity to manage that demand. The main metrics tracked as part of Winter plan are:

- Vaccination rates in the population and staff
- Admission data to track whether in line with model and therefore plan
- Occupancy data to track capacity impact in system

Key elements of the plan included:

Vaccination: Increase in staff vaccination uptake through 'walking the wards' initiative and peer vaccination incentives. Targeted campaign for influenza, RSV and Covid-19 with vaccinations to be offered at antenatal clinics and within flying start and nursery settings. The newly established Cwmbran vaccination centre offering 6 days per week walk in access for a wide range of vaccinations including: Covid-19, Boosters, Flu vaccines and HPV.

Increasing capacity: the plan included provision of additional capacity to coincide with the predicted demand surges:

- Chepstow Community Hospital: opening twenty-two rehabilitation beds on St Arvan's ward
- Royal Gwent Hospital: opening twenty-three general medical beds on D7W
- Securing six reablement beds at Ty Glas Y Dorlan
- Additional domiciliary care via the Hospital to Home team and Step Closer to Home provision in Caerphilly Opening of the expanded waiting area in the Grange Hospital to address capacity and patient experience challenges – providing waits and assessment additionality.

Improving navigation and admission avoidance:

- Single point of Access – co-located with flow centre alongside CRT and falls team
- Falls response – increase in level 1 falls capacity

Partnership actions

The Health Board and regional partners worked via the Regional Partnership Board on an Operational Resilience Plan that was submitted to Welsh Government in October. Whilst last year's Welsh Government 50-day challenge initiative funding had not continued, the plan included a number of schemes funded from the Regional Integration Fund (RIF) aimed at expediting hospital discharges and boosting community care provision. The plan also outlined the enhanced governance arrangements for providing whole system oversight.

Asesiad / Assessment

Actual admissions and occupancy compared to modelling

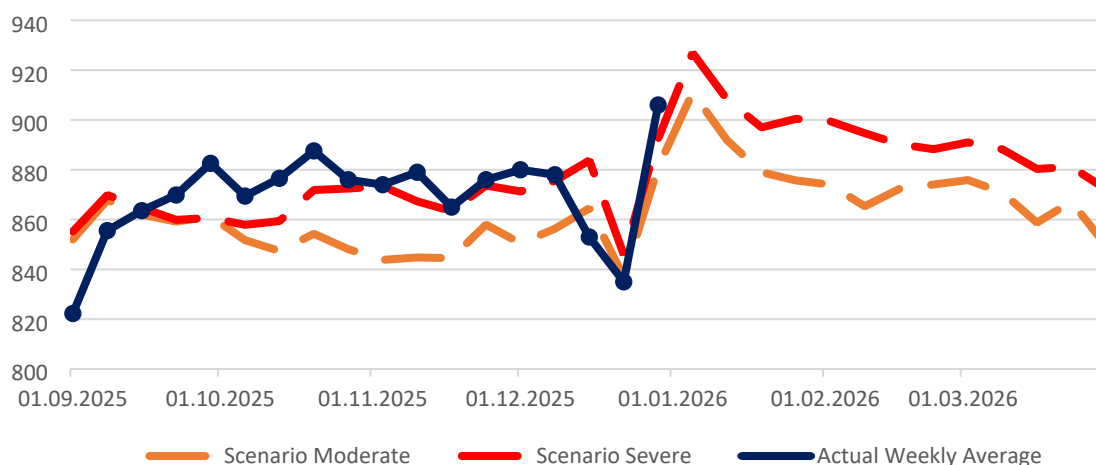
Welsh Government combined respiratory scenario tracking shows as of 4th January data, actual admissions to be in a period of relatively stability whereas occupancy continues to trend upwards and remain slightly below the moderate scenario modelled.

When looking at Influenza only, actual admissions are tracking significantly below the modelling with minimal daily numbers.

Whilst average occupancy rates fell in the week leading up to Christmas, decreased to a further low in Christmas week they rose sharply week commencing 29th December which was in line with forecasts. From the beginning of January the forecasts are now tracking above the severe scenario modelled as illustrated in the chart below:

Figure 1: Winter Occupancy Forecast of Medical Beds v. Actual Occupancy

Winter Occupancy Forecast: Medical Beds (emergency admissions for patients aged 16+, does not include Assessment Units)



Progress against actions in the Winter Plan

Progress against the actions outlined in the Winter Plan are summarised below:

Primary and community services and hospital systems

- The additional acute and community care bed capacity opened as planned in Chepstow on 19th December and with the Royal Gwent Hospital beds opening ten beds from 30th December and remaining thirteen beds from 4th January.
- Plans to implement additional community capacity by extending support of the Hospital to Home scheme although approved financially has not been possible due to the inability to recruit combined with sickness of existing staff.
- Phase 1 of the Grange University Hospital Emergency Department extension to transform the existing waiting room into a larger, purpose build rapid assessment zone was completed 17th December.

Partnership Actions:

- **Single Point of Access MDTs** are delivering admission avoidance and improved patient experience with 185 interventions to date over 38 days with a 58% conveyance/admission avoidance rate. 109 patients successfully utilised alternative pathways (excluding enhanced Local General Hospital sites (eLGH pathways)).
- **Care Home Programme resource:** Falls Training programme funded by Welsh Government's Six Goals Programme booked with 28 homes so far and offered to Caerphilly care homes as part of Caerphilly focussed initiative over Winter.
- **Discharge to Assess:** Secured six week funding for enhanced Discharge to Assess to support the effective and timely discharge of patients with complex healthcare triggers via the D2RA pathway.

- **Community Falls response:** RIF approval obtained to provide an additional level 1 falls resource from January to March with go-live expected 2nd February (week delay due to set up lead time). This will provide 24-hour level 1 capacity ringfenced to Gwent.
- **Effective management of 0.5% most at risk population**
MDTs in the Neighbourhood Care Networks continue to develop and robust processes are in place in three Boroughs, one is in the process of roll out and the final Borough is agreeing how it should be developed.
- **Frailty Directed Supplementary System (DSS)** has been offered to all GP practices as of 1st December and uptake will be monitored.
- **Widened access of Rapid Frailty response to all enhanced Local General Hospital sites (eLGHS):** The service has been tested at Nevill Hall Hospital (NHH) and Ysbyty Ystrad Fawr (YYF) and evaluation is ongoing. In-reach is being delivered via ongoing pull into the Ready to Go Ward (RTG).

Vaccination uptake (As of 30th December)

ABUHB population rates of influenza vaccinations

- for the over 65s had increased over the three weeks prior to the 4th January by 2.4% to 72.4% update with 133,745 residents immunised
- for those aged between 16-64 in clinical risk groups had increased by 3% to 41.8%
- Children aged 2-3 had increased by 1.2% to 50%

The below tables illustrate vaccination uptake by Local Authority for each of the three key cohorts as of 30th December 2025

Figure 2: Vaccination update by Local Authority in 2-3 year olds

Local Authority	Children 2-3 yrs		
	Immunised	Denominator	Uptake (%)
Blaenau Gwent	811	1416	57.3%
Caerphilly	1852	3417	54.2%
Monmouthshire	1171	1733	67.6%
Newport	1594	3837	41.5%
Torfaen	748	1957	38.2%
AB Total	6176	12,360	50%
Wales	26,348	58,872	44.8%

Figure 3: Vaccination update by Local Authority aged 16-64 in a clinical risk group

Local Authority	Aged 16-64 in a clinical risk group		
	Immunised	Denominator	Uptake (%)
Blaenau Gwent	5350	13,011	41.1%
Caerphilly	12,806	30,430	42.1%
Monmouthshire	7493	15,527	48.3%
Newport	9840	25,566	38.5%
Torfaen	6929	16,898	41%
AB Total	42,418	101,432	41.8%
Wales	183,082	487,013	37.6%

Figure 4: Vaccination update by Local Authority in 65 years and older

Local Authority	Aged 65 and over		
	Immunised	Denominator	Uptake (%)
Blaenau Gwent	10,662	15,332	69.5%
Caerphilly	28,298	39,533	71.6%
Monmouthshire	21,817	28,189	77.4%
Newport	20,628	29,379	70.2%
Torfaen	15,401	21,312	72.3%
AB Total	96,806	133,745	72.4%
Wales	519,441	734,451	70.7%

ABUHB staff influenza vaccinations increased by 1.9% over the three weeks prior to the 4th January reaching 45.7%

The below table shows the Health Board staff vaccination rates by Division.

Figure 3: Health Board staff vaccination rates by Division as of 4th January 2026

Division Group	Employed	Immunised	Uptake	Remaining to Target
CHC / Complex Care	290	132	45.52%	86
Clinical Support Services	1,680	861	51.25%	399
Corporate WF & OD	1,344	651	48.44%	357
Estates & Facilities	1,554	612	39.38%	554
Family & Therapies	2,685	1,391	51.81%	623
Medicine	2,031	786	38.70%	737
Mental Health & LD	1,553	507	32.65%	658
Primary & Community	2,046	956	46.73%	579
Surgery	1,812	919	50.72%	440
Urgent Care	541	286	52.87%	120
Total	15,536	7,101	45.71%	4,551

Winter Sprint

Last winter the Welsh government initiated the “50 day challenge”, this year national focus has been via “winter sprints”. The first winter sprint took place 8th-22nd December across GUH, NHH, Royal Gwent Hospital (RGH), YYF and community hospitals. Strong discharge performance was reported early in the sprint which normalised pre-noon discharges although they remain a challenge despite improving year on year. The sprint did not meet the Welsh Government anticipated impact on weekend discharge rates, reduction in handover delays or reduction in over 24-hour delays in Emergency Departments.

A presentation outlining areas of good practice during this period and opportunities for improvement along with the main themes, challenges and actions for the individual sites is included as Appendix 1.

Areas of good practice included:

- use of Community Assessment Lounge for step down of care and redirection of patients to community beds or home
- extension of weekend pharmacy cover to support timely discharges at GUH
- Effective use of therapy input to expedite discharge for complex patients.

Opportunities for improvement included:

- Review of Falls, Head Injury, Chest Pain, and Respiratory pathways for admission avoidance
- Local authority referral processes: Challenges with referral processes across five local authorities increased delays
- Trusted Assessor model improvements
- Digital tools: Board rounds generally relying on paper, lack of electronic whiteboards is slowing progress
- Further work on the single point of access will focus on links with WAST (Welsh Ambulance Services Trust), Falls mechanisms and implementation of an advice line for GMS (General Medical Services) and WAST clinicians

The sprint also highlighted where the winter governance arrangements were working well to provide oversight and co-ordination across the whole health and social care system through for example, regular length of stay meetings embedded within divisions. It also highlighted where further alignment was required both internally and with Local Authorities and neighbouring Health Board partners.

A second winter sprint period was then initiated for 21st January to 4th February. Within Gwent, following the critical incident which resulted in system wide response, it has been agreed with Welsh Government that this will constitute the sprint period for Gwent.

Critical Incident

Despite the actions and progress outlined above, a combination of the impact of the earlier peak of respiratory presentations, occupancy tracking at worst case scenario consistently and the consequential IPAC (Infection, Prevention and Control challenges) and related staff absences, led to the Health Board to calling a Critical Incident on Saturday 10th January. Unabating pressure across many parts of the system resulted in:

- A significant increase in Pathway of Care delays, impacting on available capacity (numbers rose from 165 in November to 223 in December following the first sprint with the biggest increase is the number of patients waiting for social care assessment)
- Significant and persistent IPAC challenges with a number of respiratory and gastro viruses circulating in the community and on sites – for example when the incident was declared there were 20 beds “lost” (empty but unable to be used) – across the system. This remained the case through the period of incident
- Long ambulance delays at the Emergency Department
- Patients delayed in the Emergency department and medical assessment unit at GUH awaiting admission, some exceptional cases were for up to 5 days
- Intensive Care and Resus area significantly pressured
- Medical patients boarded on wards, surgical assessment areas, therapy and day rooms and multiple boarding on all sites.

Actions in response to the incident included:

- Mobilising a “command” structure in line with best practice

- Increase of senior medical, therapy and nursing staff to assessment, ward and community areas to support timely assessment, flow and discharge
- Multi-disciplinary review of all inpatients on all sites
- Opening of additional capacity, some of which offset IPAC lost beds but offering additionality to the system
- On call medical staff routinely called in to sites to support review, assessment and discharge
- Escalation to Local Authority partners supported by a series of focused meetings to expedite assessments, decision making and access to packages of care
- External and internal communications
- Step down of non-essential meetings and training

An update on the status of the critical incident will be provided at the Board meeting

Argymhelliad / Recommendation

The Board is asked to:

- **Note** the actions taking to date to mitigate the impacts of Winter so far
- **Note** that a full review of the Operational Resilience plan will come to a future meeting

Appendix/Atodiad 1



Winter Sprint -
Feedback January 2020

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	SRR001F Risk that the Health Board will be unable to deliver & maintain high quality, safe and sustainable services that meet the need of the population.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 5. Timely Care 7. Staff and Resources Choose an item.
Blaenoriaethau CTCI IMTP Priorities	Getting it right for children and young adults
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 prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the wellbeing and engagement of our staff
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	eLGH: enhanced Local General Hospital GMS: General Medical Services GUH: Grange University Hospital NHH: Nevill Hall Hospital RGH: Royal Gwent Hospital RTG ward: Ready to Go ward RIF: Regional Integration Fund WAST: Welsh Ambulance Services Trust YYF: Ysbyty Ystrad Fawr
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/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives 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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



Winter Sprint - Feedback

January 2026



Good Practice:

Community Assessment Lounge: Excellent interventions with step downs and redirecting patients to home or to community beds

Therapies: Effective use of therapy input to expedite discharge for complex patients, and Physio support at RGH over the weekend

Board rounds: Examples of good practice, MDT working and reinforcement of criteria led discharge

Daily briefings: Joint working to identify opportunities for timely discharge, addressing issues and taking action daily

Safe to Start: Build on good practice, ensure approach is action focused and site escalation is feedback to wards

Extended Pharmacy cover: W/e Pharmacy hours extended until 1pm to support timely discharges at GUH

Professional challenge culture: Teams questioning step-down and discharge decisions, to ensure timely discharge

LOS meeting: Well structured meeting at NHH and Community Hospitals with attendance from local authorities

Collaboration: Innovative thinking to progress discharge, accessing community pathways and services

Overall: Gains achieved through Winter Sprint approach, bringing forward discharges that would historically take longer

Opportunities for Improvement:

- **Duplication of LOS/board round/MDT meetings:** Streamline processes and review terms of reference
- **Digital tools:** Board rounds generally relying on paper, lack of electronic whiteboards is slowing progress
- **Weekend discharge planning:** Reinforcing early patient moves to sustain system flow including criteria led discharge
- **Social Worker presence at board rounds** greater social work presence at board rounds to enhance MDT decision making
- **Pathway Reviews:** Falls, Head Injury, Chest Pain and Respiratory pathways for admission avoidance
- **Transport:** Cancellation impacting discharge and flow, particularly for appointments
- **Reablement and therapy capacity constraints:** Waiting lists for community based reablement services
- **Local authority referral processes:** Challenges with referral processes across five local authorities
- **Awareness of community capacity and access arrangements:** Lack of awareness of step-down facilities and how to access across the five local authorities
- **End of Life:** Timely identification, future care plans, sharing good practice, education and training

Themes, Challenges & Actions

Grange University Hospital

Themes & Challenges:

- **Lack of electronic whiteboards** slowing flow and creating inefficiencies
- **Safe to Start** meetings need to become more action-focused and less person-dependent
- **Step-down process**: SBAR process to link with the transfer lounge
- **Pathway delays** for head injury, chest pain, and respiratory
- **Awareness of community pathways** and access arrangements needs improvement
- Support on site from Local Authorities and strong **collaborative working**
- Positive working in the **Community Assessment Lounge** across three teams, delivering person-centred care

Actions:

- **Reinforce 45-minute handover target** to maintain timely transitions
- **Improve Safe to Start meetings** with clearer actions and cross-divisional input
- **Refine step down SBAR** and **maximise use of the transfer lounge**
- **Review direct step-downs** by the **Community Assessment Lounge**
- **Confirm community referral process** and communicate it to ward
- **Progress pathway workstreams** for **head injury, chest pain, and respiratory cases**



Actions, Themes & Challenges

Royal Gwent Hospital

Themes & Challenges:

- **Inconsistent LOS meetings**, lack of site-based approach across three Divisions
- **Confusion around how to refer and access community pathways**, across five local authorities
- Good practice noted in **board rounds and afternoon huddles**
- **Missed opportunities** to support **Dementia and End of Life patients**
- Partial **implementation of criteria-led discharge** across some wards
- **Inconsistent updating of patient notes**, needs reinforcement with Social Care

Actions:

- **Establish a twice-weekly LOS meeting** across three divisions, working with five local authorities
- **Reinforce SAFER principles** and the **‘What Matters’ conversation**
- **Education and training** to reinforce patient-centred care principles and timely identification of dementia and end-of-life patients
- **Reinforce the importance of afternoon huddles** and follow-up of actions.
- **Maximise opportunities to use the discharge lounge**, enabling early moves from wards



Themes, Challenges & Actions

Nevill Hall Hospital

Themes & Challenges:

- **Powys interface**, delays discharge planning
- Collaborative working with **Monmouthshire local authority**, attendance at twice weekly LOS meetings
- Issues following the **flooding**, patients unable to return home due to housing issues
- **Reablement capacity**, challenging due to staffing, physio in community
- **Community pathways**, missed opportunities to refer patients directly to a community bed, capacity not available
- **Care Agency**, not accepting patient until after weekend, despite POC in place and funding

Actions:

- Review **step downs** from GUH to NHH
- Review appropriateness of **therapy referrals**, provide best practice examples to wards
- Address **housing related issues**, ongoing theme
- Continue with **LOS meeting**, including surgical ward
- Liaise with **Powys** to streamline cross-boundary processes



Themes, Challenges & Actions

Ysbyty Ystrad Fawr

Themes & Challenges:

- **Duplication of meetings**, number of meetings held to discuss discharge, unclear of purpose
- No **discharge lounge** on site, missed opportunity to support timely patient flow
- Lack of clarity on the use and purpose of the **Complex List**
- Strong **MDT** and patient-centred ethos across the site
- Post Stroke reconfiguration, **discharge planning fragmented**
- **Care Homes**, timeline for assessments, variation in response
- Lack of awareness of **Hospital to Home**

Actions:

- **Streamline discharge meetings** to remove duplication and improve efficiency
- Roll out the **Out of Hospital Flow Framework**, embed the principles
- Reinforce the importance of updating the **Complex List**
- Raise awareness of **community pathways**, escalation of Care Home issues
- Embed links with **Estates and Pharmacy** to support timely discharge



Themes, Challenges & Actions

Community Hospitals

Themes & Challenges:

- Potential to move patients to **sites closer to home** to facilitate timely discharge
- Roll out of the **Out of Hospital Flow Framework** across all sites
- **Out of area patients** experiencing social work delays, staff challenges
- Maintaining processes, fishbowls and board rounds, requires better **digital information** visibility between partners
- Increase in number of referrals to **Ready to Go Unit** at RGH
- **Attendance of local authority** at LOS and fishbowls
- Proportion of patients who are **not medically fit or discharge**

Actions:

- Maintain focus on **board rounds** with Heads of Service/Nursing in attendance
- Improve **digital visibility** for partners, trial MS list
- Continue to embed the principles of **OHFF and criteria led discharge**
- Target training on **D2RA pathways** and use of EDDs on Complex List
- Create watchlist for **Ready to Go Unit** at RGH
- **Community wards at RGH** to align with acute LOS meetings on site



Winter Sprint Data Summary

Overview:

- Discharge Activity: Total discharges **exceeded baseline** across ABUHB overall
- GUH was the only site below baseline

Pre-Noon Discharges (including moves to Transfer Lounge)

- **Improved compared to the preceding fortnight** but remain below the peak achieved during Our Next Patient (Sept – Oct)
- YYF and Community sites continue to underperform relative to baseline

Weekend Discharges

- Week 1 saw a decline to the lower end of baseline
- Week 2 **demonstrated a strong recovery**, with exceptional performance at YYF and Community sites

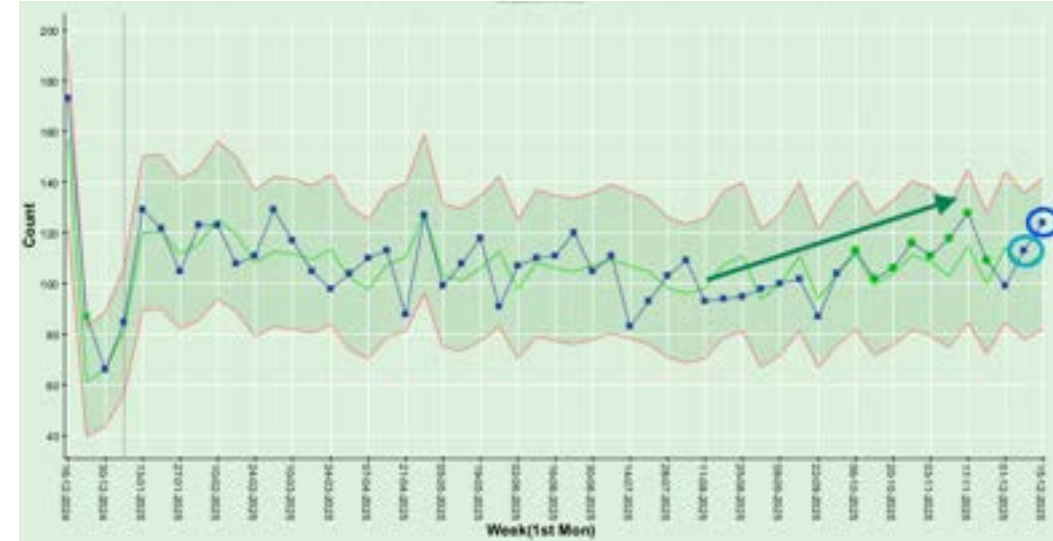
Longer Length of Stay Discharges

- **25% of the cross site 'Top 20' longest staying patient cohort** were discharges during the Sprint, compared to 19% typical via the weekly Scrutiny Panel
- Two weeks prior to sprint, the number of patients with LoS >21 days dropped from 130 to 100
- Over the two weeks of Winter Sprint this returned to just **under of 130 per week**

Re-admission Rates

- Of the total discharges, both the 7-day (6%) and 14-day (9%) readmission rate were lower than the 2025 trend and significantly below Our Next Patient levels
- Indicating **quality was maintained** alongside an increase discharge volumes

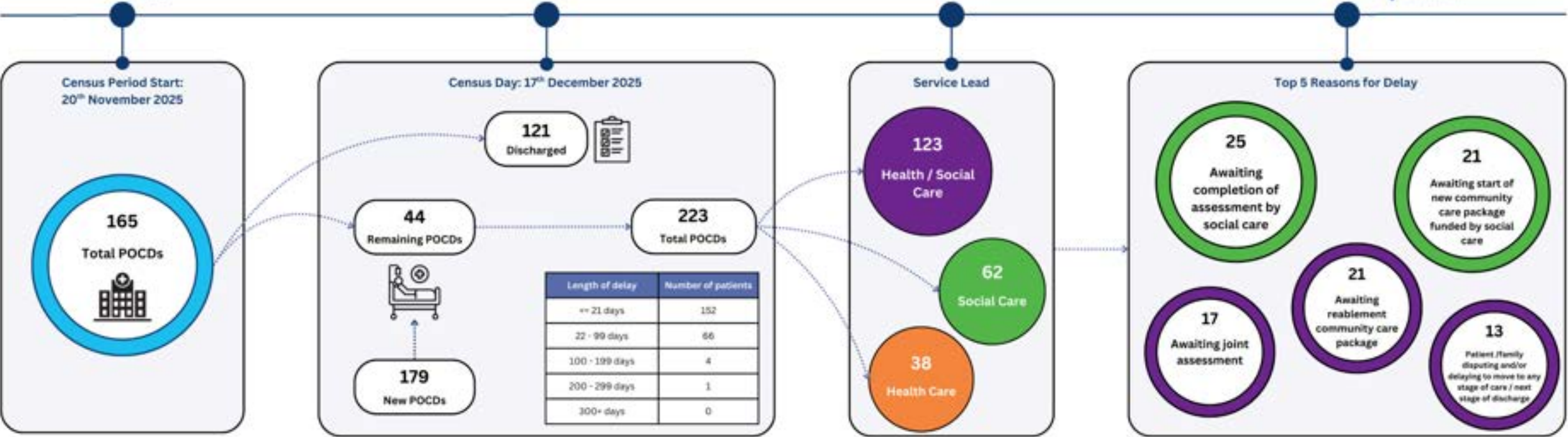
Total Discharges where Cross-Site LoS > 21 days
(Patient Home, Emergency, excluding Assessment Units)



- Winter Sprint period saw a **restoring of pre-existing trend** back to August 2025 where > 21 days discharges were increasing towards 130 per week

POCD Summary – December 2025 Census

POCD Summary - December 2025



POCD Summary – December 2025 Census

Delay Reason	Delay Owner	Change
Awaiting completion of assessment by social care	Social	+21
Awaiting reablement community care package	Joint	+11
Awaiting joint assessment	Joint	+9
Patient /family disputing and/or delaying to move to any stage of care / next stage of discharge	Joint	+7
Awaiting start of new community care package funded by social care	Social	+6
Awaiting completion of AHP Allied Health Professional Assessment	Health	-2
Awaiting supported living availability	Joint	-3
Awaiting completion of assessment Nursing	Health	-12



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Digital Programmes Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Paul Solloway – Director of Digital
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Solloway – Director of Digital

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 Digital, Data and Technology (DDaT) Directorate continues to oversee a broad and expanding portfolio of digital transformation, clinical system modernisation and ICT infrastructure programmes. These programmes are aligned to the Health Board’s Integrated Medium-Term Plan (IMTP) and are designed to maintain safe, secure and resilient digital services while supporting increasing operational and clinical demand.

Substantial progress has been made across all major programme areas during 2025, with several initiatives reaching critical phases of deployment or national alignment. Updates across the transformation programmes demonstrate continued momentum in modernising core clinical systems, enhancing patient pathways, strengthening analytical capability and improving operational productivity. Alongside delivery progress, several key risks, particularly those relating to national programme delays, software development capacity and infrastructure dependencies, remain under active mitigation.

The overall situation reflects a maturing digital landscape that is increasingly integrated, data-driven and strategically aligned with the organisation’s long-term ambitions and the wider NHS Wales digital strategy.

Divisional Engagement & Planning

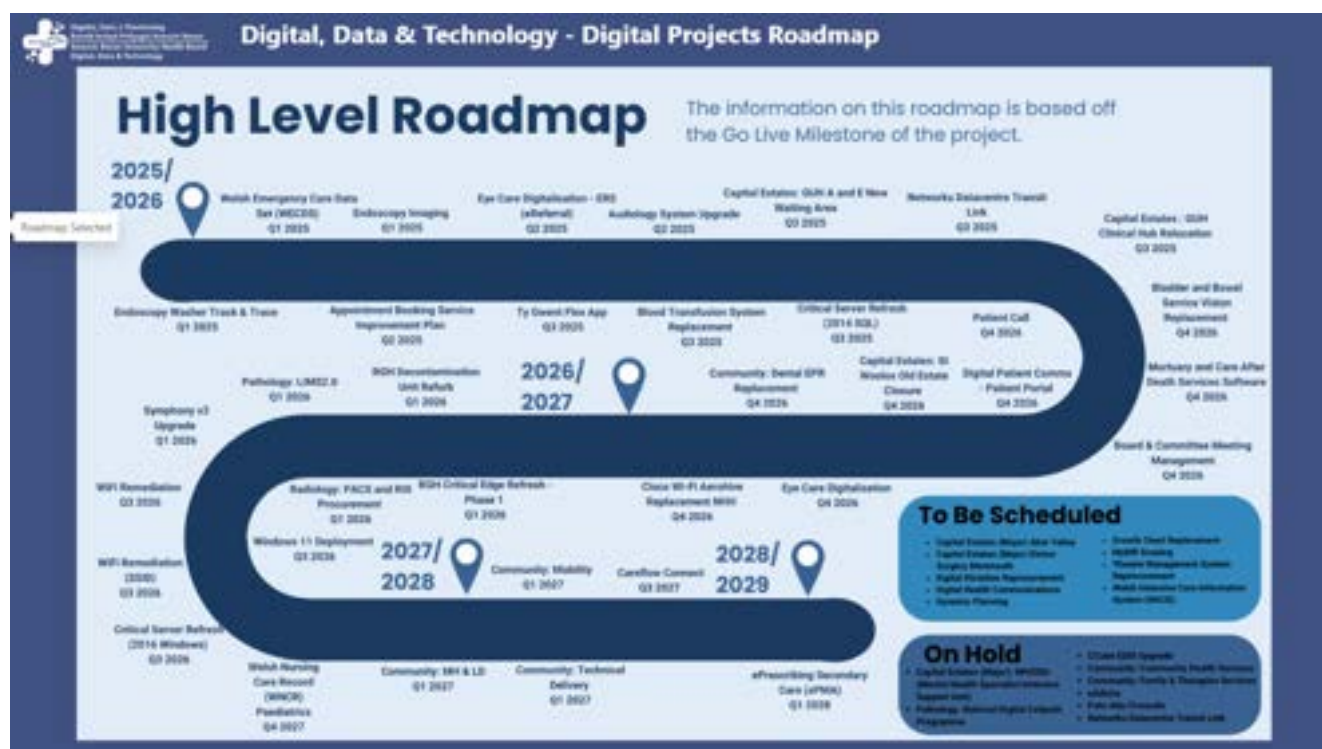
Recent enhancements to the New Digital Service Request (NDSR) process and Divisional Engagement Meetings (DEMs) have broadened and clarified divisional endorsement and oversight of the digital portfolio. These improvements include the introduction of comprehensive dashboards that summarise the digital portfolio, display NDSRs by division, present prioritisation scores and outline both divisional and organisation-wide digital roadmaps. Bi-monthly engagement meetings and increasing transparency around digital priorities will support the alignment of IMTPs, ensuring more effective delivery and measurable progress.

A summary view of the digital portfolio is shown below:



Digital Programmes

A high-level roadmap of major digital projects can be found below:



In parallel, the Health Board continues to enhance its analytics capability through cloud migration to Google Cloud Platform (GCP), development of National Data Resource dashboards, urgent and emergency care automated reporting and internal real-time system pressure tools.

Software development prioritisation and Robotic Process Automation continue to expand, with over 50 automations already live and a business case developed to scale further.

Asesiad / Assessment

1. Digital Programmes

An update on progress, including key risks and issues, can be found below for each digital programme. The entire digital programme of work is structured into the following programmes:

- Acute Services
- Digital Ward
- ICT Programme
- Clinical Support Services
- Electronic Prescribing & Medicines Administration
- Digital Community
- Digital Patient
- Microsoft 365

a. Acute Programme

Eye Care Digitisation

A key priority for the organisation is supporting improvements in ophthalmology services to our patients and regional working developments. Key projects include:

- OpenEyes Implementation:
 - Configuration of the system is complete locally working towards a March 2026 go live
 - Clinical hazard mitigation is underway
- Electronic Referral System (ERS)
 - An interim solution was deployed at the beginning of October 2025 using Microsoft 365 to create a more consistent and streamlined referral process for ophthalmology
 - At the end of November 2025, 1,941 referrals had been received using this interim solution, reducing the use of email and posting of referrals
 - A new tactical solution has been procured by Digital Health and Care Wales (DHCW), called OPERA, for implementation by all Health Boards by 31/03/2026
 - Engagement with DHCW has commenced and local planning is underway; however, there is a risk of seeking to implement Open Eyes and OPERA during the same period for clinical services

Digital Dictation Procurement:

- A procurement tender and evaluation have been completed for a new Digital Dictation / Speech Recognition and Ambient Artificial Intelligence solution.
- The development of a business case is underway to secure investment and seek approval for contract award.

Other key items within the Acute programme include:

- The implementation of the Welsh Emergency Care Data Set (WECDS) in Emergency Departments by 31/03/2026. Configuration of the system is complete – The project team are awaiting confirmation from WG on new reporting metrics. A national working group has been established and scheduled to meet in January 2026.
- Symphony v3 upgrade in Emergency Departments will commence next financial year (26/27) with further scoping work on the roll out of Symphony into assessment units.
- The Dynamic Planning project is to replace analytical and modelling functionality previously provided through the Lightfoot platform to tools provided as part of the National Data Resource (NDR) by 31/03/2026.
- The eAdvice project is focused on enabling the electronic transfer of non-urgent clinical advice from secondary care to GPs, replacing existing manual or less structured communication channels. It is anticipated that this work will recommence in February/March 2026 after delays caused by the implementation of the new Radiology Information Systems.

b. Digital Ward Programme:

Digital Health Communications

The Health Board currently uses various communication solutions, such as Vocera and traditional paging technology. This project will replace them with a single integrated solution using modern cloud technologies. System demonstrations were held in December 2025, and tender documentation is being prepared to allow procurement activities to commence. A business case is under development for approval through the Health Boards governance.

Key risks with this project include:

Description	Score	Action Plan
Implementation of replacement solution before end-of-life contract dates for Vocera and paging solutions	12	Close monitoring of procurement and project timescales
Technical dependencies on Wi-Fi and infrastructure across the estate	12	Development of a phased implementation plan

Other key items within the Digital Ward programme include:

- The implementation of paediatric forms in Welsh Nursing care Record (WNCR) – The digitisation and testing of 3 risk assessments is underway with a further 3 assessments to commence.

- Careflow Connect – an evaluation has been carried out on the successful pilot on a frailty ward at Ysbyty Ystrad Fawr (YYF). The project team are planning further roll out across the Health Board with an implementation scheduled in Royal Gwent hospital (RGH) at the end of January 2026.
 - Following rollout of CareFlow Connect within the Elderly Frailty Unit (EFU) at YYF the Health Board has realised significant improvements including a 41% increase in on-time discharge summaries, elimination of discharge delays and a 100% reduction in pharmacy-related Datix reports.
 - Additional benefits include improved communication, enhanced visibility of deteriorating patients, more timely clinical decision-making, strengthened data retention compliance and reduced operational costs such as taxi fees for medication delivery.

c. ICT Programme

The ICT programme involves significant work on developments, new builds and refurbishments, and end of life replacement hardware across the Health Board. Key progress includes:

- Critical Server Refresh programme – 25 (2014) servers upgraded with a further 2 scheduled for January 26. 51 (2016) upgraded with 84 remaining.
- Firewalls & Supporting Network - firewall replacements are taking place at smaller sites whilst the wider network upgrades are progressing improving our cyber security posture.
- Windows 11 deployment is 86% complete (13,030 of a total of 15,101 devices), with extended support in place for Windows 10 until October 2026 by which time the Windows 11 project will have completed.
- Several capital estates projects are being supported including the Emergency Department extension at Grange University Hospital (GUH), St Woolos, Aber Valley and Dixon Surgery Monmouth.
- Replacement of Vision for Bladder & Bowel Services – go live scheduled for January 2026 with extended support confirmed from Vision until end of March 2026.
- Growth Charts Solution – the current solution is end of life and no longer supported by the supplier. A technical approach for sharing data between the Health Board and the national Care Data Repository has been agreed with DHCW and a request submitted to allow the nationally developed Growth Chart forms to be hosted within Clinical Workstation (CWS) directly. Development timescales will be dependent on prioritisation of Application Development resource.
- Flex App development for room / hot desk booking at Ty Gwent – development now complete and evaluation underway ahead of scoping for further roll out across the Health Board.
- Wi-Fi Remediation - 985 devices completed, 14,045 currently being planned.
- Konica Printer Upgrade - planned upgrade for the end of January 2026.
- Nevill Hall Hospital (NHH) wireless access point replacement - phase 1
- RGH network replacements - work to be scheduled, including service engagement for planned downtime.
- RGH De-contamination Unit - fibre installed & network live, planned go live April 2026.

- Pharmacy Robot - this is now live, currently working through issues in relation to service transition with supplier.
- Implementation of enhanced backup solution to bolster recovery in the event of a cyber incident. Initially piloted with radiology, cardiology, ophthalmology and Welsh Patient Administration (WPAS) databases. Review of this being taken place with a view to extend the protection of this further across key digital systems.
- Replacement of end-of-life hardware to ensure continuity of service such as
 - Hardware / Software environment used by WPAS users.
 - Desktop and Mobile device replacement
 - Uninterruptible Power Supply (UPS) replacements
 - Network switch replacement programme
 - Network fibre replacement programme

There are a number of risks within the ICT programme:

Description	Score	Action Plan
Network team capacity to support range of projects	15	Additional resources recruited, prioritisation of work, external contractor support
Upgrade of Digital Health Record scanning solution unable to commence due to software development capacity	20	Escalation in place

d. Clinical Support Services Programme

There is a significant programme of work associated with digital projects within the Clinical Support Services directorate both from a service and digital perspective.

Project	Milestones	Next Step
Laboratory Information Management System 2.0 (LIMS)	Tranche 1 (technical) go live completed however several defects were moved into Tranche 2 for resolution. Tranche 2 (CellPath) go live has been delayed due to outstanding defects in the system. Swansea Bay University Health Board were due to go live first in November 2025 – this has been delayed to January 2026 with a knock-on impact to all other Health Boards and later tranches of the programme (Swansea Bay have now gone live with LIMS for CellPath). National programme delays beyond March 2026 escalated to Digital,	Continue user acceptance testing and configuration. Re-planning underway nationally for CellPath, Microbiology and Blood Sciences – acknowledgement by the national programme that slippage beyond 31/03/26 is expected. National programme impact assessment on delivery plans and cost implications awaited.

	Data & Technology Leadership Board.	
Blood Transfusion Upgrade (Winpath)	Winpath went live at the end of September 2025 with CWS/CWS 2.0 navigation completed in November 2025.	12 months of data has been successfully migrated to Winpath and a decision is required on further migration of data.
Radiology Information Systems Procurement (RISP)	Change Contral Notice (CCN) approved to move go live date to May 2026. Software development and integration work continues, and data migration activities have commenced. Challenges with technical documentation from the supplier have delayed local activities.	National contract meeting being scheduled with the supplier and further letter of concern sent under the national contract.
Digital Cellular Pathology	National procurement activities have commenced.	Reprofile business case costs due to national delays with procurement.
Mortuary Digital System	The mortuary solution (EDEN) went live in December 2025.	Benefits evaluation.
Theatre Management System	Put on hold following executive prioritisation of business cases.	Seek options for extension to contract beyond 2027.
Cardiology Picture Archiving & Communication System	National business case being developed.	Funding arrangements and priority to be discussed nationally.

Risks associated with the key diagnostic projects are below:

Project	Description	Score	Action Plan
LIMS 2.0	Delays to the national programme mean timelines will slip beyond March 2026 with financial impact to HBs.	20	Escalated to Executive Team. Regular updates to NHS Wales Chief Executive Management Team and Directors of Digital peer group. National re-planning underway and costs to be clarified.

Welsh Intensive Care Information System

The Welsh Government (WG) has funded DHCW to reset the programme, as the previous system implementation was not fit for purpose from a patient safety or usability perspective. Local digital and clinical representation have been provided to

support the discovery phase of the programme where changes to the system have been proposed to the supplier to make the system clinically safe and fit for purpose. The supplier has commenced design of the solution to meet clinical requirements and options have been shared with WG and Chief Executives to agree next steps.

e. Electronic Prescribing Medicines Administration Programme (ePMA)

The following progress has been made during 2025:

- Successful recruitment of clinical and digital roles, aligned to the business case, including dedicated ePMA specialists and key supporting positions to ensure governance and operational capability.
- Roadshows delivered and engagement activities continue across the Health Board.
- The technical infrastructure has been fully implemented.
- System configured to meet complex clinical and operational requirements.
- Comprehensive system testing and user acceptance testing is nearing completion.
- Several technical and processes challenges have now been resolved ahead of a pilot go live in March 2026.

The next period will focus on completing testing, clinical assurance work and training preparations ahead of a pilot go live.

Primary Care Electronic Prescribing Service (EPS)

EPS enables GP practices to send prescriptions electronically to a nominated community pharmacy, improving safety, efficiency and the patient experience. Early sites went live successfully, and the programme continues to expand in line with national rollout plans led by Digital Medicines Transformation Portfolio (DMTP).

The rollout of the Primary EPS continues to progress across Gwent. EPS is now live in 21 GP practices and 115 community pharmacies across the Health Board, with further deployments scheduled throughout 2026, with local Primary Care & Community teams engaged to support adoption.

f. Digital Community Programme

The digital community programme focuses on procuring a Mental Health & Learning Disabilities (MH&LD) Electronic Patient Record to replace the current Welsh Community Care Information System (WCCIS). Procurement is complete and the business case approved by the Health Board on 26th November 2025. The project team received Welsh Government sign off in January 2026 and have commenced contract award activities with the preferred supplier.

Work continues establishing the projects within the programme including a mobility project and a technical project focusing on data migration and integration. Stakeholder groups (clinical & technical) are in place with implementation activities to commence following contract award. Go live is targeted for January 2027.

The critical risks associated with this programme are detailed below:

Description	Score	Action Plan
WCCIS end of life from January 2026	25	Contract award to new system supplier and implementation of new solution
WCCIS Master service agreement ends March 2027	25	Agreement of a national co-terminus contract end and migration off WCCIS by 31/03/2027

Alongside the implementation of the new MH&LD solution, the programme will also undertake a review of national requirements for a wider Community Health digital solution. This will include a structured assessment of the new systems' suitability for adoption across the Community, examining whether its functionality, interoperability, clinical workflow alignment and long-term sustainability meet the needs of community-based teams.

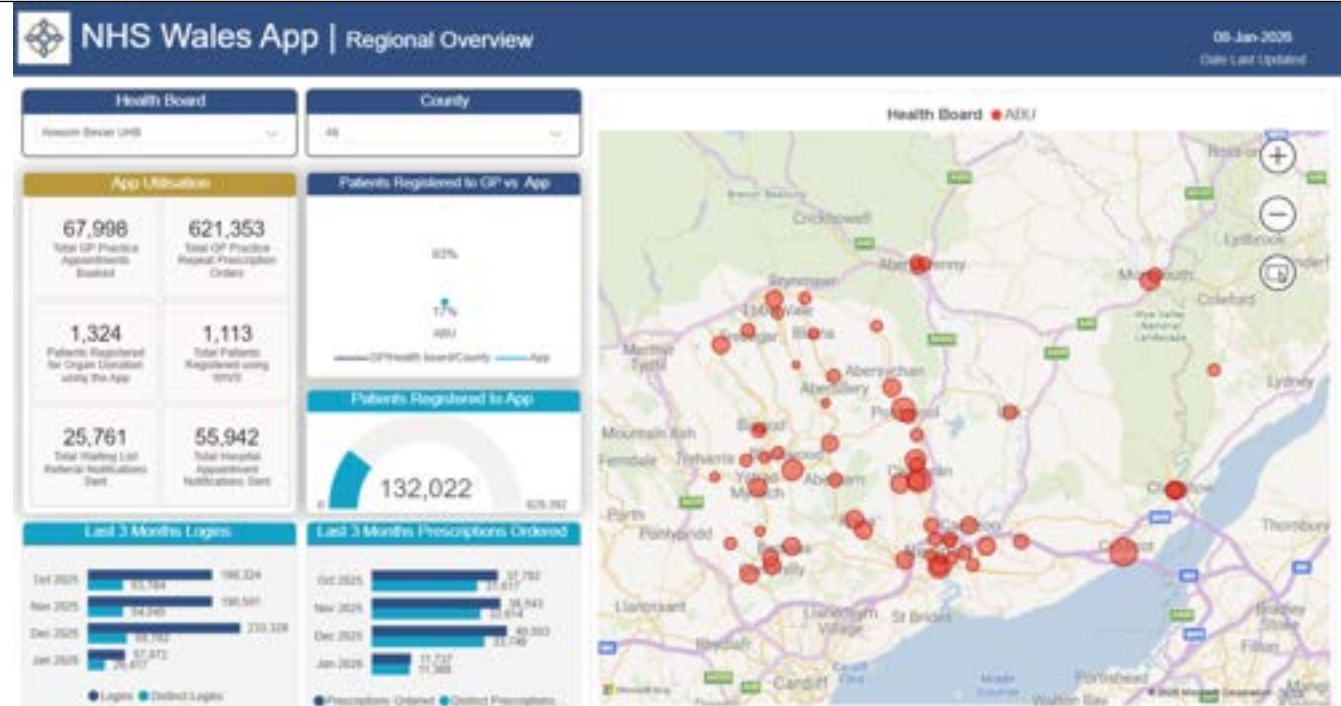
g. Digital Patient

This programme focuses on digitally engaging with our patients. Key developments include:

NHS Wales App

At the end of October 2025, the national Digital Services for Patients and the Public (DSPP) Team launched waiting list, referral and hospital appointment information in the NHS Wales App. The features aim to enhance digital access to care information for patients across Wales. The features enable registered users aged over 16 with a verified NHS login to view when they had been added to a hospital waiting list and to see details of new outpatient appointments made. Patients cannot currently change or cancel appointments directly within the app, but the app provides clear guidance on who to contact for changes, along with links to information about waiting times, wellbeing and local health board contacts.

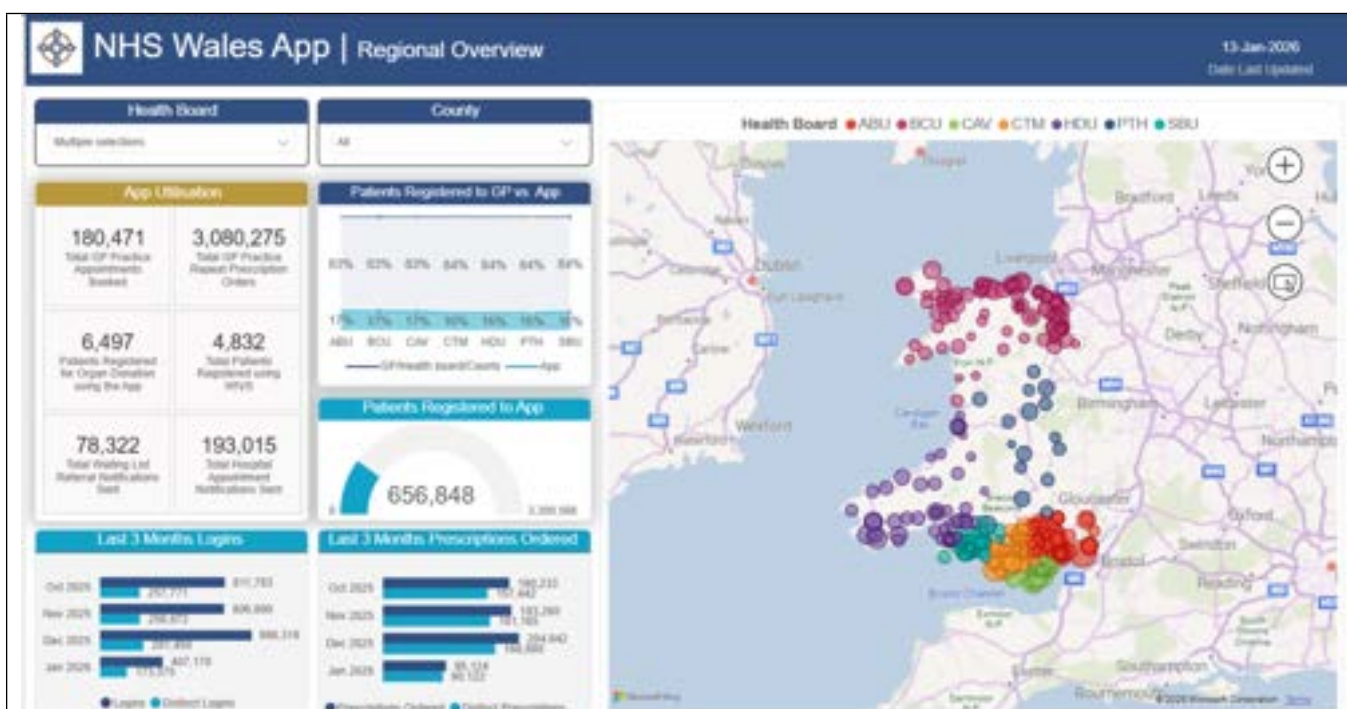
The Health Board now has over 132,000 patients registered on the app:



There have been nearly 60,000 distinct patient logins between October 2025 and December 2025. The health board has sent 25,721 waiting list notifications and 55,942 hospital appointment notifications via the app since the start of November 2025.

An all-Wales comparison can be seen below with the Health Board adoption of the App showing positive results:





Other projects within this programme include:

- Digital Patient Communications – Phase 2 of this project is to deliver digital letters across planned care services. Letter templates continue to be built in the Health Care Communications (HCC) product and testing has commenced. Defects found have resulted in delays to go live. The implementation includes 28 services and is split into 3 phases commencing at the end of January through to the end of March 2026:
 - Tranche 1 – 5 services
 - Tranche 2 – 16 services
 - Tranche 3 – 7 services
- Referral & Booking Centre Service Improvement – An options paper has been developed and discussed with divisional management teams. Agreed option to be presented to executive committee for approval.
- My Medical Record (MyMR) – used to support self-management by patients of prostate cancer and current work is associated with scoping further services for implementation. Recommendations and associated costs to be presented to executive committee for approval.

h. Microsoft 365

There is an ongoing programme of work to provide solutions making the best use of the Microsoft 365 (M365) ecosystem across the organisation.

A pilot of Copilot demonstrated clear and measurable productivity benefits across participating staff groups. Users reported significant time savings—up to 60–65% for tasks such as meeting summarisation, document and email handling and information retrieval—together with improved quality and consistency of written outputs. Adoption and satisfaction were high, with 77% using Copilot daily, 69% rating satisfaction at 4 or 5 out of 5, and 92% recommending it to colleagues. Staff noted improved capacity to manage workload, reduced administrative burden and faster access to insights to support decision-making.

During the Copilot pilot, early rollout of Microsoft Teams Premium has also focused on enhancing meeting efficiency, strengthening security and supporting specific operational use cases. Staff participating in the Copilot pilot who were not allocated Copilot licences were instead provided with Teams Premium, with several benefits observed—particularly for administrative roles where real-time meeting recaps and reduced note-taking time delivered measurable productivity gains. In some cases, users reported an 83% reduction in time spent producing meeting minutes (from six hours to one hour per week) when using Teams Premium’s intelligent meeting recap features.

Survey activity is underway to understand role-based allocation; several users have already indicated that Teams Premium meets their needs without requiring Copilot. This will inform recommendations on a broader rollout across the Health Board. The team are also looking at the functionality and offering of Copilot chat which is the free version bundled with our Microsoft Enterprise Agreement.

Microsoft Enterprise Agreement negotiations are ongoing, with details of the new agreement by mid-January 2026 being worked towards. A draft business case is also being prepared, with formal approval expected by March 2026, following the necessary reviews by all NHS Wales organisations.

2. Scoping and Discovery work

The digital teams are also scoping out the following new projects:

- Single Sign-On – (allows clinicians to use one username and password (or their ID badge and a code)) to access all the systems they use – A clinical walkaround was undertaken with the supplier in August 2025 and a report has been produced on our current usage of the solution. It is suggested that a service improvement piece of work is initiated to make best use of the current solution before further planning is done on wider roll out of the solution across the Health Board estate, which will be subject to a business case and approval of funding.
- Digital Consent – (enables consent for treatment to be collected digitally for patients and stored within their health record) DHCW are developing a national business case. The Health Board await clarity regarding involvement and confirmation of timeline to inform local activity. However, the National Endoscopy Programme (NEP) are also carrying out a pilot of EIDO in the Health Board, and the evaluation of this pilot will help to inform next steps for wider procurement and roll out. This will be subject to a business case and approval of funding.
- High-Cost Drugs Pharmacy System – a software-based program for the approval and management of high-cost drugs which seeks to improve governance around the prescribing of high-cost drugs and ensures treatment is in line with national guidance. This project, once scoped, will be managed within the ePMA programme.
- Telephony Infrastructure & Contact Centre solutions – A business requirements and architecture review is being undertaken across the Health Board.
- Patient Flow – Efforts are underway to enhance patient flow across hospital sites by updating the current complex care list. In parallel, DDaT are

evaluating existing digital solutions, such as Nugensis and Care Flow Connect, already in use within the Health Board alongside commercial offerings. The aim is to identify and implement improvements that can deliver immediate benefits, while longer-term developments are being assessed.

- Central Image Storage Solution – Work is underway to scope the options and associated costs for a Health Board wide image storage solution.

3. Digital Transformation Strategy Development

DDaT is updating its Digital Transformation Strategy considering the recently completed Health Board Gwent 35, 10-year strategy. This refreshed strategy will be consulted across the Health Board over the coming months, ensuring alignment with organisational priorities, long-term service ambitions and the wider strategic direction set out within Gwent 35. The updated strategy will articulate the digital capabilities, infrastructure, transformation and cultural changes required to deliver the Health Board's vision over the next decade.

A Board Briefing of the strategy has been scheduled for the 4th of March 2026 ahead of the Public Board meeting on the 25th March 2026.

4. Data and Analytical Developments

- **Strategy Approval (February 2025)**

The Board formally approved its data and analytics strategy in February 2025, marking a strategic commitment to enhancing data-driven decision making and aligning analytics work with organisational priorities.

- **NDR & Dynamic Planning Dashboards**

As part of the National Data Resource (NDR) programme—a cloud-based data platform built on Google Cloud—The Health Board collaborated with Digital Health and Care Wales to develop its first set of dashboards focused on our patients. These dashboards support retrospective insights and predictive analytics to understand and forecast hospital admissions and patient demand, aiding service planning and operational decision-making.

- **Cloud Migration to Google Cloud Platform**

A key underpinning of the NDR has been the migration of legacy local data stores to Google Cloud Platform (GCP), providing modern, scalable, and secure data storage and compute capabilities. This shift enables more efficient analytics workflows, interoperability across systems, and the foundation for advanced analytics.

- **Internal Analytics – System Pressures Dashboards**

The Health Board and NHS Wales partners have developed dashboards to visualise system pressures, including urgent and emergency care activity levels and performance indicators. These tools help operational teams and managers monitor real-time service pressures and support responsive management.

- **Automated Reporting for Urgent & Emergency Care Programme**

A suite of automated reports was introduced to support the Urgent and Emergency Care programme, giving stakeholders regular, reliable insight into performance and demand metrics to inform strategic improvement efforts and planning across urgent care pathways.

- **Broader Analytics Integration & Collaboration**

These developments reflect a wider move toward cloud-first, interoperable analytics capability across the Health Board and NHS Wales, enabling shared insights across organisational boundaries and contributing to national performance, planning and improvement frameworks.

- **Clinical Coding**

Over the past year, significant progress has also been made within the Clinical Coding function. The department has successfully recruited to all outstanding vacancies and is now operating at full establishment, strengthening capacity and resilience. In parallel, further developments have been delivered in the use of Robotic Process Automation (RPA) to support coding for high-volume planned procedures, such as cataracts, improving timeliness and consistency. The team has also begun exploring the potential use of Artificial Intelligence (AI) and Natural Language Processing (NLP) to support more automated coding of patient activity, laying the foundations for future efficiency gains and enhanced data quality.

5. Software Development

The development of a business case for CWS is in progress to guide its evolution over the next three years. This business case aims to address current risks and priority areas, aligning with key service deliverables such as digital dictation. After review by the Health Board's pre-investment panel, the business case is being refined to present a range of options—bronze, silver and gold—tailored to different levels of investment and capability.

- Bronze – do minimum and fix the current software issues with CWS.
- Silver – software issues in CWS fixed with key priority developments undertaken.
- Gold – software issues in CWS fixed with broad range of developments undertaken.

2025 saw the migration to a new Blood Transfusion system that required the software team to ensure patient demographics were updated in the Blood Transfusion system and test results from the system were visible in CWS. Significant design and development work has also been undertaken to support the new ePMA implementation and upgraded Radiology system (requesting, reporting and image viewing) with this work due to go live in the first half of 2026.

New functionality was added to CWS enabling a national document view, allowing our clinicians to see documents from across NHS Wales. So now within CWS clinicians can see nursing assessments from the Welsh Nursing Care Record system for the first time which avoids the need to login into two systems.

Improvements have been made to our integration engine (system which sends clinical information between systems) to reduce error rates and provide better monitoring including automatically logging issues with our Service Desk tool.

Robotic Process Automation

Over 50 automations are now live which have released over 50 whole time equivalents (WTE) of staff resource to carry out other work. The service is now at capacity, and a business case has been developed to support further clinical and back-office efficiency by delivering a further 100+ automations over the next 5 years. In addition to the benefits delivered by the new automations, approval of the business case would enable the potential for the Health Board to become a centre of excellence due to its leadership in this field.

6. National Target Architecture

This project commissioned by Welsh Government has tasked DHCW alongside all organisations in NHS Wales to develop a National Target Architecture (NTA) for digital, data and technology services.

The architecture will set out how all the systems in NHS Wales are designed to work together and will include:

- How we collect and store data.
- How systems are configured and managed.
- How everything is made secure and resilient.
- How new systems can be connected.
- How existing systems can be upgraded and replaced.
- How systems “look and feel” for users.

The benefits of this architectural approach will include:

- The digital, data and technology landscape will be simpler.
- Follow a rules-based approach such as the mandating of data standards.
- Be fully documented.
- Data will be stored in one place from across NHS Wales to enable improved data sharing and visibility.
- Following modern industry standards for digital services.

To date the Health Board has completed a current state assessment which has resulted in a gap analysis and a “AS-IS” assessment for the current architecture. There has also been active participation in the Community of Practice, workshops and task and finish groups with DHCW and other NHS Wales organisations.

Following this work a detailed report has been produced including a proposal for a target architecture for NHS Wales. This target architecture proposes a series of layers:

- Enabling Layer – including a single identity across Wales for digital users, standard cyber security approaches, auditing and logging capabilities and a scalable infrastructure.
- Data Layer – the source of truth for health data for the citizens of Wales (National Data Resource).
- Logic Layer - open architecture approach to ensure ease of information exchange across organisational boundaries ensuring standards-based approach.
- Experience Layer – applications will use modern browser interfaces.

These layers will be overlayed by enabling functions which outline the business capabilities that will be supported such as Prevention & Population Health, Emergency Operations & Response and Citizen & Patient Engagement.

Next steps by the end of March 2026 will be the development of a roadmap and strategic investment plan for presentation to Welsh Government.

7. Capital Programme

There has been significant capital investment from Welsh Government during 2025/2026, resulting in a range of schemes delivering improved infrastructure across the organisation, upgraded devices and improving our protection against cyber security threats.

Scheme	Source	Quantity	Value £'000
Infrastructure investment required for RISP (upgraded networks)	Digital Priorities Investment Fund (DPIF)	1	448
ePMA Computers on Wheels	DPIF	144	937
Laptops & Desktops	Discretionary	827	750
Computer Room Upgrades	Discretionary	6	261
Connecting Care Devices Laptops & iPads	Discretionary	284	815
Replacement Firewalls	DPIF	3	148
Secondary Backup	DPIF	2	397
Windows 11 Laptops and Desktops	DPIF	1409	1247
UPS Refresh	WG	256	200
Mobile refresh iPads and Phones	WG	1320	447
Total			£5650

8. Digital, Data & Technology Programme Summary

The below shows a RAG status for all projects undertaken or being undertaken by the Health Board over the last 24 months, including whether local or national:



Projects by RAG.xlsx

Argymhelliad / Recommendation

The Board is asked to note the update from the Digital, Data & Technology Group.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol:	Not Applicable

Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.4 Information Governance and Communications Technology 4.2 Patient Information 6.2 Peoples Rights 7.1 Workforce
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	Governance
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:	Not Applicable
Rhestr Termiau: Glossary of Terms:	CCN – Contract Change Notice CWS – Clinical Workstation CWS 2.0 – Clinical Workstation version 2.0 DDaT – Digital, Data and Technology DEM – Divisional Engagement Meeting DHCW – Digital Health & Care Wales DMTP – Digital Medicines Transformation Portfolio DSPP – Digital Services for Patients and Public EFU – Elderly Frailty Unit ePMA – Electronic Prescribing & Medicines Administration EPS – Electronic Prescribing Service ERS – Electronic Referral System GCP – Google Cloud Platform GUH – Grange University Hospital HCC – Health Care Communications ICT – Information and Communications Technology IMTP – Integrated Medium Term Plan

	LIMS – Laboratory Information Management System M365 – Microsoft 365 MyMR – My Medical Record NDR – National Data Resource NDSR – New Digital Service Request NEP – National Endoscopy Programme NHH – Nevill Hall Hospital RGH – Royal Gwent Hospital RISP – Radiology Information Systems Procurement RPA – Robotic Process Automation UPS – Uninterruptible Power Supply WCCIS – Welsh Community Care Information System WECDS – Welsh Emergency Care Data Set WG – Welsh Government WNCR – Welsh Nursing Care Record WPAS – Welsh Patient Administration System WTE – Whole Time Equivalent YYF – Ysbyty Ystrad Fawr
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:	Not Applicable
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Not Applicable
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 Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

Project	RAG Status	Project Scope	Anticipated Revenue Impact (New Services)
Appointment Booking Service Improvement Plan	Completed	Local	
Audiology System Upgrade	Completed	Local	
Bladder and Bowel Service Vision Replacement	Implementation	Local	
Blood Transfusion System Replacement (WINPATH)	Completed	Local	
BodyCam Solution	Completed	Local	
CANISC Replacement (Cancer Information System)	Completed	National	
Capital Estates (Major): Aber Valley	Scoping	Local	
Capital Estates (Major): Dixon Surgery Monmouth	Scoping	Local	
Capital Estates (Major): HSDU	Completed	Local	
Capital Estates (Major): MHSISU (Mental Health Specialist Intensive Support Unit)	On hold	Local	
Capital Estates (Major): Ringland Health Centre	Completed	Local	
Capital Estates (Major): Tredegar Health Centre	Completed	Local	
Capital Estates (Major): Velindre Satellite Unit	Completed	Local	
Capital Estates (Major): YYF Breast Unit	Completed	Local	
Capital Estates: Chepstow Ward Set Up (St Arvans)	Implementation	Local	
Capital Estates: Clinical Hub Relocation at GUH	Completed	Local	
Capital Estates: GUH A and E New Waiting Area	Completed	Local	
Capital Estates: GUH Discharge Lounge	Completed	Local	
Capital Estates: St Woolos Old Estate Closure	Implementation	Local	
CareFlow - NEWS2 & SEPSIS	Completed	Local	
CareFlow Connect	Implementation	Local	
CareFlow: VitalFlo	Completed	Local	
CCube EDRM Upgrade	On Hold	Local	
Chepstow Hospital Handover	Completed	Local	
Cisco ASA Firewall Interim Replacement	Implementation	Local	
Cisco Wi-Fi Aerohive Replacement NHH	Implementation	Local	
Civica ED PREM pilot	Completed	Local	
Civica SMS	Completed	Local	
Community Health Requirements	Scoping	Local	
Community: Dental EPR Replacement	Implementation	Local	
Corporate PROMS Platform (Promptly)	Completed	Local	
Critical Server Refresh (2012 upgrades)	Implementation	Local	
Critical Server Refresh (2014 SQL)	Implementation	Local	
Critical Server Refresh (2016 Windows)	Implementation	Local	
Digital Consent	Planning	National	
Digital Dictation Reprourement	Procurement	Local	Estimate £185k pa
Digital Health Communications	Procurement	Local	Estimate £150k pa
Digital Patient Comms - Digital Letters	Implementation	Local	
Digital Patient Comms - SMS & Hybrid mail	Completed	Local	
Dynamic Planning	Implementation	Local	
eAdvice	Development	Local	
Emergency Eye Care Clinic Referrals	Completed	Local	
Endoscopy Imaging	Implementation	Local	
Endoscopy Management System	Completed	Local	
Endoscopy Washer Track & Trace	Completed	Local	

Project	RAG Status	Project Scope	Anticipated Revenue Impact (New Services)
eObservations (Urgent Care)	On Hold	Local	
ePrescribing Secondary Care (ePMA)	Implementation	Local	
eTriage	Completed	Local	
Eye Care Digitalisation - ERS (eReferral)	Planning	National	
Eye Care Digitalisation - Forum	Completed	Local	
Eye Care Digitalisation - Open Eyes EPR	Implementation	National	£67k pa
Growth Chart Replacement	On Hold	Local	
GUH Bleep Roll Out	Completed	Local	
GUH SDEC Relocation	Completed	Local	
Gynae Service Improvement Programme	Completed	Local	
High Cost Drugs Pharmacy System	On Hold	National	
Imprivata Extension - All Wards	On Hold	Local	
Konica SafeQ System Upgrade	Completed	Local	
Lab Centre Upgrade	Completed	Local	
Laundry ICT Migration	Completed	Local	
Liberty Converse Upgrade - Phase 2	Completed	Local	
LIMS2.0	Implementation	National	
Mamhilad Data Centre Relocation	Implementation	Local	
Maternity System Replacement	Completed	Local	
Mortuary and Care After Death Services Software	Completed	Local	
MyMR Scoping	Completed	Local	
Networks Critical Edge Refresh - St Cadoc's Wi-Fi	Completed	Local	
Networks Datacentre Transit Link	Implementation	Local	
New Build: Allway Health Centre, Newport	Completed	Local	
NHS App Features for Planned Care	Completed	National	
Office 2021 removal	Planning	Local	
Palo-Alto Firewalls	Implementation	Local	
Pathology Modernisation: Cell Path Slide Scanner	Completed	Local	
Pathology Modernisation: Haemonetics System Upgrade	Completed	Local	
Pathology: National Digital Cellular Pathology Programme	Procurement	National	
Patient Call	Implementation	Local	
My MR - PSA (Prostate Specific Antigen) Monitoring	Completed	Local	
Radiology Informatics System Procurement (RISP)	Implementation	National	
Radiology: Chest X-Ray AI	Completed	Local	
Radiology: Fuji Hardware Refresh	Completed	National	
Radiology: RADIS upgrade	Completed	National	
Radiology: Synapse upgrade	Completed	National	
RGH Critical Edge Refresh - Phase 1	Implementation	Local	
RGH Decontamination Unit Refurb	Implementation	Local	
RGH Pharmacy Robot	Completed	Local	
Symphony v3 Upgrade	Planning	Local	
Telephony infrastructure	Planning	Local	
Theatre Management System Reprocurement	On Hold	Local	
Ty Gwent Flex App	Development	Local	
Ty Gwent Office Move	Completed	Local	
Video Consulting Transition	Completed	Local	

Project	RAG Status	Project Scope	Anticipated Revenue Impact (New Services)
WCCIS Replacement: MH&LD	Procurement	National	
Welsh Emergency Care Data Set (WECDS)	Implementation	National	
Welsh Intensive Care Information System (WICIS)	On Hold	National	
Welsh Nursing Care Record (WNCR) - Adults	Completed	National	
Welsh Nursing Care Record (WNCR) Paediatrics	Implementation	National	
WiFi Remediation (SSID)	Implementation	Local	
Windows 11 Deployment	Implementation	Local	
Windows 7 Eradication	Completed	Local	
YYF & NHH Pharmacy Robot Operating System upgrade	On Hold	Local	



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Artificial Intelligence Review
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Paul Solloway, Director of Digital
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Solloway, Director of Digital

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This SBAR provides the Board with an update on the current usage of Artificial Intelligence (AI) across the organisation and covers ongoing work to improve governance arrangements, future strategies and alignment with the NHS Wales principles and Welsh Government guidance.

Cefndir / Background

Definition of AI

There are several definitions of AI but for the purpose of this paper we will use the definition below:

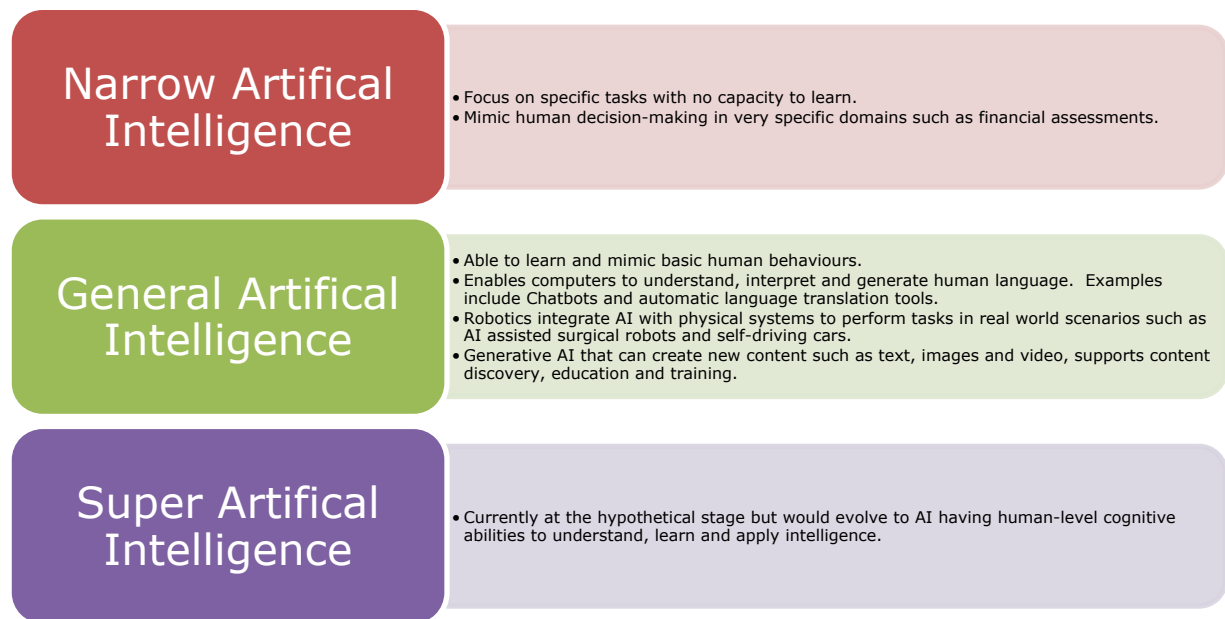
"AI is the science and engineering of creating machines and systems that can perform tasks that normally require human intelligence. It is a diverse field encompassing a range of technologies, methods and applications."

AI is not a single technology but an ecosystem comprising of data, computing power and algorithms with some of the key concepts outlined below:

- **Data** – AI systems learn from data so therefore data collection, data platforms, data governance and data quality are critical enablers.
- **Specialised computing power** providing huge computational capacity.

- **Cloud computing** that provides a scalable infrastructure for developing, training and deploying AI.
- **Machine Learning** – this is the technology that allows AI systems to learn from data
- **Neural Networks** – enables complex problem solving by learning from examples and patterns over time.
- **Natural Language Processing (NLP)** – enables computers to understand, interpret, generate and interact with human language. NLP can understand language, extract meaning, produce language and interact conversationally.

AI systems and solutions can be categorised into three broad areas.



History of AI

The concept of AI technologies has been around since the 1950s when in 1950 Alun Turing proposed the “Turing Test”, this would test a machine’s ability to exhibit intelligent behaviour equivalent to a human and became a foundational concept in AI.

In 1956 AI research was born when a group of scientists gathered for the Dartmouth Summer Research Project which proceeded on the basis that every aspect of learning and intelligence can in principle be simulated by a machine.

Since this time AI research has progressed and passed through a series of milestones.

- **1960s – 1970s** – Building blocks for neural networks
- **1980s – 1990s** – Statistical and knowledge-based AI developed used for training neural networks, this was early work that enabled automated learning by predicting outcomes as mathematical likelihoods – these models could learn from data, adapt to new information and became fundamental in natural language processing and image recognition. This period culminated in 1997 with the now infamous IBM Deep Blue model defeating the world champion of the time in a game of chess.
- **2000s** – development of deep learning, unsupervised training, large datasets and advancements in computing power.

- **2012-2018** – breakthroughs in perception models which enables AI to sense, interpret and understand information (receiving, extracting, interpreting and representing data).
- **2022** – release of ChatGPT which resulted in significant adoption of Generative AI
- **2022 to today** – rapid progress in adoption and improvements in the models

Generative AI

Since the release of ChatGPT there has been huge growth in adoption with specific interest in the use of Generative AI in Healthcare. This technology comprises several components:

- Foundational Models – machine learning models that are trained on enormous sets of data, fine-tuned and adapted to a wide range of applications.
- Large Language Models (LLM) – AI that is trained on vast amounts of text allowing it to interpret and generate human like content.
- AI applications – services that incorporates a conversational chatbot that uses a LLM to create content. Trained on foundational models from large data sources containing billions of documents, typically reinforced through learning through human feedback. Examples of applications include OpenAI's ChatGPT, Microsoft's Copilot and Google's Gemini.

Asesiad / Assessment

Potential Use Cases

AI has several potential use cases in healthcare, these include:

- Enhancing diagnosis and treatment: AI can help detect diseases, identify patterns, suggest interventions and monitor outcomes, using data from various sources such as medical records, images, sensors and genomics.
- Optimising care pathways and workflows: AI can help streamline processes, reduce errors, allocate resources and coordinate care across different settings and professionals, using data from electronic health records, schedules, inventories and feedback.
- Personalising care and prevention: AI can help tailor care to the individual needs and preferences of each patient, as well as provide personalised advice and guidance for health promotion and disease prevention, using data from wearables, apps, surveys and social media.
- Enabling innovation and research: AI can help generate new insights, discover new drugs and therapies, and accelerate the translation of research into practice, using data from clinical trials, publications, registries and biobanks.

Specific example below showing how AI can support diagnostic tests in skin cancer for example delivering improved patient pathways.

Improvements in Skin Cancer Pathways Using AI (NHS England)

- Using AI to improve patient pathways and delivery of better patient outcomes.
- Categorises lesions into high risk, low risk and benign.
- Clinical research on the use of the solution has shown the AI software can identify melanoma with similar accuracy to dermatologists and reduce urgent referral or biopsy requests for non-malignant lesions.
- Implementation resulted in 41% of patients eligible for discharge (25% reduction in benign biopsies), 15% eligible for routine referral or treatment by GP and 44% patients referred on urgent pathway.
- Time to first appointment reduced by 11 days.
- 99% accurate at ruling out high risk skin cancers.
- Pathway design was equally important as the technology.

Specifically Generative AI also has the opportunity to support a range of Health Board services:

- Customer facing services – automatic messaging to our communities, translation services and care navigation.
- Back-office efficiencies in administrative services such as automatically creating meeting summaries and actions, creation of reports and presentations, automated data analysis.
- Operational services – summarising healthcare records, ambient digital scribe, autonomous clinical coding, clinical condition diagnosis and supporting decision making.

Ambient Digital Scribes

- Using AI to reduce administrative burden of clinicians.
- Using automatic speech recognition and natural language processing to capture real-time patient-clinician conversations.
- Converts these conversations into structured documentation within the electronic health record.
- Potential to lead to more meaningful clinician-patient interactions.
- Research of users of Microsoft Nuance showed clinicians gained 5 minutes per patient encounter (this equaled 13 more appointments per month).
- Reported 70% improvement in work-life balance.
- 93% of patients noting better clinician engagement.

Governance Arrangements

Currently the Health Board has a published policy specifically on the Use of AI in Clinical Practice, but this now needs a review and refresh to ensure it is embedded in the organisation with roles and responsibilities clear.

This review is being undertaken in collaboration with the Digital, Data & Technology teams and the Assistant Director of Allied Health Professions & Health Science and the Assistant Director for Quality and Patient Safety.

It is envisaged the governance arrangements will be aligned to the wider Health Board governance arrangements given digital tools we procure or develop have already started to include AI software and features. However, this will be supported by a specific AI Sub-Group of the Digital, Data & Technology Group which reports into the Health Board committee structure. This sub-group will have representation from across the Health Board.

These governance arrangements will also ensure alignment with the Medicines & Healthcare Products Regulatory Agency for software that is classed as a medical device and any current or future guidance that is developed by Welsh Government.

Once developed a "AI Guidance Hub" will be created on the Health Board's Intranet site to set out these arrangements.

National Context

The AI Commission for Health and Social Care within Welsh Government advises on the safe, responsible, and ethical use of AI.

They will provide advice and support to organisations and will set out the required standards.

The AI Commission has 3 core priorities:

1. Developing and understanding opportunities for AI-enabled services and interventions
2. Mapping the current ecosystem
3. Enabling safe, responsible, and ethical AI

To date the commission has endorsed the UK Government AI and Digital Regulations Service (AIDRS) and the Algorithmic Transparency Recording Standard (ATRS). AIDRS aims to help developers and adopters to navigate the complex landscape of emerging technologies, and it has been jointly developed with the:

- National Institute for Health & Care Excellence (NICE)
- Care Quality Commission (CQC)
- Health Research Authority (HRA)
- Medicines and Healthcare Products Regulatory Agency (MHRA)

ATRS provides organisations with a standard way of recording and sharing information about AI tools in an accessible and free format. Specifically created for AI tools that influence decision-making processes with our patients or tools that directly interact with the public. In time the ATRS will become a live register with information such as:

- How an AI tool works.

- How it is incorporated into the decision-making process.
- What problem is being solved by using the tool.
- Justification for using it.
- Who owns and has responsibility for the tool.

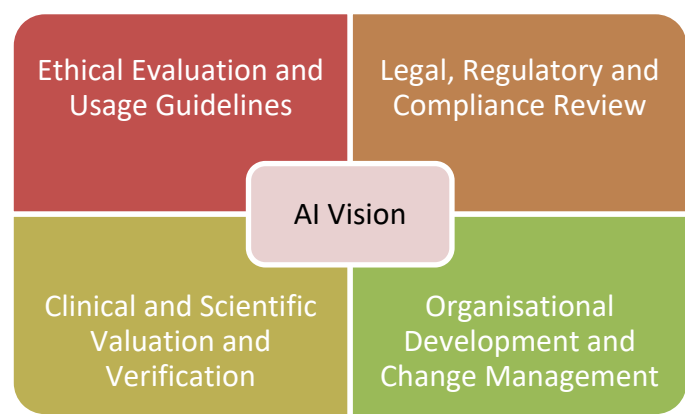
AI Principles

A set of ten AI principles are in development for adoption by all organisations in NHS Wales, these are based on the Organisation for Economic Co-operation and Development (OECD) principles and advice from the Centre for Digital Public Services (CDPS) on how to use AI ethically and safely.

Principle	Narrative
Fairness and Non-Discrimination	AI systems implemented will ensure fair treatment and avoid discrimination based on race, gender, age and other protected characteristics.
Transparency and Explainability	AI systems implemented will be transparency and explainable allowing users to understand how decisions are made. This principle will be supported by the Algorithmic Transparency Recording Standard (ATRS) developed by the Government Digital Service. The ATRS will support a register of how the AI tool works, how incorporated into decision making processes, the problem being solved, the justification and the responsible owner.
Accountability and Responsibility	Ensure a single Board Member to maintain accountability for AI systems through their lifecycle ensuring adherence to standards and regulations. For the Health Board this will be the Director of Digital / Senior Information Risk Owner working in close collaboration with the Medical Director / Caldicott Guardian.
Privacy and Security	AI systems implemented will protect user privacy and data security ensuring compliance with UK law
Safety and Reliability	All AI systems we implement will be robust, safe, reliable and resilient.
User Centred Design and Control	We will use AI to augment human capabilities rather than replace them, ensuring human judgement and values guide its use. This is aligned to guidance published by the Public Sector Future Workforce Forum.
Inclusivity and Accessibility	All AI systems we implement will be inclusive and accessible to all users, regardless of abilities or backgrounds.

Collaboration and Open Innovation	We will collaborate and share knowledge with our partners to advance AI responsibly and ethically.
Legal and Ethical Compliance	All AI systems we implement will comply with relevant laws and ethical standards.
Sustainability	The development and use of AI should consider and minimize environmental impacts, promoting sustainability and meet our obligations under the Wellbeing and Future Generations Act. We also need to ensure that any investment in AI represents value for money in the use of public funds.

These principles once ratified will be incorporated into our governance arrangements and ways of working and there will be effective AI oversight through four pillars.

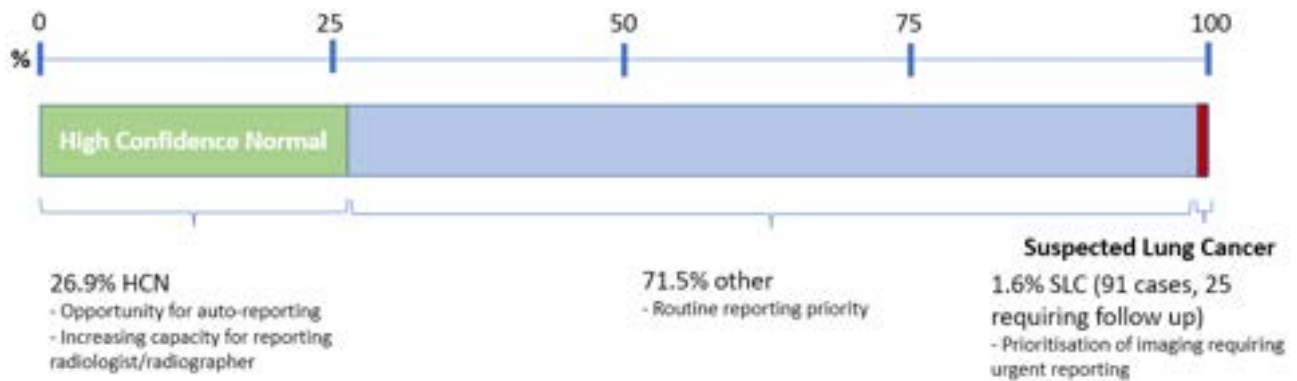


Health Board AI Usage

The Health Board currently uses AI technologies in a number of areas:

- Brainomix - The Health Board is using AI in stroke services to provide real-time interpretation of brain scans and support treatment decisions. This aligns with the NHS Wales national commissioning of Brainomix 360 and is already associated with improved thrombolysis/thrombectomy rates nationally.
- QureAI – Radiology is currently undertaking a service-led pilot of QureAI head CT triage tool which triages and flags critical findings on non-contrast CT scans.
- Ibex AI – In use in cellular pathology, aligned to Wales-wide evaluations showing increased cancer detection and prioritisation.
- Sonix AI – converts audio and video into text.
- Health Board use this technology in our QLIK dashboards to predict future cancer demand for example.
- Early pilots of using natural language processing to analyse unstructured text (clinical letters) to automatically the clinical coding process.
- Deployment of Microsoft Copilot and copilot chat is underway focusing on productivity and efficiency.

A earlier pilot in the use of AI to support image prioritisation, workflow and efficiencies of chest x-ray's showed promising results in the Health Board. This involved the analysis of 250 chest x-rays over a one-month period, and the AI model showed the results below:



This enabled reporting prioritisation of the 91 cases with suspected lung cancer and reduced wait time as an average from 47 days to 4 days for these cases.

The pilot also showed AI's ability to detect small lesions in scans.

Risks and Barriers of AI

It should also be noted there are risks with the use of AI applications in healthcare:

- Medical Algorithms can be built on data sets that do not reflect our communities and can therefore be biased against patients with protected characteristics.
- They can provide false positives thus potentially creating a large burden of alert fatigue.
- Healthcare is about people so we should always exercise caution to make sure AI complements the care our staff provide and not replace it.
- Ensuring staff have the skills needed to make use of the technology.
- AI can hallucinate providing incorrect information and assumptions.
- If the AI model makes a mistake what are the medical legal implications.

In addition, the Welsh Government's AI Commission have identified several barriers to the successful adoption of AI in NHS Wales.

- Lack of skills to identify, evaluate and deploy solutions.
- NHS digital and data maturity.
- A gap between research and deployment into operation.
- Lack of an overarching vision for AI in Welsh healthcare.

These risks and barriers will need to be overcome or mitigated to ensure the successful adoption of AI.

Next Steps

The next period will focus on finalising the governance arrangements and these will be ratified by the Executive Committee through a formal Health Board policy and associated procedures.

In addition, the Health Board will continue the adoption of Microsoft Co-pilot to improve efficiency and productivity of staff across the organisation which will be a mixture of the free version and paid for version with licences expected to be provided as part of the new / revised NHS Wales Enterprise Agreement with Microsoft. There has been some interesting results from its adoption in NHS England with time savings for staff - [Major NHS AI trial delivers unprecedented time and cost savings - GOV.UK](#)

A key component of our Co-pilot implementation will be undertaking a benefits realisation assessment to ensure that the implementation of the solution is delivering the anticipated benefits.

Finally, the Health Board will shortly be awarding the contract for the replacement of the G2 Digital Dictation solution (subject to business case approval) which alongside digital dictation and speech recognition features will also include an Ambient AI solution which has a number of potential use cases including improving clinical note taking in outpatient settings and support emergency department consultants in documenting care of patients presenting in emergency care settings.

Welsh Government has released a Welsh Health Circular (WHC/2025/026) on “The Safe and Responsible Adoption of Ambient Voice Technologies (AI Scribes) in Clinical Settings” and this will be fully adopted in any implementation in the Health Board.

[The safe and responsible adoption of ambient voice technologies \(AI scribes\) in clinical settings \(WHC/2025/026\) \[HTML\] | GOV.WALES](#)

Argymhelliad / Recommendation

- The Board is asked to note the paper and support the following:
- Ongoing work to ensure effective governance and assurance is put in place for AI adoption across the organisation.
 - Ensure governance arrangements for all proposed AI usage is followed.
 - Support the proposed approach where AI will be adopted where it supports improvements in patient care, solves specific problems or improvements in productivity and efficiency.
 - Support adoption of AI principles so it is ethical, safe with the wellbeing of our staff and patients as a core guiding principal.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg	Not Applicable
Corfforaethol a Sgôr Cyfredol:	

Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.4 Information Governance and Communications Technology Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Digital, Data, Intelligence
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:	• AI principles OECD • Using artificial intelligence in the public sector Centre for Digital Public Services • Managing Technology that Manages People • Assessment of Accuracy of an Artificial Intelligence Algorithm to Detect Melanoma in Images of Skin Lesions Dermatology JAMA Network Open JAMA Network • Ambient Artificial Intelligence in Health Care Documentation: A Review of Tools, Integration, and Clinical Implications - Jasmin Hundal, Molly Jain, Joseph McCollom, 2025
Rhestr Termau: Glossary of Terms:	AI – Artificial Intelligence AIDRS – AI and Digital Regulation Service for Health & Social Care ATRS - Algorithmic Transparency Recording Standard CDPS – Centre for Digital Public Services CQC - Care Quality Commission HRA - Health Research Authority MHRA – Medicines and Healthcare Products Regulatory Agency NICE - National Institute for Health & Care Excellence NLP – National Language Processing

	OECD – Organisation for Economic Co-operation and Development
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Digital, Data & Technology teams Chief Information Officer Assistant Director of Allied Health Professions & Health Science Assistant Director for Quality & Patient Safety

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/	Not Applicable Choose an item.

DYDDIAD Y CYFARFOD:	28 January 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Director of Public Health Annual Report 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Tracy Daszkiewicz
SWYDDOG ADRODD: REPORTING OFFICER:	Scott Wilson-Evans

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 Director of Public Health has a statutory duty to write an annual report to demonstrate the state of health within their communities. It is a major opportunity for advocacy on behalf of the health of the population and can be extremely powerful both in talking to the community and also to support fellow professionals in public health.

The annual report is 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.

Cefndir / Background

With a concerning decline in vaccination uptake across Wales and the ABUHB, the theme of the 2025/26 annual report is vaccinations.

Vaccines are one of the greatest achievements in public health - they protect our communities from serious illness and, in many cases, save lives. Yet, in recent years we have seen a decline in vaccination uptake and we need to understand why.

Asesiad / Assessment

As with previous reports, this year's report is grounded in conversations with the people of Gwent. It reflects their thoughts on vaccines; what encourages and what discourages vaccination and most importantly, how our community feels we can work together to build confidence, trust, and positivity in the power of vaccination.

The report explores the journey of vaccines from early experimentation and scientific breakthroughs and determination, to becoming a cornerstone of modern public health. It highlights why vaccines remain essential today, not only for individual protection, but for the collective well-being of society.

The report is not about what the NHS recommends - it is about the voices of our communities and what they feel is needed and has been informed through engagement with our communities and stakeholders over a four-month period, through a combination of methods:

- Online survey
 - Over 300 responses received
 - Responses received from across the 5 local authority areas, with most from Blaenau Gwent
- Focus groups
 - Primary schools in Blaenau Gwent and Newport
 - Kidcare4u, who support disadvantaged diverse ethnic communities residing in Newport
 - For Dads By Dads, Torfaen
 - Age Connects Torfaen
 - Barnardos Newport
- The Big Gwent Vaccination Conversation
 - Event held in Rodney Parade on 6th October 2025
 - Attendance from community voices, grassroots leaders, Gwent partners and those with influence in their communities.

The report lists a series of recommendations for the system, to ensure that advocacy for vaccination is seen as the responsibility of all.

Argymhelliad / Recommendation

The Board is asked to adopt the report as a framework to drive change in continuing our work to reduce health inequalities and improve vaccination uptake across Gwent.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

The monitoring and reporting of committee business is a key element of the health board's assurance framework

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 1.1 Health Promotion, Protection and Improvement 5. Timely Care 5.1 Timely Access
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life Adults in Gwent live well healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Digital, Data, Intelligence
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 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:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

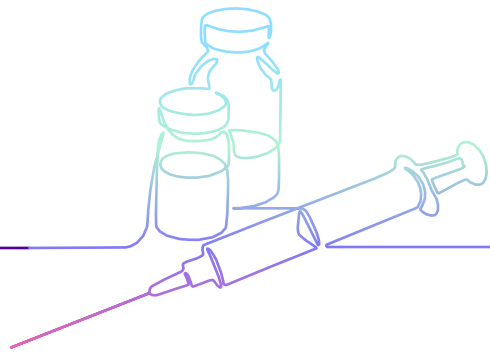
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	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
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The Big Gwent Vaccination Conversation



**Director of
Public Health
Annual Report**
2025/26



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What is a Director of Public Health Annual Report?

Every year all Directors of Public Health produce a report to tell a story about the health of the people and place they serve. These reports address a particular topic or population, and bring to the fore what influences or impacts health and wellbeing locally in that area. These reports also set out what we could do together to improve our health and the lives of our families, friends and communities and the places we live in.

You can click on all the text that is underlined in this report for more information.



Welcome

“Infectious diseases can make people very unwell, and their long-term effects can be serious.

The good news is that many of these illnesses can be prevented with vaccines. By increasing vaccination uptake across our communities, we can protect individuals and enhance the health of everyone. This report explains how we can work together to achieve that.”

Prof Tracy Daszkiewicz
Director of Public Health & Strategic Partnerships for Gwent



> Watch the Director of Public Health Report 2025/26 Introduction Video

Crafting this report

Introduction

Vaccines are one of the greatest achievements in public health - they protect our communities from serious illness and, in many cases, save lives. Yet, in recent years we have seen a decline in vaccination uptake - and we need to understand why.

As with my previous reports, this year's report is grounded in conversations with the people of Gwent. It reflects their thoughts on vaccines; what encourages and what discourages vaccination and most importantly, how our community feels we can work together to build confidence, trust, and positivity in the power of vaccination.

We also explore the remarkable journey of vaccines from early experimentation and scientific breakthroughs and determination, to becoming a cornerstone of modern public health. This report highlights why vaccines remain essential today, not only for individual protection, but for the collective well-being of society.

Importantly, this report is not about what the NHS recommends - it is about the voices of our communities and what they feel is needed. I hope you find as much inspiration and insight from reading it as we did from listening and learning from everyone who contributed.



Exploring the evidence

To shape our report, we explored a range of data sets on vaccination uptake to paint a clear picture of how vaccinations look across Gwent today. We also explored historical and contemporary literature to bring the journey of vaccinations and the people behind them to life.

Lots of great conversations

We have engaged with local communities of all backgrounds and ages to listen to their thoughts around vaccines. We did this in lots of different ways including digital surveys, one-to-one conversations, focus groups and events. We visited primary schools where children drew their own vaccine superheroes and told us what they thought about vaccines. We then finished with a summit event in Newport talking to local grass-root leaders.

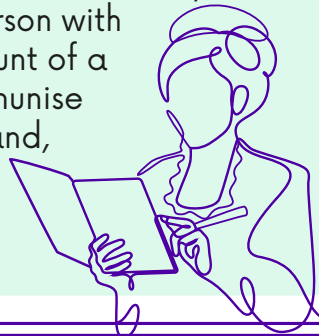
Their voices are at the heart of our findings and we loved every moment of engaging with our residents and partners.



1721

From Turkey to England

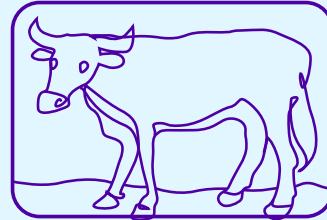
Lady Mary Wortley Montagu, after surviving smallpox, brings variolation (the practice of deliberately infecting a person with the small amount of a disease to immunise them) to England, changing the course of public health.



1724

A Farmer's Bold Experiment

Dorset farmer Benjamin Jesty deliberately infected his family with cowpox to protect them from smallpox. Drawing on his own experience and that of local milkmaids who seemed immune, he took a risky step that, despite backlash, laid the groundwork for modern vaccine science.



1776

First True Vaccine

Edward Jenner, a doctor from Gloucestershire, used cowpox pus from Sarah Nelmes and injected it into 8 year old James Phipps. James was then exposed to smallpox and was immune, proving immunity to smallpox and launching the age of vaccination.



1798

World's first Vaccination Campaign

Edward Jenner published his research which led to widespread knowledge and support. He travelled neighbouring areas, vaccinating people for free.



Early 1900s - 1961

Polio is Defeated!

Polio causes paralysis to limbs and the respiratory system, and impacts children the most. Outbreaks throughout the early 20th century led to the development of iron lungs to help with treatment. Jonas Salk's polio vaccine cuts cases by 50% in one year. Albert Sabin's oral version follows, making mass immunisation possible worldwide.



1885

Pasteur and Germ theory: A scientific revolution

Louis Pasteur developed evidence on germ theory and isolated viruses that cause harm in beer, milk and other industries. He also isolates the rabies virus and develops a vaccine against it.



1840/53/67

Protection for All: The Vaccination Act

First law passed to make vaccinations compulsory, and free for all. Followed by 1853 and 1867 laws to vaccinate children. Later leading to the Leicester Anti-Vaccination League being founded in 1869 and mass protests.



Early 1800s

First Anti-vaccine Movement

Anti-vaccination campaigns, including use of graphic images, started. Records show this was being driven by some who had ulterior motives including Dr Benjamin Moseley, who feared vaccination would destroy his business.



1963

Measles Vaccine introduced

Once a routine childhood illness with a hidden death toll. John Enders created the first vaccine, later refined by Maurice Hilleman to reduce the side effects.

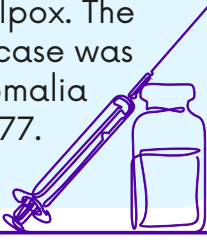


It has saved millions of young lives. Although we are now starting to see cases in the UK.

1980

Smallpox is eradicated!

The World Health Organisation declares the elimination of smallpox. The last case was in Somalia in 1977.



1994 - 2019

The Vaccine Boom

In these 25 years, 20 vaccines or combination vaccines were developed and launched. These have led to reductions in many illnesses in children and adults including diphtheria, meningitis, influenza, pertussis, shingles and rotavirus, protecting billions worldwide.



2021

Covid Vaccines and a Global Crisis

In 2021, licence was given for the COVID vaccine. This was a new type of vaccine delivery that had been studied since 1984 for treatments and vaccines.



FUTURE

Science never sleeps

Scientists continue to work on new vaccines for many different illnesses. These include Alzheimer's, auto-immune diseases, Ebola, Dengue and Hepatitis B and very recently the new HIV vaccine that will change many lives!



When to have your **vaccinations**



Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



Mae Brechu yn achub bywydau
Vaccination saves lives



Tim Iechyd Cyhoeddus
Gwent
Public Health Team

Stay protected at every stage of life!

Below shows you exactly which vaccines help you, your family, and your community healthy. Whether you are welcoming a new baby, heading to school, or enjoying retirement, vaccines play a key role in preventing serious illness and boosting lifelong health. Explore the timeline and see how protection through vaccination grows with you!



📄 Download this guide as a printable poster

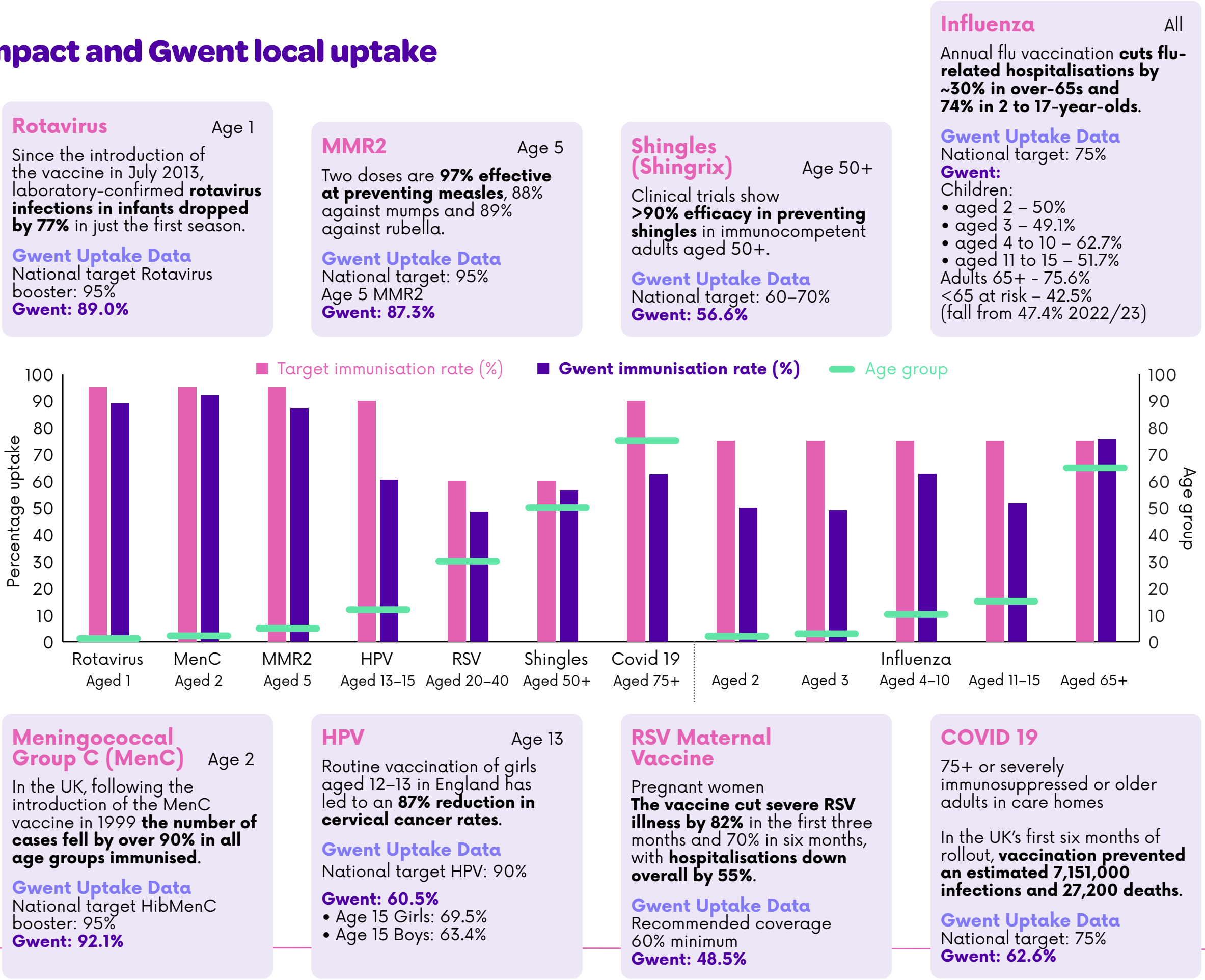
Vaccines in action: Impact and Gwent local uptake

Vaccines save lives – but uptake matters!

Vaccinations have transformed health worldwide, protecting millions from serious illness and death. But their impact depends on how many people actually get them.

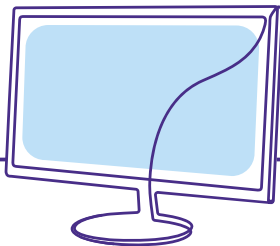
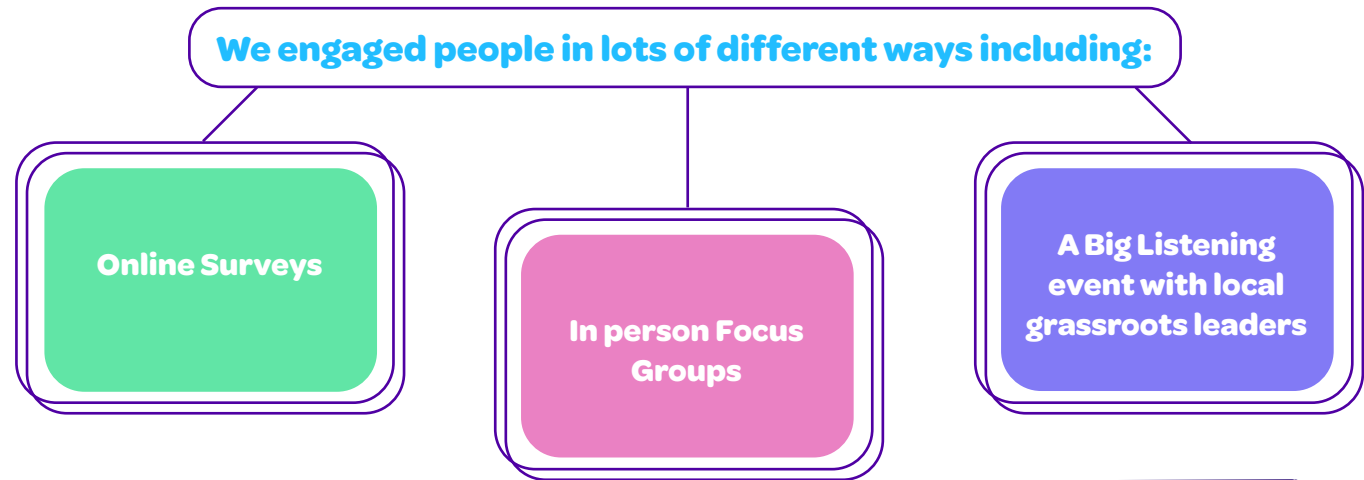
In Gwent, uptake varies – some vaccines are reaching great levels of protection, while others still need more work.

This infographic brings the data to life, showing both the evidence-based power of a number of vaccines and how our local uptake compares in Gwent.



Listening to the voices of our community

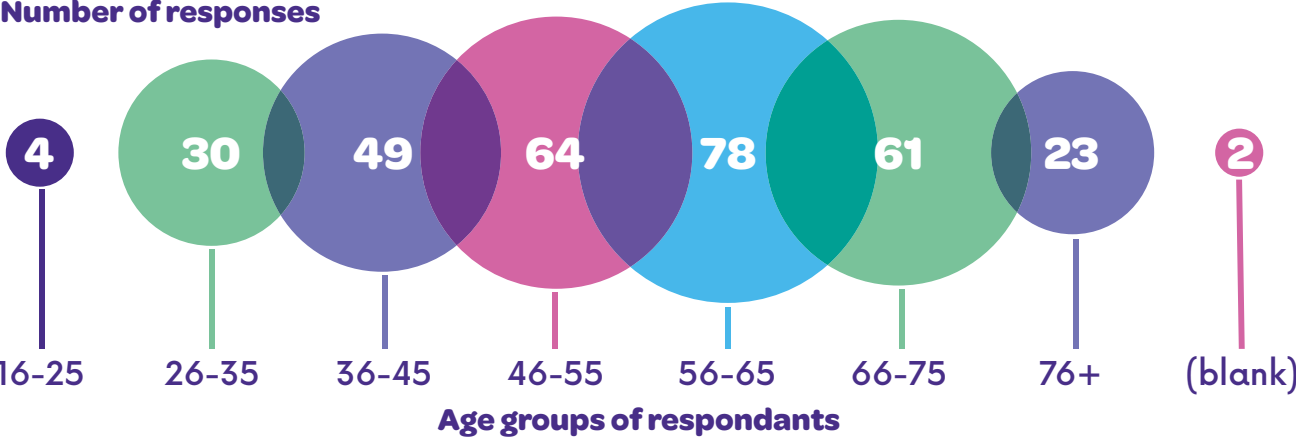
We wanted to get to understand Gwent’s feeling around vaccinations. Our aim was to listen - to understand what communities are saying about vaccines, how trusted local voices can help break down barriers, how insights can shape future vaccination delivery and how we can create campaigns that truly resonate with local people.



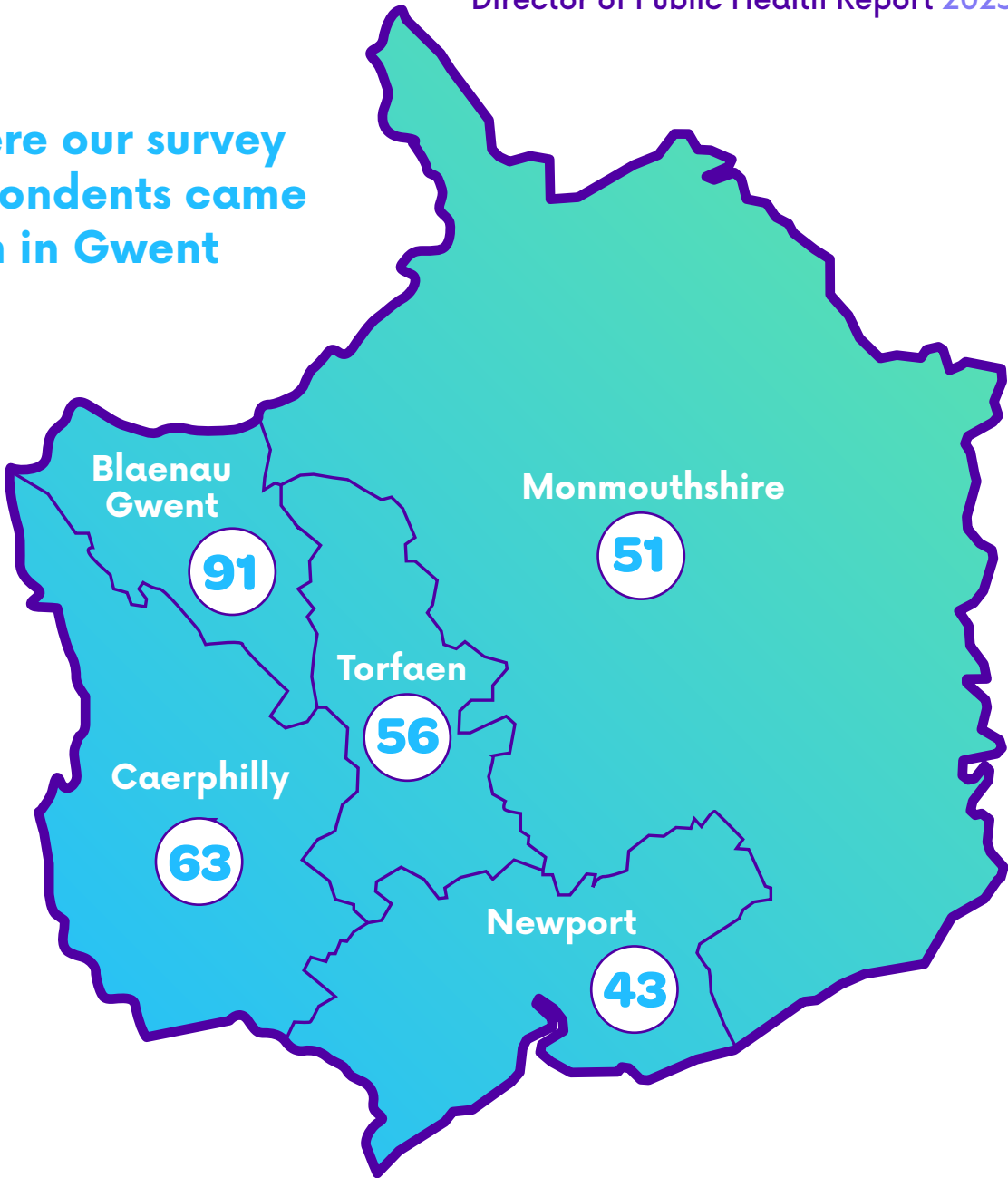
Our online survey said...

We had a total of **311 responses** to our public survey. About our respondents:

Number of responses



Where our survey respondents came from in Gwent



Some of the things we learned from our survey

1. **Many people still worry about vaccine safety and side effects** – especially when it comes to Covid vaccines.
2. **There’s a noticeable lack of trust**, fuelled by misinformation and doubts about government and pharmaceutical companies.
3. **Some question whether vaccines (like the flu jab) are truly necessary or effective**, particularly when they’re expected to get them every year.
4. **Access remains a barrier**, with frustrations around booking systems, limited appointment times, and a desire for more flexible, modern, online options – as simple as booking a restaurant.
5. **People want straightforward, evidence-based information**: clear explanations of risks vs. benefits, real historical data, and personalised guidance from trusted healthcare professionals or helplines/chatbots.

Listening to the voices of our community

What our community groups told us

Following on from our survey, we then spoke with a range of groups across Gwent to understand their views on vaccinations. Here's what we heard:

"When in school, I had needle phobia and couldn't tolerate getting the HPV vaccine. Planned to when out of school but never had any follow up. I asked the doctors after a few years and was told I couldn't have it now which if I had known I wasn't going to be able to I would have had it sooner. I hugely regret not having it and worry often."

"To get me to give my children the flu injection I would need clear messaging, clear research and understanding of the long term effects of what I am putting inside my child's body and my own."

Flu I never saw it as a concern however I know it is and I should make time to have it.

"Being able to book an appointment that suits my schedule and not the health boards. In England, you can book your own flu and covid vaccines online at a time that suits you."



Mums' Groups

Strong support for early years vaccines, but less enthusiasm for seasonal ones like flu and COVID. Concerns focused on ingredient transparency, side effects, and feeling pressured during campaigns. They wanted informed choice, better access to data, and culturally sensitive communication. Preferred formats included leaflets, videos, and social media reels.

They suggested: Clear, culturally sensitive information in multiple formats and languages, addressing ingredient concerns openly.

Family Groups

Generally supportive but raised issues around trust, misinformation, and cultural considerations. Language accessibility and opportunities for Q&A were seen as essential.

They suggested: Mobile units, local venues, and trusted voices; GPs, health visitors, and community leaders to rebuild trust and counter misinformation.

Dads' Groups

Positive attitudes overall, viewing vaccines as life-saving, though misinformation and fear remain barriers.

They stressed the need for clear, factual messaging, normalising vaccination as routine, and improving convenience through early bookings and reminders.

They suggested: Better digital tools (NHS app, GP text reminders) and community events to build trust.

Older People

Practical challenges were a recurring theme, including limited awareness of pharmacy options, difficulty booking GP appointments, and transport barriers.

Many preferred written letters, especially those with hearing difficulties. Negative past experiences and side effects reduced confidence, particularly among those living alone.

They suggested: Mobile vaccination units, local venues, and comfort measures at sites.

Creating a generation of Superheroes!

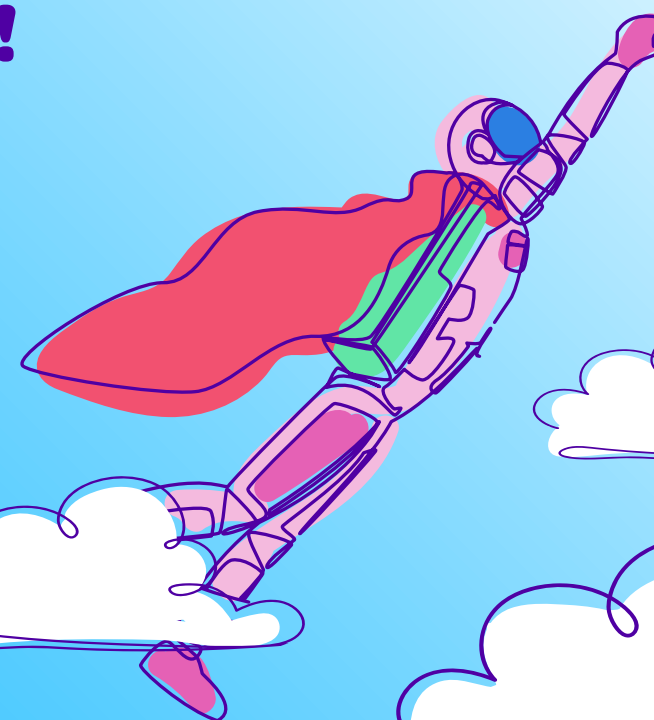
Welcome to the Vaccine Superhero Academy. We need your help in creating the next generation of superheroes!

The health of our children across Gwent is everything, so we are here to ensure that together, we are creating a healthy, safe and strong generation of little heroes! To truly create a generation of superheroes, we need to help them feel informed, supported and confident every step of the way.

We spoke to primary school children about their thoughts around vaccines, and they even drew their own vaccine superheroes! Capes at the ready as we take you on journey through our Vaccine Superhero Academy, made up of all the things little ones have told us they need to be superhuman!



When children understand the 'why', confidence grows and knowledge becomes their ultimate superpower.



Level 1: Knowledge is a Superpower!

Every superhero needs to know their powers and vaccines are no different! The children we spoke to understood that vaccines keep them healthy and "fight off germs," but some had misconceptions too.

The Misconception Multiverse helps us conquer misconceptions and supercharge our little heroes with the knowledge of the power of vaccines.

There are lots of great opportunities to talk to children about vaccines and why they are important. Whether you are a parent, carer, family member, friend, teacher or anyone who interacts with children, let's bring the power of vaccines to life and take the time to talk about vaccinations.



Level 2: Supercharging Courage

Confidence isn't an automatic superpower for all, but it can be built through trust, comfort and clear information. Our 'superheroes-in-training' told us about their worries.

That's courage in action. It's the bravery that every hero needs before they roll up their sleeve.

It's time to power up for our little heroes! Let's encourage curiosity, celebrate bravery and share stories that inspire confidence and trust to help super-charge courage in our little heroes.



Level 3: The Support League

Even superheroes need a sidekick, so be part of the 'Support League' and help us make getting a vaccine a supportive experience for our little heroes. When we asked our superheroes in training what would help them feel more comfortable when having a vaccine, the list was pure joy:

Guinea Pigs, Kittens, Puppies, Pizza... A prize...

We had a fantastic time dreaming up the concept of a vaccination petting zoo, which served prized pizza. However, as we delved deeper, we learnt that the support needed around our little heroes to help them is vital.

They wanted fun, friendship, and comfort. They wanted parents nearby and nurses who smile. They wanted the places to feel less clinical and scary and more fun. In short, they wanted vaccination to feel like a celebration, not a worry.



Creating a generation of Superheroes!

How you can help us create the next generation of superheroes:

- **Parents and carers:** power up the positivity — talk about vaccines, celebrate bravery, and share stories of protection and pride.
- **Schools:** weave the science of vaccines into learning, showing that being vaccinated is one of the greatest acts of teamwork there is.
- **The NHS:** keep creating child-friendly spaces filled with warmth, reassurance, and reward — places that show every child they are strong, safe, and supported.

Together, we can make every vaccination a moment of courage, care, and community. Because when children feel confident, informed, and proud, they're not just getting vaccinated, they're growing into the superheroes our world needs.



Here are some things we heard from children, some of these are true and some aren't - we live in a misconception multiverse!

"Vaccines will stop me getting flu."

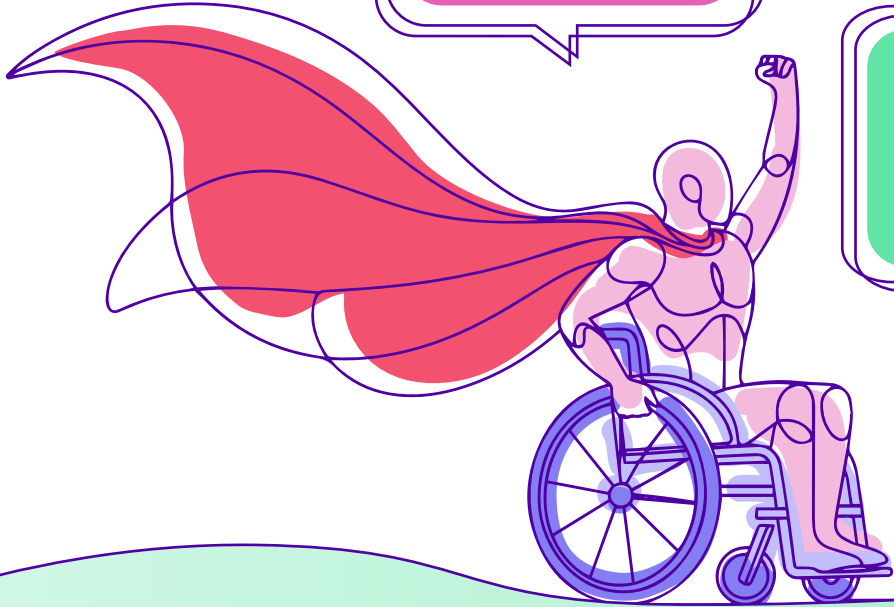
"Vaccines are only for deadly viruses."

"Vaccines make you sick."

Needles can be scary."

One pupil said, "I don't like vaccines, but I know they keep me safe."

"Sometimes it hurts."



Some of the awesome Vaccine Superhero drawings...



Knowledge is a superpower - here are three facts

- Fact 1**

Vaccines sometimes cause mild side effects. They do not weaken the immune system. It often takes many years for a vaccine to make it through the trials and tests it needs to pass approval.
- Fact 2**

Vaccines are designed to prevent illness, not just death. Many diseases that are not usually fatal can still cause severe complications, long term health conditions and/or disruption to daily life.
- Fact 3**

The flu vaccine aims to protect against the most common types of flu viruses. Flu can be a serious or life-threatening illness.



Changing the narrative around vaccinations, together

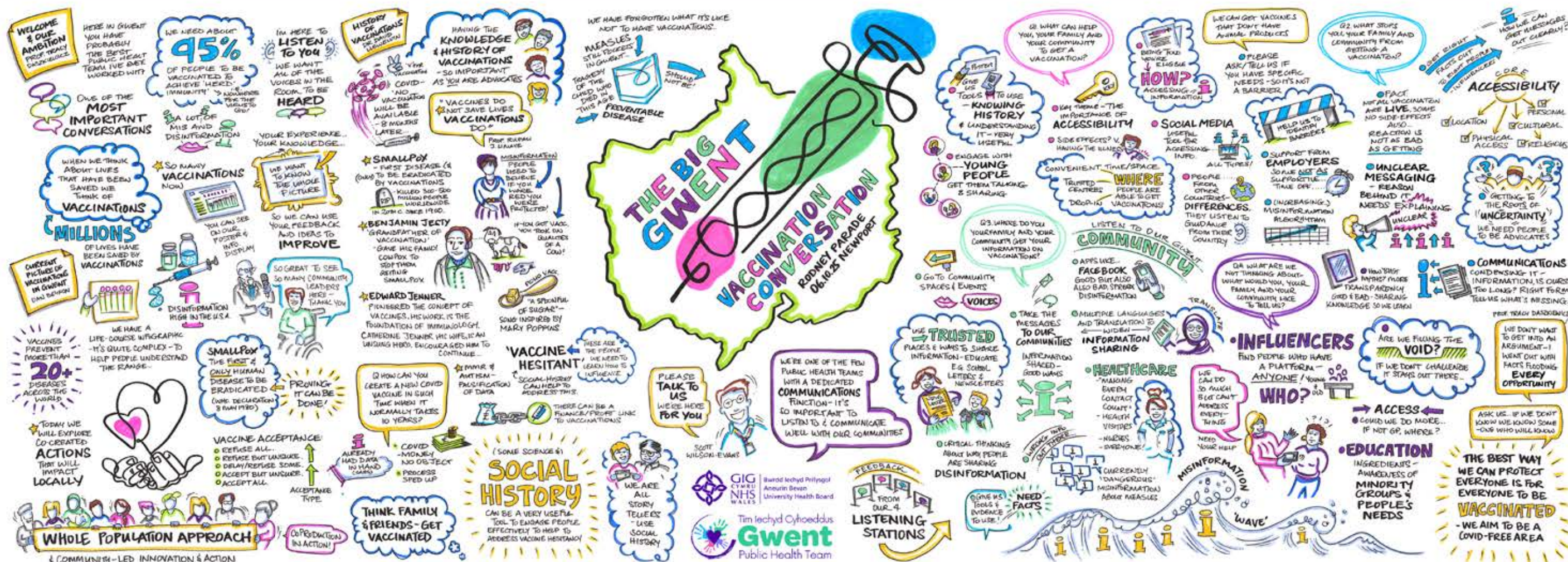
On October 6th 2025, we welcomed community voices, grassroots leaders, and local influencers to a 'Big Gwent Vaccination Conversation Summit' in Rodney Parade in Newport.

- > Watch our 'What people had to say' event video

The event focussed on four key questions with listening stations set up to have conversations.

Here is what we heard

At the event we had presentations from experts and a series of table discussions and listening stations. All of the ideas and feedback were drawn into a large visual map.



Changing the narrative around vaccinations, together.



Q1. What can help you, your family and your community to get a vaccination?

The key theme discussed was the **importance of information**, for example, easy access to evidence; information on side effects; receiving information through trusted voices in the community; access to data and suggestions such as open evenings in schools for parents to gather more information about school-aged vaccinations.

Knowing **trusted sources of information** was also identified as an enabler to help people receive a vaccination, either online, or with trusted friends or health professionals.

The **history of vaccination** presentation prompted suggestions to share the information more widely. It was felt that the public may not be fully aware of the history of vaccinations, their power to save millions of lives and eradicate some diseases.

It was also suggested that the public may know the **wider benefits** and why everyone should receive vaccinations. It was also suggested that **lesson plans** for schools be developed to help children understand the origins of vaccinations.

Accessibility also helped people receive a vaccination, with some acknowledging that personal invitations (SMS, letters) from GP practices and the Cwmbran Vaccination Centre were positive offers.

Q2. What stops you, your family and your community from getting a vaccination?

Accessibility was again a common challenge. Barriers identified included:

- Difficulty booking timely or flexible GP appointments, especially for families.
- Limited accessibility of vaccination sites.
- Lack of awareness about the Cwmbran Vaccination Centre and its services.
- Appointment times that do not suit everyone, with calls for early morning and evening options.
- Transportation costs.
- Variation in vaccine availability between GP surgeries.
- Limited support from some employers for attending appointments.

Information also played a dual role - helping some people, but hindering others. Many felt that confusing messages, inconsistent advice, and uncertainty about credible sources made it hard to make informed choices.

Some participants noted that **health professionals** themselves could be better informed to answer vaccine questions with confidence and authority.

Concerns about **side effects** - from mild reactions to hearing about others' negative experiences - also influenced decisions.

Other **barriers** included social, cultural, and religious factors, such as mistrust, fear, language barriers, and uncertainty about vaccine ingredients.

Finally, **social media** was identified as a significant influence. While it can be a positive platform, many reported that misinformation and negative narratives about vaccines are widespread online.



Changing the narrative around vaccinations, together.

3. Where do you, your family and your community get your information on vaccinations?

People told us they find **information about vaccinations** in many different places, often starting within their own communities. Local leaders, community groups, events, and faith organisations play an important role in sharing trusted messages, while conversations with friends and family remain a powerful source of reassurance and knowledge.

Social media and traditional media are also major influences. Many people said they rely on Facebook pages – often in their first language – as well as online news, TV coverage, and updates from politicians or community influencers. Workplaces also contribute, through

internal newsletters, social media, and digital screens displaying health messages.

Education settings were another important channel. Information shared by nurseries, preschools, and schools – particularly through newsletters or healthy preschool coordinators passing on guidance from Public Health Wales – helps parents and carers feel informed.

Healthcare professionals continue to be a key and trusted source. Text messages from GP practices, advice from nurses, health visitors and doctors, as well as information shared through leaflets, TV adverts, and NHS websites, all play a vital role in helping people make decisions about vaccinations.



4. What are we not thinking about? What would you, your family and community like to tell us?

Additional feedback focused on messaging, access, and education.

Messaging: Participants suggested embracing social media rather than avoiding it – using local influencers, short videos, and youth-led content to counter misinformation and improve engagement.

They also emphasised the need for concise, accessible messages and materials in different languages.

Access: It was felt that vaccination delivery should be brought closer to communities, especially in areas with lower uptake. Local community buildings were suggested as potential sites. Some raised concerns about unequal access across Gwent, where GP surgeries may opt out of offering certain vaccines, forcing residents to travel further.

What we heard - what Gwent needs

Through the report, you've joined us on our 'Gwent Big Vaccination Conversation' journey of listening to and engaging with people across Gwent. You've heard about their thoughts on vaccinations and their suggestions on how we can build trust and confidence in vaccines, together.

Vaccinations are everyone's business and we all have a role to play. By having your vaccinations, you not only protect yourself but also help safeguard those around you by reducing the spread of infectious illness in your community.

Whether you are a community member getting a vaccination for yourself or a loved one, someone with influence in your community who could help promote vaccinations and dispel misinformation,

or you work for an organisation that can help improve access and communications, we all have a part to play.

We had the absolute pleasure of listening to our communities about what they need to help them make informed decisions and get vaccinations. Below is an instruction from our communities across Gwent for what they need. Let's consider how we can all play our part in helping each other.

The report may end here, but the conversation continues. We will now work to develop our vaccination equity plan and our vaccination campaign strategy. We want to keep the conversation going. If you have further thoughts or ideas, get in touch with us by emailing Admin_ABGPHT@wales.nhs.uk

What we heard - Your key messages:

1. Use trusted voices.

Health visitors, midwives, nurses, and community leaders should lead the conversation.

2. Work with communities.

Partner with local leaders (such as faith leaders) and groups to build trust and tackle misinformation.

3. Give clear information.

Challenge mis/disinformation by providing facts and evidence-based information to support people to understand more about vaccines.

4. Show the why.

Explain the benefits of vaccines and the risks of diseases like measles coming back.

5. Make access easy.

Simple booking, reminders, and vaccination closer to home in community settings.

6. Be transparent.

Share what's in vaccines, side effects, and safety data so people can make informed choices and to reassure patients and service users.

7. Reach everyone.

Use schools, mobile outreach vans and community hubs to connect with less well served communities to ensure equity for all. Use multi-language leaflets and short videos that people can share on WhatsApp and social media.

A massive thank you to these people...

I would like to extend a huge thank you to the many people who helped shape this report.

The people of Gwent

Thank you to everyone who took the time to complete our online survey or attend a focus group and share your voice.

The schools and young people

Thank you to the wonderful pupils at Llanmartin Primary School, Newport and Willowtown Primary School, Ebbw Vale for their energy and creativity in how we create a generation of superheroes.

Our community groups

- Thank you to allowing us to speak to your members:
- For Dads By Dads, Torfaen
- Kidcare4u, Newport
- Age Connects Torfaen
- Barnardos Wales/Newport Connect

Our editorial team

Thank you to our fabulous team who have brought this report to you:

Scott Wilson-Evans, Dan Clayton, Shannon Cuthbertson, Viktoriya Velikova, Anna Morgan, Sherril Lovell, Megan Harris, Anna Pennington, Anastasia Drake and Doug Evens.

Scarlet Design International

For helping us bring this journey to life with stunning visuals and storytelling and visual minutes.

Contributors:

David Llewellyn - Thank you for taking people on a journey through the history of vaccinations with fun and energy.

Gwent Public Health Team

Thank you to the many people from across the team who have supported us with focus groups and the event.

Further Reading

To inform the report and the data we have utilised a number of sources. These have been broken down by the data source and the specific set of data used:

1. [Public Health Wales – COVER Quarterly Report 155 \(August 2025\)](#)
 - a. Rotavirus (RSV) vaccination uptake in 1-year-olds – Measures the percentage of children who received the full course of the rotavirus vaccine by their first birthday.
 - b. Meningococcal Group C (MenC) vaccination uptake in 2-year-olds – Indicates the proportion of children protected against meningitis C by age 2.
 - c. MMR vaccination uptake by age 5 – Tracks the percentage of children who received both doses of the Measles, Mumps and Rubella vaccine by their fifth birthday.
 - d. HPV vaccine uptake in 15-year-olds (by sex) – Shows the proportion of boys and girls who received the HPV vaccine.
2. [Public Health Wales – Seasonal Influenza in Wales 2023/24 Report](#)
 - a. Flu vaccine uptake in 2-year-olds to 15-year-olds – Measures coverage from early childhood up to secondary school-aged children.
 - b. Flu vaccine uptake in under-65s at clinical risk – Indicates protection levels in younger individuals with underlying health conditions.
 - c. Flu vaccine uptake in people aged 65 and over – Tracks uptake in older adults, who are at higher risk of complications from influenza.
3. [Public Health Wales – Shingles Dashboard \(as of 27/02/2023\)](#)
 - a. Shingles vaccine uptake in adults aged 70–84 – Shows the proportion of older adults vaccinated against shingles, a condition that can cause long-term nerve pain.
4. [Public Health Wales – RSV Vaccination Report \(August 2025\)](#)
 - a. RSV vaccine uptake in currently pregnant women (as of 28/08/2025) – Measures the proportion of pregnant women vaccinated to protect their newborns from severe RSV infection.
5. [Public Health Wales – COVID-19 Vaccination Uptake \(Spring 2024\)](#)
 - a. COVID-19 vaccine uptake in high-risk groups – Includes individuals aged 75+, those who are severely immunosuppressed, and older adults in care homes, reflecting protection in the most vulnerable populations.
6. [Public Health England – Impact of the COVID-19 Vaccination Programme](#)
 - a. Estimated deaths prevented by COVID-19 vaccination – Provides evidence of the public health impact of the vaccination programme in reducing mortality.
7. [King's College London – HPV Vaccine and Cervical Cancer](#)
 - a. Reduction in cervical cancer rates – Demonstrates an 87% reduction in cervical cancer among girls vaccinated with HPV at ages 12–13.
8. [Vaccine Knowledge Project – MMR Vaccine](#)
 - a. Effectiveness of the MMR vaccine – Summarises the protection offered by the MMR vaccine against measles, mumps, and rubella.
9. [Meningitis Research Foundation](#)
 - a. Impact of MenC vaccination – Highlights the reduction in meningococcal disease since the introduction of the MenC vaccine.
10. [GOV.UK – Rotavirus Vaccination Programme](#)
 - a. Outcomes of RSV vaccination in infants – Reports on the effectiveness of the rotavirus vaccine in reducing illness and hospitalisation in babies.
11. [GOV.UK – Flu-Related Mortality and Vaccine Uptake](#)
 - a. Impact of flu vaccination on hospitalisations and deaths – Provides evidence of the role of flu vaccines in preventing serious illness and reducing winter pressures on the NHS.



If you need information from this report in a different format please email Scott.Wilson-Evans@wales.nhs.uk

This report is available online at: abuhb.nhs.wales

Further information on key data used is available at: abuhb.nhs.wales/health-advice/gwent-joint-strategicassessment

We welcome feedback about our annual report.

If you have any comments please email Scott.Wilson-Evans@wales.nhs.uk

Report Design:
Scarlet Design International Ltd

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Integrated Performance Report: January Board
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships Sarah Simmonds, Director for Workforce and OD Jennifer Winslade, Director of Nursing Robert Holcombe, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Trish Chalk, Assistant for Director Planning and Performance Paul Steynor, Head of System Planning and Performance Marie-Claire Griffiths, Head of Strategic Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide the Board with an integrated overview of performance against the key Health Board and Ministerial Priorities throughout 2025/26, with performance figures including the most up-to-date, validated positions.

The Board is asked to:

- **Note** the progress against key performance metrics as of the latest, available positions
- **Note** the planned actions and progress against milestones as of Q2

Cefndir / Background

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

This report is structured across sections as follows:

Performance Summary

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

This report covers the commitments in the 2025/26 IMTP, bringing together the wider reporting on system change priorities, value and sustainability and the enablers on a quarterly basis.

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

A summary of the report is provided below:

Prevention and Population Health

Performance against vaccination targets remains below ministerial expectations, despite some positive consistent improvements. Uptake for the COVID-19 autumn booster has reached 57.5% as of January 2026, with campaign remaining ongoing. Influenza vaccination uptake among adults aged 65 and over stands at 72.6%, slightly below the 75% trajectory but ahead of the all-Wales average and again the campaign remains ongoing. Childhood immunisation coverage improved marginally to 85.3%, though still below the 89% trajectory, and HPV uptake remains significantly off track at 67.9% against an 80% target. A Vaccine Equity Strategic Framework and targeted interventions, including catch-up sessions in schools, are being progressed to address these gaps.

Smoking cessation performance continues to underperform against annualised targets, with 4.36% of adult smokers making a quit attempt and 21.35% achieving carbon monoxide-validated quits at four weeks. To improve outcomes, behaviour change practitioners have been embedded within localities as part of integrated neighbourhood teams, and additional capacity is being directed towards vulnerable populations.

Newborn hearing screening and physical examination at six weeks remain consistently above national standards, providing assurance in the planned early years health interventions. Weight and measurement at eight weeks have shown sustained improvement, reaching 90.2% in Q2 and well above trajectory.

Compliance with the eight NICE-recommended diabetes care processes improved to 45.7%, the highest recorded to date and close to the Q3 trajectory of 46%. This progress reflects targeted engagement initiatives, including distribution of educational materials across GP practices, pharmacies, and community settings, alongside process mapping to identify and share best practice. These actions form part of the Health Board's High Value Impact Pathway work, aimed at reducing preventable premature mortality and improving long-term health outcomes.

Q2 progress across key Public Health and Prevention priorities show delivery is largely on schedule. Seasonal respiratory vaccination campaigns have been implemented with targeted RSV catch-up work, while neighbourhood-based community interventions continue through primary care health protection activity. Early years work has progressed with multi-agency workshops with a shared delivery plan for the first 1,000 days. The Women's Health Hub development has moved forward following successful funding bids to support training, community presence and virtual access. Work to reduce preventable premature mortality is also on track, with hypertension "treat-to-target" resources identified, improved data collection processes, and development of a dashboard to support monitoring and pathway improvement.

Primary and Community Services

Activity within community pharmacy services continues to exceed expectations, with the Pharmacist Independent Prescribing Service (PIPS) delivering 97.7% of its annualised target by November and expanding to 63 participating pharmacies. The Common Ailment Scheme (CAS) remains on track, supported by an extension of clinical conditions and a successful public awareness campaign. Optometry services have seen a notable increase in uptake following the implementation of new WGOS pathways, which enable management of higher-risk patients in community settings. Emergency dental activity, however, remains below trajectory, reflecting reduced utilisation and ongoing uncertainty around future contract arrangements.

Performance against ministerial measures for community nursing and specialist palliative care capacity remains significantly behind trajectory. Weekend activity levels are increasing but remain behind the requirement to achieve 80% of weekday volumes. To reach the level required would require a change in the service delivery models. Enhanced Community Care (ECC) referrals, by contrast, have exceeded expectations, delivering 126% of the Q3 trajectory. This growth reflects the success of the integrated models which are helping to improve patient flow and reduce hospital admissions.

With regards to Q2 progress against milestones, commissioned care reviews have been completed with associated actions progressing, and processes are in place to manage GMS and dental contractual changes, including vacant practice panels, boundary changes and sustainability support. Eye Care transformation is advancing through newly established task-and-finish groups aligned to the national strategy. Implementation of the place-based care model is moving forward but remains slightly off track as boroughs refine costed implementation plans. Overall, most areas are on schedule, with continued local planning and partnership working required to accelerate delivery where delays are emerging.

Urgent and Emergency Care

Ambulance handover performance at GUH ED, which had shown significant improvement in September and October, deteriorated in November and December due to winter pressures, rising patient acuity, and critical care occupancy exceeding 90%. Infection prevention challenges compounded these pressures, impacting system flow and front-door performance. Despite this, lost ambulance hours remain below IMTP trajectory, and the Health Board continues to implement the 'Our Next Patient' initiative alongside regional escalation pathways to prioritise patient safety and maintain flow. The opening of the ED extension on 17th December provided additional capacity and improved the patient environment, with early feedback from clinicians and patients highlighting improved care experience and reduced waiting times.

Four-hour compliance has declined in recent months, reflecting the operational challenges of winter, while 12-hour breaches have remained relatively stable and lower than the same period last year, demonstrating some improvement. 60 minute triage breaches spiked in December, consistent with seasonal trends, and median wait-to-be-seen times remain broadly static despite targeted interventions. Operational teams are deploying additional clinical staff during peak periods, introducing fast-track pathways, and using predictive analytics to manage demand surges. These actions aim to mitigate bottlenecks and sustain improvements delivered earlier in the year.

Urgent Primary Care (UPC) contacts exceeded Q3 trajectory, supporting demand during peak winter pressures to support ED and Assessment Unit demand management. Stroke performance remains a concern. Q2 SSNAP data is due to be published in January so there is no update to performance for direct admission to an acute stroke ward within four hours and thus remains at 3.8% from the validated Q1 data, well below target, largely due to operational definitions that exclude patients routed via Acute Medical Units. Thrombectomy rates improved to 12.9%, surpassing national standards. Therapy assessments within required timeframes have shown some improvement since July. The Health Board is consulting on proposals for a centralised stroke rehabilitation unit to ensure safe, sustainable, and high-quality services, with engagement concluding in January and final decisions expected following a full debrief in February.

Delayed pathways of care (POCDs) increased sharply in December to the highest volume in 12 months, driven by social and joint delays, although the average days delayed per patient has reduced significantly. This improvement reflects the impact of winter sprint initiatives and enhanced focus on longest-staying patients. Operational discharge improvement workstreams, enhanced monitoring, and focus through the Integrated Discharge Improvement Board are in place to mitigate these risks and sustain improvements made over the past 12 months.

The Q2 milestones were on track. Work to strengthen patient flow and discharge continues, with direct-access community bed pathways now supported by a new SOP, and ED extension works now completed and progressing under a senior-led rapid assessment model. Discharge improvements remain on schedule, with consistent application of the Optimal Hospital Flow Framework and partnership working with Local Authorities. Submission of the NHH Strategic Outline Case and delivery of bed-base reduction plans has progressed the programmes of work at the eLGHs.

Cancer and Planned Care

Single Cancer Pathway (SCP) compliance improved to 60.1% in November, but this remains below the IMTP trajectory of 68%. Backlogs for patients waiting over 62 days and 104 days persist, with November figures at 349 and 101 respectively, exceeding planned trajectories of 240 and 60. Recovery planning meetings have been established, chaired by the Cancer SRO, with targeted actions focused on identified tumour sites such as gynaecology, urology, and lower GI. These actions include enhanced USC referral triage processes to prioritise patients within 48 hours, mandating photographic evidence for skin referrals, and implementing new processes between services and pre-assessment clinics to avoid delays. Workforce gaps remain a key constraint, and recruitment activity is ongoing to stabilise capacity. Despite these challenges, performance for the 28-day decision-to-treat measure remains strong at 88.3%, consistently above the 75% target, indicating effective early-stage pathway management.

Planned care waiting times show mixed progress. The number of patients waiting over 104 weeks has reduced to 718, supported by additional funding and insourcing activity during Q3. Diagnostic breaches remain a concern, with 1,806 patients waiting over eight weeks against a target of 1,077. This shortfall is largely driven by non-obstetric ultrasound and endoscopy capacity gaps, estimated at 500 and 300 cases respectively. Divisions are developing recovery plans to close these gaps, including additional sessions and outsourcing options. The 26-week outpatient programme is now having a significant and sustained impact on the 52-week breach profile, with continued improvement since August and a December position projected at approximately 6,700. Outpatient follow-up delays remain high at 30,550 patients 100% past target although this is only marginally ahead of the expected position, and SOS/PIFU uptake at 11.7% is marginally below trajectory, though improvement work continues through the Outpatient Transformation Programme, which is exploring retrospective application of SOS/PIFU pathways in high-volume specialties.

Performance for the Enabling Action theatres utilisation metrics is mixed. While elective theatre protection remains compliant, ensuring planned care capacity is safeguarded from emergency pressures, late starts and early finishes are not meeting their improvement trajectories. December performance for late starts was 34.7% against a trajectory of 30%, and early finishes were 51.2% against a target of 31%. Session utilisation fell to 79.6% in December, below the national standard of 85%, although this is partly attributable to observable, seasonal trends. Improvement initiatives such as autosend functionality and golden patient initiative, as well as enhanced oversight through Theatre Utilisation Group (TUG) meetings are ongoing. A dedicated theatres workshop is scheduled for February to review the agreed priorities and focus on the areas which will support the greatest efficiency gains. Day surgery rates remain strong, tracking close to national standards, supported by monthly maximisation meetings and targeted actions to optimise BADS compliance.

Mental Health

Adult mental health performance remains strong for core measures. Compliance with Part 1a (assessment within 28 days) and Part 1b (intervention within 28 days) continues to exceed national standards, with November performance at 86.7% and 93.7% respectively. Part 2 compliance for Care and Treatment Plans (CTPs) has also

met trajectory for four consecutive months, stabilising at 91%. Data cleansing is ongoing to ensure accuracy, and the service anticipates a steady state in the volume of new plans and discharges. Psychological therapy performance remains below target at 51.9% against an IMTP trajectory of 60%, following a slight decline over recent months. Contributing factors include staff turnover and vacancies, alongside technical issues within WCCIS affecting clock stop/start functionality. Despite these challenges, the service has achieved a 27.5% reduction in patients waiting over one year, and plans are in place for a productivity review and enhanced demand and capacity modelling.

CAMHS performance for Parts 1a and 1b remains consistently above national standards, with November compliance at 100% and 90.2% respectively. These results demonstrate the service's ability to balance demand and capacity effectively, although October saw a temporary decrease due to data entry errors, which have since been addressed through staff training. Specialist CAMHS Choice Assessments also remain well above the 80% target at 91.2%, despite a slight reduction in capacity in recent months. Neurodevelopmental Services continue to face significant operational challenges. Compliance with the 26-week waiting time standard remains off trajectory at 59.4% against a target of 75%, driven by rising demand and legacy backlogs. The service is implementing the new Neurodiversity Early Support Hub (NESH) model, which aims to improve access and streamline pathways, but progress has been slow due to resource constraints. A modest amount of additional funding is in place to support recovery.

In terms of Q2 milestones, ward accreditation is progressing to plan and expected to complete across all MH wards by year-end, alongside work to scope accreditation for community services in 2026. Development of the single neurodevelopmental pathway for adults is off track following changes to the funding arrangements for the ADHD element of ND services. The division is focused on managing legacy caseloads and assessing capacity within existing teams to support people with ADHD needs. Work to design a single access pathway for Mental Health is progressing within tolerance, aligned to national Open Access and Stepped Care 2.0 models, supported by pilot projects in Newport and within psychological practitioner roles. Adult psychological therapies performance is improving but remains off track, with joint pathway work underway to strengthen alignment between primary and secondary care.

Workforce

Workforce capacity continued to grow steadily over the period, with staff in post increasing to 13,717 WTE by December 2025, driven largely by nursing and midwifery recruitment through overseas and newly qualified pipelines, alongside notable increases in administrative and AHP roles. Administration and clerical staffing rose by 21.37 WTE, with the largest gains concentrated in corporate services (particularly DDAT) and within Medicine to strengthen operational support. Overall headcount remains ahead of target trajectories.

Sickness absence increased to 7.54% in December, reflecting seasonal pressures and continued high levels of long-term absence, which accounts for almost two-thirds of all sickness. Anxiety, stress and depression remain the leading cause of absence, followed by musculoskeletal and respiratory conditions, prompting continued emphasis on wellbeing interventions, psychological support, and targeted physical-health programmes. Variable pay usage showed mixed performance: bank

usage reduced over the quarter, but agency usage increased to 119 WTE, driven by vacancy cover, enhanced care and sickness. A revised 2025/26 agency reduction trajectory remains in place, with delivery risks linked to safe-staffing demand.

Progress continues across key workforce improvement domains. Turnover has stabilised at 8.69% and remains within target, while PADR compliance held broadly steady at 75%, though still short of the 85% standard. Mandatory and statutory training compliance improved to 81.1%, and recruitment performance continues to exceed the all-Wales Time-to-Hire target, with an average of 56.8 days from vacancy creation to unconditional offer. Job-planning compliance for consultants and SAS doctors has dipped slightly due to expiries, but strengthened governance, mandatory attendance at consistency groups, and planned deep dives are in place to improve the position.

Quality, Safety & Experience

Patient experience activity remained strong, with CIVICA satisfaction scores stable between 86–88 despite winter pressures, and over 7,000 pieces of feedback received in Q3. Themes continued to highlight timeliness and communication, with divisions using ward-level reporting, QR-based feedback focuses on access and targeted improvements such as enhanced food-service support, calm-environment materials for neurodivergent patients, and strengthened translation resources. PALS activity increased to 1,548 contacts, with communication issues the most common theme. The service has enhanced visibility through bedside sticker rollout, strengthened support for vulnerable patients (including Deaf and Deafblind communities), and improved early-resolution practices.

Complaints management showed continuing improvement. Early Resolution compliance averaged 85% across Q3, underpinned by more consistent initial assessments and quicker engagement with Divisions. Formal Putting Things Right compliance dipped earlier in the quarter due to a focus on closing aged cases, but a recovery plan is in place and early indications for November and December show marked improvement. The main complaint themes remain clinical treatment, communication and discharge issues. Targeted work with the Trauma & Orthopaedics Directorate has delivered a 52% reduction in open complaints within three months, supported by strengthened corporate oversight and timely Investigating Officer allocation.

Patient safety performance demonstrated positive trends, with RAMI remaining below expected levels and harm-level incidents reducing proportionally despite an overall rise in incident reporting—a sign of improved safety culture and data quality. Deep dives and structured mortality reviews continue to guide learning, supported by enhancements in clinical coding accuracy. Incident themes remained consistent, with pressure damage, falls, behaviour-related incidents and medication errors most prevalent. Targeted improvement work includes strengthened grading and validation of pressure ulcers, improved access to equipment, refreshed investigation processes, thematic work on self-harm and restrictive practices, and education programmes for falls reduction. Duty of Candour cases remain low, with new SOPs, training and digital monitoring tools being introduced to improve timeliness and consistency.

Infection prevention and control activity has remained robust through winter. Healthcare-associated infections for *C. difficile*, Staph Aureus, Klebsiella and

Pseudomonas have all decreased compared to the previous year, while E. coli remained broadly stable. Respiratory virus activity across Gwent reflects national trends, with influenza rising, RSV past its peak locally, and COVID-19 stable at low levels. Bed-day losses and ward closures remain under close review, with the highest volumes linked to COVID-19 and C. difficile. Surgical site infections have reduced compared to the same quarter in 2024. Targeted learning continues through surveillance, strengthened outbreak management, and divisional feedback loops.

Finance

The Health Board’s financial position for 2025/26 remains highly challenging. At Month 8, the year-to-date adverse variance stands at £14.996m, which is £3.6m worse than the IMTP Minimum Data Set (MDS) but £0.6m better than the Month 7 forecast profile. The forecast deficit has improved slightly to £18.3m, reflecting additional wage award funding for bank staff for 2024/25 and 2025/26. However, this improvement carries significant risks, particularly around the full achievement of planned savings and the receipt of anticipated allocations from Welsh Government for planned care, ambulance handover initiatives, and winter pressures.

Delivery of the financial plan is contingent on achieving £43.4m in savings, which remains a critical risk area. While some progress has been made, the scale of savings required and the timing of delivery present ongoing challenges. Additional pressures include winter demand, inflationary impacts, and workforce costs, which could further deteriorate the position if not mitigated. The Health Board continues to monitor these risks closely through its financial governance structures, with escalation processes in place to address variances and ensure corrective actions are implemented promptly.

Argymhelliad / Recommendation

The Board is asked to:

- **Note** the performance report including progress achieved against IMTP milestones at the end of Quarter 2 25/26.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The report highlights key risks for delivery against the IMTP
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 1.1 Health Promotion, Protection and Improvement 2. Safe Care 2.1 Managing Risk and Promoting Health and Safety

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. This is a report against the Integrated Medium-Term Plan and the key organisational priorities, informed by our detailed understanding of how our system operates.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.

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

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

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



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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

ABUHB BOARD

Integrated Performance Report January 2025/2026





Performance Summary

Section 1: Ministerial Delivery Expectations

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

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

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

Section 2: Our Performance & System Change Delivery

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

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

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



What went well?

- Newborn hearing screening and 6-week physical examinations consistently exceed national standards, and weight and measurement at 8 weeks has reached 90.2%, maintaining a sustained improvement
- Lost ambulance hours remain below IMTP trajectory, despite winter pressure impacts, and 12-hour EDMIU performance is improved compared with the previous year.
- 28-day decision-to-treat Single Cancer Pathway performance is consistently strong at 88.3%, well above the 75% target and stable across the year, reflecting good early pathway management. 104-week waits have reduced substantially to 718, supported by targeted insourcing and additional capacity secured for Q3 and Q4. The 26wk Outpatient Programme remains on track, having delivered over 20,000 appointment (60% of total planned) as of the start of Jan.
- Overseas recruitment and newly qualified nurse recruitment continue to boost Nursing & Midwifery capacity, contributing to improved staffing resilience.
- Early Resolution performance is averaging 85%, and T&O achieved a 52% reduction in open complaints through focused recovery action.

What were the challenges?

- Ambulance handover and front-door performance deteriorated in November and December from the performance improvement in the two months previous, due to winter pressures, rising acuity, and IPAC related issues.
- Single Cancer Pathway compliance remains below trajectory, with persistent backlogs at 62 and 104 days and workforce constraints impacting gynaecology, urology and lower GI tumour site performance.
- CAMHS Neurodevelopmental Services remain below trajectory, with rising demand, legacy backlogs and insufficient capacity to deliver against the 26-week standard whilst balancing long waiters.
- Agency usage has increased to 119 WTE, driven by vacancies, enhanced care and sickness, placing pressure on the delivery of the 2025/26 agency reduction trajectory.
- Formal Putting Things Right compliance dipped earlier in Q3, driven by aged-case backlogs and capacity issues, requiring a structured recovery plan.

What actions are we taking to improve?

- Strengthening vaccination uptake through revised booking processes, enhanced communication (including text messaging, improved letter wording), and targeted interventions in low-uptake schools as part of the Vaccine Equity Framework.
- Streamlining access to Community Care and Rapid Response pathways, supported by the Navigation Hub / Single Point of Access pilot to simplify GP referral routes and reduce unnecessary admissions.
- Refocusing on the 'Our Next Patient' model, including senior-led rapid assessment, fast-track pathways, and predictive analytics to manage demand surges.
- Implementing targeted health and wellbeing programmes, including psychological support, musculoskeletal interventions, and improved management of long-term sickness.
- Enhancing safety surveillance, including improved pressure ulcer validation processes, strengthened incident investigation quality, thematic reviews (self-harm, restrictive practices), and falls-prevention education.

What are our risks to delivery?

- Continued focus is required to deliver the new financial forecast and the need to manage any additional risks within that forecast.
- Diagnostic capacity shortfalls in NOUS and Endoscopy risk sustained or worsening breach volumes, directly impacting planned care recovery. The Health Board is in close contact with NHS P&I about how the position can be recovered by the end of the year.
- Rising sickness absence (7.54%) risks sustained operational pressure, increased agency reliance and reduced service resilience.
- Healthcare-associated infections and ward closures risk ongoing operational disruption, loss of capacity, and increased harm during winter months.



Theme	Delivery Expectation	ABUHB commitment	Meet National Standard	In month performance against trajectory
Population Health & Prevention	Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	47% Mar-26	Yes	45.7% Dec-25 (Dec-25 Trajectory: 46%)
	Achievement of vaccinations targets in the performance framework	Yes Mar-26	Yes	Off Track 3 seasonal: 1 not met target, 2 ongoing 2 CYP: 1 borderline, 1 not meeting trajectory.
Building Community Capacity	Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard	160 Mar-26	Yes	223 Dec-25 (Dec-25 Trajectory: 160)
	100% of GP practices achieving all National Access Standards for In hours GMS	100% Mar-26	Yes	Reported Q4
	Increase in number of people accessing PIPs for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP	24,065 Mar-26	Yes	23,523 Nov-25 (Q2 Trajectory: 9,583)
	Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible	128,347 Mar-26	Yes	67,405 Dec-25 (Dec-25 Trajectory: 96,260)
	Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible	5,277 Mar-26	Yes	4,913 Dec-25 (Dec-25 Trajectory: 3,899)
Women's Health	Establishment of one Women’s Health Hub in each health board area by March 2026	Yes Mar-26	Yes	Reported Q4



Theme	Delivery Expectation	ABUHB commitment	Meet National Standard	In month performance against trajectory
Timely Access to Care	Reduce the number of ambulance patient handovers over 1 hour –national target - zero	500 Mar-26	No	763 Dec-25 (Dec-25 Trajectory: 602)
	Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, <u>building towards the national target of zero</u>	750 Mar-26	No	1,195 Dec-25 (Dec-25 Trajectory: 937)
	No patients waiting more than 104 weeks for referral to treatment.	3,291 Mar-26	No	718 Nov-25 (Nov-25 Trajectory: 2,481)
	12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion building toward a national target of 80% by 31 March 2026.	70% Mar-26	No	60.1% Nov-25 (Nov-25 Trajectory: 68.0%)
	No patients waiting more than 8 weeks for a specified diagnostic	1,077 Mar-26	No	1,806 Nov-25 (Nov-25 Trajectory: 1,077)
Mental Health Access (Adult and CAMHS)	80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral – Over 18s	80% Mar-26	Yes	86.7% Nov-25 (Nov-25 Trajectory: 80.0%)
	80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS – Over 18s	80% Mar-26	Yes	93.7% Nov-25 (Nov-25 Trajectory: 80.0%)
	80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral – Under 18s	80% Mar-26	Yes	100.0% Nov-25 (Nov-25 Trajectory: 80.0%)
	80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS – Under 18s	80% Mar-26	Yes	90.2% Nov-25 (Nov-25 Trajectory: 80.0%)

Progress Against our Integrated Medium-Term Plan



Quality, Patient Safety & Experience

Workforce & Culture

Finance



Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory
Embedding Prevention and Population Health in all that we do	% uptake of the COVID-19 vaccination for those eligible Spring Booster	75% Sep-26	56.5% Q1 25/26 (Q1 Trajectory: 75%)
	% uptake of the COVID-19 vaccination for those eligible Autumn Booster	75% Mar-26	57.5% Jan-26 - Ongoing (Q4 Trajectory: 75%)
	% uptake of the influenza vaccination amongst adults aged 65 years and over	75% Mar-26	72.6% Jan-26 - Ongoing (Q4 Trajectory: 75%)
	% children up to date with vaccinations by age 5	95% Mar-26	85.3% Q2 25/26 (Q2 Trajectory: 89%)
	% of children receiving HPV vaccination 1 dose by the age of 15	90% Mar-26	67.9% Q2 25/26 (Q2 Trajectory: 80%)
	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Mar-26	4.5% Q2 25/26 (Q2 Trajectory: 5%)
	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	32% Mar-26	20.5% Q2 25/26 (Q2 Trajectory: 24%)
	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90% Mar-26	98.1% Sep-25 (Sep-25 Trajectory: 90%)
	Maintain physical examination at 6 weeks rates (Healthy Child Wales)	90% Mar-26	92.5% Sep-25 (Sep-25 Trajectory: 90%)



Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory
Embedding Prevention and Population Health in all that we do	Increase weight and measurement at 8 weeks rates (Healthy Child Wales)	80% Mar-26	90.2% Q2 25/26 (Q2 Trajectory: 72%)
	Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	47% Mar-26	45.7% Dec-25 (Dec-25 Trajectory: 46%)



Embedding Prevention and Population Health in all that we do

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

Ministerial Delivery

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

Trajectory: 75%

National target: 75%

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

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

Ministerial Delivery

Performance: 57.51% (as of 01/01/26)

Trajectory: 75% (Q4 25/26)

National target: 95%

Region	Eligible population (N)	Vaccinated (n)	Coverage (%)	Of those vaccinated, number with no previous doses (n)
Aneurin Bevan University Health Board	81,482	46,858	57.51	83
Blaenau Gwent	9,297	4,703	50.59	5
Caerphilly	23,436	12,840	54.79	12
Monmouthshire	16,727	11,776	70.40	46
Newport	18,838	10,226	54.28	15
Torfaen	13,184	7,313	55.47	5

Insight & Actions:

- COVID-19 spring booster: ABUHB performance was higher than the all Wales figure 53.18%, however this is short of the 75% target as per the ministerial delivery expectation. More broadly on seasonal, respiratory vaccination campaigns, a review of booking processes has been completed, and there is an ongoing PhD project to enhance uptake with several options being explored to support further campaigns (e.g. use of text messaging services, improvement in letter wording to enhance engagement).
- COVID-19 autumn booster: Campaign commenced on 1st October, Performance data includes vaccinations given and recorded on the Welsh Immunisation System up to the end of 01/01/2026. Current performance of 57.51% puts ABUHB marginally higher than the all Wales figure of 56.12%.



Embedding Prevention and Population Health in all that we do

Measure: % uptake of the influenza vaccination amongst adults aged 65 years and over

Ministerial Delivery

Performance: 72.6% (as of 06/01/26)
Trajectory: 75% (Q4 25/26)
National target: 75%

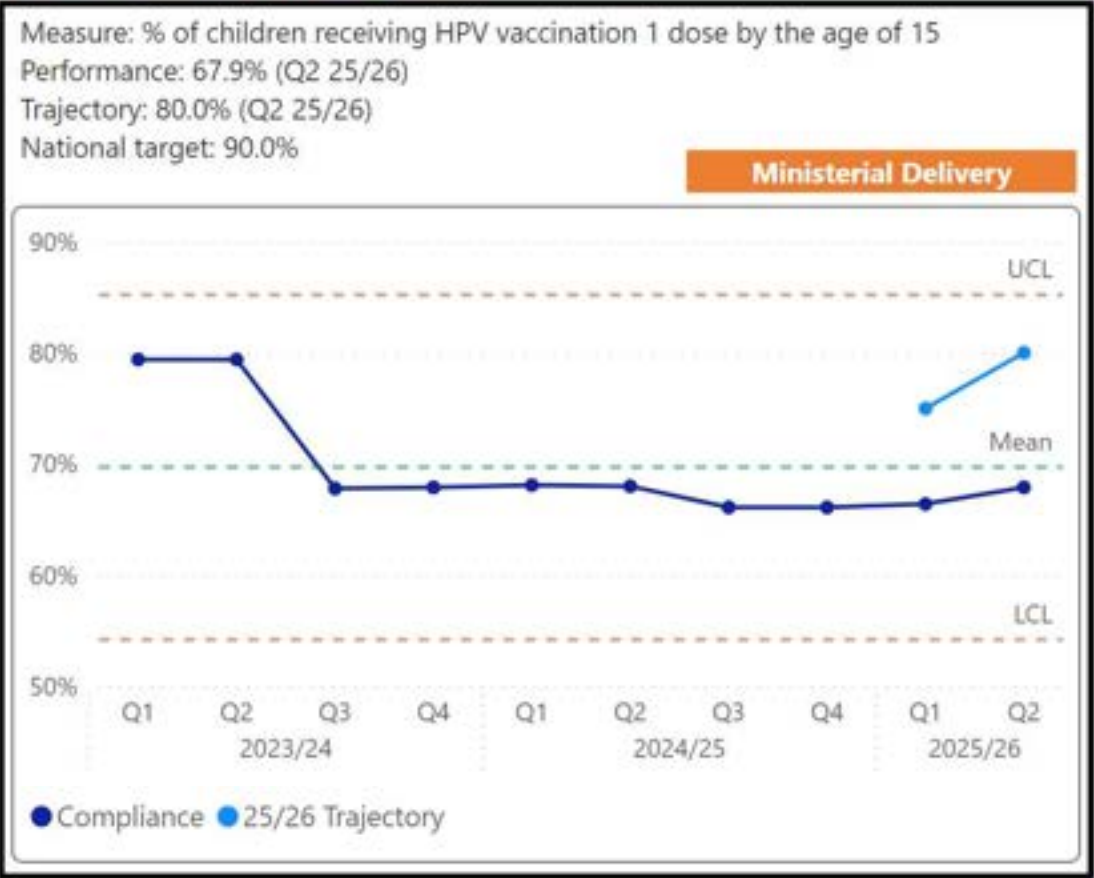
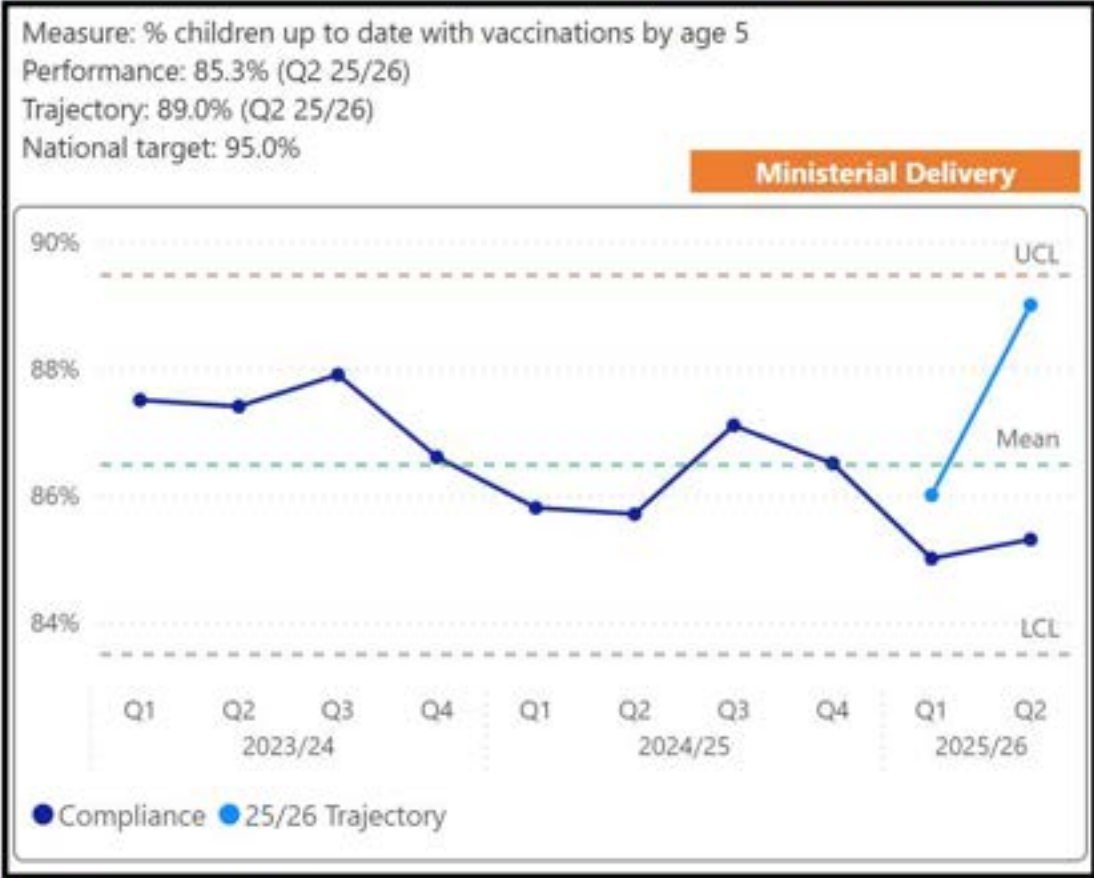
		65y and older		
		Immunised	Denominator	Uptake (%)
Aneurin Bevan UHB	Blaenau Gw..	10,702	15,332	69.8%
	Caerphilly	28,371	39,533	71.8%
	Monmouths..	21,864	28,189	77.6%
	Newport	20,731	29,379	70.6%
	Torfaen	15,479	21,312	72.6%
	AB Total	97,147	133,745	72.6%

Insight & Actions:

- Influenza vaccination: ABUHB performance for residents aged 65 years and older 72.6% as of 6th January, higher than the all Wales figure of 71.0%. The campaign remains ongoing and a key focus for future campaigns will be to close the gap between the highest and lowest performing localities with regards to uptake.



Embedding Prevention and Population Health in all that we do

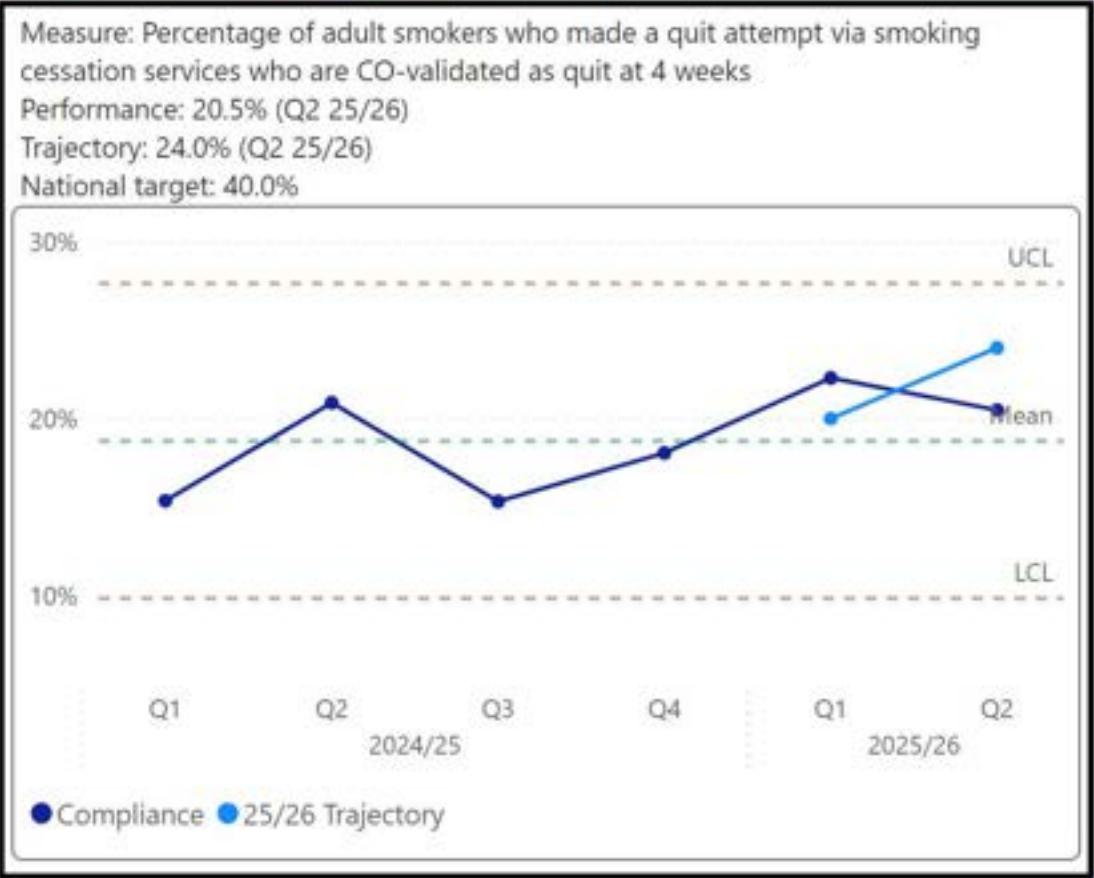
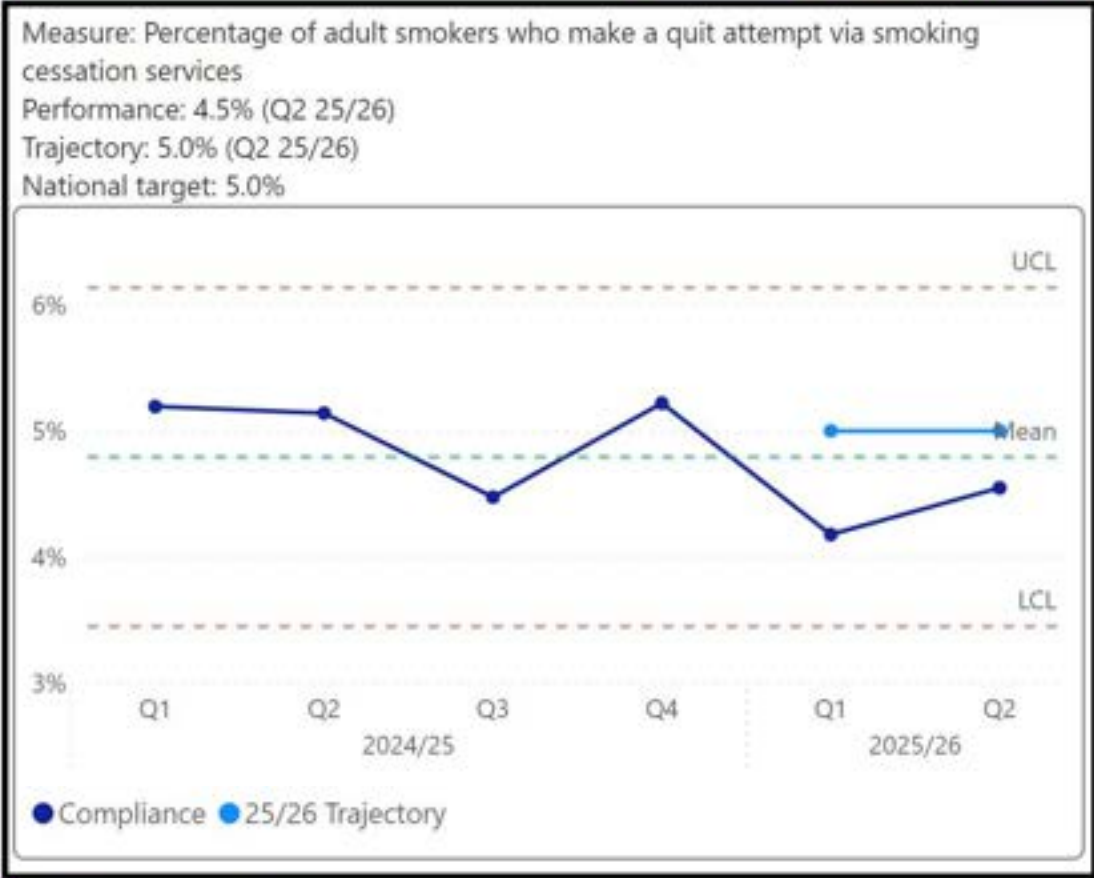


Insight and Actions

- Childhood vaccinations: Q2 performance increased slightly to 85.3%, below the Q2 trajectory of 89%.
- HPV: Q2 performance increased by 1.5% to 67.9%, however this remains significantly below trajectory of 80%.
- Work continues to progress the Vaccine Equity Strategic Framework and a Task and Finish Group will meet in February 2026 to develop an action plan. This year’s Director Of Public Health Annual Report, The Big Gwent Vaccination Conversation, will be instrumental in designing future equity work and has key recommendations to achieve equitable increases in vaccinations to reduce health inequalities across Gwent. The development of a childhood immunisation dashboard remains a priority for the SIG Data subgroup; however, challenges around timely data access, system limitations, and accuracy still need to be overcome. Additional work is underway to develop/procure digital consent systems for all school-aged vaccinations. Feedback from vaccinators, parents, teachers and focus groups undertaken to inform the Big Gwent Vaccination Conversation, have shown that removing barriers to vaccination will help to increase intention to be vaccinated. For the 11 schools identified as areas of concern with regards to HPV uptake, identified schools had targeted interventions and catch up was provided in school session or community clinic with 391 catch up HPV doses being delivered to pupils from these schools.



Embedding Prevention and Population Health in all that we do

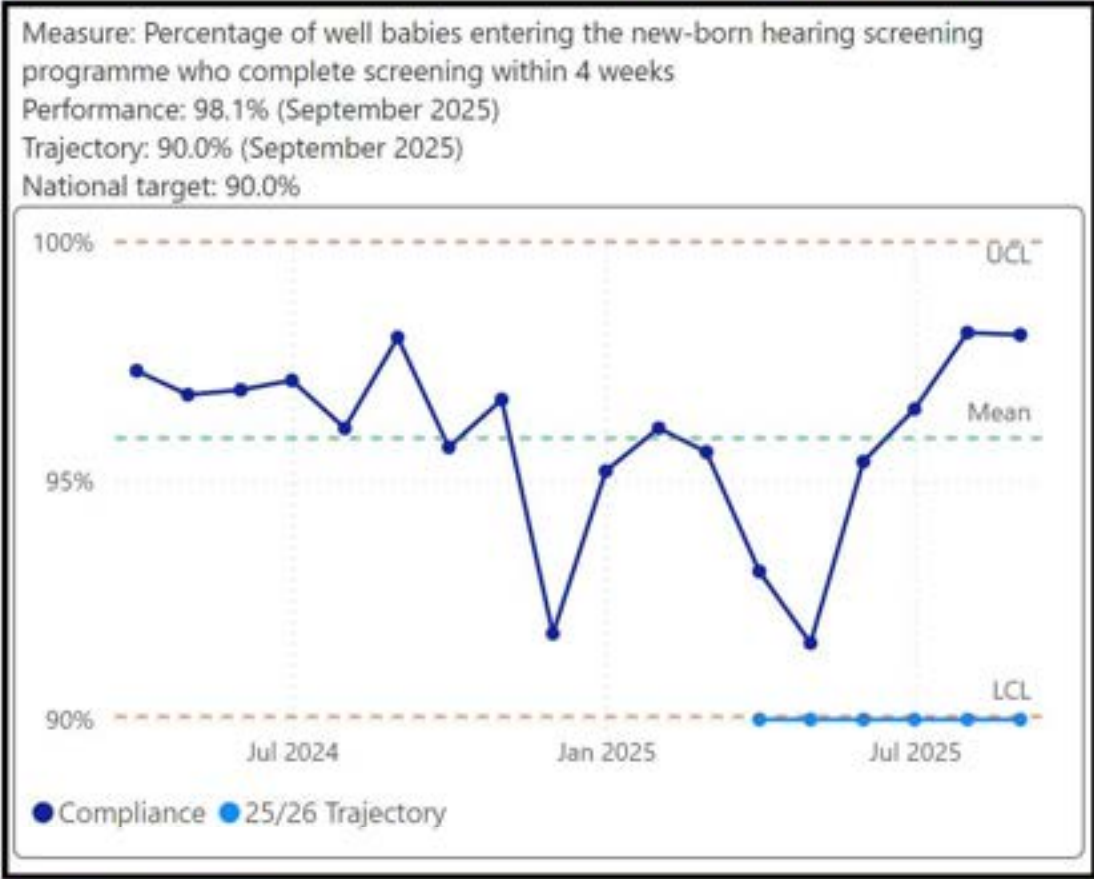


Insight and Actions

- Smoking cessation performance across the two measures are based on annualised targets, however, are presented here quarterly to give assurance on progress. In the first half of the year there have been 1,274 quit attempts, putting current performance at 4.36%. Of these attempts, 272 have been CO validated as quite at 4 weeks, putting current performance at 21.35%.
- As part of the public health commitment to delivering place-based care, behaviour change practitioners responsible for the Health Board’s smoking cessation service have been aligned to localities and will form a core component of integrated neighbourhood teams. A comprehensive improvement programme is underway, placing greater emphasis on supporting individuals to achieve carbon monoxide-validated quits at four weeks rather than relying on self-reported outcomes. This is being achieved by increasing community-based clinic capacity and ensuring that team members are given the opportunity to become embedded within their respective places and place-based teams. Work is also ongoing to ensure proportionate capacity is given to vulnerable populations at higher risk of tobacco related harm, e.g., those with mental health conditions, people with chronic conditions, pregnant women, and people at socio-economic disadvantage.



Embedding Prevention and Population Health in all that we do

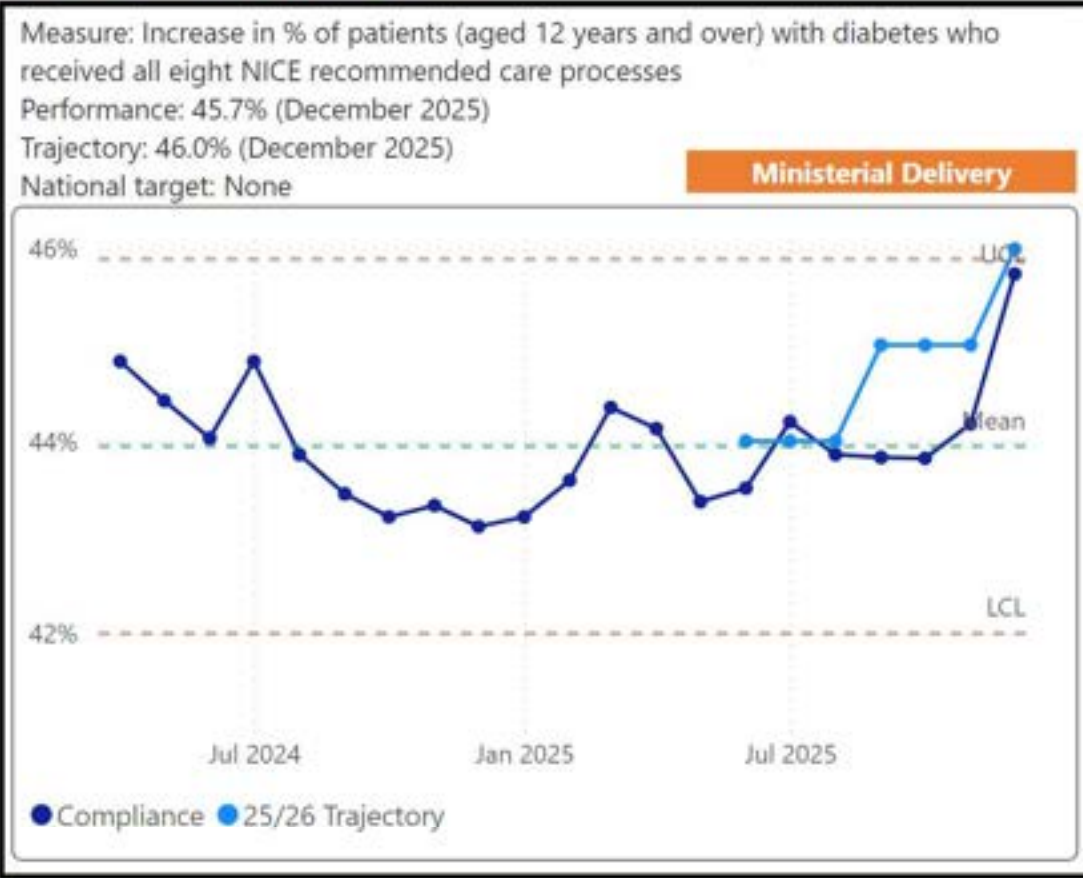


Insight and Actions

- Performance for both the new born hearing screening programme and the physical examination at 6 weeks remain above the national target through the course of 25/26 to date.



Embedding Prevention and Population Health in all that we do



Insight and Actions

- Weight and measurement at 8 weeks: Q2 performance increased to 90.2%, further consolidating consecutive quarterly improvement since 23/24.
- 8 Diabetes processes: December performance improved to 45.7%, the highest value recorded and now only marginally behind Q3 trajectory of 46%. As part of the High Value Impact Pathway work led the Public Health Team, digital and physical engagement materials have been distributed to all GP practices in Gwent with the aim of raising awareness and improving UACR testing as part of the 8 care processes. There has been an increase in compliance of 10% across 9 of the 10 pilot practices. In addition, since the last period, the distribution has been extended to 127 Pharmacies, Wetherspoons pubs, local bus companies, and hospital sites. The materials have been presented and shared with over 300 Primary Care clinical and non-clinical staff members via Protected Learning Time sessions (PLT) to encourage use and adoption of good practice and use of the materials. A process map review of the 10 pilot practices has been completed, assessing high and low value activities based on how they contribute to the compliance and to identify innovative and good practice for sharing.



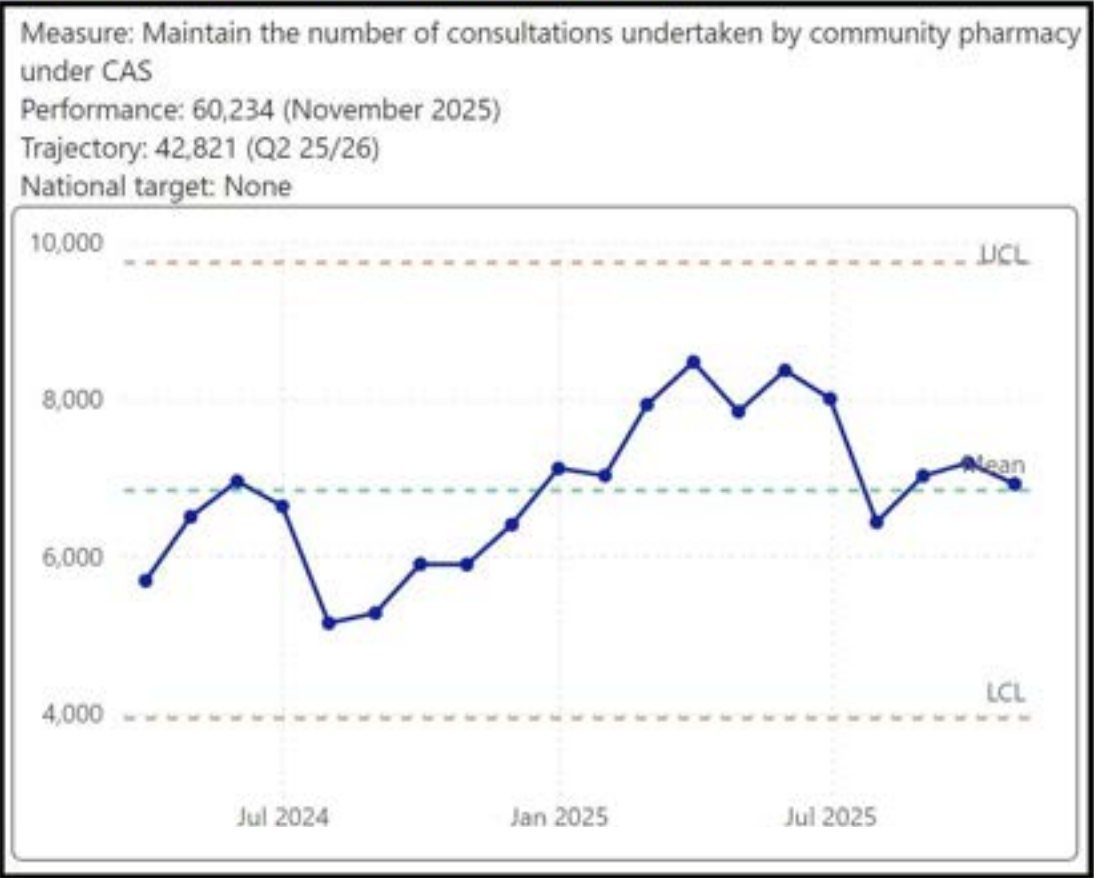
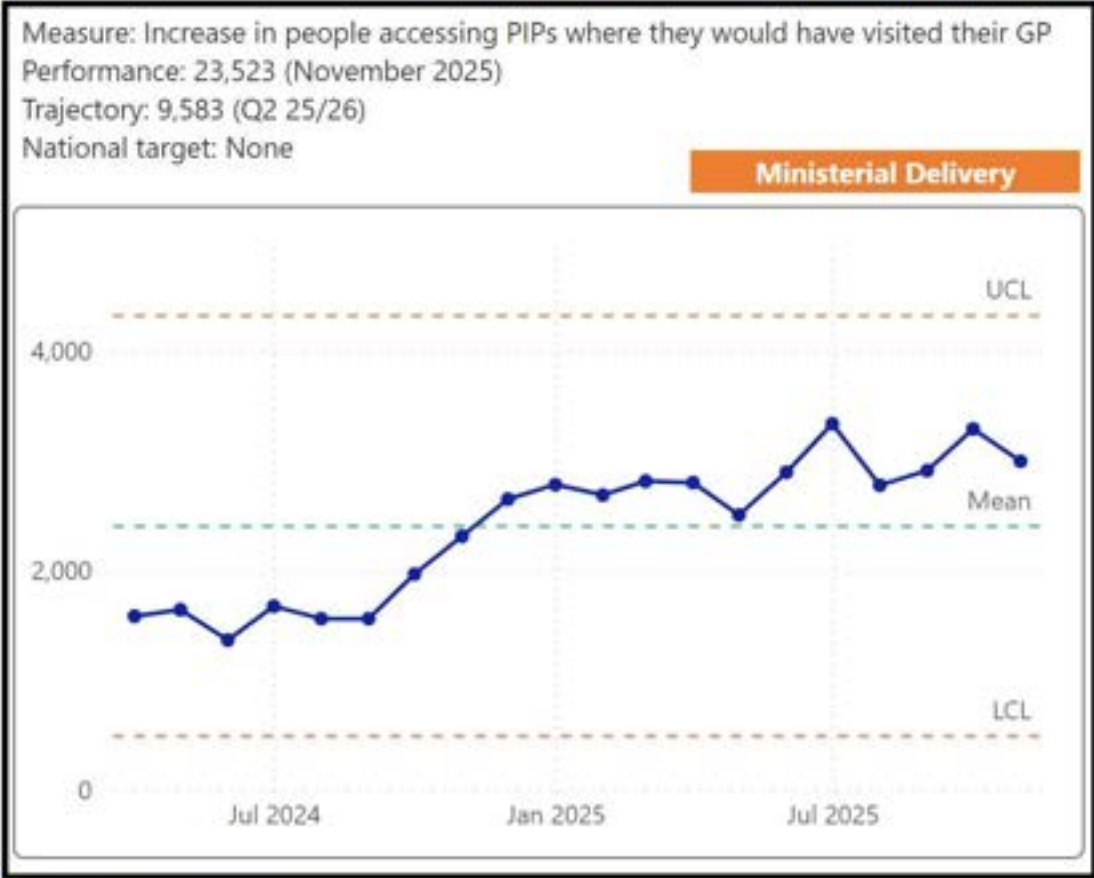
Priority	Q2 Planned	Q2 Progress	Q2 Comments
Resilient Communities & Health Protection	Deliver seasonal respiratory vaccinations campaign	Complete/On schedule	A seasonal respiratory plan has been developed for all eligible cohorts coupled with an additional catch up campaign for Respiratory syncytial virus (RSV). In addition, there is a Midwifery led quality improvement project to increase RSV vaccination uptake with support of the vaccination service in antenatal clinics.
	Deliver community interventions within neighbourhoods equitably, at scale and with intensity proportionate to need	Complete/On schedule	Continuous Professional Development sessions have been provided to GMS practices on COVID-19 antivirals to support implementation. Furthermore, the Primary Care Health Protection Response Team (PC HearT) fully established in Urgent Primary Care undertaking sampling and testing, post exposure prophylaxis, COVID-19 antivirals.
Best Start in Life	Undertake a series of workshops with partners to add granularity and shared commitment to the early years delivery plan	Complete/On schedule	First Leadership Group for Best Start in Life has taken place under the Public Service Board governance arrangements. This was supplemented by a multi agency workshop took place that agreed the approach and programme milestones required to improve outcomes in the first 1000 days.
Women's Health	Define scope and functions of Women's Health Hubs with teams across the Health Board and our partners	Complete/On schedule	The first tranche of funding from Welsh Government has been successfully approved to progress implementation of training, engagement, accreditation and validation. Furthermore an application has been submitted for the second tranche of funding to support implementation of additional education an training , increased community presence and virtual signage of hub and spoke model.
Preventable Premature Mortality	Following monitoring implement improvements in Diabetes Prevention and Hypertension case finding service including 12 week group-based behaviour change programme for people that require more intensive support	Complete/On schedule	Progress includes resources for hypertension treat to target (TTT) service identified and contract written. Data collection & TTT Programme been agreed upon. Data collection for Hypertension case finding process been improved for Q2 - data will be available by end Q3. Dashboard has also been created.



Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory
Progressing place based models of care and sustainability in primary and community services	Increase in people accessing PIPs where they would have visited their GP	24,065 Mar-26	23,523 Nov-25 (Q2 Trajectory: 9,583)
	Maintain the number of consultations undertaken by community pharmacy under CAS	79,553 Mar-26	60,234 Nov-25 (Q2 Trajectory: 42,821)
	Maintain the number of patients accessing NHS Optometry Services	246,133 Mar-26	185,147 Nov-25 (Q2 Trajectory: 121,913)
	Number of patients accessing urgent emergency services - Dental	43,153 Mar-26	27,130 Dec-25 (Dec-25 Trajectory: 31,743)
	Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25	128,347 Mar-26	67,405 Dec-25 (Dec-25 Trajectory: 96,260)
	Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25	5,277 Mar-26	4,913 Dec-25 (Dec-25 Trajectory: 3,899)
	Maintain 95% of Palliative Care referrals assessed within 2 days	95% Mar-26	91.4% Nov-25 (Nov-25 Trajectory: 95%)
	Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments) for over 65s	8.5% Mar-26	6.7% Dec-25 (Dec-25 Trajectory: 8.5%)



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

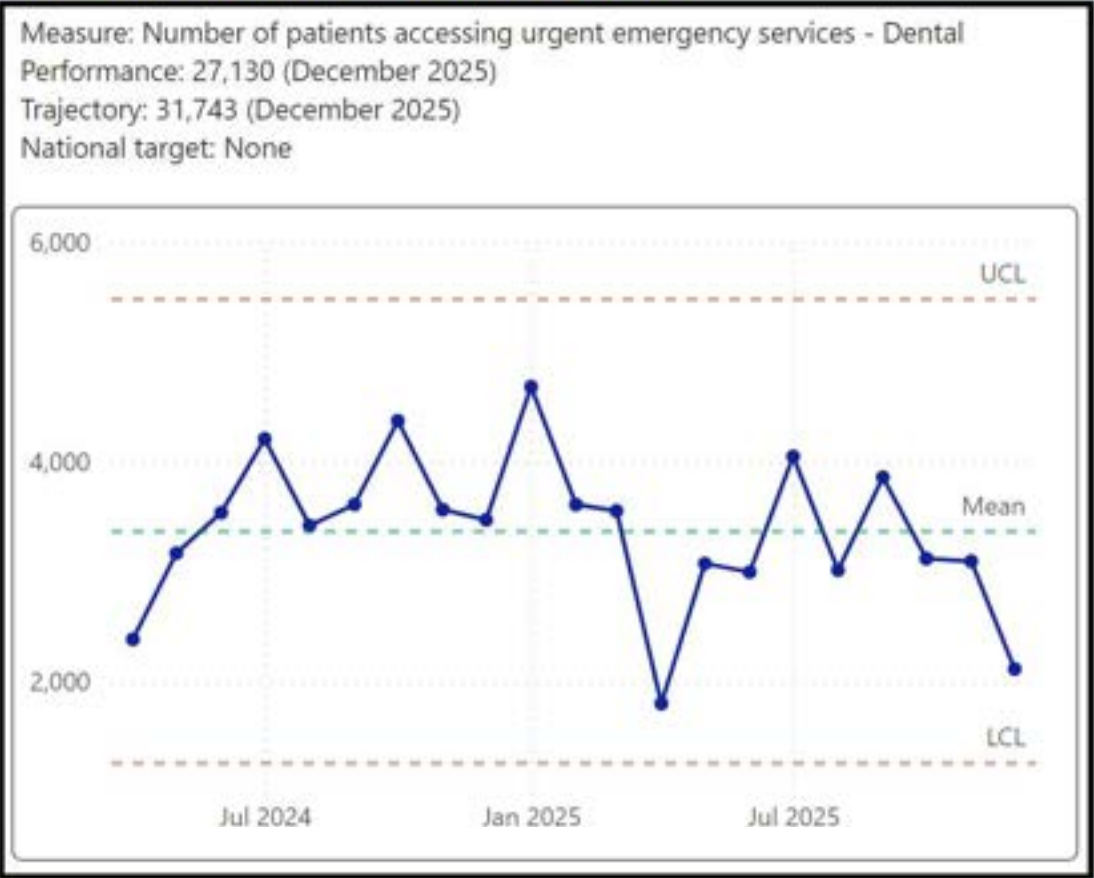
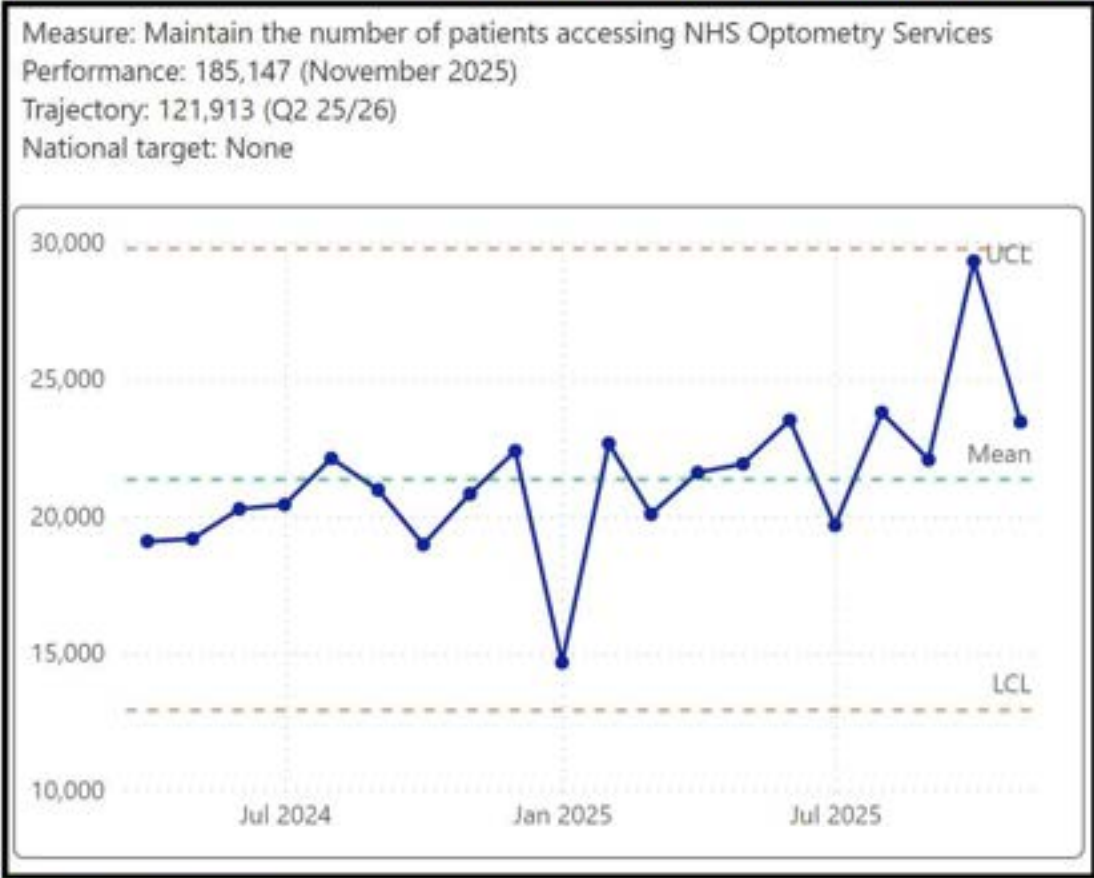


Insight and Actions

- Pharmacist Independent Prescribing Service (PIPS): PIPs consultations continue to deliver significantly ahead of trajectory, having delivered over 97.7% of annualised target as November. The number of Community Pharmacies providing the PIPs service has increased to 63 (from 49 in April).
- Common Ailment Scheme (CAS): CAS claims remain on track against trajectory as of November despite a slightly lower number of claims over the past 4 months when compared to the first 4 of 25/26.
- More broadly on these measures, PIPS and CAS contacts continue to increase following an extension to the clinical conditions feasibly managed by the service and a successful public awareness campaign. It is anticipated that activity will continue to grow but at a lower rate in the coming years as we approach the ceiling for CAS in particular.



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

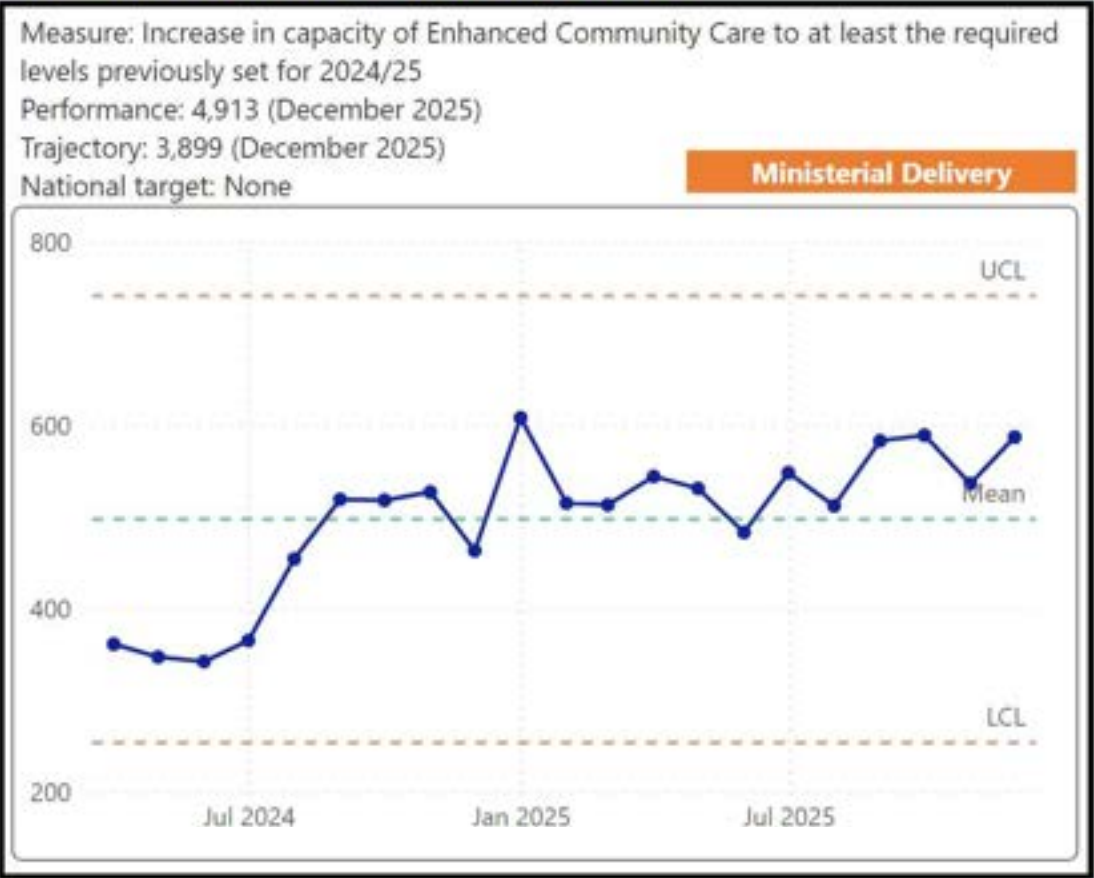
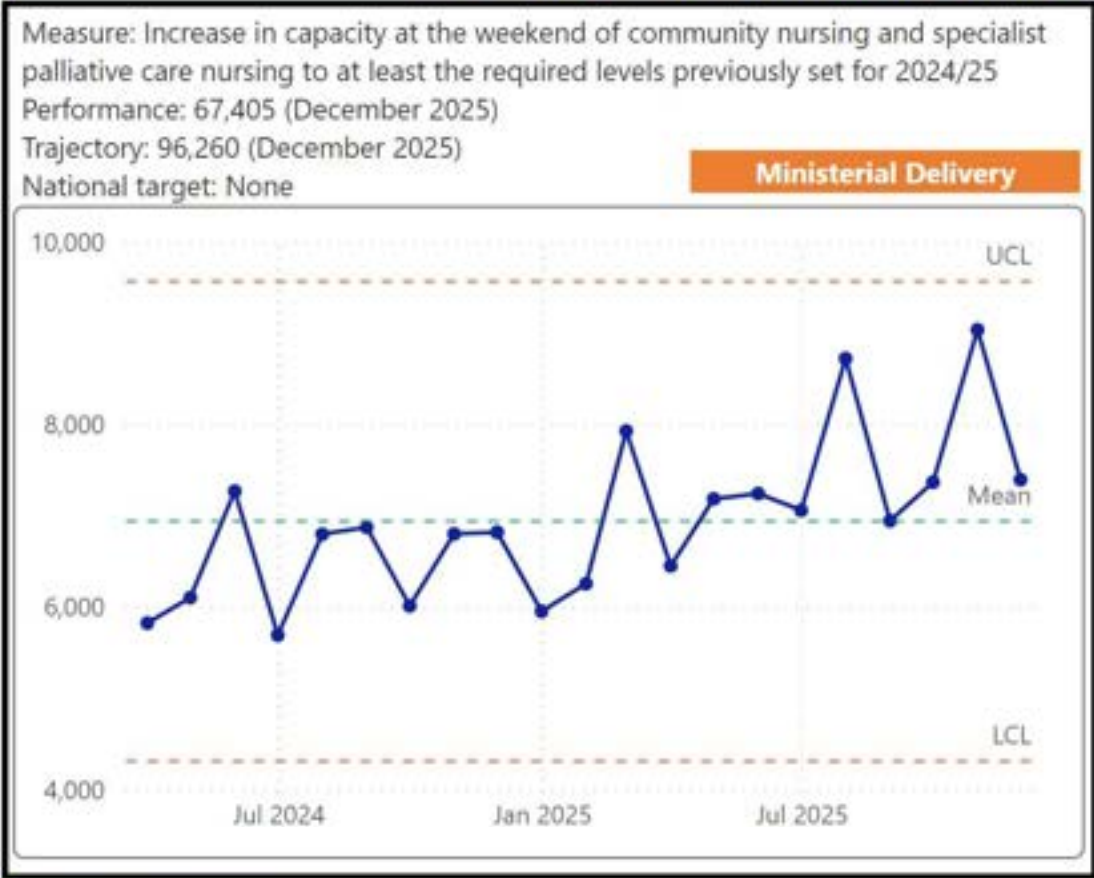


Insight and Actions

- Optometry Services: Implementation of the new WGOS pathways has seen an increase in patients accessing optometry services in the community, with the Q3 trajectory having been exceeded in November. This is largely driven by patients utilising new WGOS 4 and WGOS 5 pathways which target patients presenting with higher clinical risk who would otherwise require hospital care and making best use of new independent prescribing models available to providers of the service. Work is required with Ophthalmology Services now to understand what impact this might be having on their referral rates and waiting lists.
- Emergency Dental: Emergency dental contacts have recovered through the year to date to a degree, although low claiming months in April and December mean that only 85.5% of the IMTP trajectory has been delivered. Emergency Dental Services has seen a reduction in activity in recent years and capacity has been reduced accordingly due to a lack of utilisation. This trend has continued in 2025/26 but the Health Board await confirmation of contract arrangements for 2026/27 which have the potential to alter the approach to managing emergency dental care within a general dental setting.



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

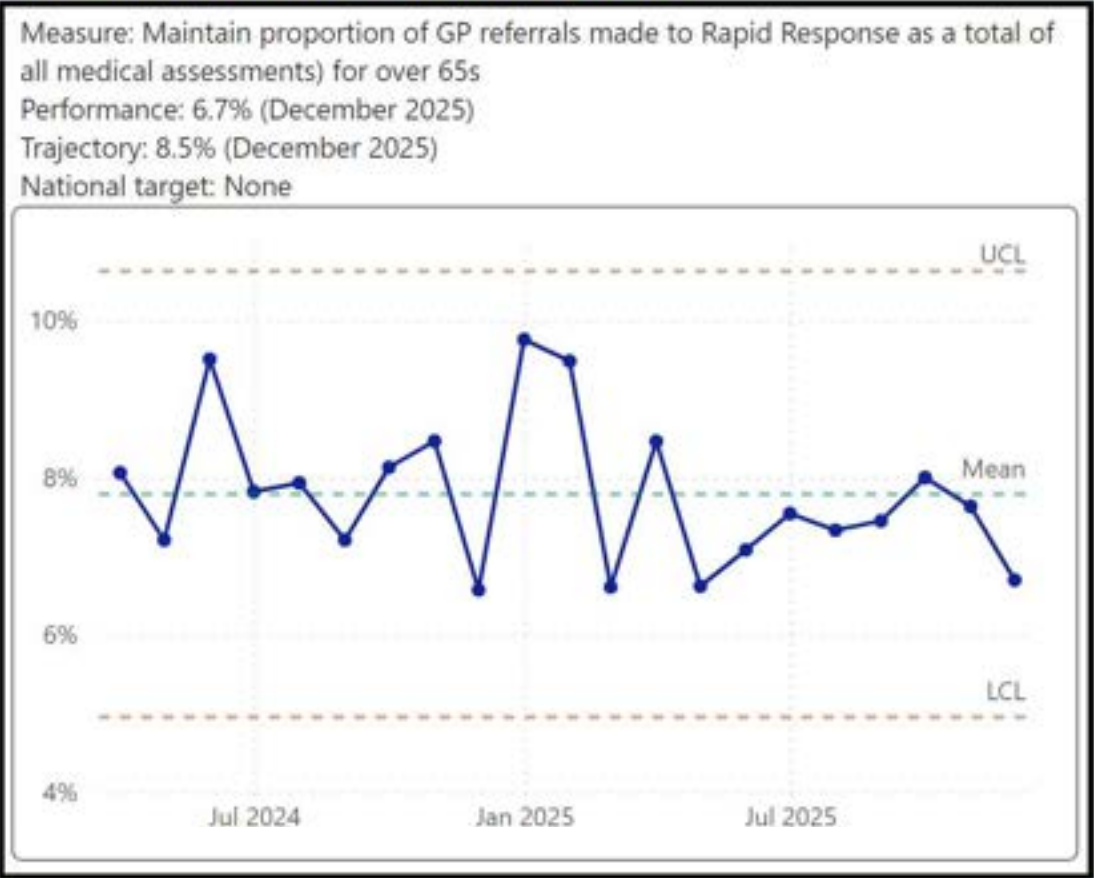
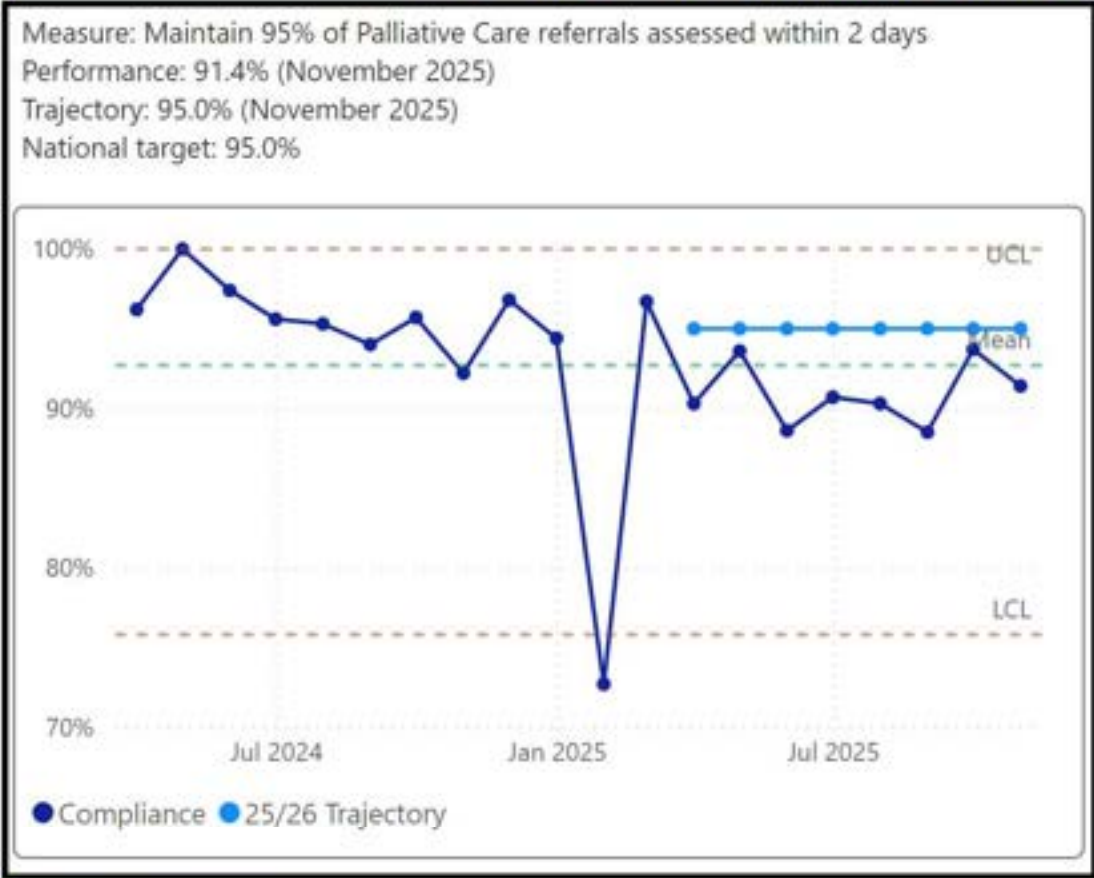


Insight and Actions

- Community Nursing: Current performance remains significantly behind the expected trajectory. Ministerial expectations require that weekend activity reaches 80% of an average weekday level. Although weekend activity as a proportion of total activity is increasing, achieving the ministerial measure from a volume perspective would demand a significant shift in service delivery towards weekends.
- Enhanced Community Care (ECC): Accepted ECC referrals continue to trend upwards, with Q3 delivery of 126% against trajectory. The ABUHB services included within the national definition comprise Rapid Response across the five boroughs, the Ready to Go Ward at RGH, and Emergency Care at Home in Caerphilly.



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



Insight and Actions

- Palliative Care: Following the implementation of the national system to complete Specialist Palliative Care forms in Welsh Clinical Portal (WCP), there was an issue with the reporting capabilities. This has now been resolved, and past data has been validated. Performance has decreased through 25/26 and is marginally below trajectory. This is a result of a significant increase in demand, as well as having to manage periodic constraints on capacity due to workforce issues.
- GP referrals to Rapid Response: Performance over the past 18 months has fluctuated but the overall proportion has remained relatively stable, with a median value of 8%. December performance decreased which is an observable, seasonal trend. There has been a noticeable increase in referrals to Rapid Response services from both front-door and back-door hospital pathways, while GP referrals have remained static. The Navigation Hub/Single Point of Access winter pilot commenced at the end of October, with the aim improving accessibility for GPs, making it easier to refer patients directly to Rapid Response services.



Priority	Q2 Planned	Q2 Progress	Q2 Comments
Rightsizing of Commissioned Care	Assessment of the phased efficiencies expected to materialise at this point in the year	Complete/On schedule	Community Health Care top 50 reviews complete & associated actions have been taken forward, some success with reduction; will continue to review & monitor; legal advice sought for one case to enter into hand over with an English Integrated Care Board.
Access & Sustainability	Ensure sustainable GP services and manage contractual changes in a timely manner; Undertake mid year reviews for General Dental Services	Complete/On schedule	Robust processes are in place to manage GMS contractual changes including; - Standard Operating Procedure (SOP) developed for the management of GMS Vacant Practices, including an updated Vacant Practice Policy reflective of the change in procurement regulations. - Vacant Practice Panel concluded for Aberbeeg Medical Practice with successful award of full GMS contract. - Vacant Practice Panel commenced for Blaenavon Medical Practice. - Branch Surgery closure process concluded for North Celynyn Surgery in Caerphilly in line with the Health Boards agreed process. Boundary change process commenced for Abertillery Group Practice. - Ongoing Support for 3 practices under the Sustainability Assessment Framework (SAF). - Local principles to underpin SAF revised and SOP development commenced. Within the General Dental Services there are 19 Contract Reform contracts, 1 Orthodontic contract, 1 Domiciliary contract and 3 Units of Dental Activity Contracts which will receive a mid year review meeting during October/November.
Focus on Community Pathways	Ensure National Strategy influences workplan of Eye Care Collaborative Board	Complete/On schedule	Following the September Eye Care Collaboration board a number of Task and Finish Groups were agreed to progress the delivery of the Eye Care Plan including Ophthalmology Cataracts Group, Regional Ophthalmology Delivery and Development Group, Medical Retina Clinical Reference Group, Estates Accessibility Group and Digital Ophthalmology group with some of these groups already being established. All groups will report progress to the Eye Care Collaborative Board
Place Based Care	Following findings of stocktake and gap analysis roll out targeted implementation of place based care model specification across four other boroughs delivering through Integrated Service Partnership Boards	Off track within tolerance	Each Integrated Service Partnership Board has been asked to prepare a costed implementation plan that articulates how the priorities will be addressed and identifying the key partners and stakeholders. Teams will continue to introduce the Neighbourhood Care Networks agreed priorities and all initiatives have been considered in light of place-based characteristics when developing their respective plans for submission to Welsh Government at the end of January.



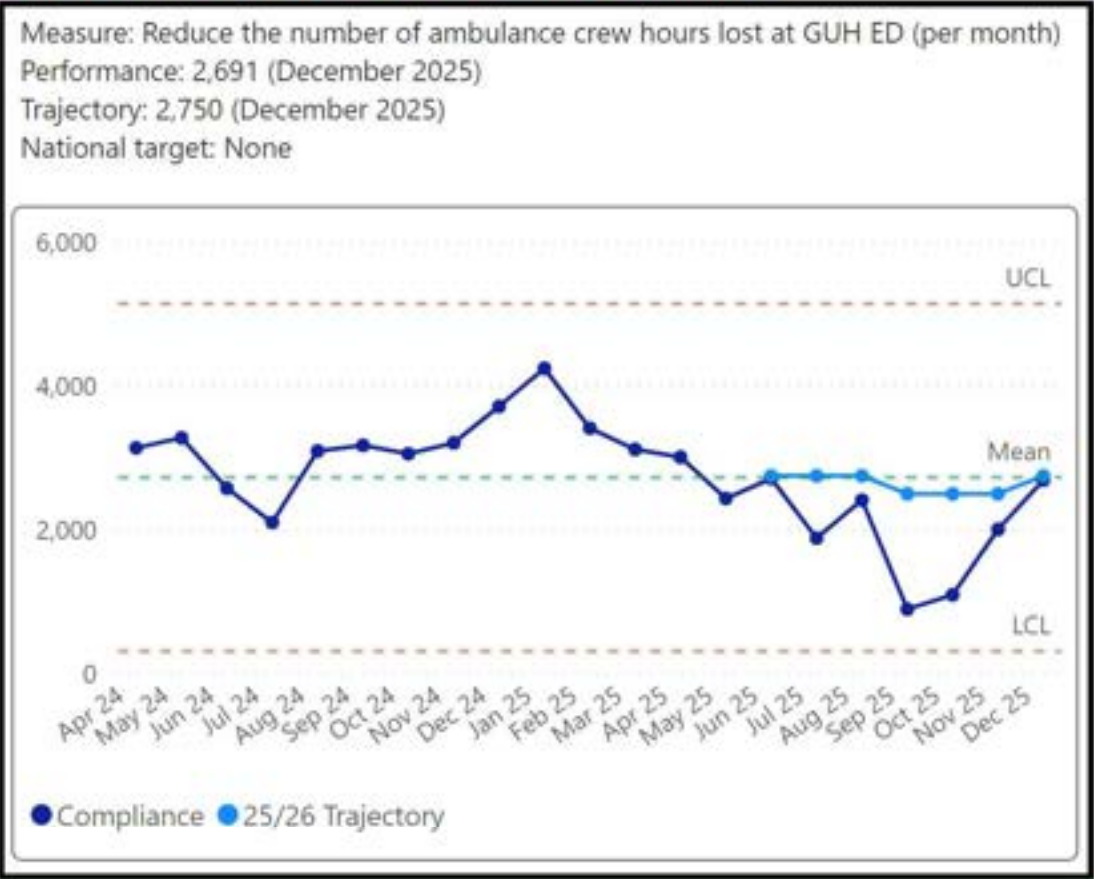
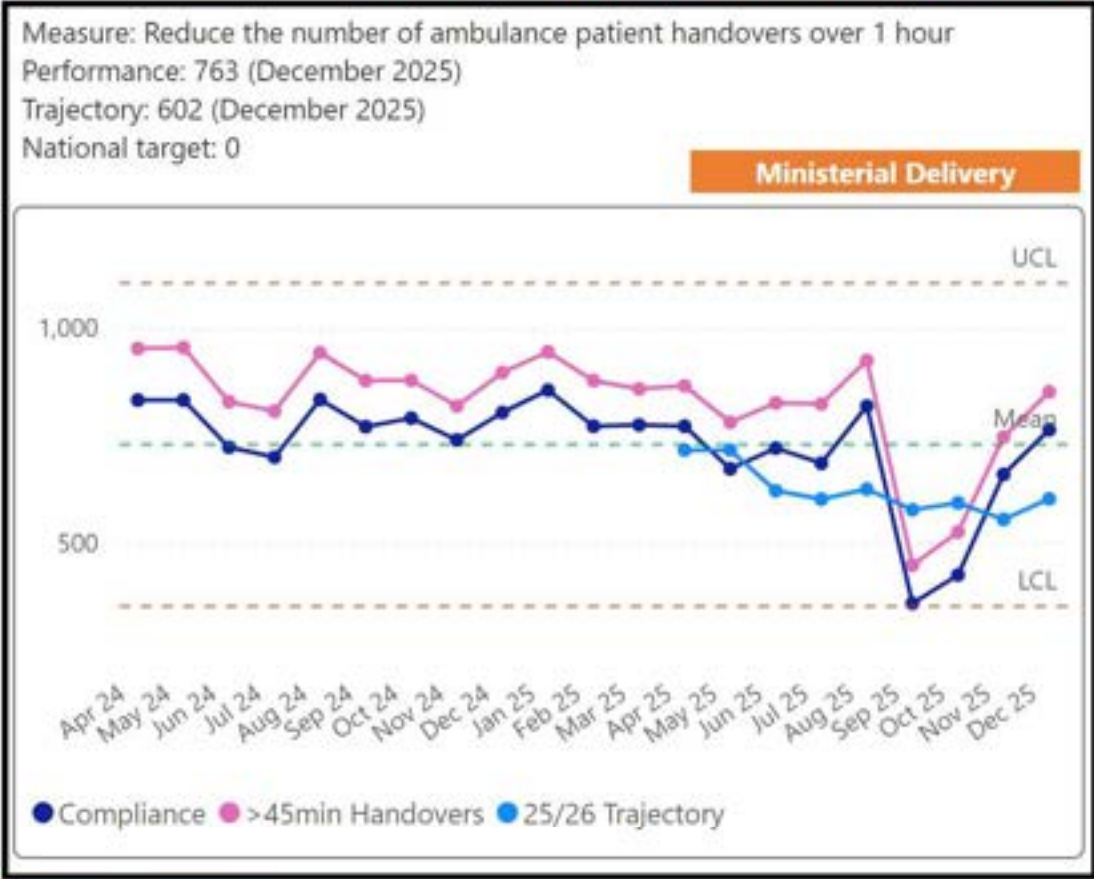
Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory
Improving our Urgent and emergency care system focusing on experience, access and discharge pathways	Reduce the number of ambulance patient handovers over 1 hour	500 Mar-26	763 Dec-25 (Dec-25 Trajectory: 602)
	Reduce the number of ambulance crew hours lost at GUH ED (per month)	2,500 Mar-26	2,691 Dec-25 (Dec-25 Trajectory: 2,750)
	Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, building towards the national target of zero	750 Mar-26	1,195 Dec-25 (Dec-25 Trajectory: 937)
	Increase and maintain national target of the percentage of patients waiting <4 hours in ED/MIU	80% Mar-26	73.0% Dec-25 (Dec-25 Trajectory: 78.4%)
	Reduction in time from arrival to ED triage - no waits over 60 minutes	200 Mar-26	735 Dec-25 (Dec-25 Trajectory: 250)
	Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes and maintained for three months.	60 Mar-26	143 Dec-25 (Dec-25 Trajectory: 90)
	Maintain the number of Urgent Primary Care contacts (inc. virtual)	95,147 Mar-26	71,878 Dec-25 (Dec-25 Trajectory: 68,488)
	% of patients directly admitted to an acute stroke ward <4hrs of clock start	20% Mar-26	3.8% Q1 25/26 (Q1 Trajectory: 20%)
	% of unique stroke patients given thrombectomy (all stroke types)	6% Mar-26	12.9% Q1 25/26 (Q1 Trajectory: 6%)



Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory
Improving our Urgent and emergency care system focusing on experience, access and discharge pathways	% Assessed by OT within 24 hours		19.7% Nov-25
	% Assessed by PT within 24 hours		21.2% Nov-25
	% Assessed by SaLT within 72 hours		64.6% Nov-25
	Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard	160 Mar-26	223 Dec-25 (Dec-25 Trajectory: 160)
	Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard	6437 Mar-26	4,942 Dec-25 (Dec-25 Trajectory: 7,184)
	Number of pathways of care delays due to awaiting completion of nursing / AHP / Medical / Pharmacy assessment	12 Mar-26	18 Dec-25 (Dec-25 Trajectory: 14)
	Continuous reduction in the number of people admitted as an emergency who remain in hospital over 21 days since admission	370 Mar-26	406 Nov-25 (Nov-25 Trajectory: 390)



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

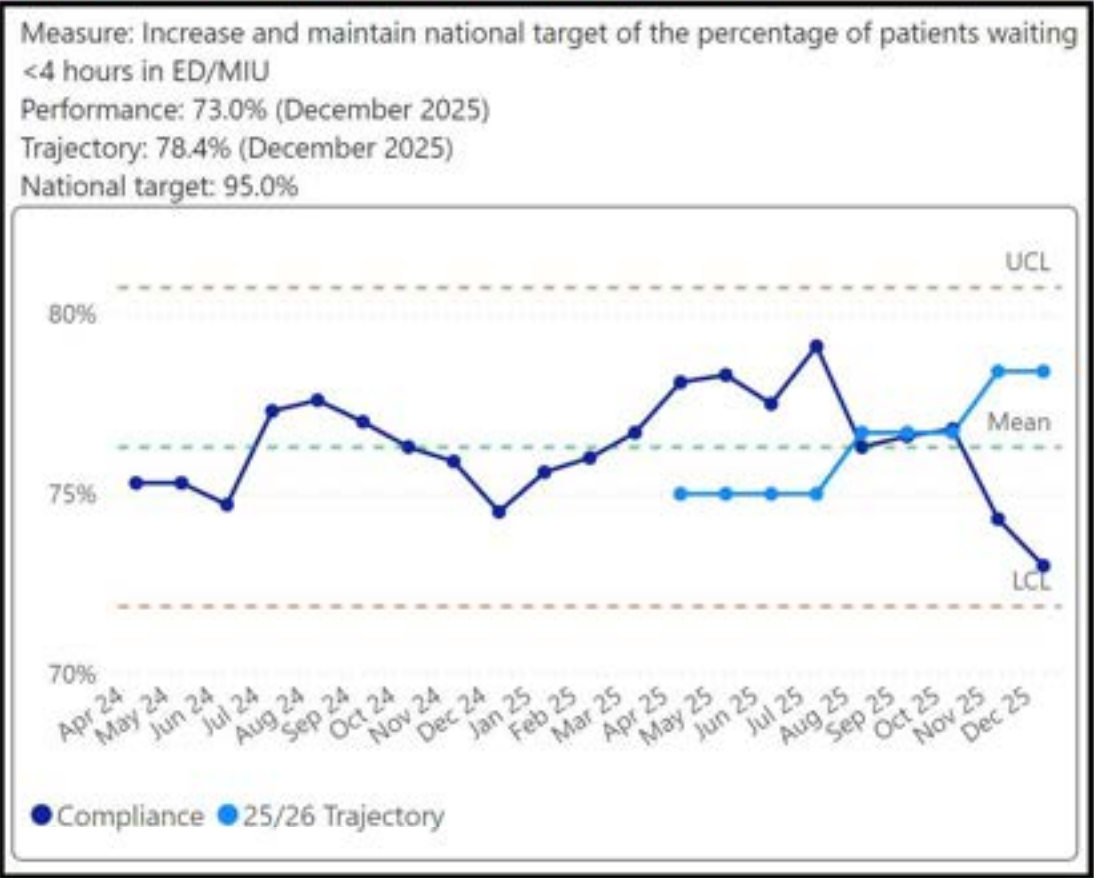
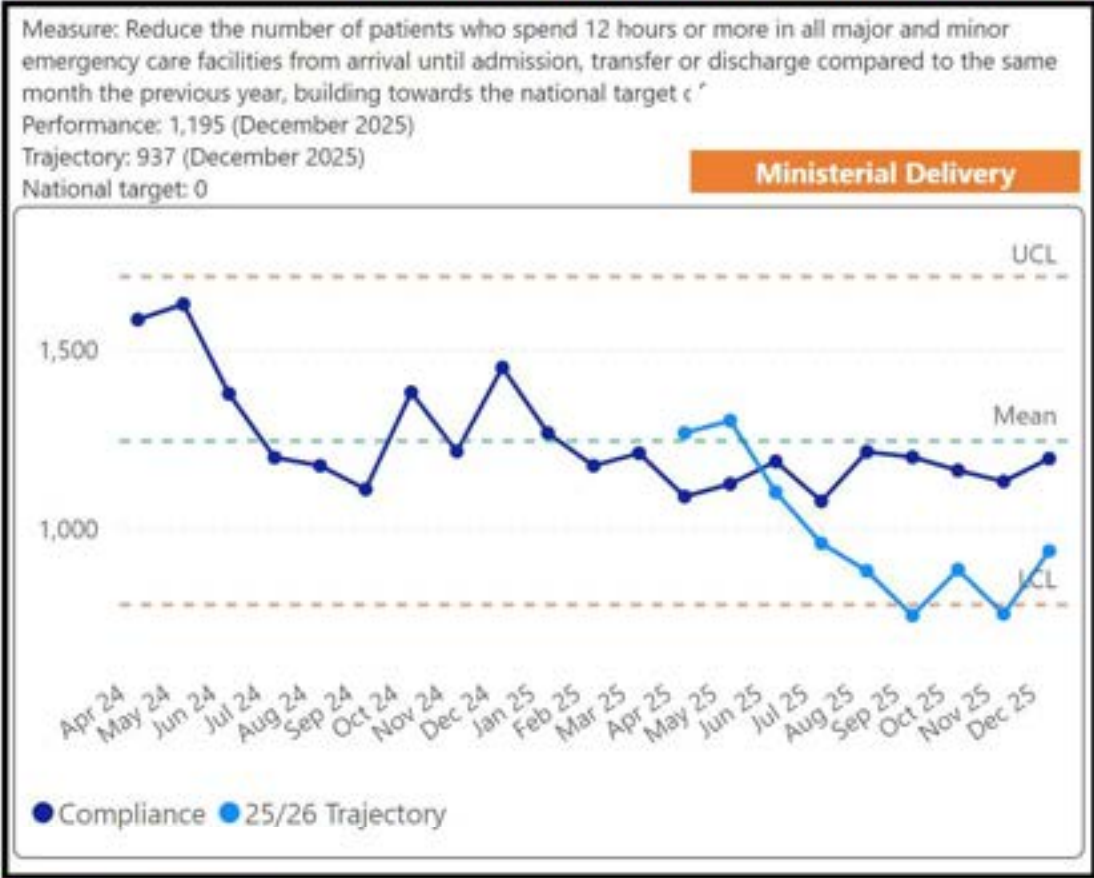


Insight and Actions

- Ambulance handovers and lost hours: Ambulance handovers at GUH ED and the associated lost hours reverted to performance levels similar to those observed in the first part of 25/26, however they are still improved when compared to 12 months previous (and lost hours are still below IMTP trajectory). Winter pressures were observable from November, with reported increases in acuity from clinical teams. Critical Care experienced occupancy levels in excess of 90% when measured weekly, with 55%-60% of patients requiring ventilation (level 3) over this period (compared to 40%-50% 12 months previous). Winter has also brought significant Infection Prevention and Control issues. These factors meant that managing flow through the hospital system was highly challenged, which resulted in difficulties in maintaining the front door performance that was delivered in September and October. A refocus on 'Our Next Patient' (ONP) is underway and working towards an All-Wales immediate release process with regional escalation pathways to aim for ambulances to be handover within 45 minutes, prioritising patient safety and system flow.



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

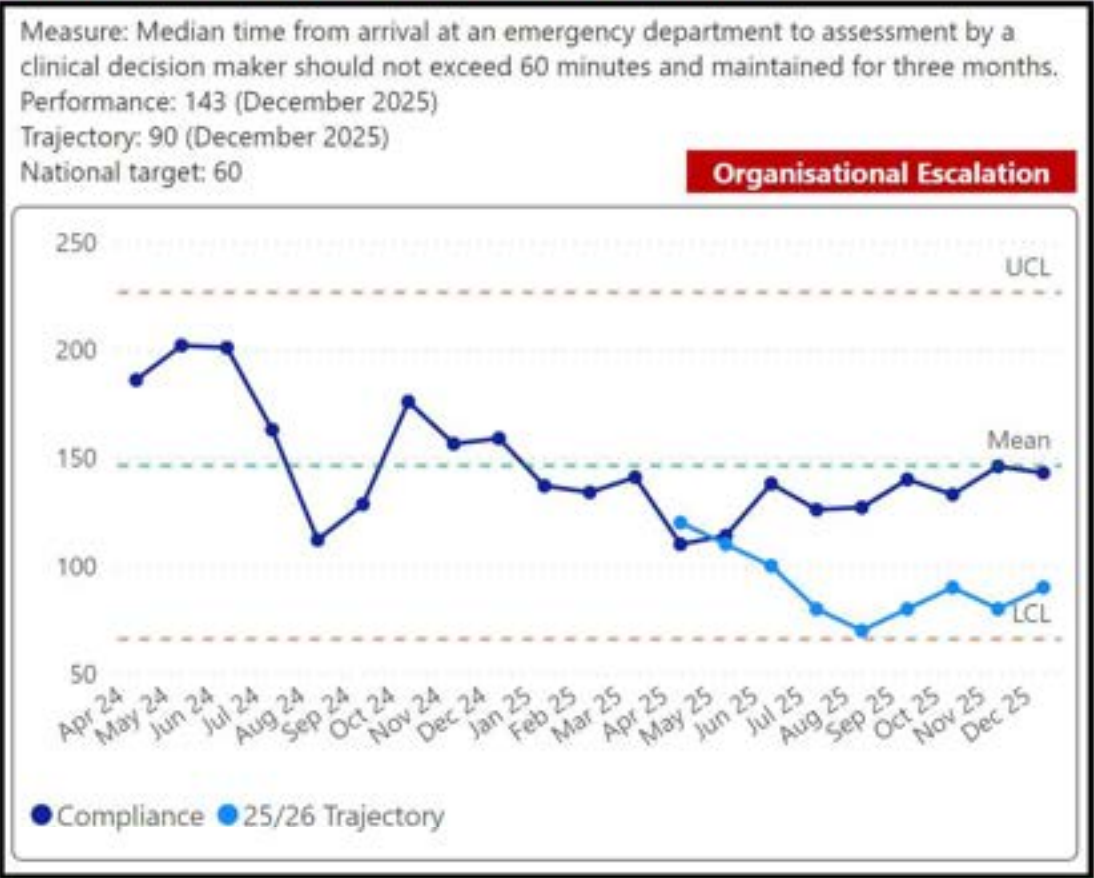
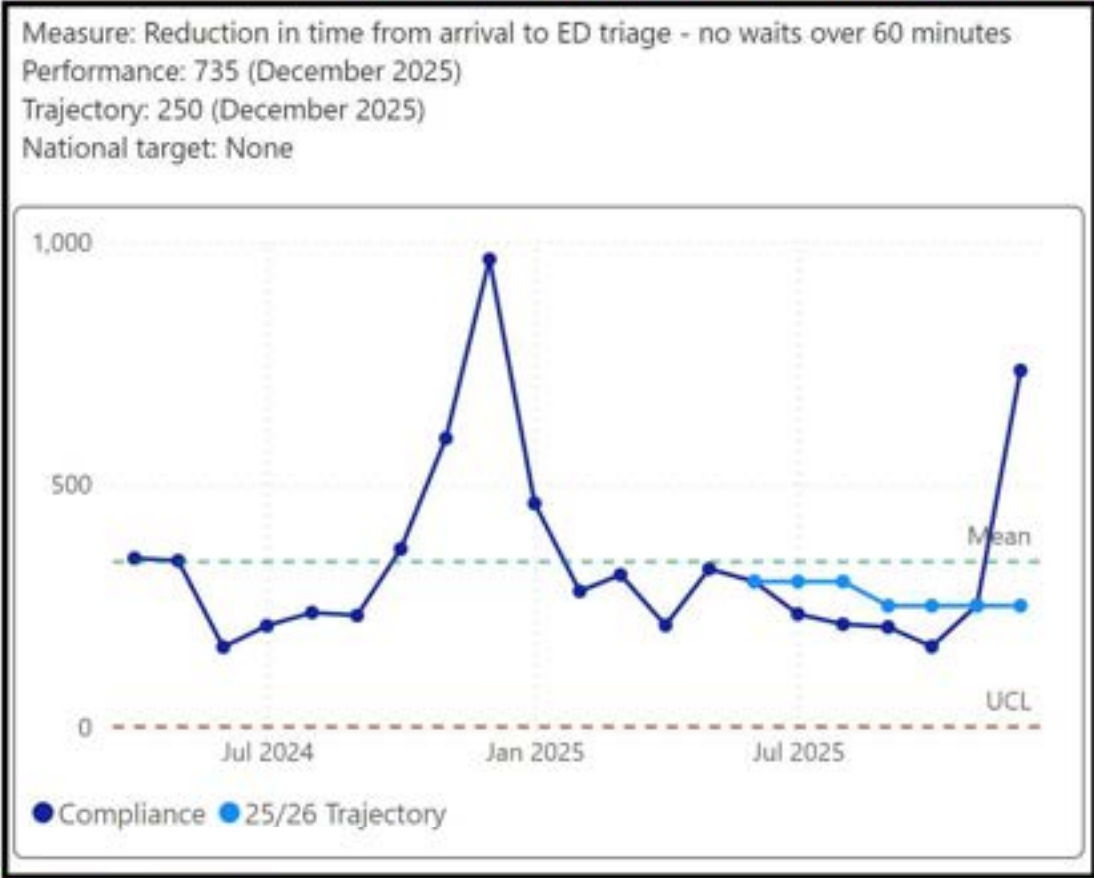


Insight and Actions

- 12hr ED/MIU and 4hr compliance: Despite the pressures on the front door through Q3, 12hr ED/MIU breaches have remained within a relatively tight range over the past 5 months and again are at lower levels than 12 months previous. When looking at 12hr compliance, whilst performance has decreased from the post GUH opening high of 93.8% in July, November and December performance of 92.3% and 91.8% respectively still consolidates and improvement trend observed since 23/24, are each higher than 12 months previous (+0.4% and +1.7%). 4hr compliance has deteriorated in the past two months as a result of the flow issues already highlighted.
- The ED Extension opened on the 17th December, with the Ops Team and Medical Emergency Teams are now located in the new area. The Team developed and implemented an interim clinical model to support the opening of the ED extension. This included a Senior Rapid Assessment (SRA) pathway to maintain patient flow. Senior clinicians have reported improved working environment and patient care experience since opening, and there has been public feedback on a more comfortable environment and reduced waiting times.



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

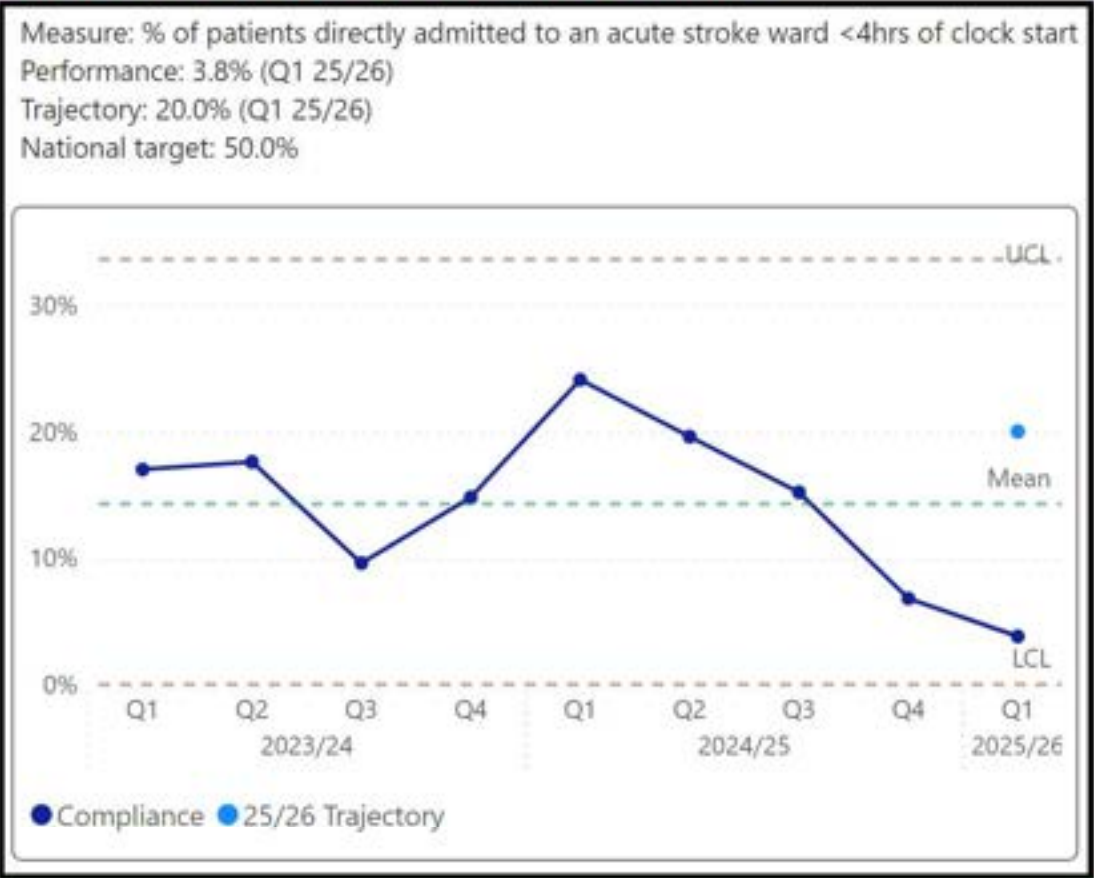
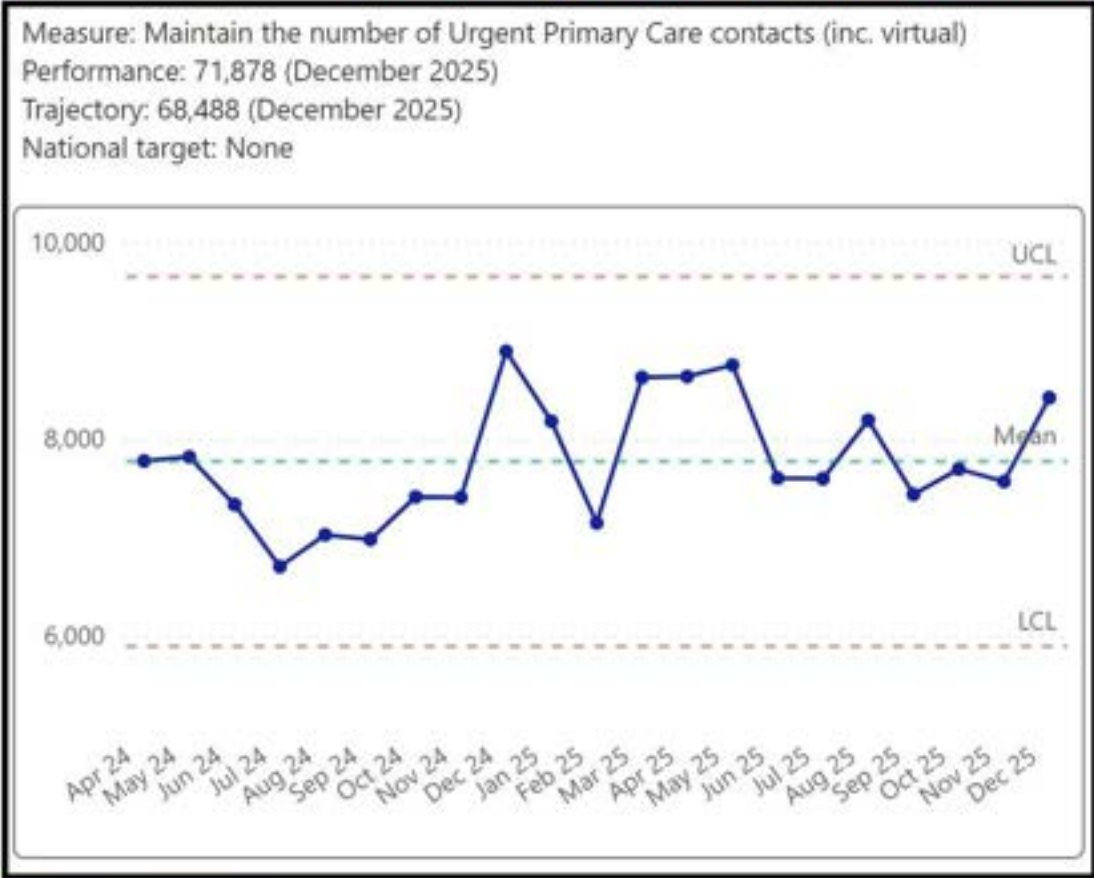


Insight and Actions

- Triage: Triage performance had been tracking below trajectory through the year to date, however there was a significant spike in December. This is observable in the data in 2024 and 2022. 60 minute triage breaches since 24/25 are circa one third of the volume they were in the first two and half years of GUH.
- Wait to be seen (WTBS): Clinician median wait remains broadly static through the course of 25/26 to date. There have been some better performing days since the launch of Our Next Patient, with median, daily performance regularly under 90 min. This however is balanced with more challenging days, as well as overnight performance which can often deteriorate. The Division are reviewing consultant rosters and deploying additional clinical staff during peak times to accelerate triage and initial assessments, as well as introducing fast-track pathways and utilising predictive data for demand surges to streamline patient flow and reduce bottlenecks.



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

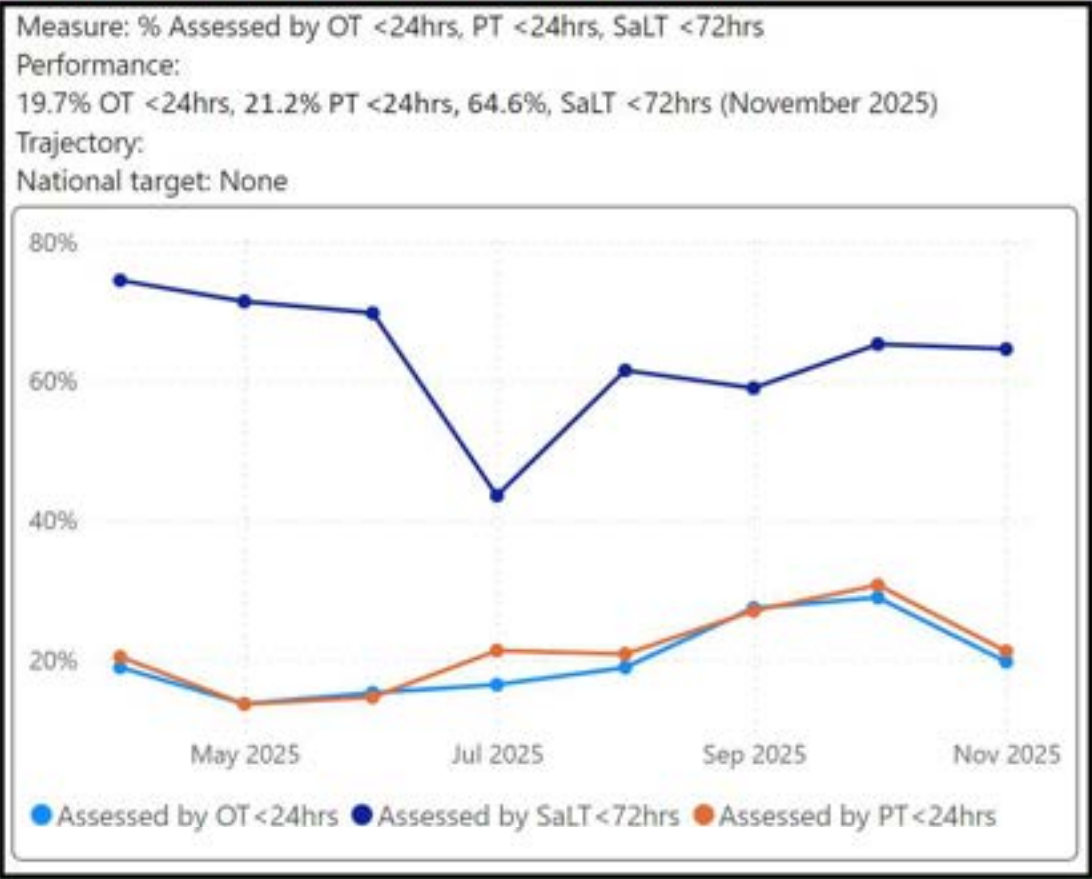
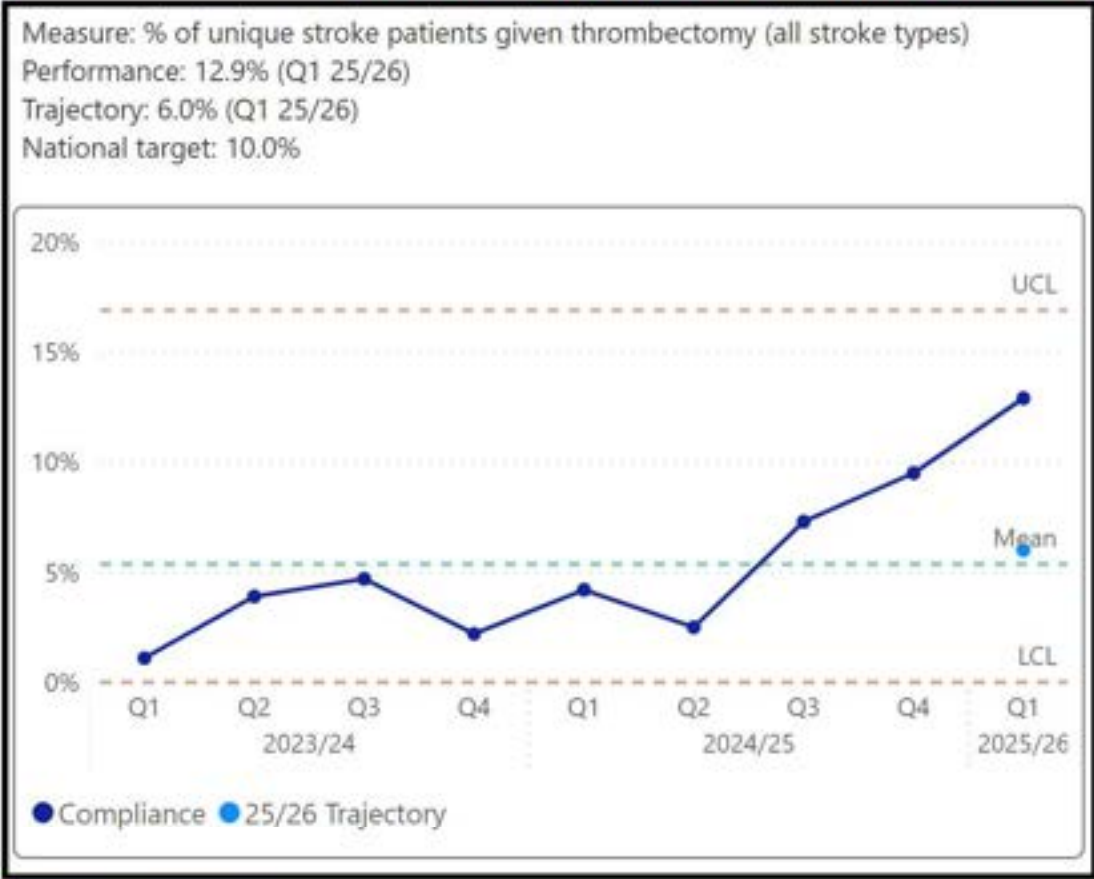


Insight and Actions

- Urgent Primary Care (UPC): UPC contacts exceeded the Q3 trajectory, with 30% of the annual forecast delivery set to be delivered in the final quarter of the year as the service support demand through the peak winter period.
- Stroke 4hr target: Q1 25/26 SSNAP data released showing further decrease in performance in direct admission to acute stroke ward within four hours, at 3.8% in Q1. If a patient goes to the Acute Medical Unit at GUH first before going onto the Stroke Ward within four hours, the SSNAP data does not count this as meeting this performance target due to not being a direct admission. Therefore, this operational distinction will therefore limit the ability to improve this measure. Q2 data is set to be released in January and the indications are that there is likely to be little improvement. Analysis from October and November data (unvalidated) however suggests a significantly improving picture, with performance more in line with the IMTP trajectory.



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



Insight and Actions

- Stroke thrombectomy: The position is taken from the latest SSNAP data, thrombectomy rates improved in Q1 to 12.9% and well in excess of the Q1 trajectory (6%) and meeting the national target of 10%. Q2 data will be published in January.
- Stroke therapies: The IMTP measure is assessment by one of OT, PT and SaLT within 24hrs, however the national measure is split out into 3, with assessment by OT and PT within 24hrs and assessment by SaLT within 72hrs. To align with this way of reporting, all three measures are now presented in the above graph with performance sourced from the new national stroke dashboard. SaLT compliance has recovered somewhat from the low in July, with PT and OT closely aligned and on an overall improvement trend through the course of the year to date.
- More broadly on Stroke, the Health Board is consulting stakeholders on proposals for a centralised stroke rehabilitation unit to ensure safe, sustainable, and high-quality services, with the consultation running from 27 October 2025 to 30 January 2026. Feedback will inform final decisions, update the Equalities Impact Assessment, and guide next steps following a full debrief on 9 February 2026.



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

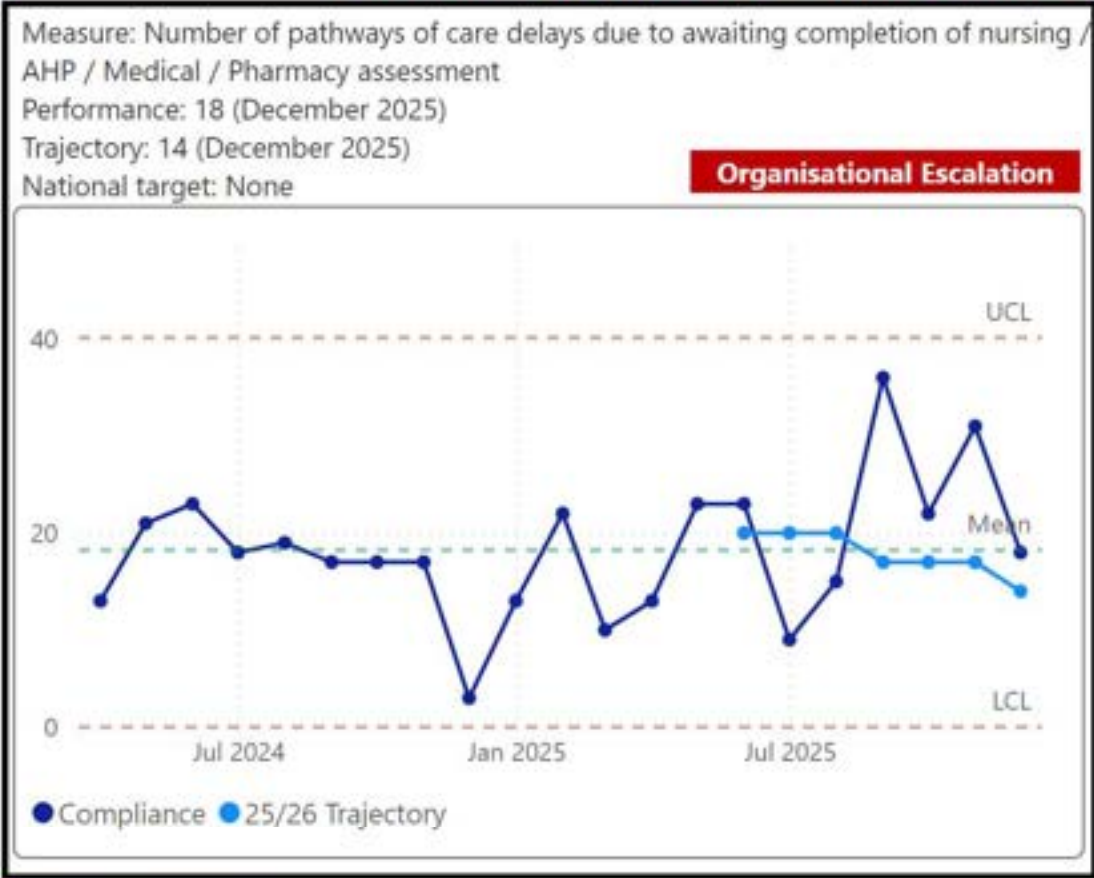


Insight and Actions

- Pathway of Care Delays (POCDs): There was a significant increase in POCDs by volume from November to December (+58) to 223, ~11% higher than the position last December and the highest number of POCDs in the last 12 months. Those attributable to Social Delays increased from 26 in Nov to 62 in Dec, those with Joint attribution increased from 92 to 123, and those attributable to Health decreased from 47 to 38. Increases were seen across all sites (except GUH – still 0) and localities. POCDs by days delayed also increased (+765) to 4942, but in contrast to the number of POCDs, this represents a reduction of ~50% on the position last December. The days delayed per patient is also far lower than last December, with the mean days delayed per patient having decreased for the past 2 months, currently at 22 days (48 days last Dec). This is a result of all of the work undertaken through the Winter Sprint period on through pre-existing Longest Staying Patients workstream, and is borne out in the December census when looking at the groupings of the POCDs by days delayed: 68% of patients were delayed for under 21 days (65% in Nov) and 98% were delayed under 100 days (96% in Nov). There were no delays over 300+ days.



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



Insight and Actions

- POCD subset: The POCD subset measure, which is a condition of UEC enhanced monitoring status, is above trajectory having seen a significant increase in September. POCDs have remained higher in the following months, however the December census saw delays related to awaiting completion of nursing assessment have the biggest reduction of all reason codes (17 to 5) with performance now only marginally above the Q3 trajectory.
- 21 day+ Length of Stay: another measure as part of UEC enhanced monitoring status, performance has begun to trend upwards through the summer as would be anticipated, when considering seasonality and increases in acuity. Performance as of November is only marginally above trajectory, and operational Length of Stay meetings have had a renewed focus through the Our Next Patient initiative as there is organisational recognition of the need to effectively manage this patient cohort to enable whole system flow.



Priority	Q2 Planned	Q2 Progress	Q2 Comments
Admission Avoidance (Goal 1)	Wider access to community hospitals from the community to avoid an acute admission is rolled out across all sites	Complete/On schedule	New Standard Operating Procedure (SOP) has been developed by the Goal 1 direct access beds workstream to support direct referrals from GPs into community beds which is currently being finalised before approval and adoption by the end of Q3. The SOP proposes that all community beds will be available for a direct access admission with doctors taking responsibility for the patients when admitted.
Integrated Front Door (Goals 2,3 & 4)	Completion of Emergency Department main wait extension phase 2	Off track within tolerance	Phase 1 commenced in mid-December. A range of options have been considered to ensure the department functions in a manner that is both safe and effective during this transitional period. The proposed model is underpinned by a senior-led rapid assessment approach, designed to facilitate timely clinical decision-making and appropriate patient streaming. Central to this model is the application of the 'fit to sit' and 'not fit to sit' criteria, which will guide initial triage and determine the most suitable care environment for each individual.
Integrated Back Door (Goals 5 &6)	Implementation of service improvements and discharge practices monitored via Discharge Improvement Board	Complete/On schedule	Senior Nurses for Discharge (Acute and Community) continue to embed the Optimal Hospital Flow Framework across all sites, with a focus on discharge to reable and assess pathways. There has been a sustained Reduction in Pathway of Care Delays aligned to the national targets demonstrated through reduction in days delays and number of Pathway of Care Delays. Deconditioning projects continue with successful outcome , aligned to national work programme. Work in partnership with Local Authorities continue through the submission of regional action plan and monthly Integrated Discharge Board to provide oversight and track progress against agreed discharge improvement actions
Medical Service Redesign	Finalise preparation of clinical service models for Nevill Hall Hospital (NHH) to inform the Strategic Outline Case to be submitted in July	Complete/On schedule	Strategic Outline Case was submitted to Welsh Government in November 2025, awaiting the decision.
	Delivery of bed base reduction aligned to Clinical Futures model	Complete/On schedule	Bed reductions identified through the financial savings and quality impact assessment process, further opportunities to be explored through older person pathway.
	Deliver Stroke improvement programme	Complete/On schedule	12-week public and staff engagement is underway and running from November to January with additional sessions being organised for Stroke patients groups across Gwent. We continue to engage in the Regional Stroke Group with Terms of reference in development. The nationally funded stroke programme manager role that supports the local service development ends in March 2026 with no current confirmation of extension, posing a potential risk of a further resource and knowledge gap.

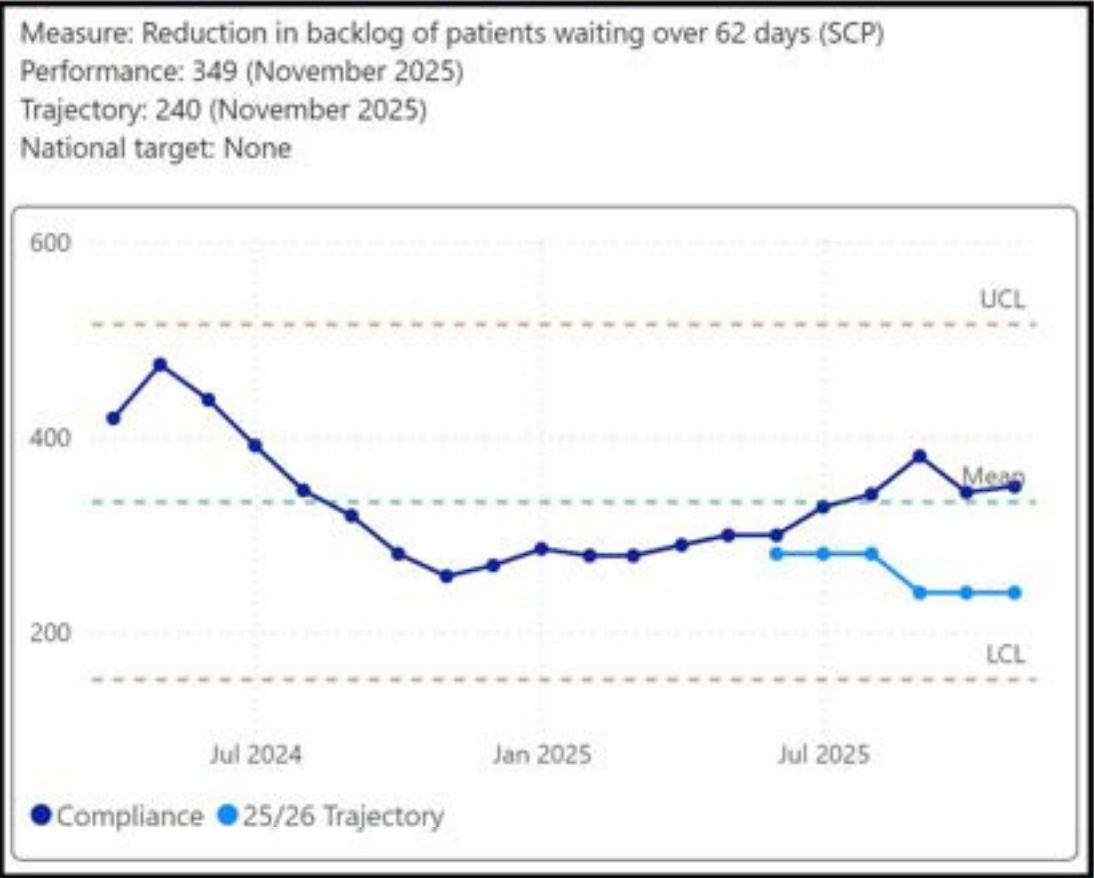
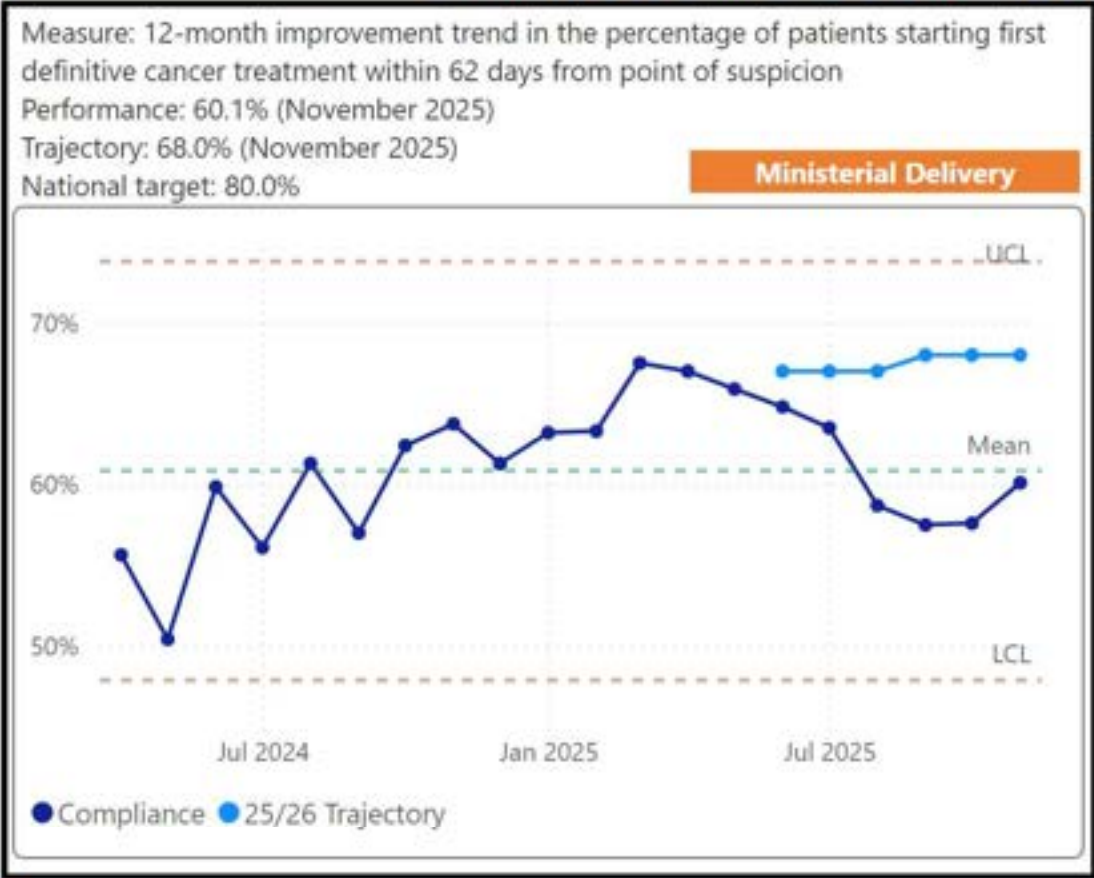
Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory
Continuing to prioritise cancer, urgent and the longest waiting patients for planned care	12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	70% Mar-26	60.1% Nov-25 (Nov-25 Trajectory: 68%)
	Reduction in backlog of patients waiting over 62 days (SCP)	200 Mar-26	349 Nov-25 (Nov-25 Trajectory: 240)
	Reduction in backlog of patients waiting over 104 days (SCP)	50 Mar-26	101 Nov-25 (Nov-25 Trajectory: 60)
	Increase in rate of cancer diagnosis or discharges within 28 days	75% Mar-26	88.3% Nov-25 (Nov-25 Trajectory: 75%)
	Numbers of patients waiting over 104 weeks (all stages)	3,291 Mar-26	718 Nov-25 (Nov-25 Trajectory: 2,481)
	Number of patients waiting over 52 weeks for Outpatients	18,095 Mar-26	8,045 Nov-25 (Nov-25 EoY Trajectory: 9,346)
	Reduction in the number of patients waiting 100% past Outpatient follow-up target date	27,275 Mar-26	30,550 Nov-25 (Nov-25 Trajectory: 30,250)
	Increase in the rate of See On Symptom and Patient Initiated Follow-ups	13.5% Mar-26	11.7% Nov-25 (Nov-25 Trajectory: 12.0%)
	Monitoring DNA/CNA for every Outpatient clinic. When DNA >5%, overbooking to be implemented & monitored and reduction of CNA	5% Mar-26	5.4% Nov-25 (Nov-25 Trajectory: 5.0%)



Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory
Continuing to prioritise cancer, urgent and the longest waiting patients for planned care	Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic	1,077 Mar-26	1,806 Nov-25 (Nov-25 Trajectory: 1,077)
	Number of adults waiting more than 14 weeks for all audiology pathways	5,440 Mar-26	5,272 Nov-25 (Nov-25 Trajectory: 5,119)
	Number of children waiting more than 6 weeks for all audiology pathways	3,630 Mar-26	1,384 Nov-25 (Nov-25 Trajectory: 2,501)
	No patient waiting more than 14 weeks for a therapeutic assessment	105 Mar-26	181 Nov-25 (Nov-25 Trajectory: 140)
	On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from pressures and outliers	90% Mar-26	97.0% Dec-25 (Dec-25 Trajectory: 90.0%)
	Theatre Utilisation late starts to less than 20%	25% Mar-26	34.7% Dec-25 (Dec-25 Trajectory: 30.0%)
	Theatre Utilisation early finishes to less than 10%	25% Mar-26	51.2% Dec-25 (Dec-25 Trajectory: 31.0%)
	Theatre Utilisation session utilisation to 85%	85% Mar-26	79.6% Dec-25 (Dec-25 Trajectory: 85.0%)
	Deliver improvements in day surgery rates, achieving a BADS daycase rate	55% Mar-26	78.9% Sep-25 (Sep-25 Trajectory: 50.0%)



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

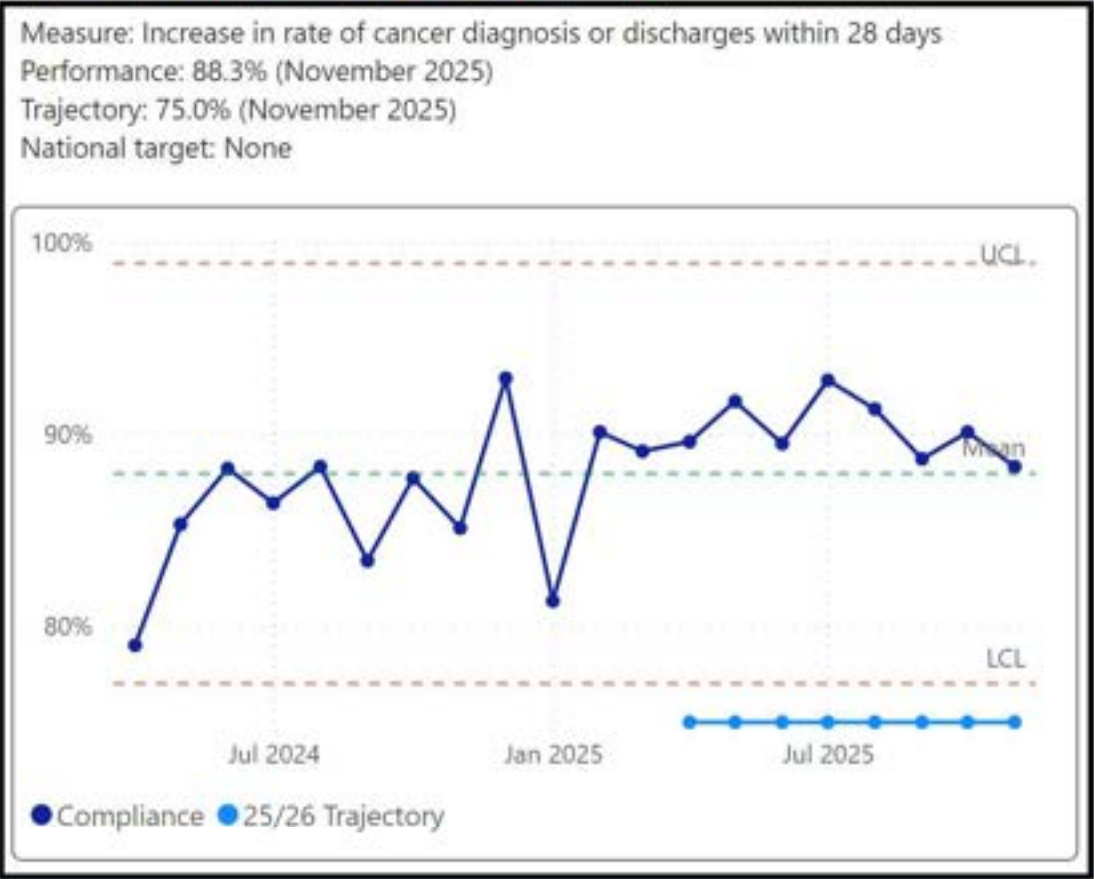
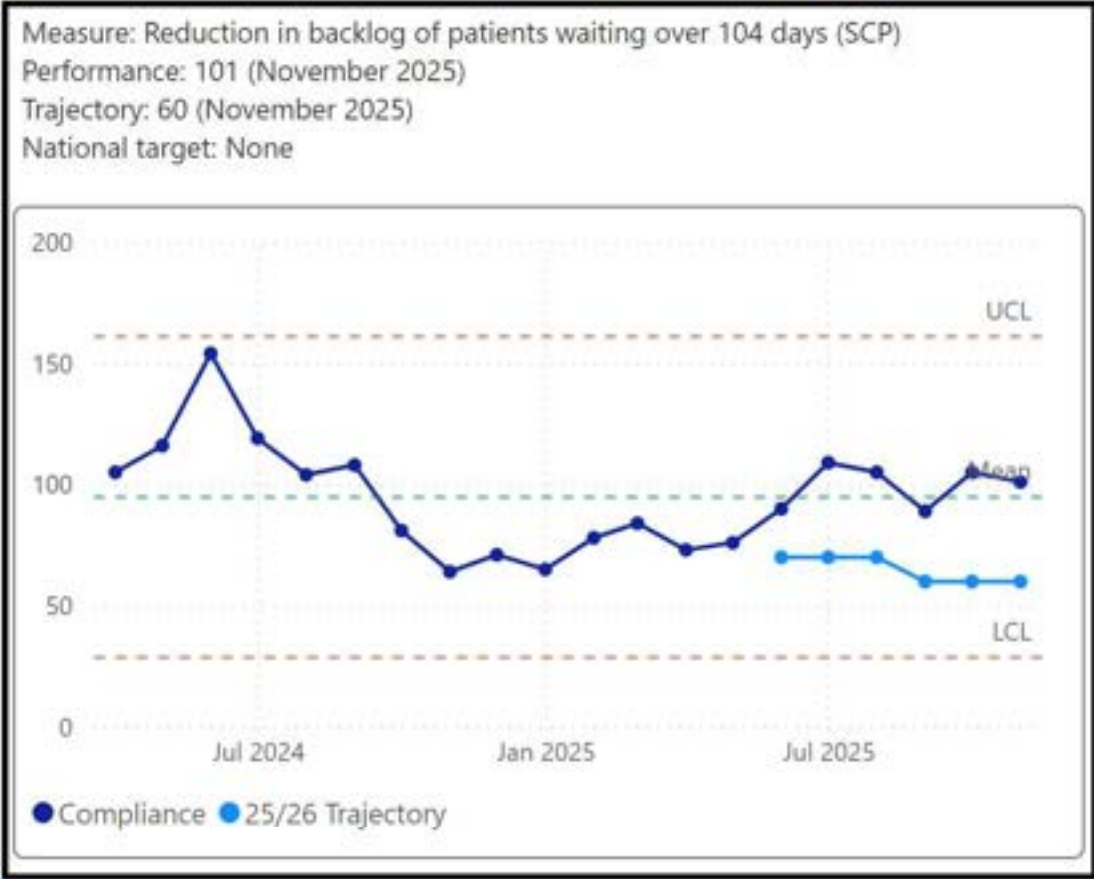


Insight and Actions

- SCP compliance: November saw performance improve to 60.1%. Recovery planning meetings have been established, chaired by the Cancer SRO and support by Cancer Services. Fortnightly meetings are in place in Gynae-oncology to support the service, with a focus on reducing the backlog of patients. Workforce issues are being addressed by filling vacancies. Improved USC referral triage process is being implemented to ensure prioritisation within 48hrs, and a new process has been agreed between the service and Pre Assessment Clinic to ensure patients do not experience delays with their treatment dates. For the skin tumour site, following the high demand experienced over the summer there is confidence that compliance will recover to meet trajectory, and improvement is being support through the mandating of photos with USC referrals. Lower GI and Urology are also receiving specific support with an MDT lead clinician, to drive improved compliance.
- 62 day backlog: The target for the 62 day backlog is to be ~10% of the SCP Census, which has increased through 25/26 reaching a high of ~3,900 in July. This reduced to 3,200 as of November, and thus a backlog of 349 represents 10.9% of the PTL. As mentioned above, the focus remains on reducing this within specific tumour sites.



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

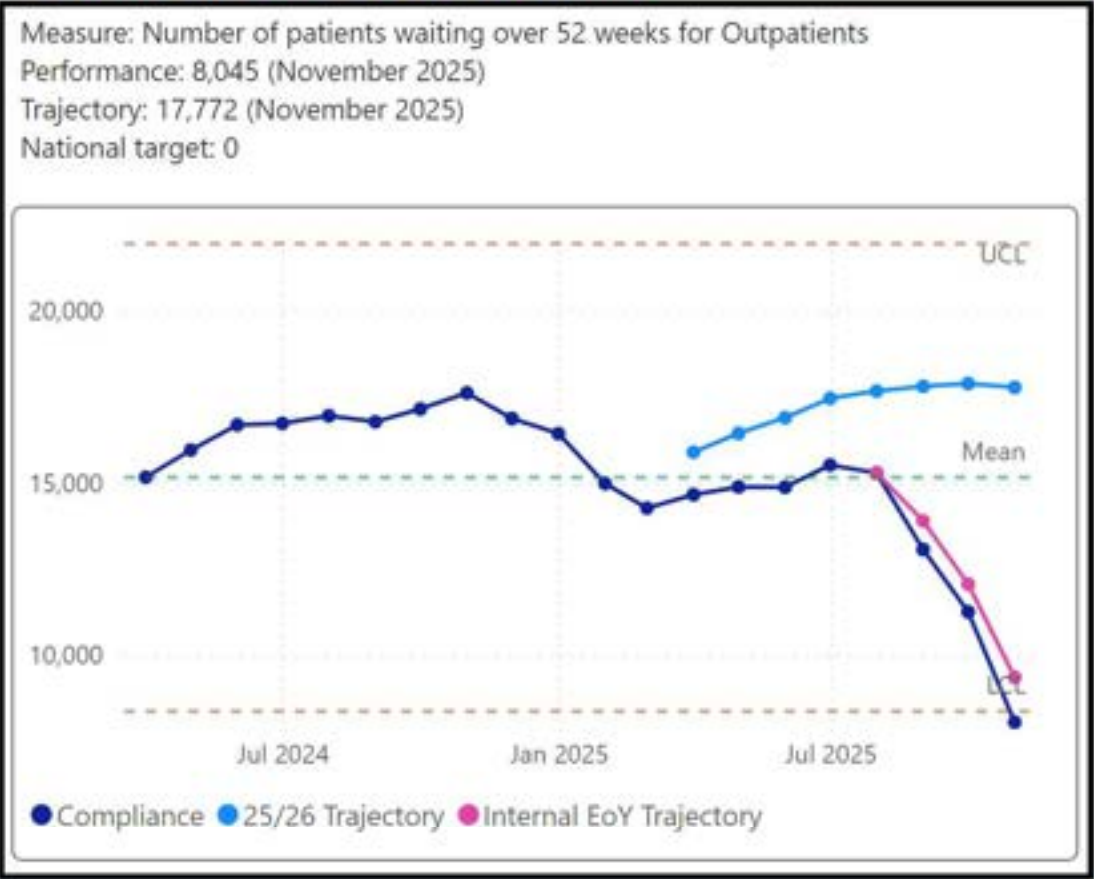
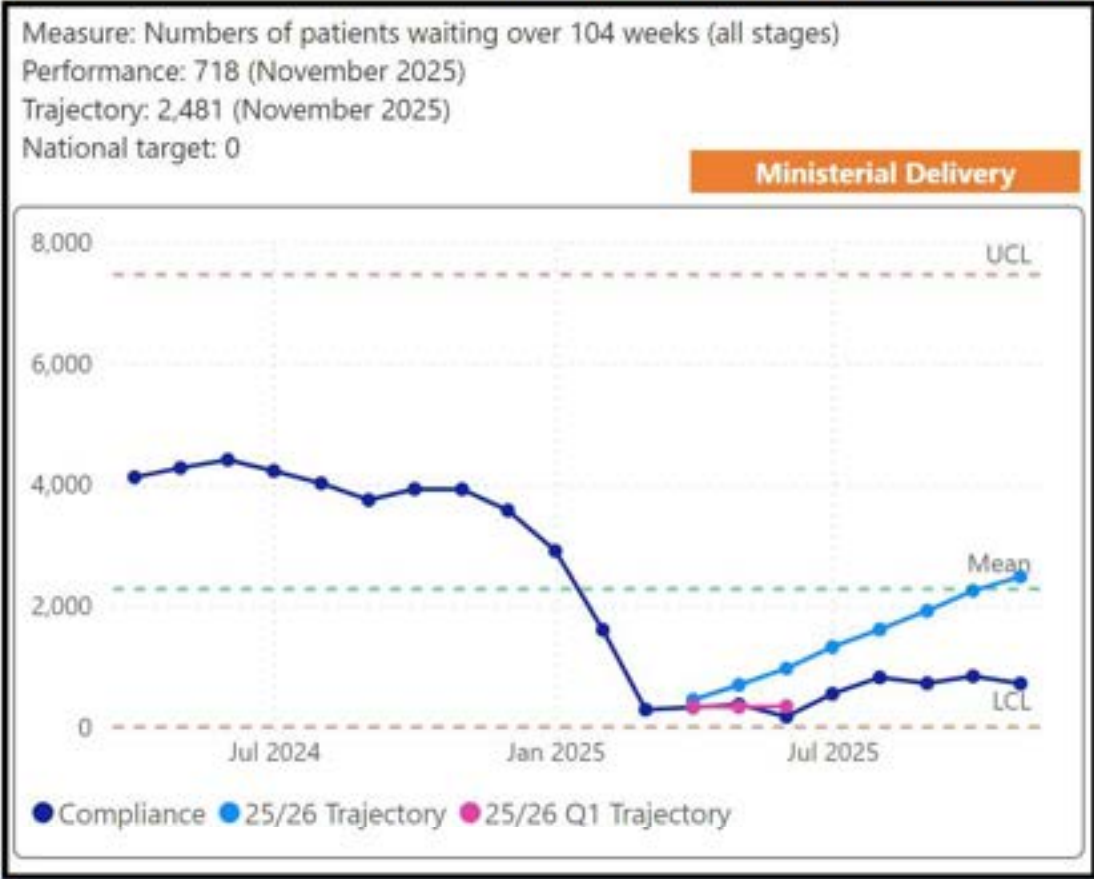


Insight and Actions

- 104 day backlog: The 104 day backlog has been largely stable over the past 5 months, even in the context of an SCP census that has subject to significant fluctuation. Again the actions through the remainder of Q3 and Q4 will be reducing this backlog.
- 28 day decision to treat (DTT): DTT rates have been relatively consistent through 25/26 to date, all within a range of 4.5% (88.3% - 92.8%) and in excess of the mean performance over the past 20 months.



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

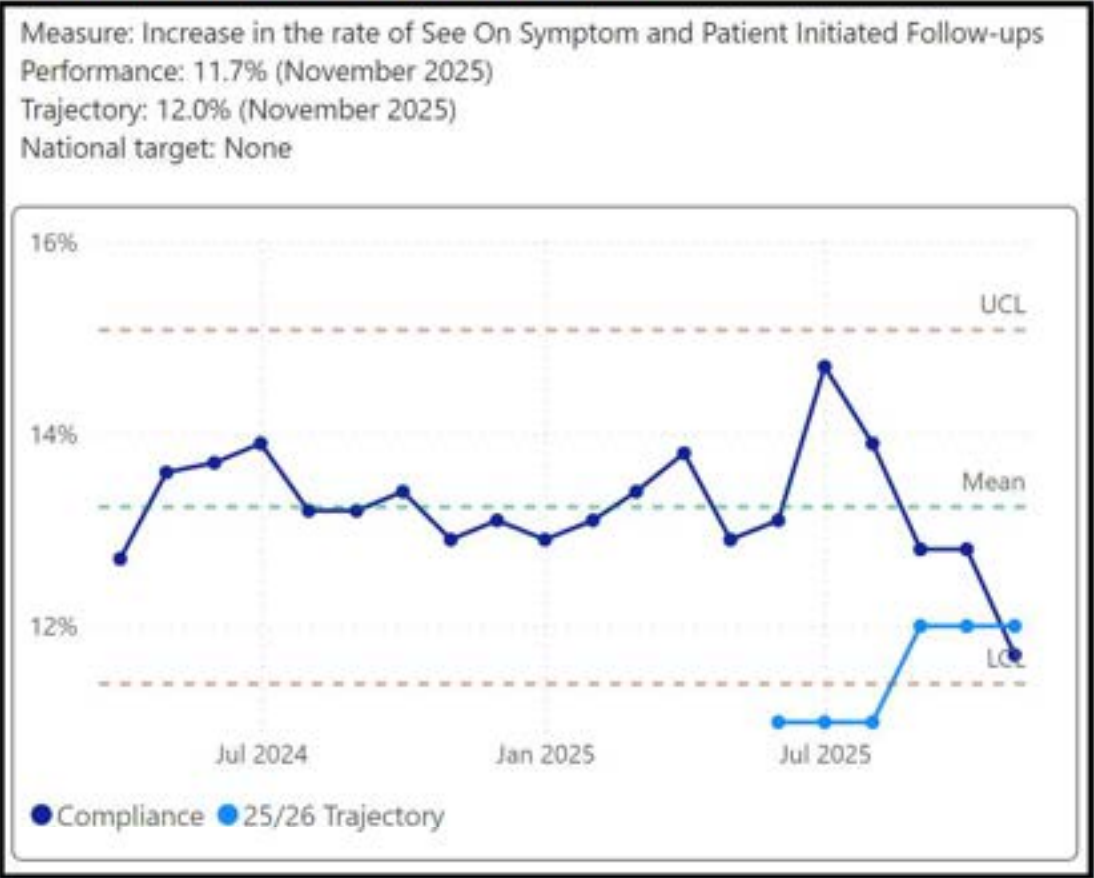
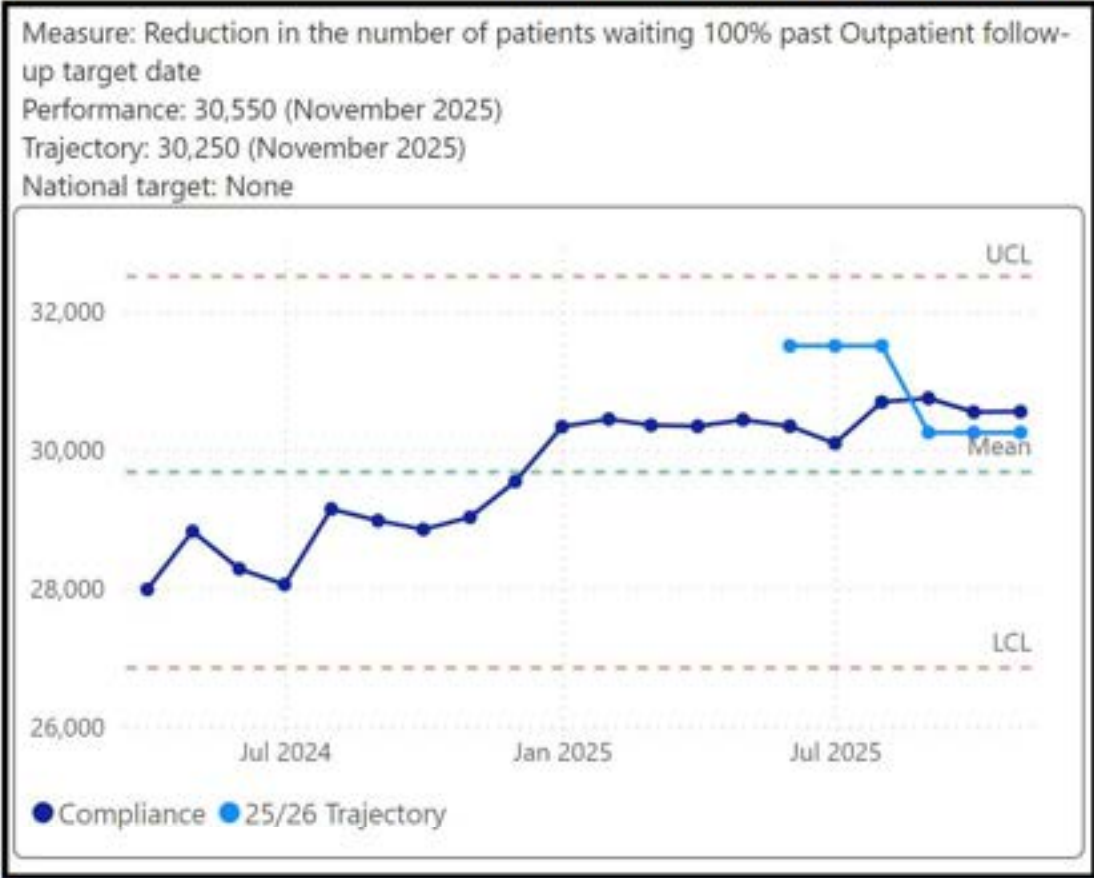


Insight and Actions

- 104 weeks RTT: Following the receipt of funding for Q3&Q4, the year-end trajectory for all specialties, excluding Orthopaedics, is targeting zero patients at 104 weeks. The Orthopaedic risk for Q4 remains dependent on a pending funding decision. A formal, internal end of year trajectory is currently being developed to reflect divisional delivery plans and commitment to WG.
- 52 week new Outpatient: The 26 week OP programme is now beginning to significantly impact on the 52 week breach profile, as evidenced by the sustained reduction from the August position. December position is likely to be ~6,700. Extrapolating out the 26 week programme activity, an internal, end of year trajectory has been calculated which gives a year end position of 897; this is attributable to the forecast year end 52wk breach position for Regional Ophthalmology. The 26wk insourcing programme remains on track, with activity of 20,108 against a plan of 19,720 as of the first weekend in Jan (positive of variance +838/4.3%).



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

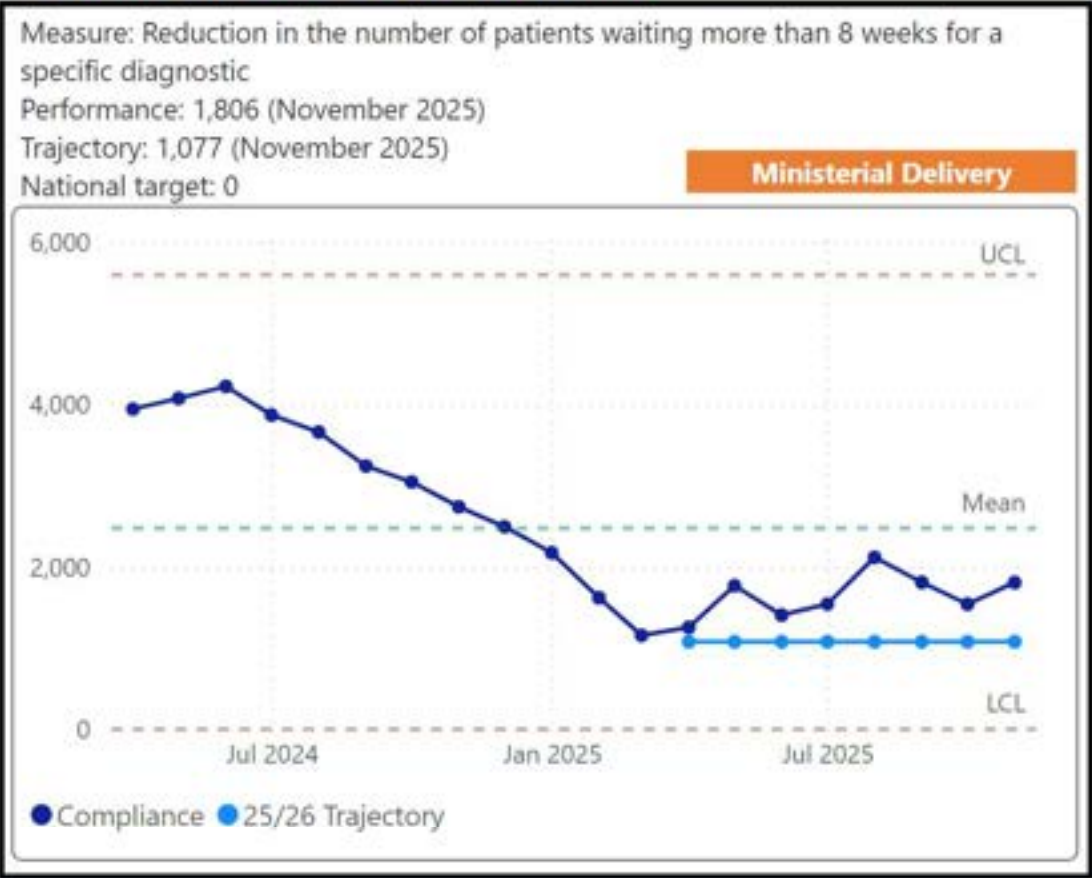
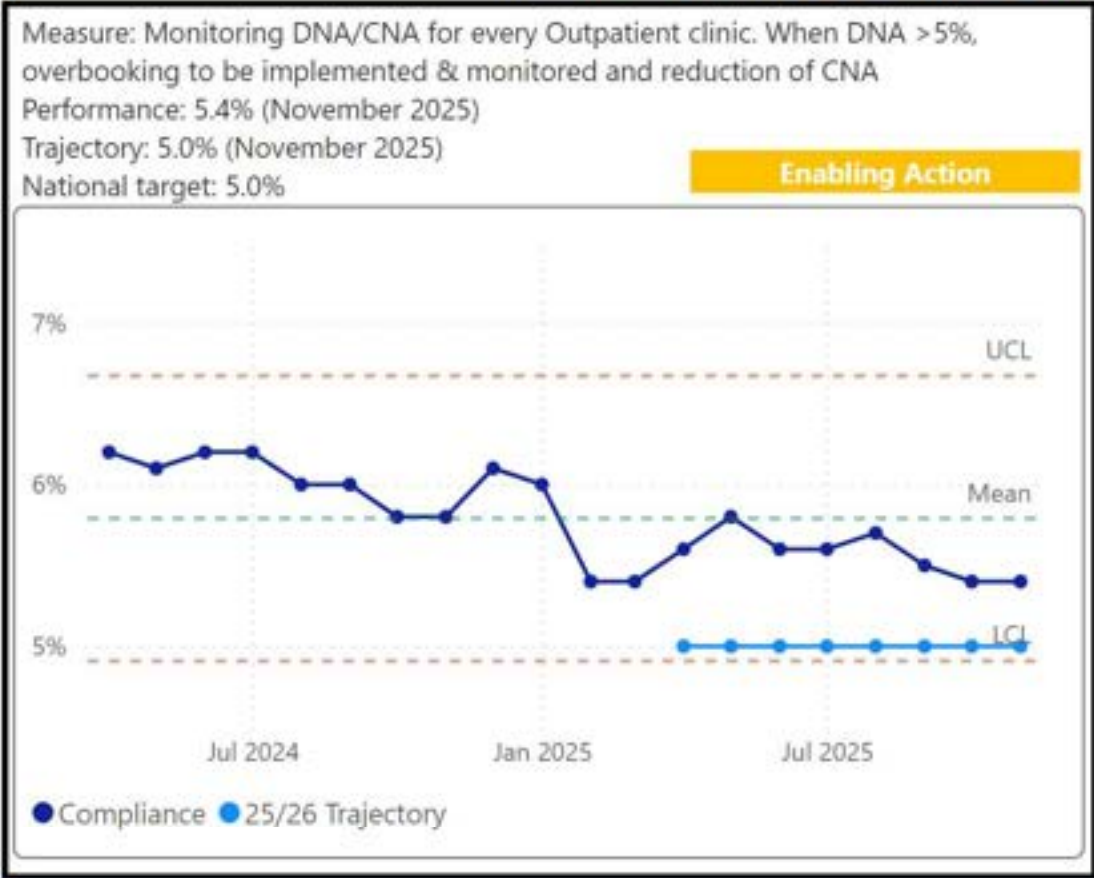


Insight and Actions

- 100% past Follow Up Target Date: Follow-Up Waiting Lists (FUWL) have seen significant growth since 2020/21, however the position has largely stabilised through 2025 with 30,550 patients past the 100% target as of November, 300 above the IMTP trajectory. There is ongoing monitoring by the Outpatient Transformation Programme team of the longest waiting patients on the follow up list, linking with Directorate teams for patients to be booked/clerically validated/clinically validated. An assessment is being undertaken with divisions in January to confirm opportunity and approach in specialties with biggest numbers of delayed follow ups (Ophthalmology, Orthopaedics, Gastro, Cardiology) with the aim of applying SOS/PIFU pathways retrospectively by March 26 in appropriate areas.
- SOS/PIFU: November performance decreased to 11.7%, marginally below the IMTP trajectory of 12%. The majority of Clinical Implementation Network protocols are now in place and BAU. The actions in train described above for the FUWL will drive further pathway outcomes to SOS/PIFU.



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

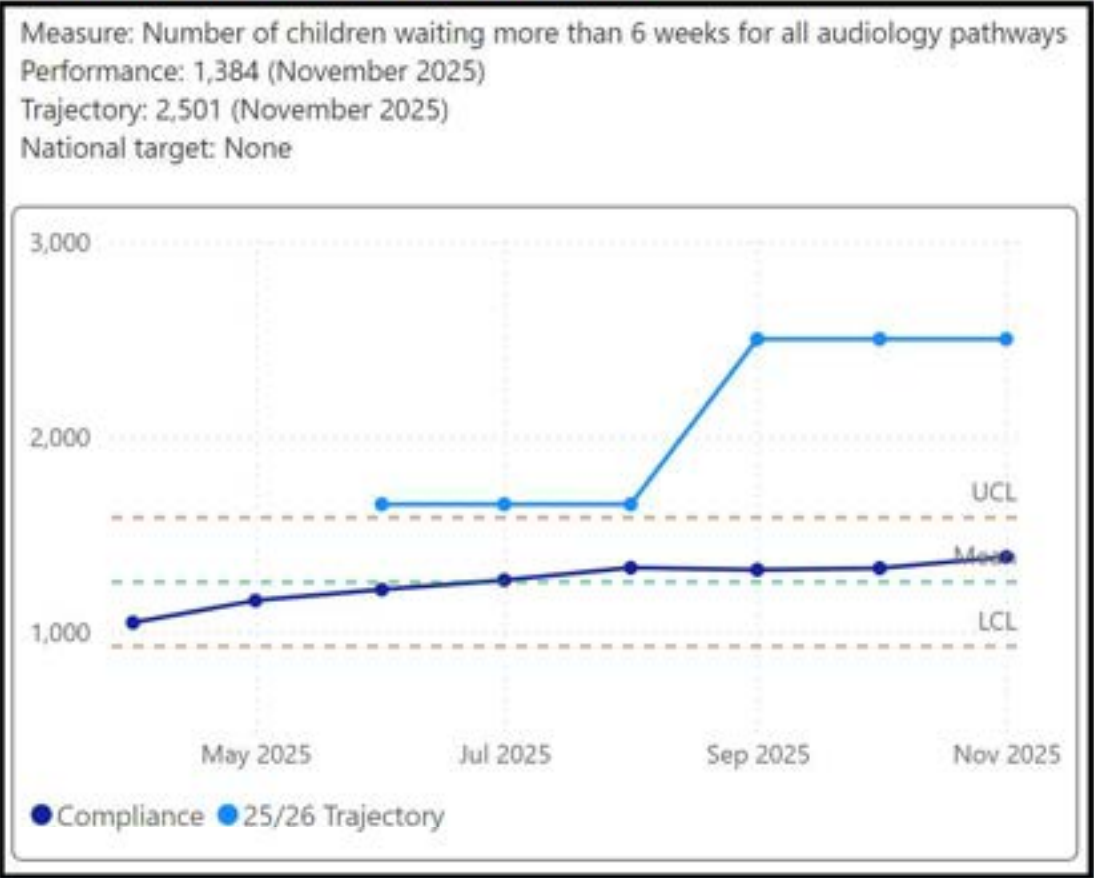
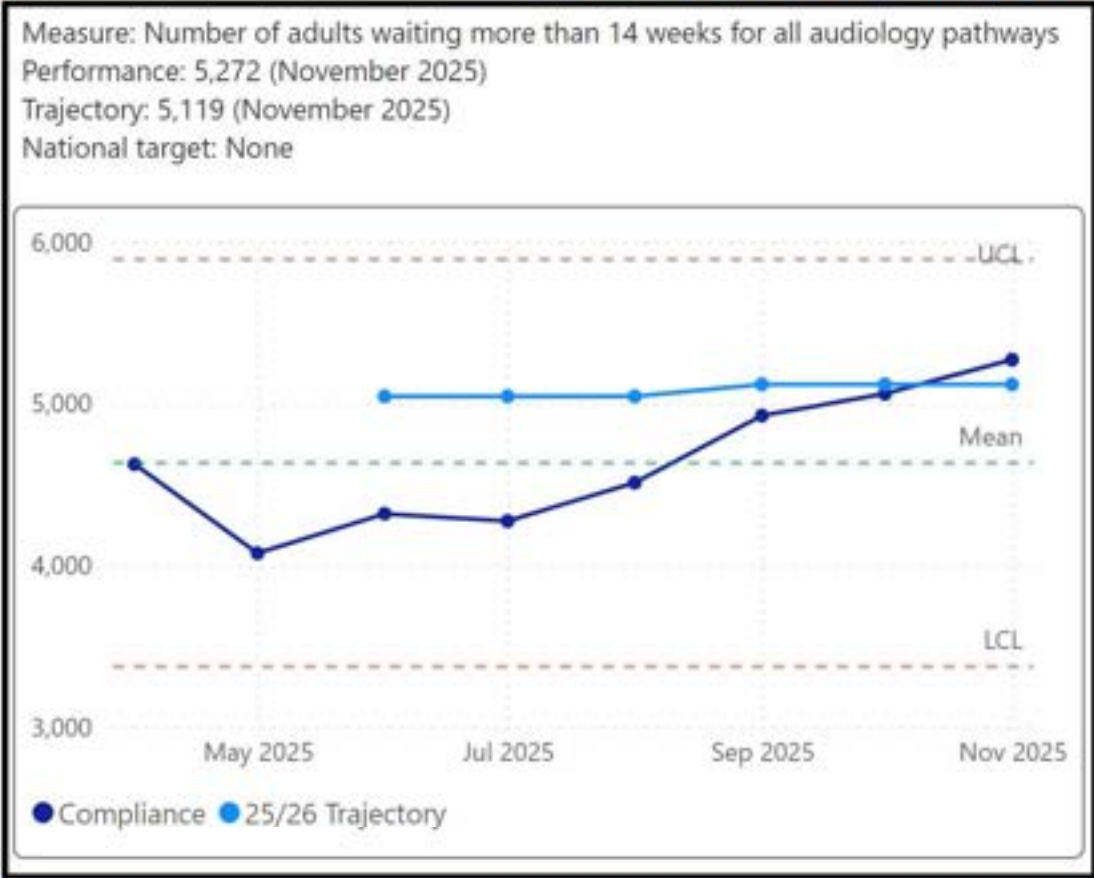


Insight and Actions

- DNA/CNA rates: DNA rates decreased to 5.4% in October and November, the lowest in 25/26 to date and a continuation of the observable, overall reduction trend since the start of 24/25. The Outpatient Transformation Programme team continue to support services with improvement, with an ongoing targeted approach with areas with high DNA/short notice CNA rate. Text message reminders are in place for majority of clinics.
- Diagnostics: 8 week diagnostic breaches increased over the summer which was largely due to a lack of capacity to meet demand for non obstetric ultrasound (NOUS). A significant gap in meeting the 8-week target remains for this modality because of reduced capacity, with an estimated shortfall of around 500 cases, pending confirmation; the Division is developing plans to close this gap. Endoscopy has also seen breach volumes increase, with a current demand and capacity gap of ~300 cases; additional plans are underway to address this. Divisions are managing their diagnostic capacity with the aim of minimising breaches, but the 26-week outpatient program is further straining capacity. End-of-year trajectories will be finalised in early January to deliver against the extra funding and aim for zero 8-week by the end of the year.



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

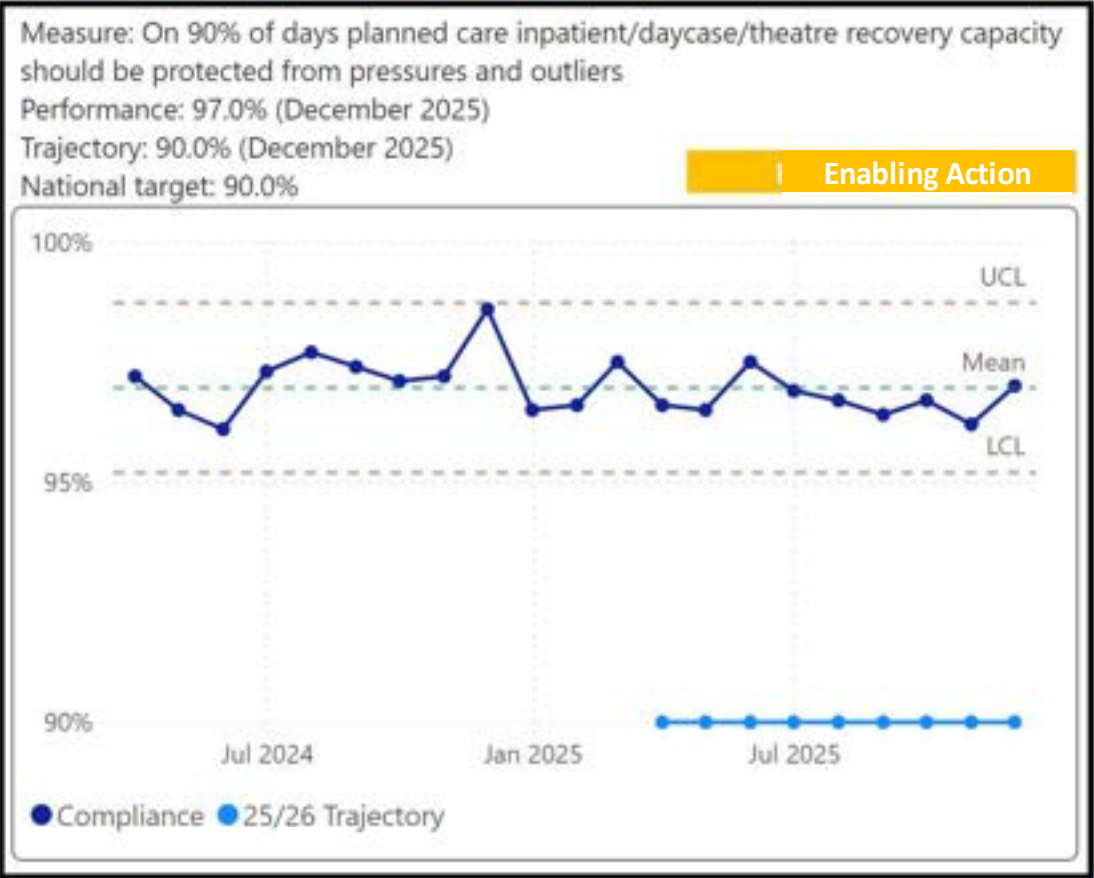


Insight and Actions

- Audiology: Having been relatively stable through the first four months of 25/26, 14 week breaches for adult audiology pathways have increased since July and are now above the levels forecast in the IMTP as of January, albeit relatively marginally. Workforce issues have had an impact on capacity since the summer which is a large reason for the increase in breach volumes, however the service does also have an underlying demand and capacity issue within the two largest pathways by volume for this measure. Paediatric pathway breaches continue to rise however the rate has been much more gradual than that forecast in the IMTP and remains well below trajectory. Some additional funding is coming on stream for the final few months of the year to address the longest waiters in paediatric audiology.



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

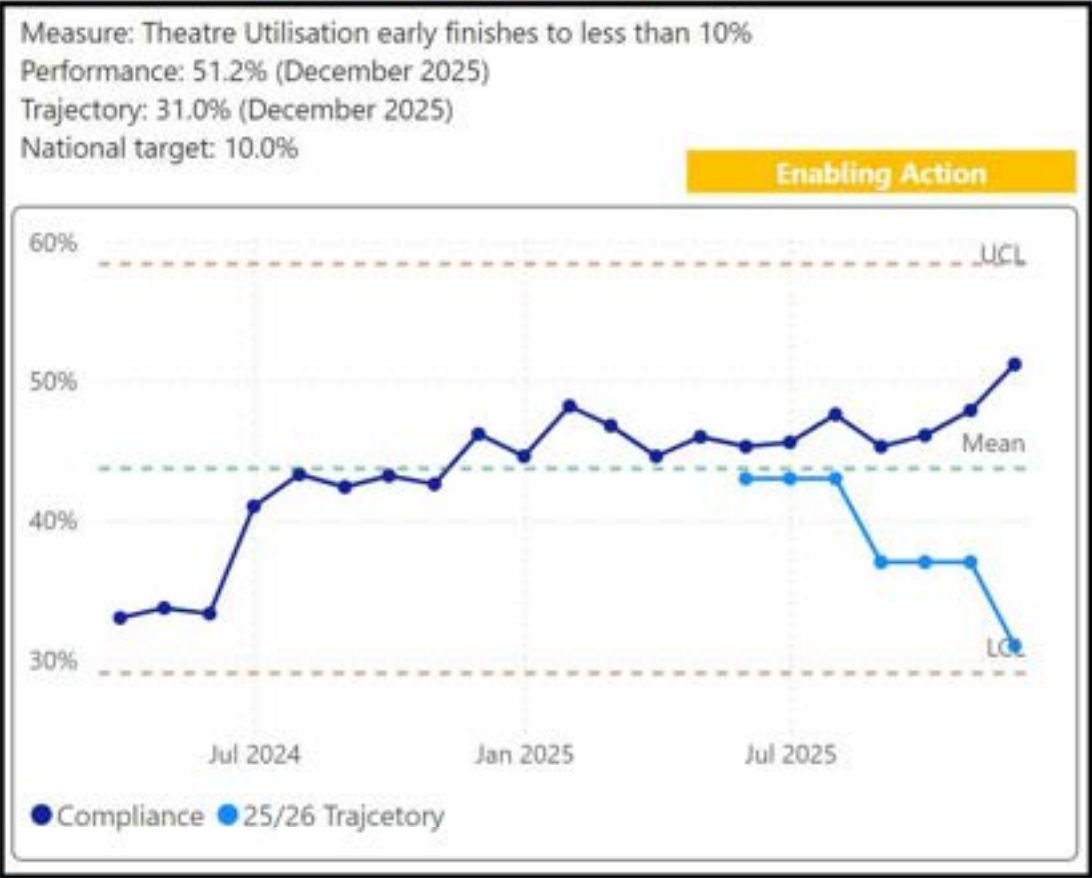
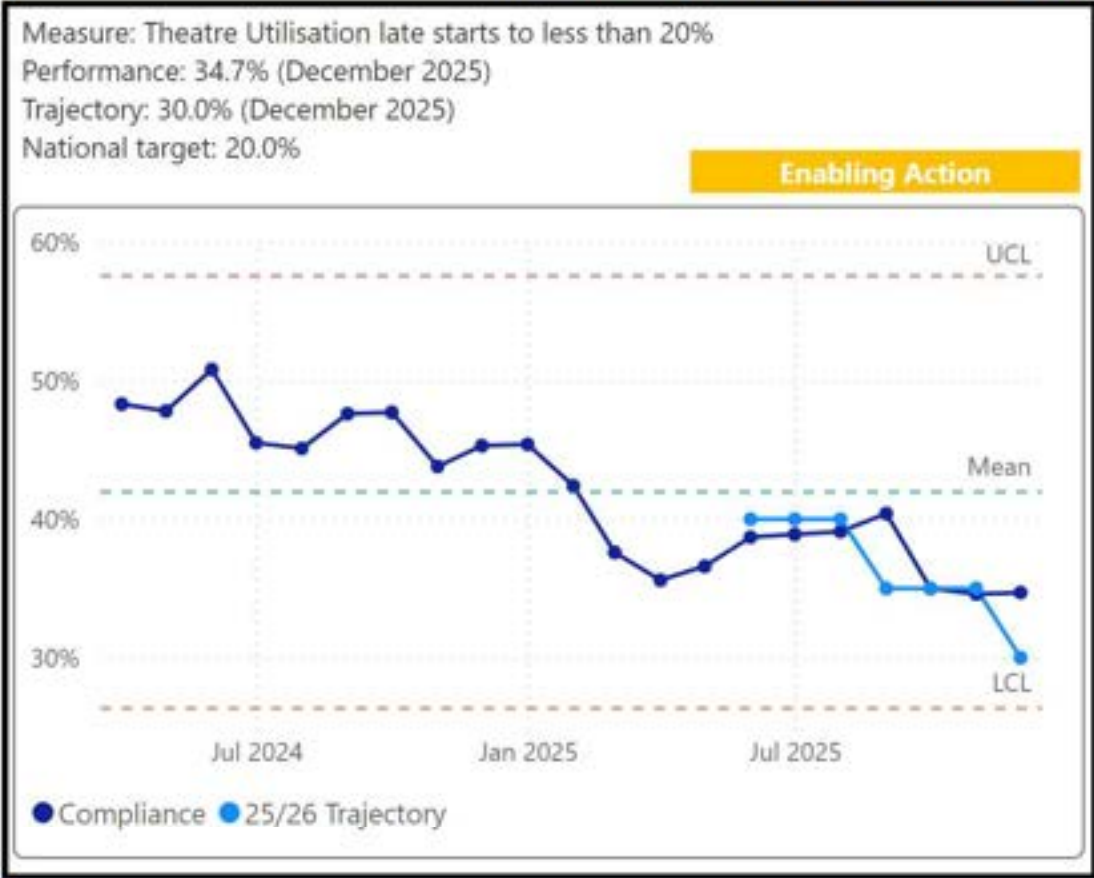


Insight and Actions

- Therapies: Therapies 14wk performance had been largely tracking to IMTP trajectory through the course of 25/26. November breaches increased to 181 and thus exceeded the IMTP trajectory of 140. This was attributable to breaches in Physiotherapy, following a significant increase in Spinal and Knee backlog being forwarded onto the Physiotherapy waiting list due to additional triage clinics being undertaken by Orthopaedics.
- Elective theatre protection: Performance has remained compliant with this measure for the past 18 months. As highlighted in the GUH/Hospital System report, this reflects a key advantage of the unique system in Gwent. The NHS P&I definition of this measure is based on the number of individual days per month where emergency surgery is carried out on elective lists. However in lieu of national clarity on their construction of this metric, this local measure continues to be used.



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

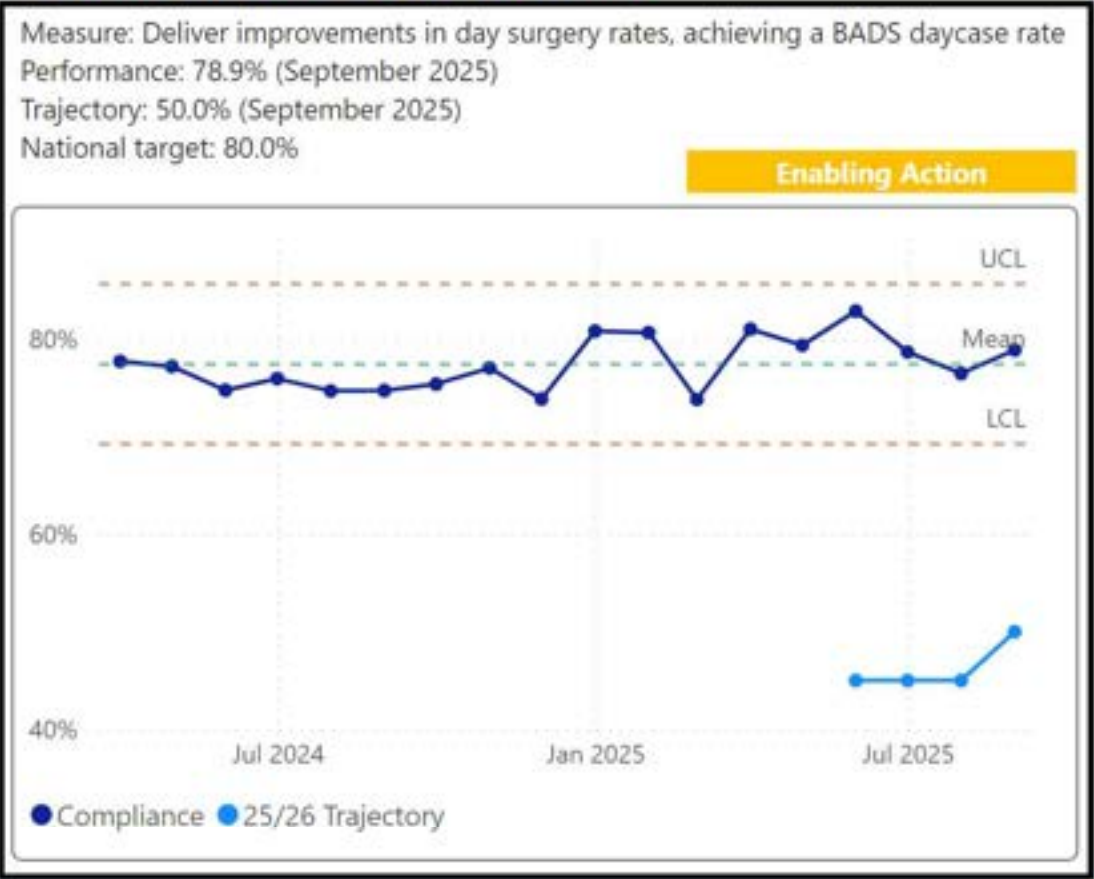
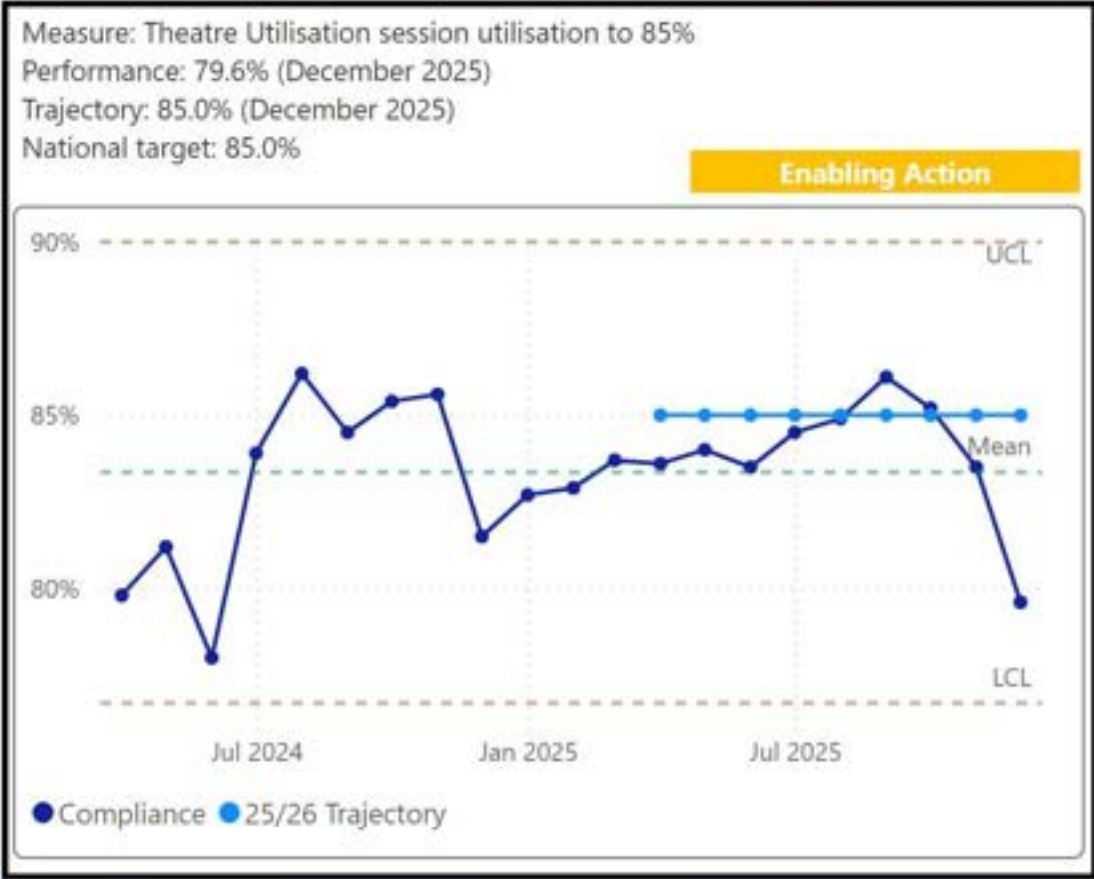


Insight and Actions

- Theatres late starts & early finishes: Late start performance has improved through the course of 25/26, however December performance of 34.7% has not met the Q3 trajectory of 30%. Autosend and golden patient initiatives are ongoing. Early finishes are significantly behind the IMTP improvement trajectory, with December performance of 51.2% against a trajectory of 31%. Theatre Utilisation Group (TUG) meetings are being reviewed to ensure they achieve intended outcomes, with an intention to hold a theatres workshop in February to agree on priorities. The proposal is to focus on late starts/ early finishes.



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



Insight and Actions

- Session utilisation: Performance had been relatively close to the national standard of 85% through the course of 25/26 to date, within a very tight range of 2.6% as of November (83.5% - 86.1%). December performance did reduce to 79.6%, however this is an observable, seasonal trend.
- British Association of Day Surgery (BADs) rates: BADs rates have also tracked closely to the national standard of 80% through the course of 25/26. Monthly Day Surgery Maximisation meetings remain in place to optimise day surgery delivery in NHH.



Priority	Q2 Planned	Q2 Progress	Q2 Comments
Single Cancer Pathway	Deliver improvements in tumour site single cancer pathway with a focus on urology and gynaecology	Off track	Single cancer pathway overall compliance for end of Q2 57.5%. Urology 44.9%, Gynaecology 23.5%. Increase in treatment numbers for Urology. Gynae significantly low compliance, backlog is high with malignant patients waiting for treatment dates.
	Improve straight to test compliance	Off track	Straight to test compliance is positive overall, with the exception of colorectal. Detailed recovery plan in progress, improvement expected in Q4. Currently, receipt of referral to test is around 5-6 weeks with virtual consultation with STT nurses before test.
Health Pathways	Achieve additional 25 localised pathways live on Aneurin Bevan Health Board local site	Complete/On schedule	28 pathways live since 1st April 2025, 137 pathways total
Theatre Maximisation	Newly tested HVLC lists and golden patient process embedded into business as usual service delivery	Complete/On schedule	Monthly day surgery maximisation meetings to progress planning of High Volume Low Complexity lists. Autosend/golden patient started in Grange University Hospital in September and is now rolled out across the Health Board.
Outpatient Transformation	Ongoing focus on increase of Seen on Symptom (SOS), Patient Initiated Follow Up (PIFU) and reduction of Delayed Follow Ups Total Follow Ups	Complete/On schedule	At the time of IMTP development in 2025 there was a lack clarity on the national construction of the metric, therefore we have used % of outpatient appts where the outcome is SOS/PIFU for measurement. Q2 performance started well, with the rate climbing to 14.5%. Q2 closing position is 12.8%. However the discharge rate has increased, rising from 18.1% 2024/2025 to 20.2% 2025/2026 year to date.



Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory
Improving our Mental health services	Maintain Adults Part 1a to national target (assessment completed within 28 days)	80% Mar-26	86.7% Nov-25 (Nov-25 Trajectory: 80.0%)
	Maintain Adults Part 1b to national target (interventions completed within 28 days)	80% Mar-26	93.7% Nov-25 (Nov-25 Trajectory: 80.0%)
	Maintain Adults Part 2 rates (number of individuals with a valid care and treatment plan)	90% Mar-26	91.0% Nov-25 (Nov-25 Trajectory: 90.0%)
	Maintain rate of psychological therapy received within 26 weeks	60% Mar-26	51.9% Nov-25 (Nov-25 Trajectory: 60.0%)
	Maintain CAMHS Part 1a national target compliance (assessment completed within 28 days)	80% Mar-26	100.0% Nov-25 (Nov-25 Trajectory: 80.0%)
	Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days)	80% Mar-26	90.2% Nov-25 (Nov-25 Trajectory: 80.0%)
	Maintain CAMHS Part 2 national target compliance	90% Mar-26	84.7% Nov-25 (Nov-25 Trajectory: 90.0%)
	Improvement in Neurodevelopment waiting times compliance	80% Mar-26	59.4% Nov-25 (Nov-25 Trajectory: 75.0%)
	Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral	80% Mar-26	91.2% Nov-25 (Nov-25 Trajectory: 80%)



Improving our Mental health services

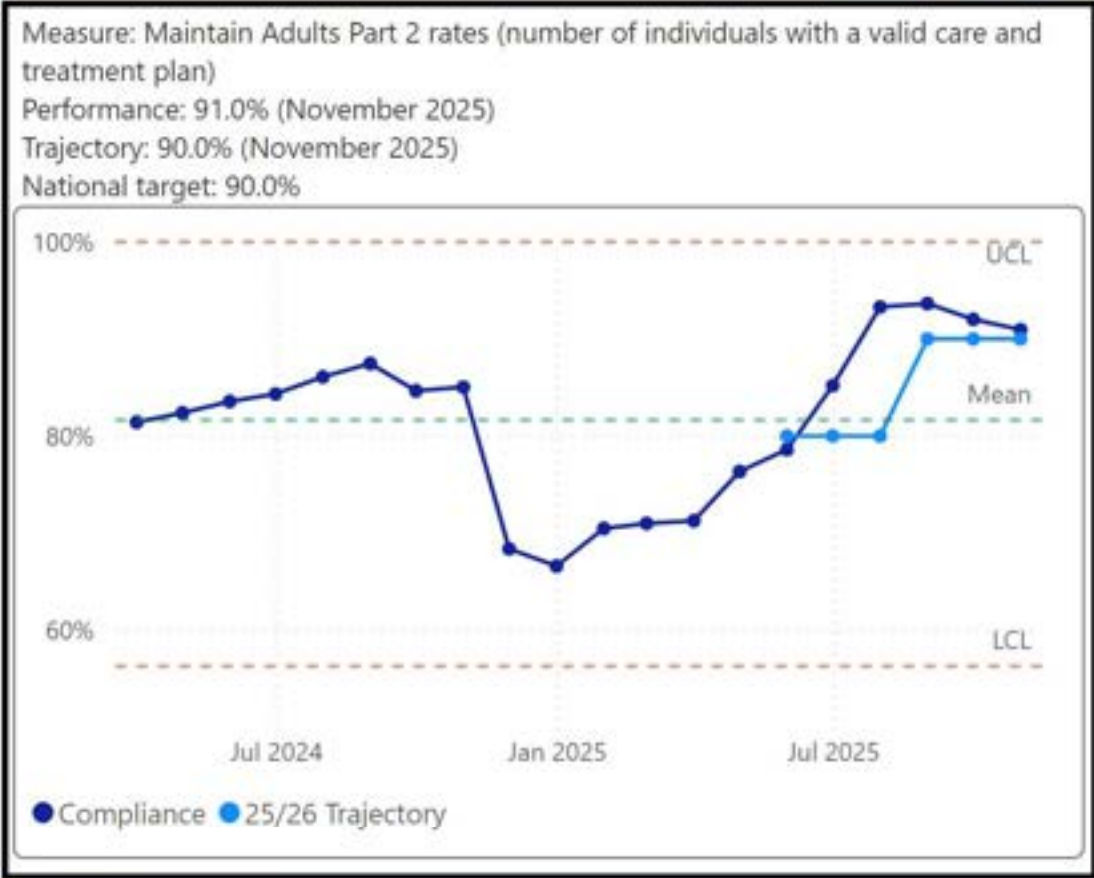


Insight and Actions

- Adults 1a & 1b: There are no issues with performance for these measures, with the service managing to balance both demand and capacity to ensure continued compliance with the national standard.



Improving our Mental health services

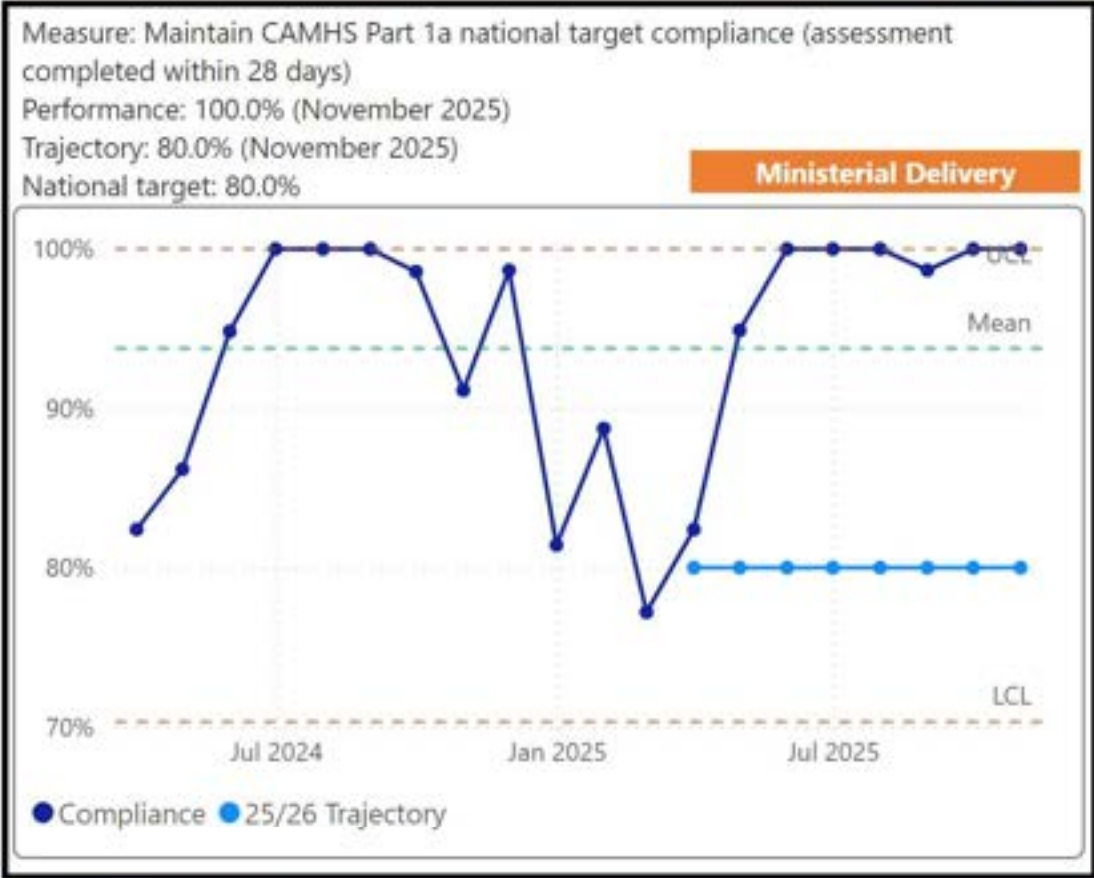


Insight and Actions

- Adults Part 2: Part 2 performance as delivered against IMTP trajectory through 25/26 to date, with performance having met the national standard for four consecutive months. Data cleansing remains in progress, however the volume of new Care and Treatment Plans (CTPs) and discharges from CTPs is expected to stabilise.
- Psychological Therapies: Performance has entered a period of relative stability, following the improvement delivered in Q1. The slight decrease over the past 3 months can in part be attributed to staff turnover and vacancies impacting on capacity, as well as data issues within the clinical system (WCCIS) that affect clock stop/start functionality. The service has been successful in reducing the volume of long waiters, with the volume of people waiting over 1 year having reduced by 27.5% from April to November. There are plans in place to undertake and productivity and efficient review, as well as further developing demand and capacity planning capabilities.



Improving our Mental health services



Insight and Actions

- CAMHS 1a & 1b: Like with Adults there are no issues with performance for these measures, with the service managing to balance both demand and capacity to ensure continued compliance with the national standard. There was a decrease in October performance to below the national standard, however this was the result of a data entry issue that adversely affected performance. In response, the Division provided education and training to the clinical staff these errors related to mitigate future repetition.



Improving our Mental health services



Insight and Actions

- CAMHS Part 2: Part 2 Care and Treatment Plan (CTP) compliance in CAMHS decreased significantly in September to 74% to end Q2 below trajectory. This was the result of persistent non-compliance with CTP processes, such as clinicians not uploading plans, entering incorrect dates, and missing mandatory timeframes despite repeated training and reminders. October performance recovered to 100% with extensive validation, and November performance was 84.7%. Some data entry issues are being rectified through audit processes, and a CTP lead has been identified within the Division to improve accuracy and compliance going forward.

CAMHS ND: The ND service continues to face significant strain due to rising demand whilst trying to balance meeting the 26 week wait standard as well as managing the 52wk+ waiting position, as result of the legacy backlog as the service has implemented the new NESH model (Neurodiversity Early Support Hub). There has been a small increase in performance in November, with another expected in December.



Improving our Mental health services

Measure: Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral
Performance: 91.2% (November 2025)
Trajectory: 80.0% (November 2025)
National target: 80.0%



Insight and Actions

- Specialist CAMHS Choice Assessments: No issues, despite decreases since July performance continues to track well above national standard of 80%. Decrease has been resultant from a reduction in capacity over the past few months.



Priority	Q2 Planned	Q2 Progress	Q2 Comments
Quality Improvement	Embed and sustain the commitments within the Quality Improvement plan	Complete/On schedule	Ward accreditation is continuing and the expectations is that all wards will be completed by end of the year. The Division is considering accreditation for community services and this will occur throughout 2026.
Ministerial Priority Performance	Start improvement project for Care Treatment Plans (CTP) for Children	Significantly off track	Implementation plan for CTP Improvement and model change to commence aligned to the recovery plan for Part 2. A triage of the current waiting list of 260 people is being undertaken in partnership to determine the best intervention for their needs. However, there are significant resource constraints including identification of a clinical lead and additional hours required for triaging of young people. There is a review underway to maximise resource within the service to take on additional cases including primary care and community provision. Integrated Child and Adolescent Mental Health Services (CAMHS) jointly with services in the Mental Health & Learning Disability Division, are committed to transforming models of care to an Open Access System. CAMHS are part of the Open Access Steering Group which is coordinating the whole Health Board’s planned pilot projects.
Neurodevelopmental Services	Develop implementation plan for Single Neurodevelopmental pathway for Adults	Significantly off track	National Funding for Adults ADHD service has ceased. The process of managing the caseload is underway. The Integrated Autism Service continues, and the services in secondary care for Mental Health that have ADHD needs is also being considered.
Rightsizing Inpatient & Transforming Community Services	Identify all access points into Mental Health services and commence initial design options for single Pathway	Off track within tolerance	NHS Wales Performance and Improvement Team is leading, via the Strategic Programme for Mental Health, the progress towards Open Access and the Stepped Care 2.0 model. This is being developed within the Division's Models of Care Programme. Two small projects have been put forward to support the ethos of Open Access. The first is a pilot in Newport which will link with the Placed Based Care approach and the second in the consider the use of One At A Time within Psychological Health Practitioner roles.
Adult Mental Health	Improve measures for Psychological Services for Adults	Off track within tolerance	Psychological Therapies performance improved to 54% in October 2025, with a continued steady improvement since July 2025. Joint pathway work with Primary Care continues focusing on understanding the alignment between service areas.



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 December 2025

PUTTING PEOPLE FIRST

2022/25

PEOPLE PLAN



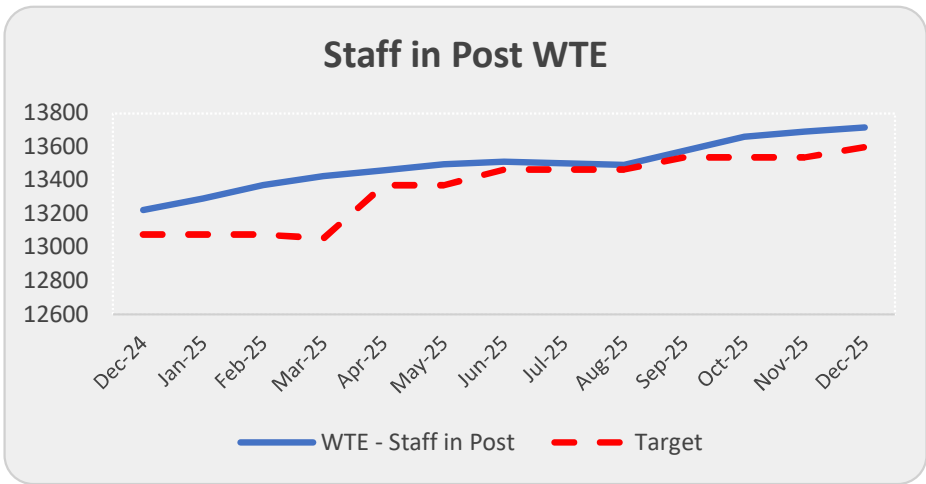
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board





Staff in Post

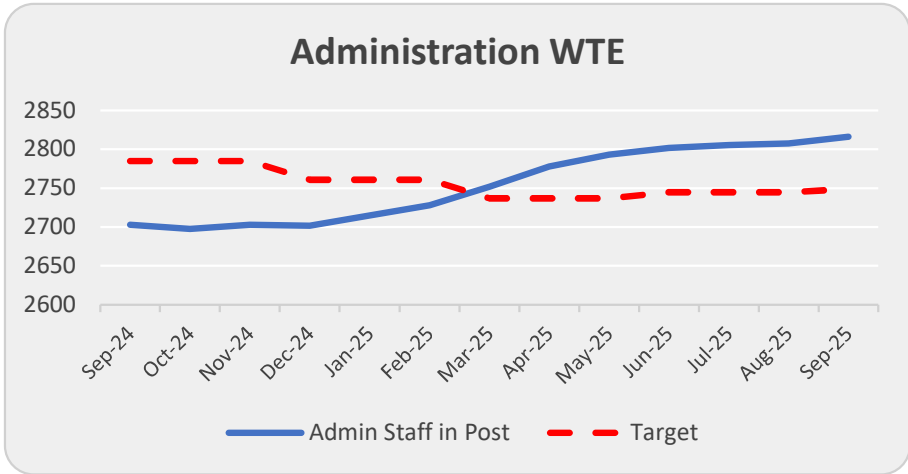


Performance Summary

Staff in post as of December 20025 was 13717 wte an increase of 140 wte since September 25. This is mostly attributed to:

- 80 wte increase in Nursing and Midwifery linked with overseas recruitment and recruitment of newly qualified nurses through student streamlining process
- 21.37 wte in Administration and Clerical
- 21.09 wte Allied Health Professionals
- 15.42 wte Estates and Ancillary
- 8.38 wte Medical and Dental

Administration Staff in Post



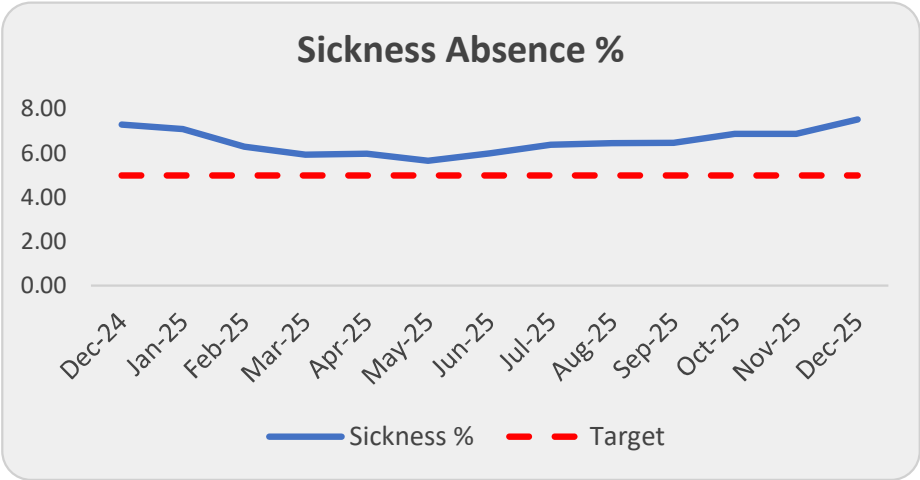
Performance Summary

There has been an increase in administration and clerical staff in post of 21.37wte some of which can be attributed to natural variation due to vacancies. The two divisions with the overall highest increases of 3% respectively are corporate services who employ 40% of overall administration staff and the Medicine division. The corporate service which has contributed to the increase is DDAT (20wte) across its various service areas. Within medicine the increase appears to be as a result of recruitment of administration support roles (band 2- 4) across multiple specialities.



Sickness

Enabling Action



Performance Summary

Sickness Absence has increased. The rate reported in December was 7.54% (1034 wte lost) and increase from the 6.48% reported in September, some of which is linked with expected seasonal variations. The rate is slightly higher than the 7.3% sickness reported in the same reference period last year. Short term sickness has increased from 2.22% to 2.63% and long term sickness (over 28 days) has increased from 4.3% to 4.91% and attributes to 65% of overall sickness. The target of 5% in Graph was set as part of the IMTP performance framework 2025/26 and will be reset for 2026/27 in line with ministerial enabling targets.

- Key observations – 3 highest staff groups rate changes in the last quarter:
1. Additional Clinical Services (HCSWs) – increase from 9.19% to 11.81 %
 2. Estates and Ancillary – increase from 9.35% to 9.82%
 3. Nursing and Midwifery - increase from 6.77% to 7.5%

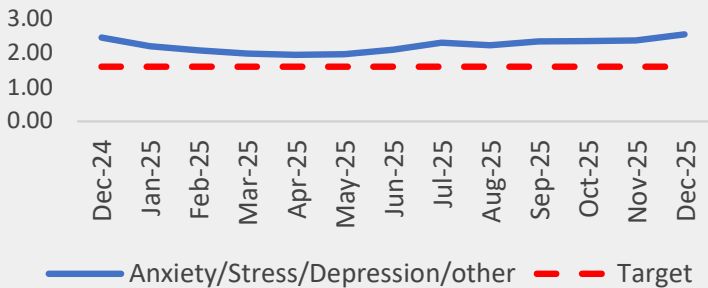
A 12-month project plan in development (in partnership with TUs), in conjunction with the actions of our People Plan (2025-2030) to focus on main reasons for absence with the aim of supporting further reductions.



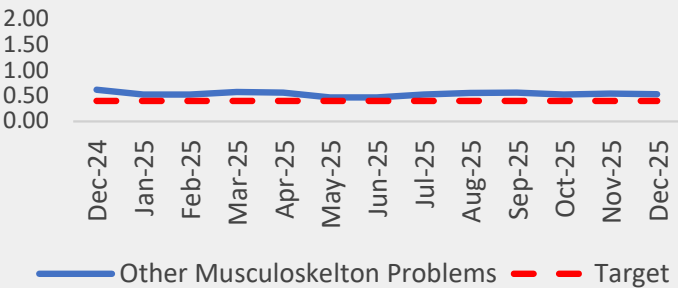
Top Sickness Reasons

Enabling Action

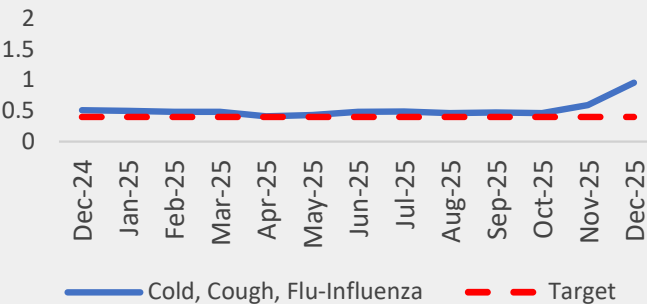
Anxiety/Stress/Depression



Other Musculoskelton Problems



Cold, Cough, Flu-Influenza



Performance Summary

Anxiety/Stress/Depression remains the top reason for absence contributing to 2.55% of all absence , above the target of 1.6% and an increase of 0.2%

Musculoskeletal Problems a decrease from 0.56 % to 0.53%, above the target of 0.4%.

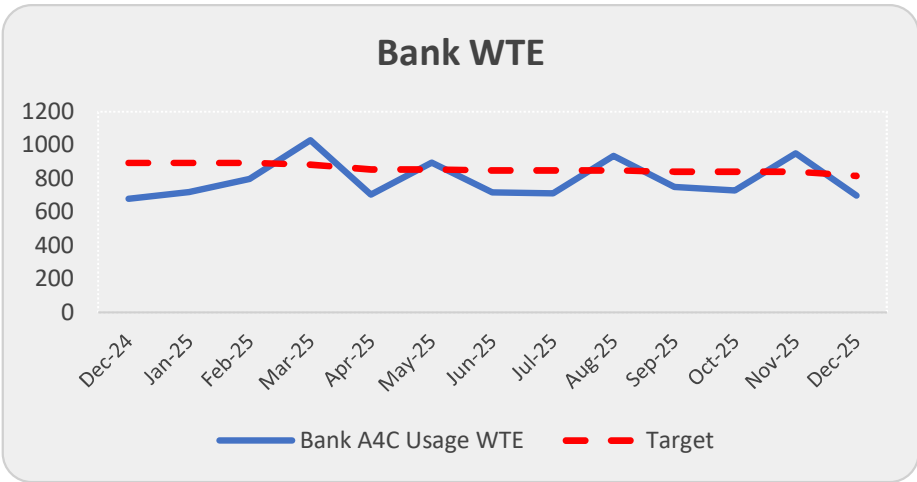
Gastrointestinal Problems has been replaced as the 3rd highest reason for sickness with **Cold, Cough and Flu- influenza** with an increase of 0.96 % absence above the target of 0.56%.

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



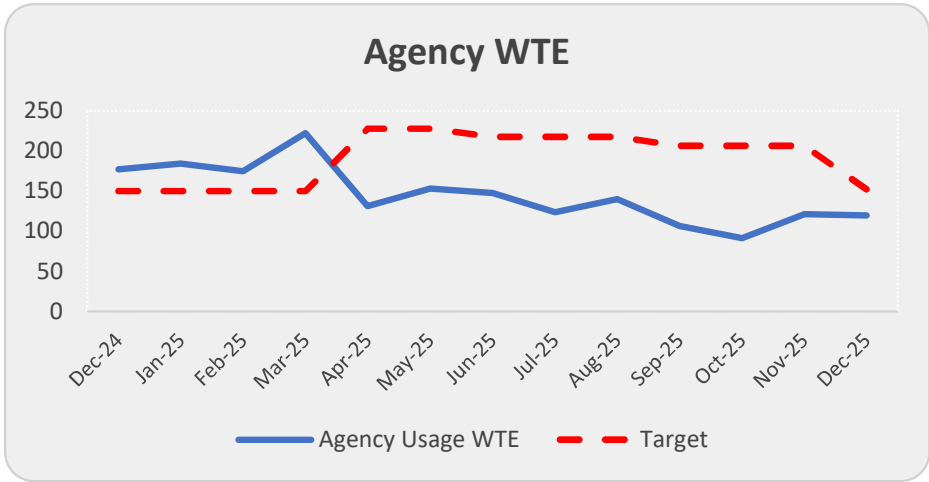
Variable Pay Bank

Enabling Action



Variable Pay Agency

Enabling Action



Performance Summary

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

In December bank usage decreased from 750.3 wte to 697.2 wte recorded in September comparable with this reporting last year.

In December 25 the three highest users were HCSWs 372.65 wte (53%), Nursing & Midwifery 217.46 wte (31%) and Facilities 73.17 wte (10%). Highest reason for usage is Vacancies 213.42 wte (31%).

The target in graph was set as part of deliverables set out in IMTP performance framework and will be reset for 2026/27.

Performance Summary

There has been an increase from September agency usage From 106 wte to 119.34 wte.

Bed capacity has increased to support seasonal winter pressures.

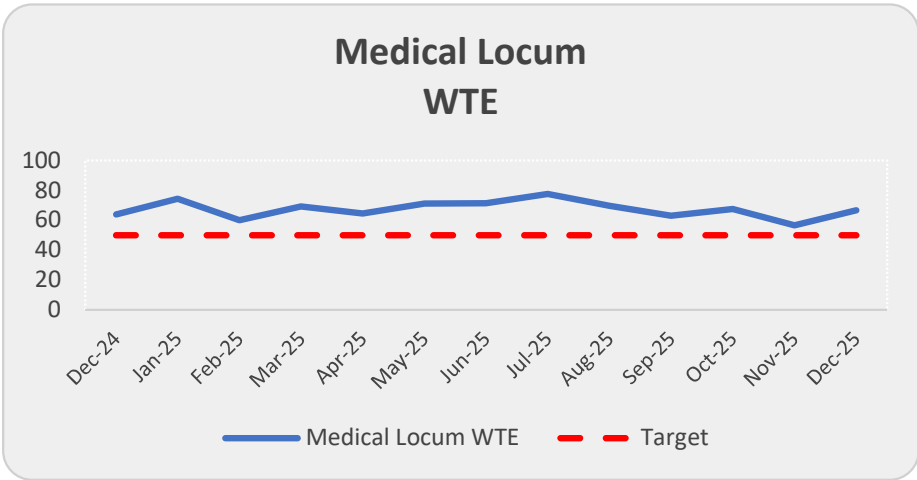
In December 25 16.06 wte (13%) were used for HCSW and 103.28 wte (87%) for Nursing and Midwifery. The top three reasons for Agency usage are Sickness 36.85 wte (31%), Enhanced Care 28.96 wte (24%) and Vacancies 19.56 wte (16%).

As part of our strategic workforce planning for 2025/26, we reset our agency workforce trajectory based on the March 2025 baseline of 227 WTE. The revised plan sets out a target to reduce agency usage incrementally each quarter, aiming to reach 98 WTE by March 2026. This approach aligns with our broader goals of zero agency contract, recruitment and general variable pay reduction. The trajectories will be reset for 2026/27 in line with enabling action targets, however will be informed by demand for safe staffing,



Variable Pay Medical Locum

Enabling Action



Performance Summary

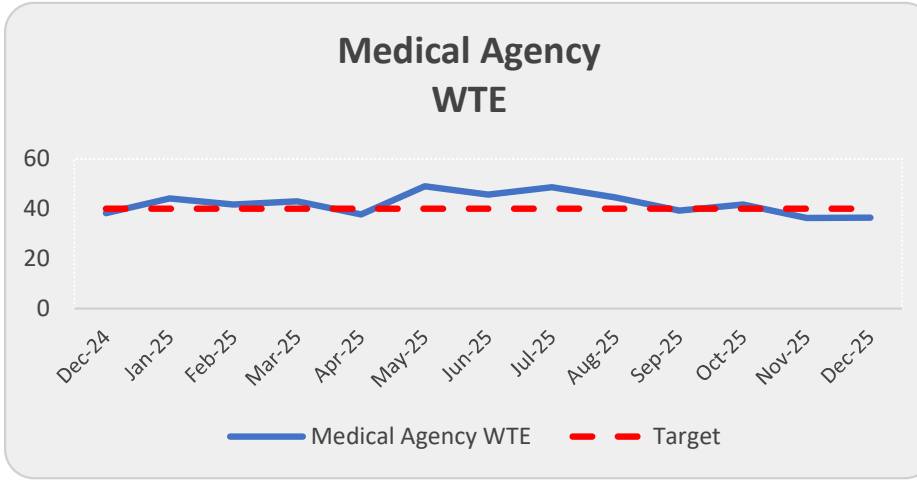
Current locum usage has increased from 63.08 wte to 66.59 wte in the last quarter.

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

Target in graph was estimated as part of the IMTP performance framework and will be interchangeable with agency usage and will be reset for 2026/27.

Variable Pay Medical Agency

Enabling Action



Performance Summary

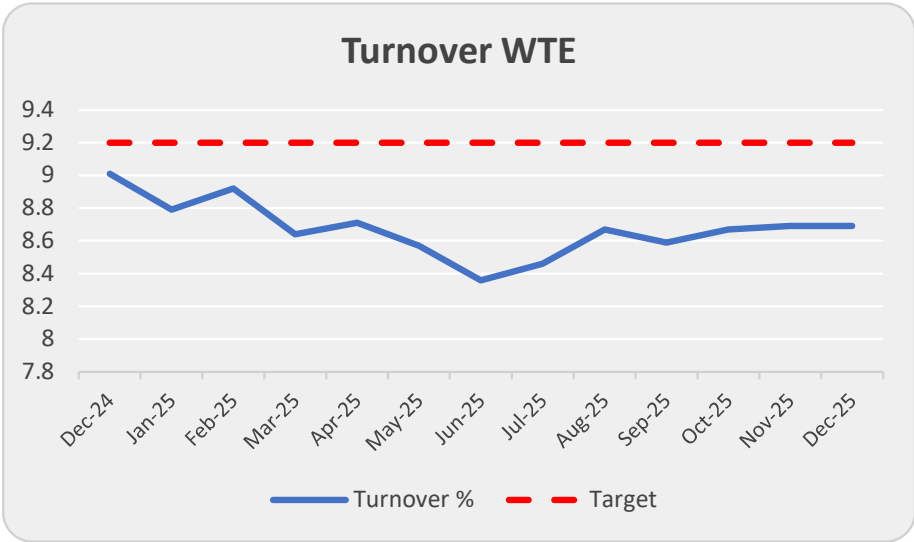
Medical Agency has reduced further in the last quarter from 40 wte to 36.39 wte. The highest reason for usage is vacancies at 49.5 wte (48%) which have also reduced.

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

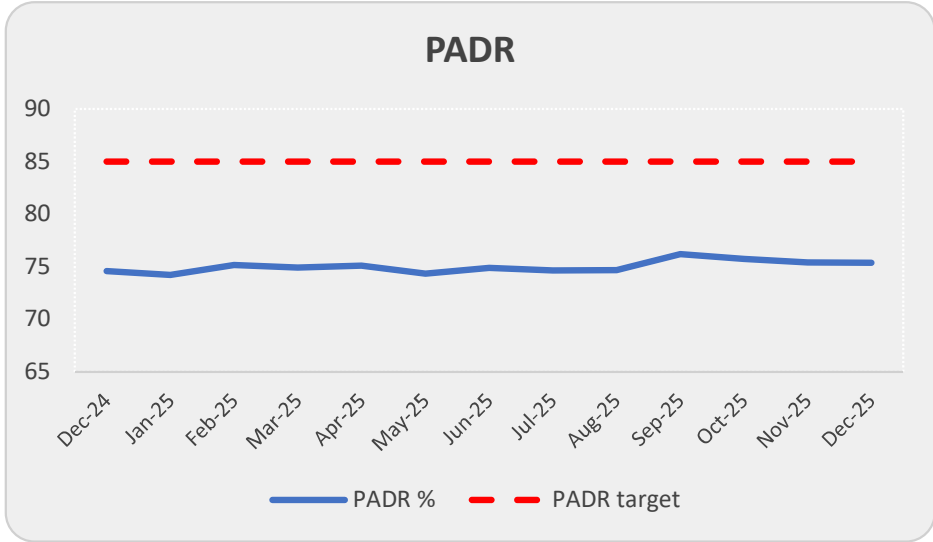
Target in graph was set as part of the IMTP performance framework and will be interchangeable with Locum usage and will be reset for 2026/27.



Turnover



PADR



Performance Summary

Current turnover rate is 8.69% and has stabilised over the last two quarters. There has been an overall sustained reduction in turnover over the last 12 months and within target of 9.2%.

Healthcare Scientists have the lowest turnover rate of 5.22% whilst Estates & Ancillary have the highest turnover rate of 11.45%. The Stability Rate is 91.58%, the Health Board has retained 14,094 staff.

- The target in graph was set as part of the IMTP performance framework for 25/26 and will reset for 2026/27.

Performance Summary

Current PADR compliance is 75.36% a marginal reduction compared to the rate reported of 76.19 % reported in September.

Work continue to work towards achieving 85% All Wales target through divisional reporting, renewed tools and training for managers.



Job Planning Enabling Action



Performance Summary

Job Planning - In September 25 consultant job planning continued to improve to 57.2% and has now reduced to 53.9% as a result of job plans expiring during the period. 304 Consultant job plans are compliant in the new system. However, there are 88 job plans that are work in progress and 51 job plans awaiting signatures.

To support the targeted job planning compliance, key actions include integrating progress updates into Divisional Performance Reviews, conducting targeted deep dives, and withholding vacancy approvals until up-to-date consultant job plans are in place. Pay-impacting changes and study leave funding will also be restricted unless job plans are current or under appeal. Attendance at the Job Planning Consistency Group is now compulsory, and a formal reminder from the Medical Director and Chief Operating Officer will reinforce consultants’ contractual obligations. Deep dives with divisional management are planned towards the end of January 2026 to review compliance levels, action plans and support required.

Performance Summary

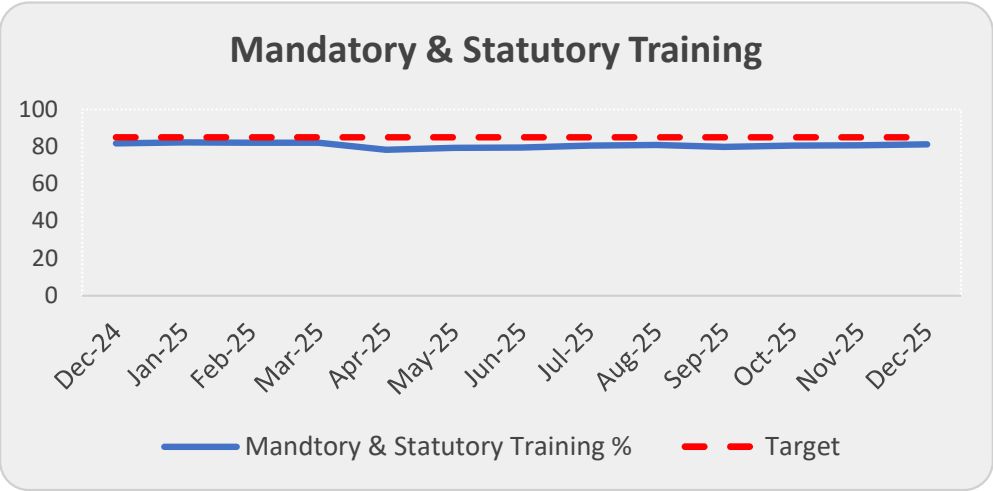
Job Planning - In September 25 SAS compliance has reduced from 56.2% to 53.9% 76 SAS job plans are compliant in the new system; 24 job plans are work in progress and 19 job plans are awaiting signatures.

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

The Medical Workforce E-System Team remains actively engaged with directorates to support sustained improvements in compliance for consultant and SAS and to ensure that completed job plans are reviewed and updated as necessary prior to their expiry, maintaining continuity going forward.



Mandatory Training

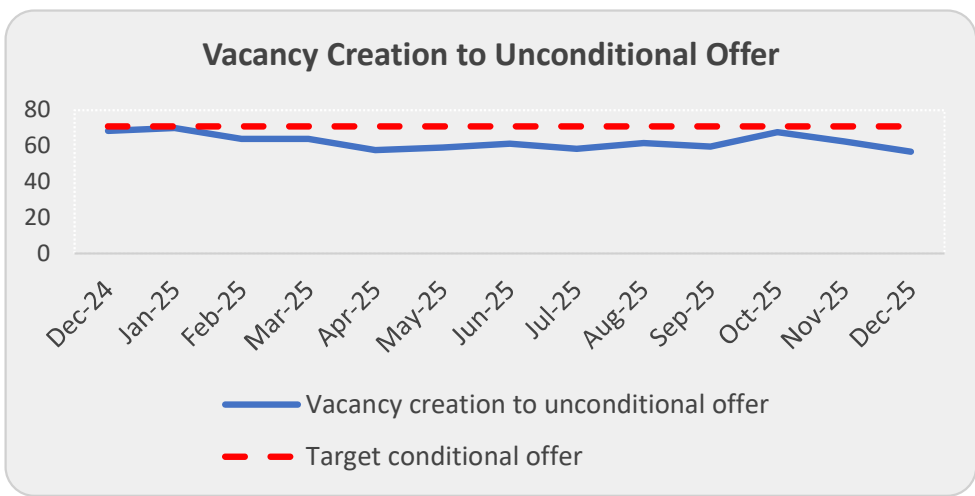


Performance Summary

In September the mandatory and Statutory Training compliance rate was 80% which has improved to 81.13%.

As previously reported, new statutory and mandatory courses have created some variation to the previous benchmarking reporting rates.

Time to Hire



Performance Summary

The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days and the Health Board is exceeding performance at 56.8 days.

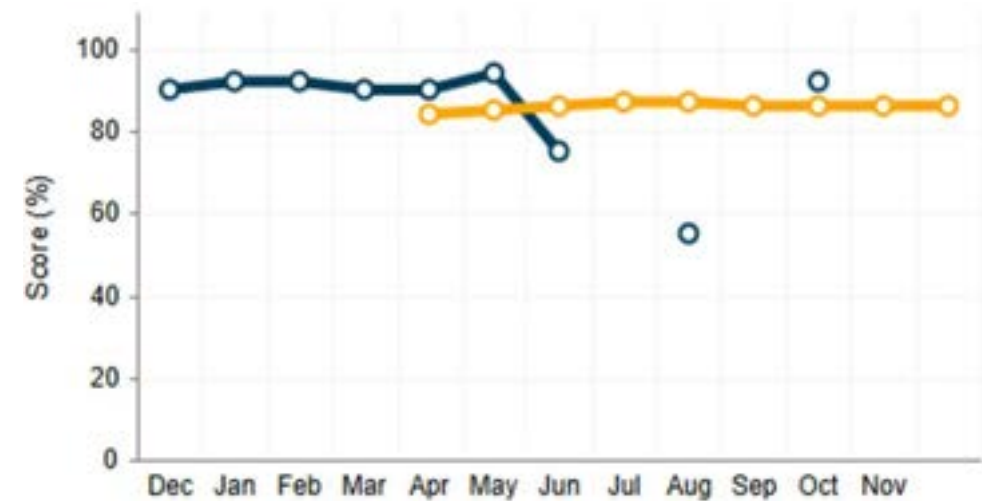
Conditional offer to completed pre employment checks have also improved significantly over the last quarter and now in line with the All- Wales target Of 25 days.



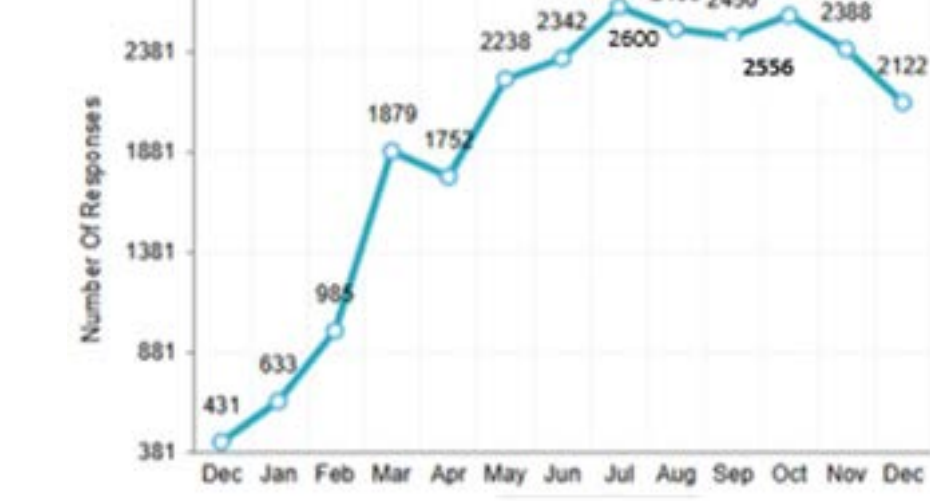


Pillar 1 Patient and staff feedback, concerns, complaints and compliments- Patient Experience CIVICA

Graph 1– Overview of CIVICA satisfaction score from Dec 2024 to Dec 2025



Graph 2 – Overall response trend (all surveys) for the past 13 months

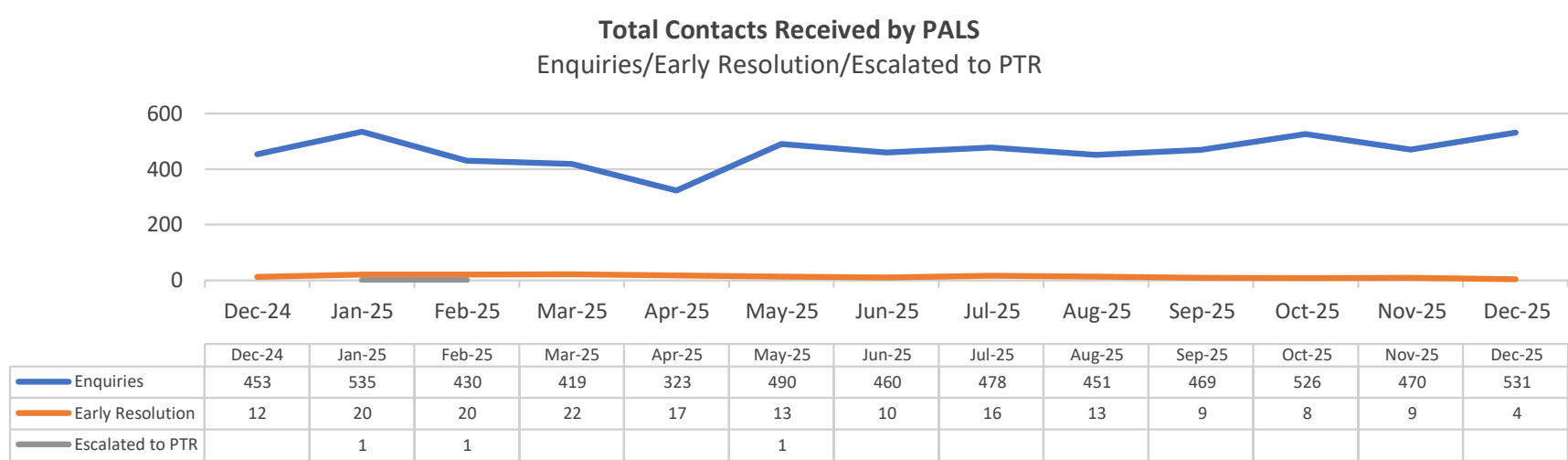


- Civica Overall Satisfaction score** (Graph 1) for the ‘Patient Experience Survey’ has remained stable since its introduction in May 2025, with overall scores ranging between 86 to 88. The lowest scoring question remains ‘Was the time you waited’.
- The Overall response trend** (Graph 2) shows that 7066 feedback responses for this period (Q3), which is less that Q2 at 7538, although responses are still coming through (especially from SMS).
- Bespoke reporting continues, themes and patient comments that crossover the Divisions, examples Facilities, Infection Prevention and Control, Food and Beverages, Equality and Inclusion, Welsh Language. Monthly reports are also generated via the system throughout Divisions.
- Work is ongoing to launch the new Cancer Treatment Survey in early 2026, although data collected will relate to experience from 2025 onwards.
- Work has been carried out across Wales to translate the new PES and Maternity Surveys into different languages and BSL. This work will be picked up in 2026 to implement into the Aneurin Bevan CIVICA Feedback System.
- New National surveys planned for 2026 – Endoscopy, Research, Enhanced Communities. Some discussion on a National children's experience survey.
- Quarter 3 saw the data from the launch of 4 National Maternity surveys and 1 National Neonatal survey



Pillar 1 Patient and staff feedback, concerns, complaints and compliments- Patient Advice & Liaison Service (PALS)

Graph 1– Breakdown of contacts received by PALS



PALS Enquiry Themes	
Themes	Count
Communication Issues (including Language)	3258
Access (to Services)	1539
Appointments	299
Clinical treatment/Assessm ent	197
Patient Care	190
Discharge Issues	117
Post Death Issues	109
Complaints Handling	60
Record Keeping	43
Admissions	35

The number of contacts received by PALS has increased from 1,436 in Q2 to 1,548 in Q3 with Communication Issues remaining the single largest theme.

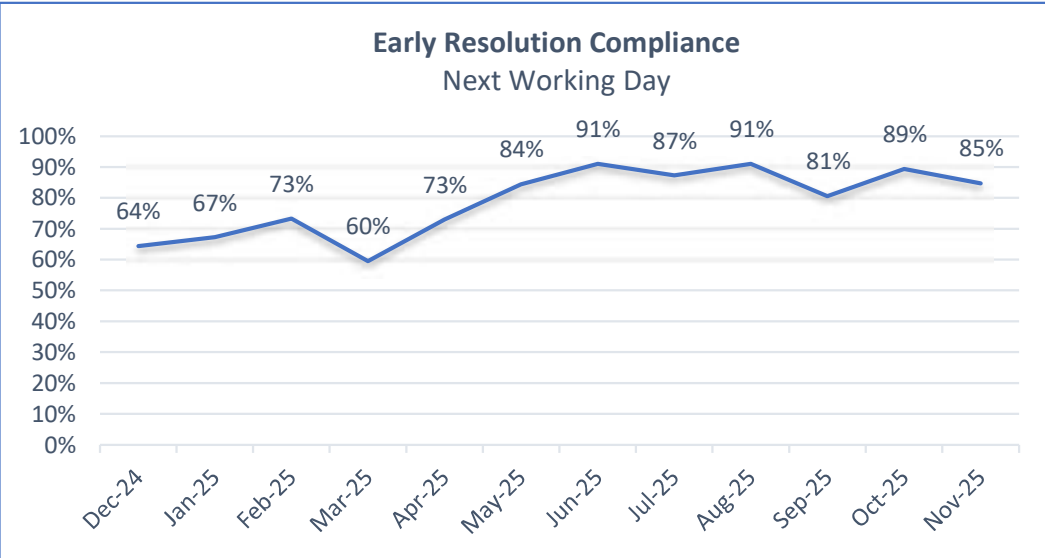
Learning & Improvement

- Roll out of the PALS bedside stickers has continued across Health Board
- PALS supporting with patients who are being cared through the 'Your next patient' programme
- Exploring avenues of support from PALS service for the Community Assessment Lounge
- PALS undertaking Deaf blind awareness training and BSL level 1 to be able to support patients, families and carers
- Point of contact for veterans
- Team now up to full complement - 4.69wte

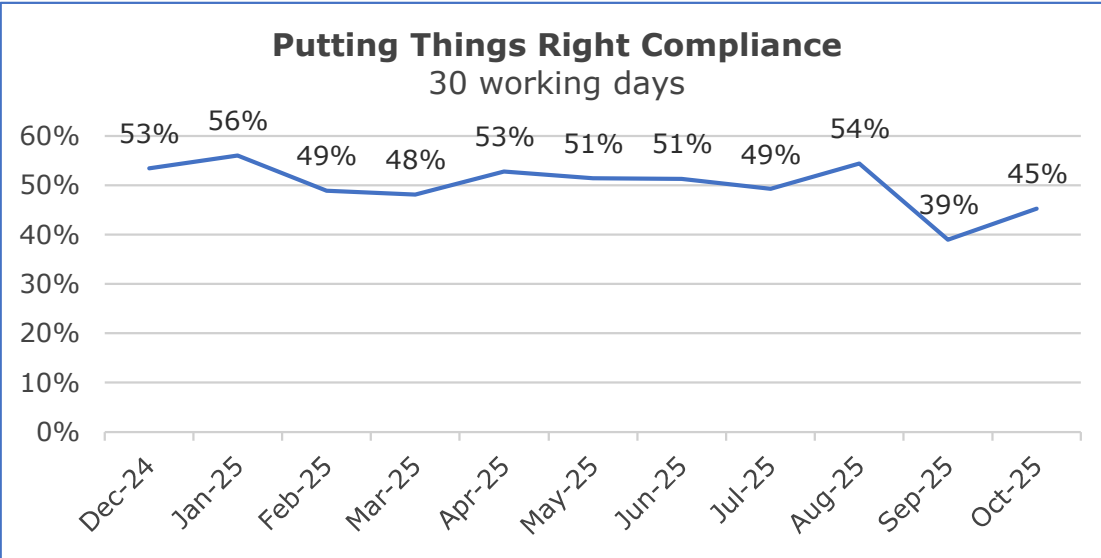


Pillar 1 Patient and staff feedback, concerns, complaints and compliments- Putting Things Right

Graph 1- Early Resolution Performance



Graph 2 – Putting Things Right Performance



Graph 1 Illustrates the compliance with the 2-day closure target for Early Resolution concerns (ER). ER has shown significant improvement compared to the previous year. There has been 1 re-opened caseX since December 2024, demonstrating the effectiveness of ongoing PTR training at the initial stage and thorough review processes at the final stage. The improved upward trend of ER compliance has continued to climb across quarter Q3 with an **average of 85% ER** compliance.

Graph 2 Shows PTR compliance with the 30-working day target. The organisation closed 399 formal complaints across Q3. There was a decrease in the number of concerns achieving compliance at the end of Q2 where the focus became the aged cases. A recovery plan has been agreed by the ABUHB Quality Management Group to remove the backlog of overdue cases (currently 270) and improve compliance to 75% by April 2026. Early indications for November and December signal considerable improvement.

Key Themes and Learning –

The main complaint themes in Q3 were Clinical Treatment/Assessment (217), Communication Issues (73), Attitude and Behaviour (42), Patient Care (42) and Discharge Issues (39). In the context of the ‘Our Next Patient’ a review of Discharge Issue’s complaints triggered an audit which found the increase was as a result of increased Family & Therapies and Mental Health & Learning Disabilities concerns, with the Division of Medicine concerns being lower than in previous quarters.

Improvements- At the end of Q3 the focused work with the T&O Directorate saw a decrease from 95 open formal concerns to 50. This represents a significant decrease of approximately 52% of all T&O complaints in a three-month period. This has been the result of a collaborative and focused approach between the aligned PTR/QPS team members and the Directorate/Divisional management team. The corporate PTR team achieved 100% compliance with the National concerns acknowledgement target within Q3. This has been supported by timely and efficient management of concerns being received and the swift engagement from Divisional teams to confirm Investigating Officers.

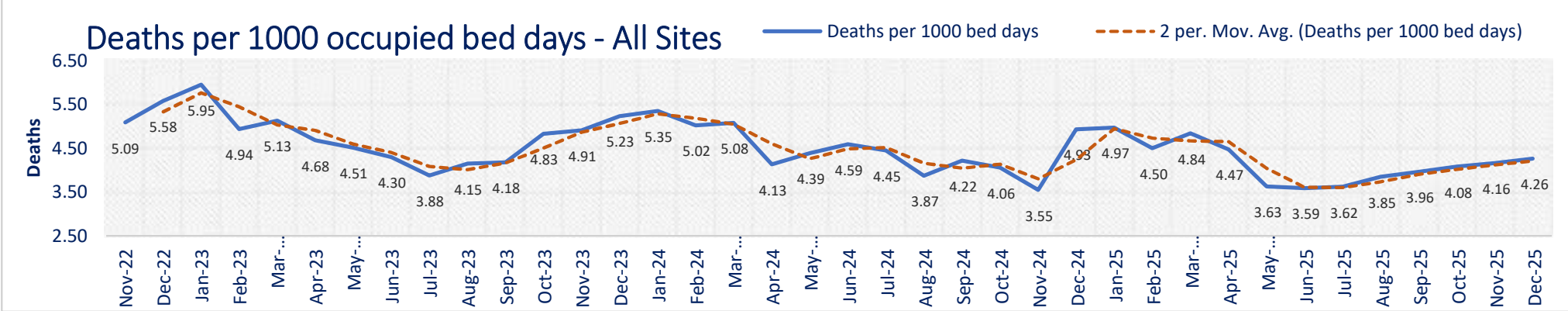


Pillar 2 – Patient Safety Including Incident Reporting - Mortality

Graph 1 - Risk Adjusted Mortality Index (RAMI)



Graph 2 - Deaths per 1000 occupied bed days



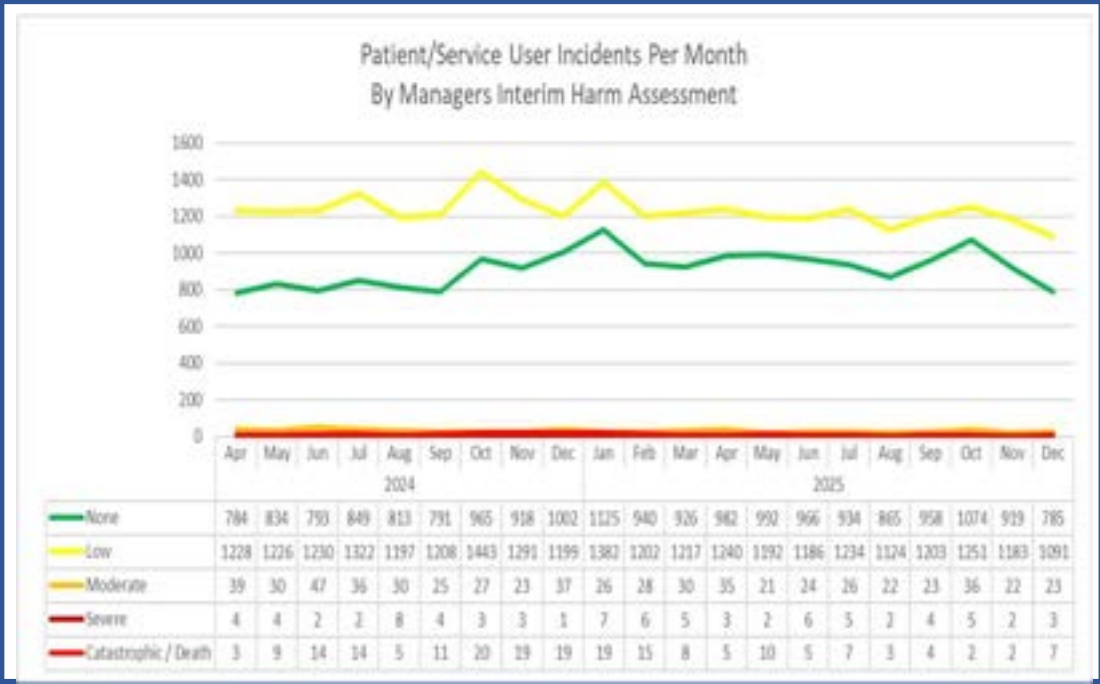
Graph 1 - shows the Health Board’s Risk-Adjusted Mortality Index (RAMI) for October is 89.7, (up from 85.6 in Q2). RAMI adjusts for patient risk factors and co-morbidities, allowing meaningful comparisons across organisations. Encouragingly, RAMI has improved year-on-year since 2023 and remains below the benchmark of 100 in 2025, indicating fewer observed deaths than expected. RAMI reliability depends on accurate clinical coding and timely updates to external systems. A standard 6–8-week delay in coding ensures completeness and accuracy. In October 2025, the Health Board ranked second among six members of the All-Wales peer group. Q3 data (November and December) will be updated in due course.

Graph 2 - crude mortality measures the number of deaths in a population over a set period, comparing current figures to the three-year average to identify trends. This data reflects all-cause mortality within the Health Board. The graph shows hospital deaths recorded by the Health Board. In 2025, deaths were on average 15% lower than previous years. Seasonal variation is evident, with consistent spikes in December and January each year.

Learning and Improvement – continue presenting the Learning from Death report to strengthen understanding of mortality reporting. This includes structured reviews and deep dives to interrogate RAMI data. Review mortality outliers through case-based notes analysis to identify learning opportunities and drive improvement. Collaborate with coding teams to improve depth and accuracy of clinical coding, enhancing the reliability of mortality metrics.



Pillar 2 – Patient Safety Including Incident Reporting – RL Datix Incidents Overview



Incident Volume and Harm: Patient/Service user incidents in Q3 reached 7,500 up from 7,024 from Q3 in 24/25. However, based on managers interim harm assessment the level of harm was decreased from 2.18% moderate and above incidents in Q3 24/25 to 1.59% in Q3 25/26.

A notable decrease in the number of Catastrophic/Death incidents this financial year, has been driven by work to improve the review and grading of incidents where patients have sadly died. The level of harm should be evaluated from the perspective of harm caused/contributed by Healthcare.

All incidents are investigated for identification of learning, themes and trends are collated and local actions or quality improvement programmes are developed as a result of the learning identified. These actions and quality improvement programmes may be delivered locally, divisionally and at Health Board level

Learning & Improvement -

A project has begun to improve the quality of information within Datix incidents, specifically focused on the investigation information. Further opportunities for learning are through the collation of themes and trends which are discussed at the learning and improvement forum and the Quality Management Group.



Pillar 2 – Patient Safety Including Incident Reporting – RL Datix Incidents Overview

Top 5 most common themes of Datix Incidents (impacting patients/service users of all harm levels)					
	Pressure Damage, Moisture Damage	Accident, Injury	Behaviour (including violence and aggression)	Medication, IV Fluids	Assessment, Investigation, Diagnosis
2024					
Dec	753	381	194	156	178
2025					
Jan	867	409	221	147	151
Feb	789	349	181	171	133
Mar	739	341	241	137	144
Apr	707	391	294	194	148
May	710	342	293	155	150
Jun	674	333	270	193	147
Jul	746	322	203	211	174
Aug	748	322	219	145	157
Sep	734	342	211	197	161
Oct	869	436	243	152	179
Nov	800	365	291	142	169
Dec	820	401	244	185	130
Grand Total	9956	4734	3105	2185	2021

The data presented above is extracted from RL Datix and provides a high level overview of the most common 'Classification' of incidents. Classification, represents the highest tier of description, with 'category' and 'sub-category' providing a more granular description of an incident.

'Pressure damage, moisture damage' incidents are the most common Datix incident, of which 56% relate to pressure ulcers present before admission, 24% relate to worsening pressure ulcers during their care, a small improvement on last quarter (55% and 25% respectively). A dedicated slide on pressure ulcers explore the work being undertaken.

'Accident, Injury' incidents- 86% are related to 'slip, trips and falls'. A dedicated slide on patient falls will explores these incidents in more detail and the work ongoing to mitigate the risk and harm of patient's falling.

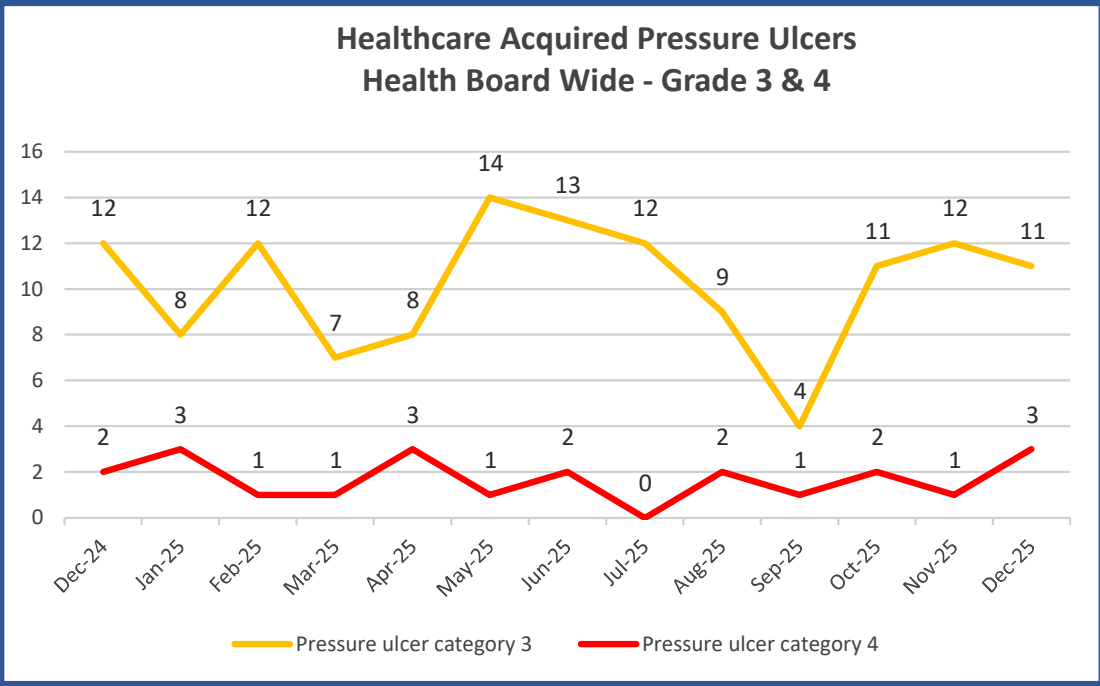
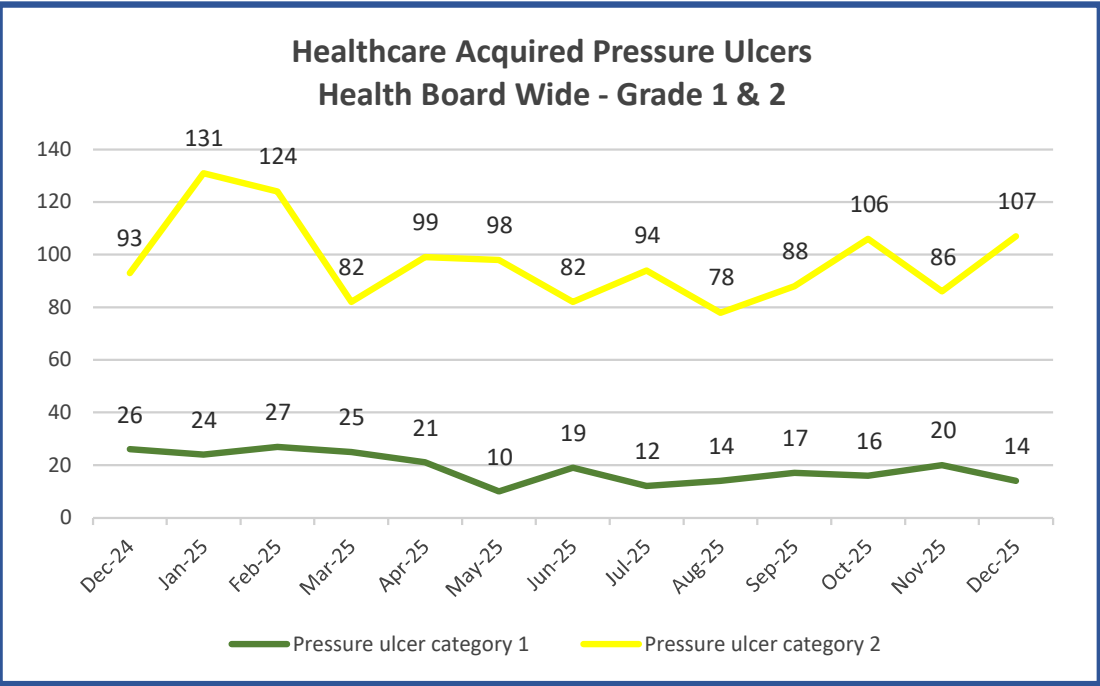
'Behaviour' incidents- 41% related to 'Self harm/injury' an increase of 2% compared to last quarter, 21% relate to 'Restrictive practices' a decrease of 3% since last quarter and 10% relate to 'absconding/missing patients'. A thematic review has been undertaken on self harm and restrictive practices with improvement plans developed, isolated complex patients account for a significant number of these incidents.

'Medication, IV Fluids' incidents- 46% relate to 'Administration errors' which would encompass delays, dose, strength, route of administration. 23% are 'Medication supply errors' and 17% are "Prescribing errors".

'Assessment, investigation, diagnosis' incidents- 60% are 'Diagnostic testing- Pathology', 24% are 'Clinical assessment/diagnosis' and 12% are 'Diagnostic testing – Radiology'.



Pillar 2 – Patient Safety Including Incident Reporting – Pressure Ulcers

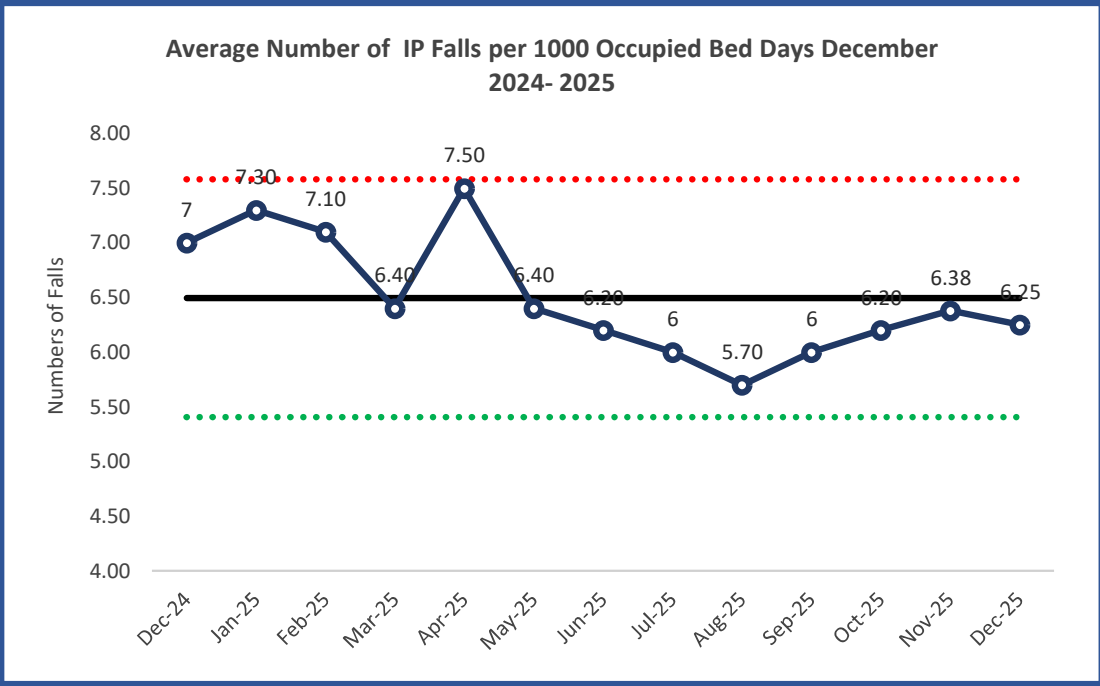
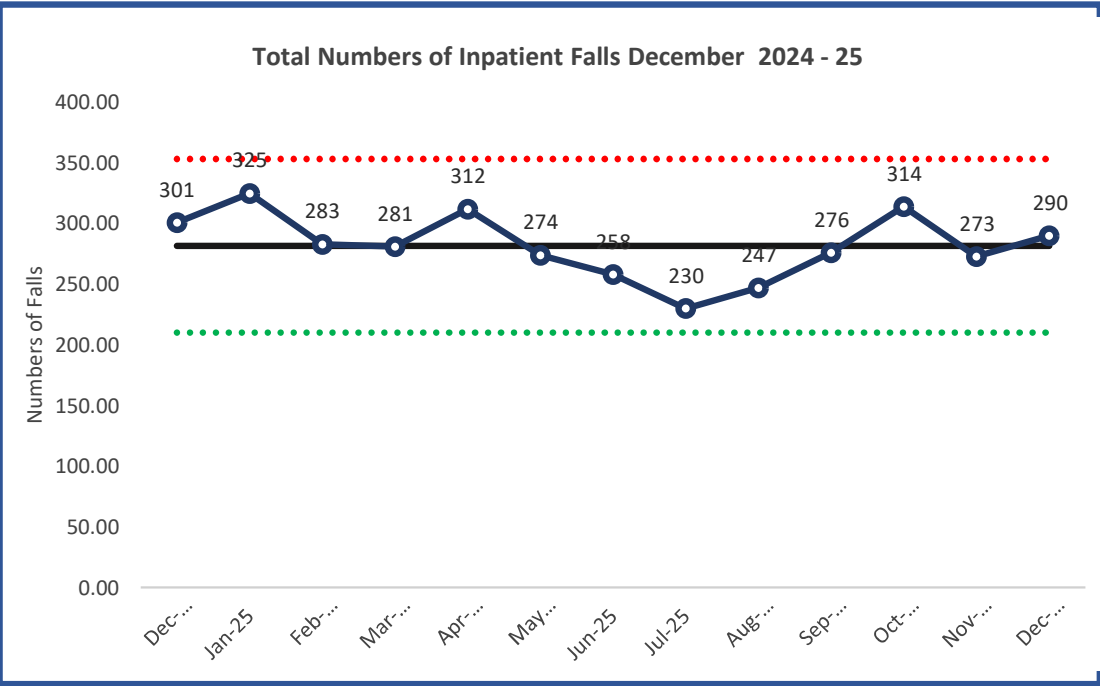


The majority of Pressure Ulcers recorded are category 2 (partial-thickness skin loss where the epidermis (outer layer of skin) or dermis (deeper layer of skin), or both, are damaged). No statistically significant trends in the category of ulcers can be seen within the past 3 months.

Issue	Action	Learning and Improvement
Quality of Datix Reporting – correct grading, duplication, adding a value (Avoidable or Unavoidable harm), Focused Reviews & timely closure	Through the Steering Group. work with divisions to develop achievable processes to improve the validation of incidents	Grading guides & resources available on the Tissue Viability webpage to support improvement. Policy reviewed with group, suggestions to be escalated to DDON and agreement sought to complete focussed reviews on grade of pressure damage.
Access to air mattresses. Mattresses arriving in clean packaging – damaged or contaminated	Ensure staff are aware of how to access mattresses via Drive. Report incidents of damaged or contaminated mattresses to Drive immediately	Posters & booklets available to support mattress choice. Education programme in place at YYF. Education booklet is being developed for staff. Review undertaken in relation to mattress purchase and hire across all division process developed across divisions.
Timely investigation & share learning	Establish regular scrutiny panels and develop standardised process and documentation. Complete investigations & Yorkshire contributory factors on Datix	Identify themes & actions to improve. Share via QPS forums & Pressure damage collaborative. Educational slides shared with all divisions
Validation for Grade 2 pressure ulcers	Senior Nurse review and sign off for all grades of pressure damage.	Information cascaded to all divisions. All divisions aware of requirement for senior nurses to sign off all pressure damage incidences.
High number of no value incidences within DATIX	Provide information for clinical teams on reporting, roles and responsibilities. Review current Health Board policy and All Wales reporting guidance	HB Policy and All Wales guidance reviewed, suggested amendments to be discussed with DDON. Flow chart on DATIX system to be reviewed by group at next meeting.



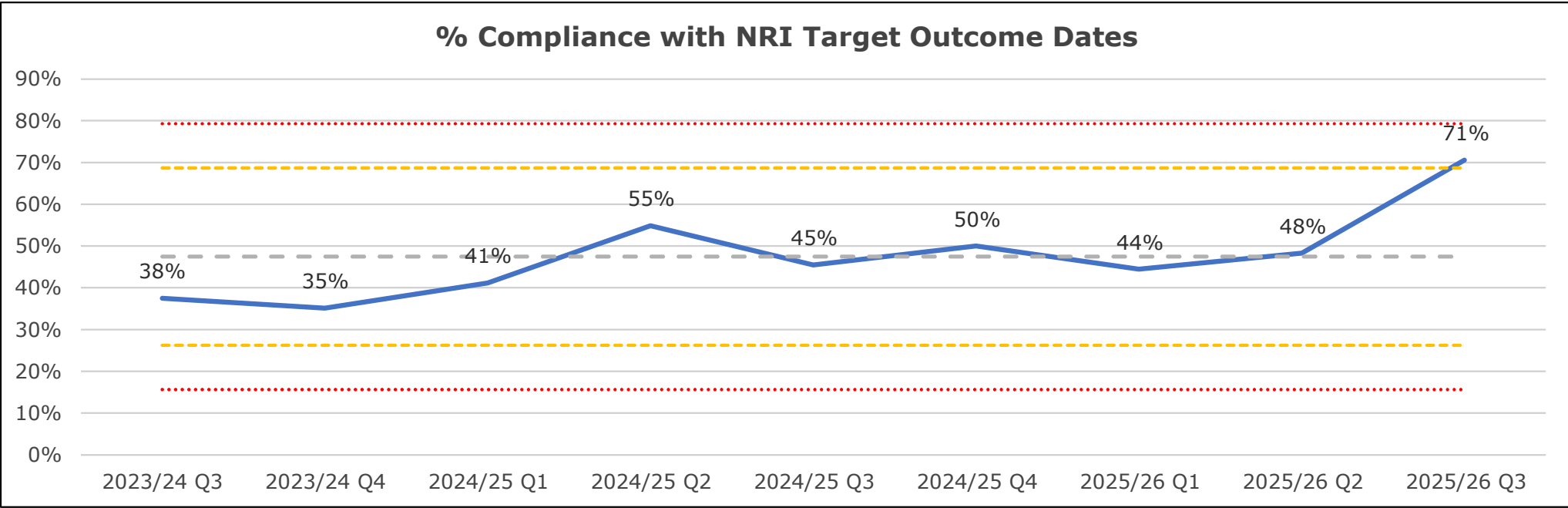
Pillar 2 – Patient Safety Including Incident Reporting – Falls



- Following the upwards trajectory from July to October 2025 quarter 3 has seen a decrease in falls reported incidents for both November and December 2025 (273 & 290 respectively). Both months represent values more closely aligned to the mean average.
- December 2025 has seen a marginal decrease in the mean average value from 6.57 as reported for November 2024-25 data review (1.22%) to 6.49. This still remains 1.3% below the national average (6.6).
- An education package for new registered nurses has been trials with further development being undertaken at the direction of the ABUHB Bone Health Group.



Pillar 2 – Patient Safety Including Incident Reporting – Nationally Reportable Incidents



Compliance with target closure dates for Nationally Reportable incidents has improved notably in Quarter 3 2025/26, this is in part due to increased monitoring of cases and the reduction in open/overdue cases. At the end of December there were 57 open NRIs, with 39 cases within the compliance window.

The number of cases overdue :

- 12 months is 4
- 6-12 months is 2
- 3-6 months is 3
- 0-3 months is 9

The number of open NRIs has decreased over the past year which in the context of stable NRI reported numbers shows an emphasis on timely closures. This is combined with a reduction in overdue cases from 26 in Dec 2024 to 18 in Dec 2025 (30% reduction).

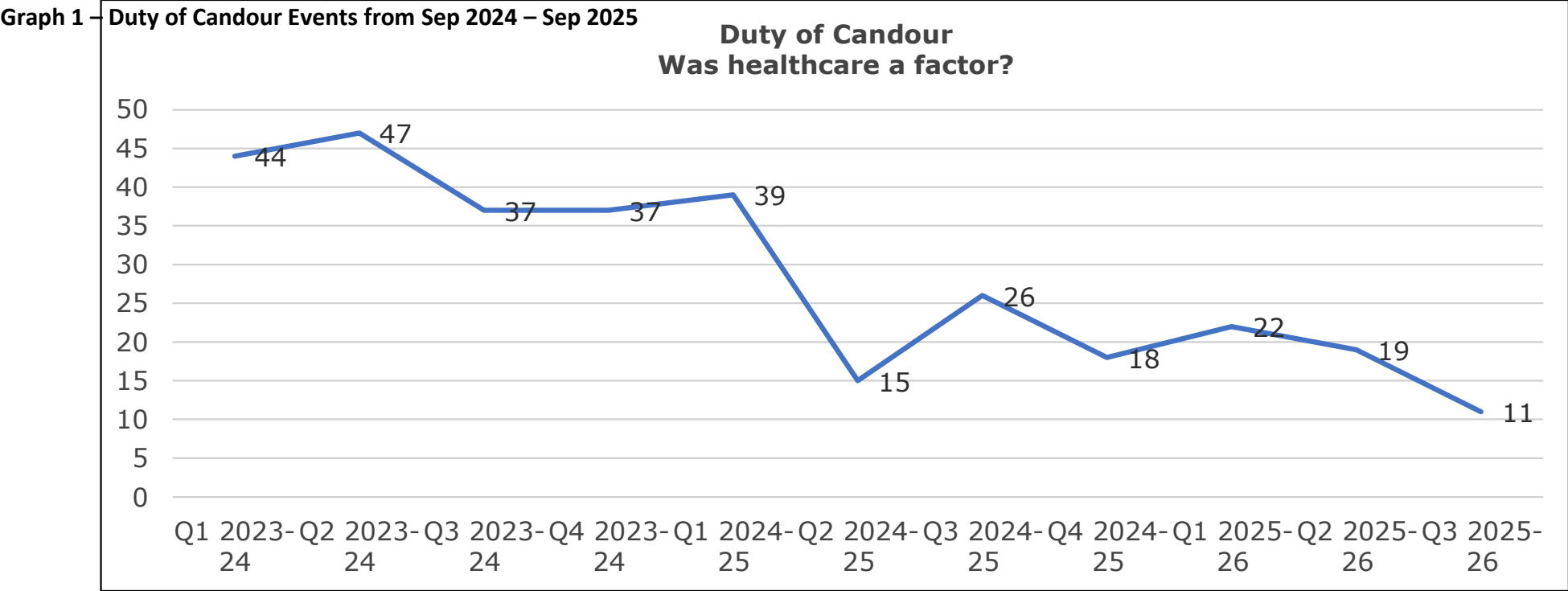
Learning and Improvement:

Active engagement with Quality and Patient safety stakeholders, looking prospectively at NRI closures due over the next 60 days. Proactively closing NRI's that do not require a full Corporate or Divisional investigation. Bi-weekly monitoring of cases for escalation has also been introduced.

Updated Patient Safety Incident Reporting Policy taken through Quality Management Group prior to Public Board (on the agenda for January 2026). The updated policy includes bespoke training, information on complex & sensitive cases and role requirements of Family Liaison Officers. Weekly PSI meetings continuing to ensure progress of action/improvement plan as well as monitoring PSI cases.



Pillar 2 – Patient Safety Including Incident Reporting – - Duty of Candour



Duty of Candour information is extracted from RL Datix and represents an evolving picture; data correct as of 01 January 2026. The number of Duty of Candour (DoC) incidents remains low. Common Categories of Incidents: *Treatment or procedure issues, Clinical assessment / diagnosis, Slip, trip or fall and Pressure ulcer developing/worsening*. Slight reduction from Q2 to Q3 but this could be due to delays in triggering the DoC process.

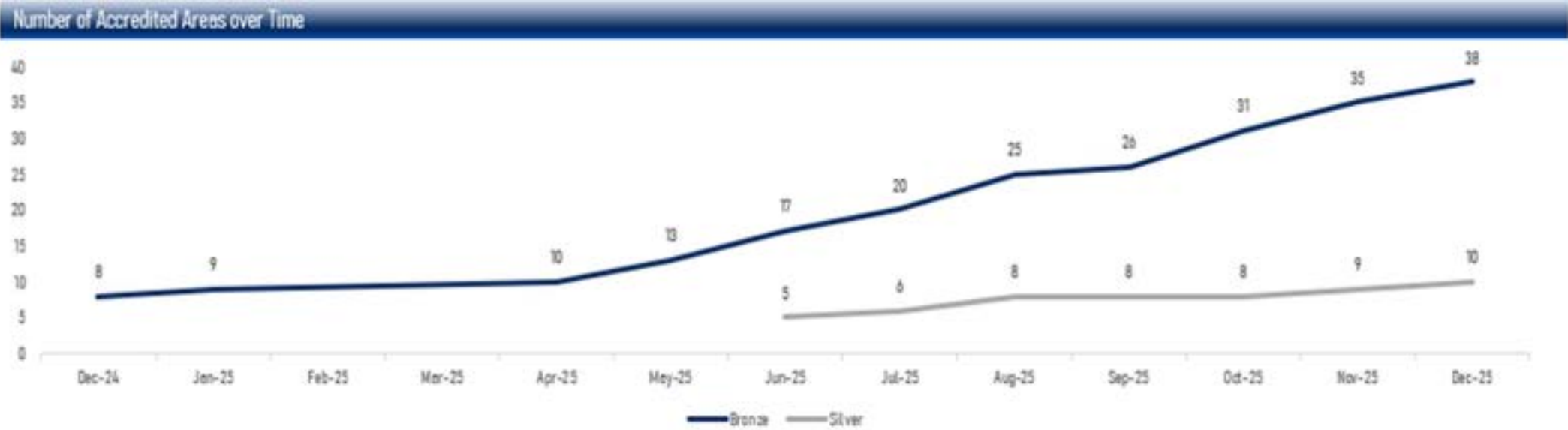
Actions: Refreshed SoPs in development which will go alongside new digital resources on ABUHB intranet and Business Intelligence Software (QLIK) to allow real time monitoring of DoC cases.

Learning and Improvement: Mandatory training will strengthen understanding and statutory compliance. Patient and family feedback reinforces the need for timely, compassionate communication during DoC processes. Continuous monitoring of DoC application and training effectiveness. Collaboration with other Health Boards to share best practice and refine SOPs. Cultural shift towards openness and honesty as core principles.



Pillar 3 Clinical Effectiveness – Ward Accreditation

Graph 1- Ward accreditation status over time



Quality Improvement Projects through ward accreditation

12 more areas have achieved bronze accreditation and 2 more areas have reached silver in Quarter 3 2025/26. More specialist areas are being accredited (theatres / clinics). Winter pressures are slowing the wards' ability to progress their accreditation. Roll out to district nursing / complex care and public health nursing in progress

Issue	Action	Learning and Improvement
Resources to undertake independent reviews have been impacted by winter pressures.	Shadowing senior nurses so they can use a peer review in clinic areas for bronze accreditation.	Review of independent review process to streamline
Some reviews may be delayed slightly depending on availability of senior staff.	Widen scope of staff undertaking reviews : invites sent to QPS / IPAC / Safeguarding	



Pillar 4 - Health, Safety, Security and Compliance

Graph 1- RIDDOR % Compliance

RIDDOR Volumes and Compliance

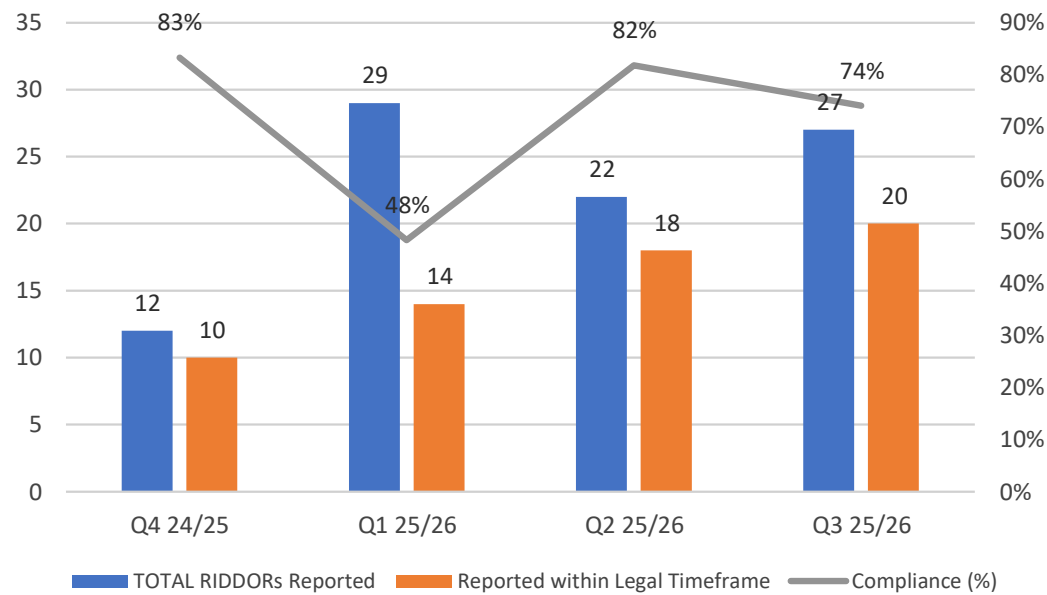


Table 1 - Health and Safety Training Compliance

Statutory & Mandatory Training Compliance	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26
Health and Safety	86.6%	86.6%	87.1%	86.9%
Fire Safety	82.6%	82.2%	82.3%	82.4%
Manual Handling	69.8%	69.7%	67.9%	66.2%
Violence Prevention & Reduction	86.0%	86.3%	86.5%	85.7%

Table 2 – Violence and Aggression incidents

Staff Health and Safety Incident Reporting	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Physical assault	227	266	203	262
Contact with needles or medical sharps	54	56	67	65
Slip, trip or fall	30	28	35	26
Verbal assault	44	45	25	45
Manual handling	13	18	19	19
Sexual assault and/or sexually inappropriate behaviour	13	19	11	19

Issue	Action	Learning and Improvement
Increased number of contact with needles or medical sharps reported in Quarter 2 & 3 (2025/26)	Thematic review to be conducted to identify themes and patterns Health and safety management audits to be carried out for all Inpatient areas in Q4 2025/26	Identification of areas of non-compliance, resulting in delivery of education programmes to target areas
Achieving a high compliance rate of reporting incidents in accordance with RIDDOR with the legal timeframes	Implement RIDDOR Awareness eLearning Training and mandate the course for all managers via the Core Learning Committee	Sharing details of late reports with the Service areas and Senior Managers
Manual handling training compliance is significantly below the 85% target	Targeted approach for staff attending training courses	Competent workforce to deliver manual handling techniques
Fire safety training compliance is below the 85% target	Implement fire safety training framework which is risk based	Competent workforce to manage fire safety risk



Pillar Five - Infection Prevention & Control

Table 1 – Healthcare Associated Infections per 100,000 populations

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	43.02	1.11	23.85	63.31	20.06	6.02
Wales	43.45	2.06	25.21	70.13	24.16	5.33

Table 2 – Healthcare Associated Infections Count of specimens

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	193	5	107	284	90	27
Wales	1036	49	601	1672	576	127

C difficile infection

193 cases reported from April - December 2025. This is 30 less than the equivalent period 2024/25. This is a HB rate of 43.02 per 100,000 population

- < than same period last FY
- = same period last FY
- > than same period last FY

Staph Aureus blood stream infection

112 cases reported from April - December 2025. This is 30 less than the equivalent period 2024/25. This is a HB rate of 24.97 per 100,000 population

E coli blood stream infection

284 cases reported from April - December 2025. This is 1 less than the equivalent period 2024/25. This is a HB rate of 63.31 per 100,000 population

Klebsiella blood stream infection

90 cases reported from April - December 2025. This is 4 less than the equivalent period 2024/25. This is a HB rate of 20.06 per 100,000 population

Pseudomonas blood stream infection

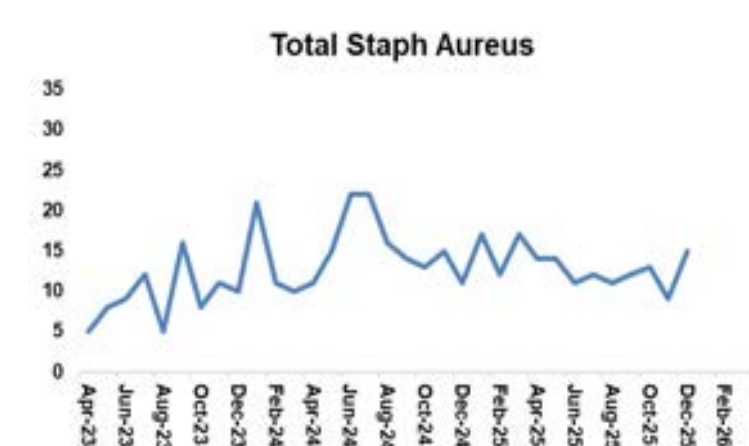
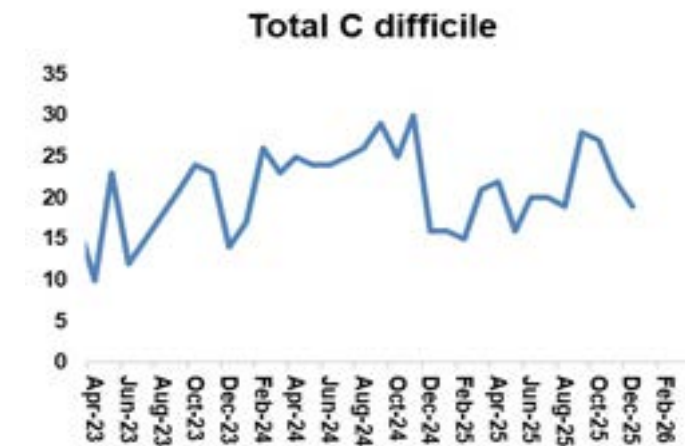
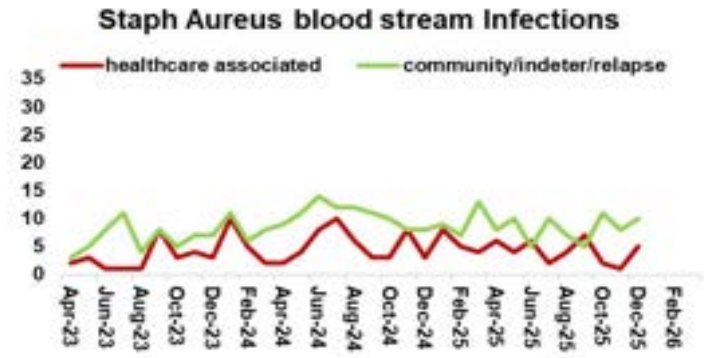
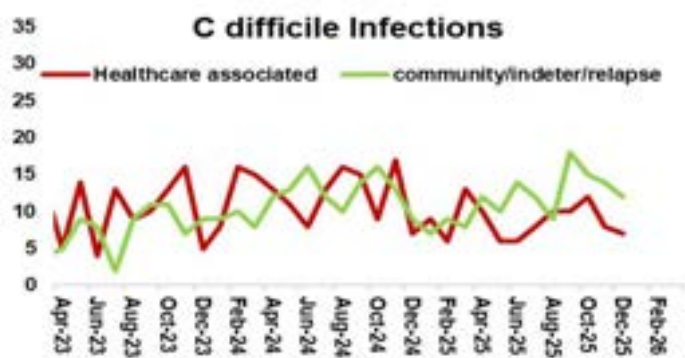
24 cases reported from April - December 2025. This is 6 less than the equivalent period 2024/25. This is a HB rate of 6.03 per 100,000 population



Pillar Five - Infection Prevention & Control

193 cases of C difficile reported from April 2025 to December 2025. This is 30 less than the equivalent period 2024/25. This is a HB rate of 43.02 per 100,000 population

112 cases of Staph Aureus BSI reported from April 2025 to December 2025. This is 30 less than the equivalent period 2024/25. This is a HB rate of 24.12 per 100,000 population



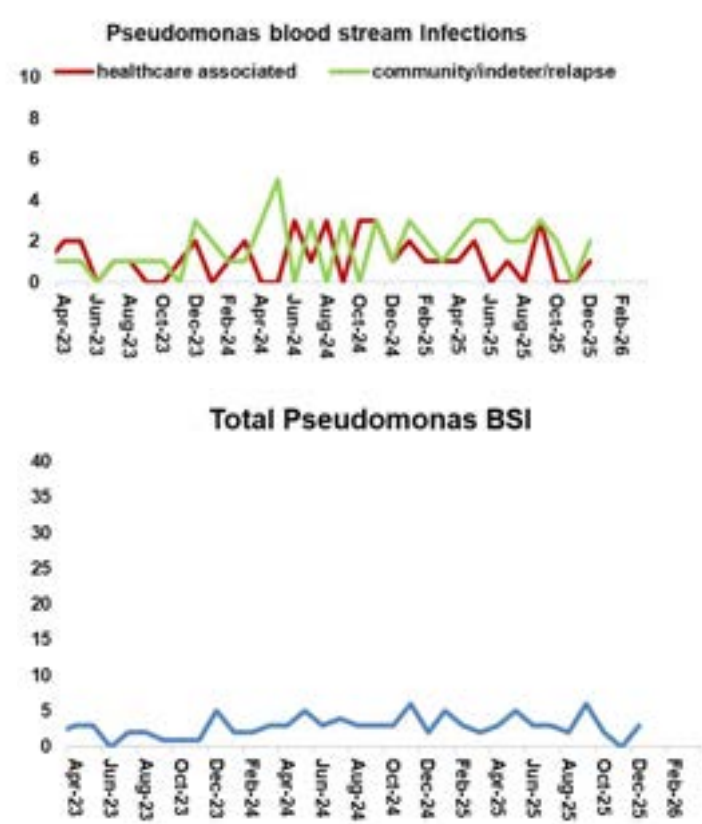
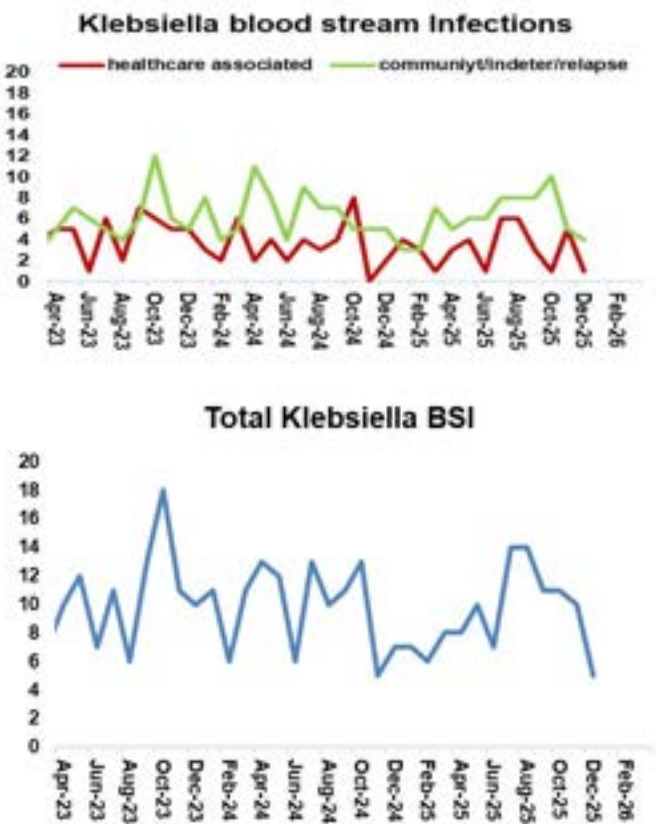
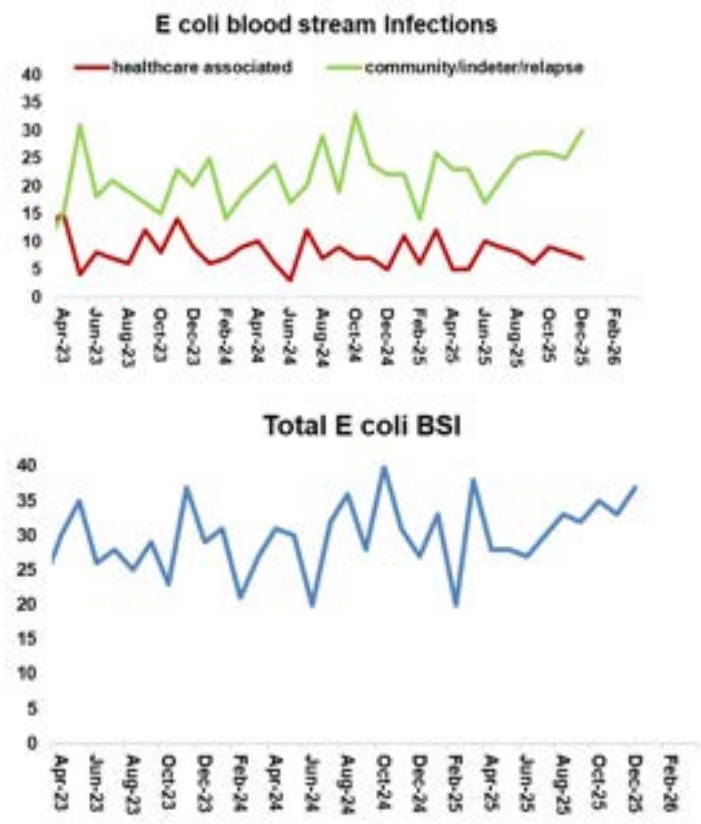


Pillar Five - Infection Prevention & Control

284 cases of E coli BSI reported from April 2025 to December 2025. This is 1 less than the equivalent period 2024/25. This is a HB rate of 63.31 per 100,000 population

90 cases of Klebsiella BSI reported from April 2025 to 2025. This is 4 less than the equivalent period 2024/25. This is a HB rate of 21.36 per 100,000 population

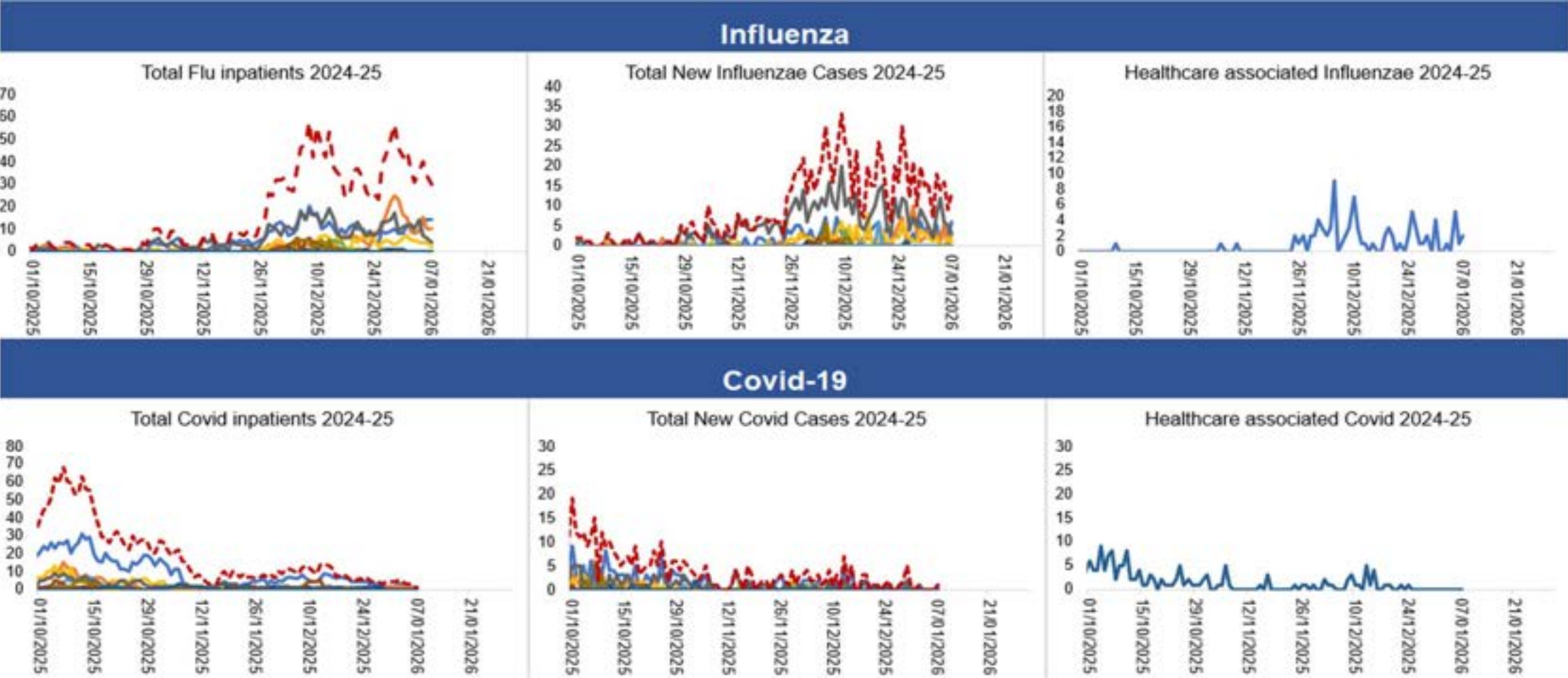
27 cases of Pseudomonas BSI reported from April 2025 to December 2025. This is 5 less than the equivalent period 2024/25. This is a HB rate of 21.36 per 100,000 population





Pillar Five - Infection Prevention & Control

Table 1 – Respiratory Virus Overview





Pillar Five - Infection Prevention & Control

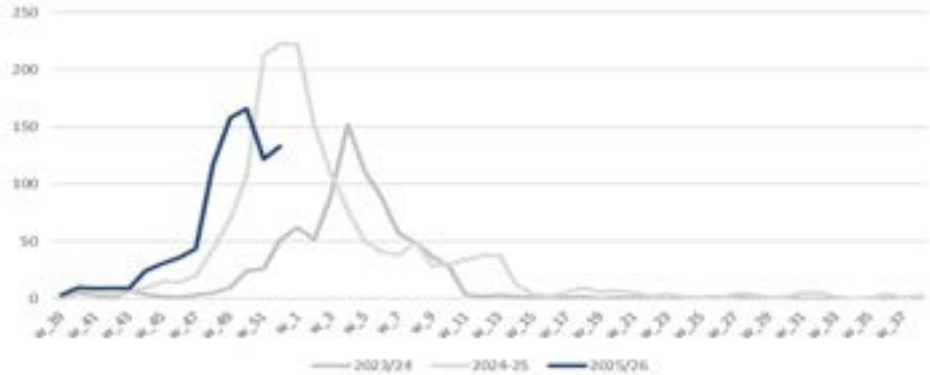
Covid

COVID-19 remains stable at low levels in ABUHB and across Wales



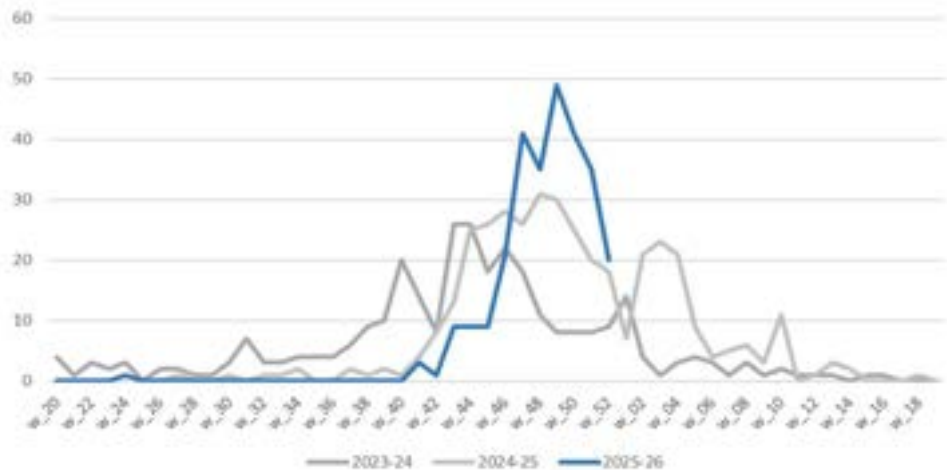
Influenza

Influenza remains stable at medium intensity levels in ABUHB. Across Wales, influenza continues on an increasing trend – particularly numbers of new cases being hospitalised with confirmed influenza.



RSV

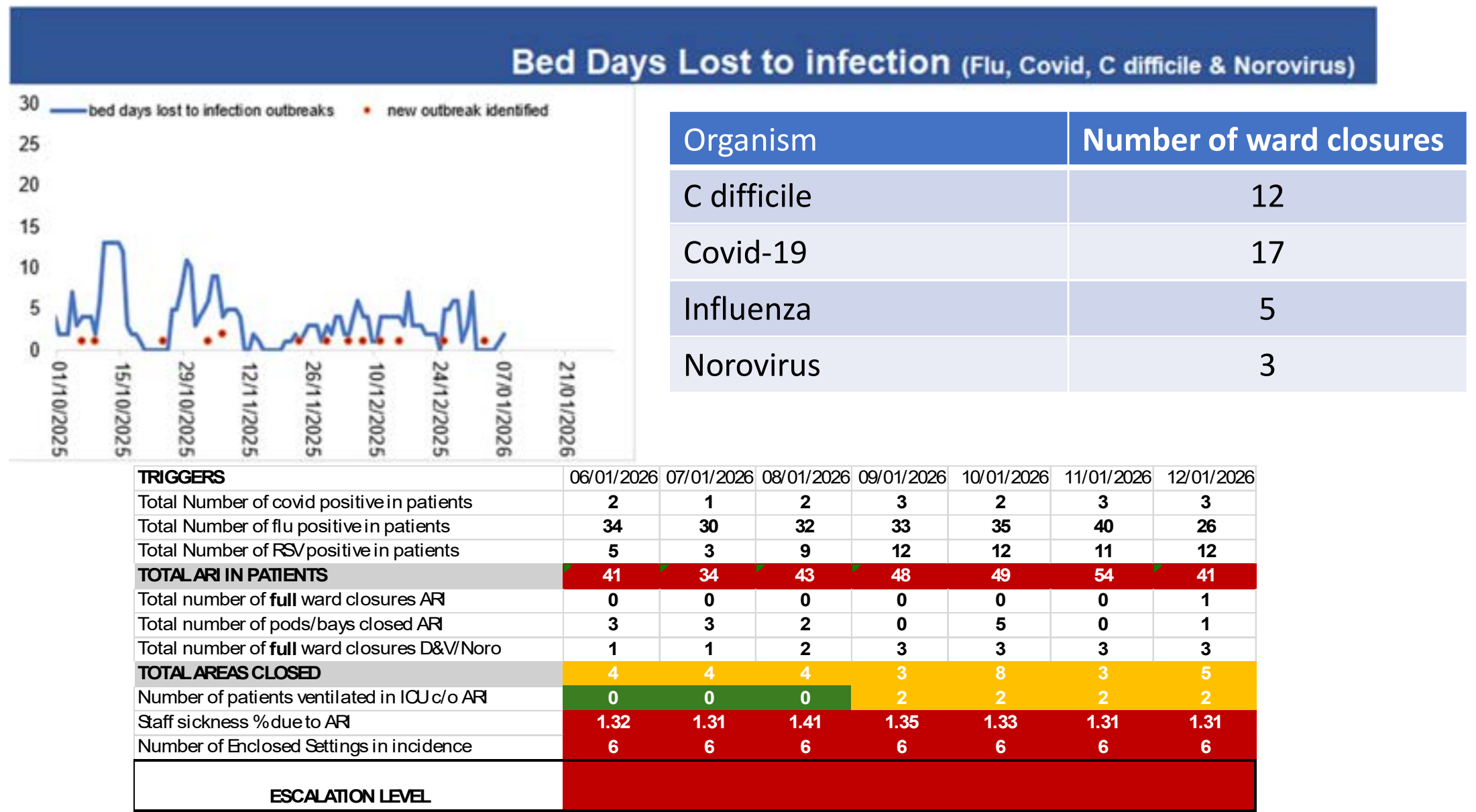
New RSV cases declined for a third consecutive week in ABUHB, suggesting we have passed the peak. Activity in adults increased, but numbers remain very small overall. Across Wales, RSV activity in children under 5 is still above high intensity level thresholds, but activity is declining





Pillar Five - Infection Prevention & Control

Table 1 – Ward Closures, Bed Days Lost & RAG Escalation (rolling 7 days)





Pillar Five - Infection Prevention & Control *Continued*

Graph 1 – SSI Rates

Quarterly Rates



MONTHLY PROGRESS



- Reduction in the SSI rate this quarter, compared to 2024's Quarter 3 (30.85%) - despite doing more procedures (603 in 2025, and 557 in 2024).
- There was a 23.29% reduction in the number of SSIs reported at the end of Q3 2025 when compared to Q3 of 2024.
- 56 SSIs reported up until the end of Sept 2025. 11 Deep, 13 Superficial, and 32 Unknown/not recorded.
- Less SSIs have been reported up to quarter 3 2025 than predicted, 56 SSIs reported whereas 74 were expected.
- SSI rate has been between 3.07% - 3.65% for 2025, slightly increasing with each passing quarter



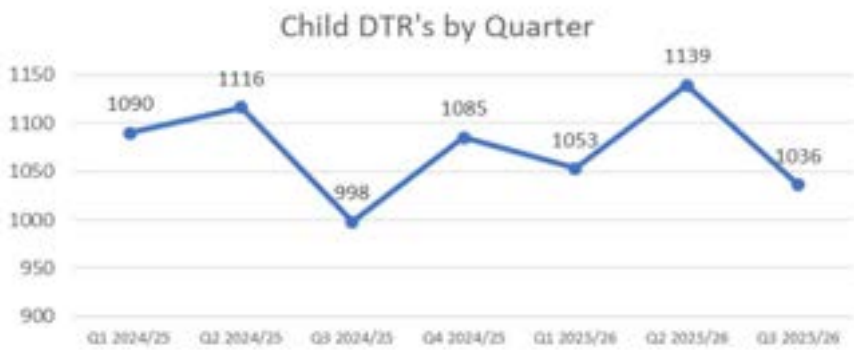
Pillar Five - Infection Prevention & Control

Themes & Trends	Successes	Challenges	Learning & Improvement
C difficile	Two wards participating in the national collaborative	Time and system pressures to ensure improvement and focus Human factors and communication re PPI management	Cleaning process in HB policy not achievable since change of hospital beds Many staff not received training for discharge cleaning Sticker developed to be placed in medical notes
Staph Aureus blood stream infections	Lowest rates for MRSA and MSSA in Wales	Documentation for bundle compliance	Relaunch the IDECIDE and awareness for line care
Gram Negative blood stream infections	Slight reduction in all three areas of reporting compared to previous years	Dip sticking of urine in patients over the age of 65 which is not advocated	ERASE developed and will be promoted via IP newsletter and via coms
Winter Viruses	Health Board escalation standard operation procedure activated	Compliance with prompt isolation of patients due to limited cubicles on RGH/NHH and community sites and staff wearing face coverings.	Shared facilities increases risk of onward transmission Fast track of respiratory screen in hospital sites where cubicles limited
C-Section SSI	QI project	High number of E coli may be associated as an endogenous infection	Alternative dressing introduced Enhanced patient resources

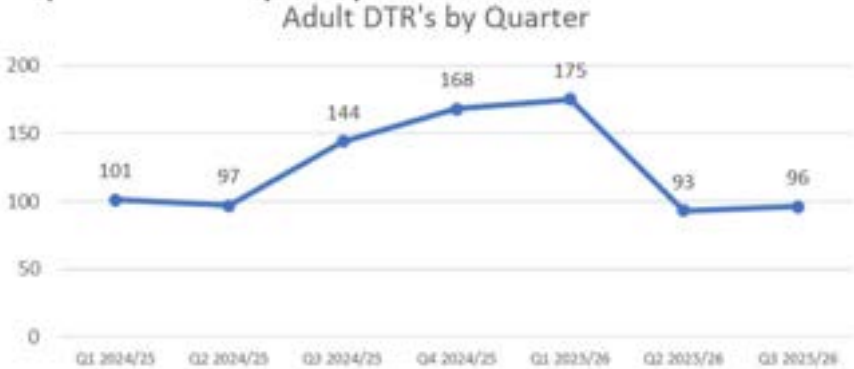


Safeguarding

Graph 1 – Child Duty to Report



Graph 2 – Adult Duty to Report



Graph 3 – Advice & Support Calls to Safeguarding Service

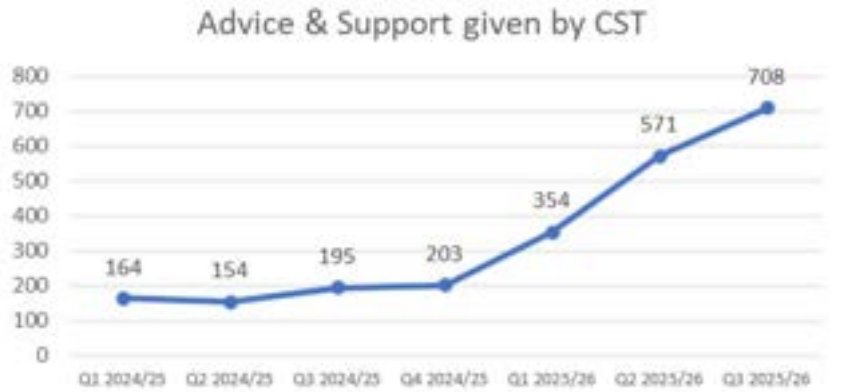


Table 1 - Child and Adult Safeguarding training compliance (levels 1, 2 & 3)

Training Module	Compliance %	Training Module	Compliance %
Adult Safeguarding Level 1	83%	Child Safeguarding Level 1	82%
Adult Safeguarding Level 2	85%	Child Safeguarding Level 2	84%
Adult Safeguarding Level 3	35%	Child Safeguarding Level 3	46%

Child Duty to Report:

Activity in relation to Child Safeguarding remains relatively stable throughout this reporting period and demonstrates that our staff remain vigilant, raising concerns through appropriate routes in a timely way. The bulk of referrals are in relation to physical abuse or neglect, within the family setting. An increase has been noted in reporting of contextual abuse, which is abuse that occurs outside of the family setting and can be related to criminal or sexual exploitation. Discussions with partners have highlighted that an increase in reporting has been a result of increased awareness that has led to more timely reporting.

Adult Duty To Report

The volume of activity in relation to Adult Safeguarding stabilised in Q3 following a period of increased activity for 3 quarters.

Advice and Support Calls

The increase in calls for advice and support directly correlates with an increase in uptake of Level 3 Training and demonstrates that the workforce are more aware of potential safeguarding concerns and where to seek support in managing them. The implementation of the Safeguarding module and improved data reporting has also contributed to the increase.

Safeguarding Training:

Compliance at Level 1 and Level 2 remains below the required level of 85%, so individual breakdowns have been shared with Divisional leadership teams to address this at a local level. Whilst Level 3 Child Safeguarding Training is below the required level of 85%, this was only formally mandated in April 2025 and a clear plan is in place to achieve and maintain compliance over a three-year period. The Level 3 Adult Safeguarding Training was mandated in April 2025, though at this time the three-year recovery plan is unlikely to achieve compliance of above 85% due to available resources to provide this training. An SBAR has been produced for the Health Board Executive Team to highlight the risks associated with this and offering options to aid recovery. It should be noted that there is a national mandate for Level 3 Adult Safeguarding to be minimum level required for all registered health care staff. This mandate also states that it should be one day every three years, be face to face and be participatory. As such, this must be delivered to approximately 6500 staff.



The 2025/26 financial performance is measured by comparing actual expenditure with the budgets as delegated and approved by the Board and CEO. The Health Board has statutory financial duties and other financial targets which must be met. The table below summarises these and the Health Board’s performance against them.

Nov-25 Performance against key financial targets 2025/26 +Adverse / () Favourable					
Target	Unit	Current Month	Year to Date	Year-end Forecast	Movement
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year. This confirms the YTD and forecast variance.	£'000	1,328	14,996	18,323	
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	2,283	16,838	0	
	£40,320	6%	42%		
Public Sector Payment Policy To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	97.6%	97.2%	>95%	
Performance against requirements 23/24					
		22/23	23/24	24/25	3 Year Aggregate (22/23 to 24/25)
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Revenue	x	36,842	49,754	7,185	93,781
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Capital	✓	(43)	(41)	(66)	(150)
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers	x				
Underlying Financial Position (Brought Forward ULP)					
		22/23	23/24	24/25	25/26 Forecast
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.		£89.6m Deficit	£81.4m Deficit	£27.2m Deficit	£14m Deficit

The 2025/26 financial year to date budget performance as at month 08 is an adverse variance of **£14.996m**. This position is £3.6m worse compared to the IMTP MDS and £0.6m better compared to the Month 7 MMR month 8 profile for 2025/26.

In Month 8 the forecast position has improved by £1.3m to a **reported forecast of £18.3m deficit**, this is a result of additional wage award funding for Bank for 24/25 & 2/26, however, this carries some significant risks.

This position relies on savings achievement of £43.4m.

There remain risks associated with this forecast position, including anticipated allocations from WG including planned care funding, 45 minutes ambulance handovers and ED transitional services, in addition any new year pressures, including Winter, and full achievement of the savings schemes.

ABUHB Mid Year Review 2025/26 (m5)		
Forecast Deficit Analysis - outside of IMTP plan		
Category	Issue	Value £m
National Issues (£2.9m)	National insurance > funding	2.20
	Theatres B2 to B3 grievance	0.30
	MS365	0.40
	Fracture liaison service	0.30
Funding Ceased (£0.3m)	Winter Beds 24/25	0.80
	Surge beds	2.00
	Emergency Department	0.20
	ITU capacity	1.50
Ministerial Priorities - Urgent & Emergency Care (£4.5m)	Cancer	2.00
	Diagnostics growth	0.50
	Drugs	2.00
	CHC	2.50
Ministerial Priorities - Cancer (£2.5m)	Diabetes Pumps	0.80
	Mental health	3.90
	Thyroid loss of service	0.50
Growth above plan (£5.3m)		
Unavoidable Investments / Risk mitigations (£4.6m)		
Mid Year Review Forecast Deficit		19.90
Month 8 Movements	Winter 25/26	0.50
	45 Minute Handover	0.22
	NWSSP Rebate	(0.50)
	Bank Pay Award 2024/25	(1.80)
25/26 Forecast as at Month 8		18.32

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Performance Report – November 2025 (2025/26 Month 08)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe - Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	Suzanne Jones – Assistant Director of Finance

Pwrpas yr Adroddiad Purpose of the Report

Er Sicrwydd/For Assurance

This report sets out the following:

- The financial performance at the end of November 2025 and the forecast position against the statutory revenue and capital resource limits,
- The savings position for 2025/26,
- The revenue reserve position on the 30th November 2025,
- The Health Board's underlying financial position,
- The cash position, including the strategic cash support required,
- Public sector payment policy performance, and
- The Capital position.

A system link is included for the month 8 monitoring returns reported to Welsh Government.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report sets out the financial performance of Aneurin Bevan University Health Board, as at the 30th November 2025 (Month 08) for the financial year 2025/26.

The 2025/26 financial performance is measured by comparing actual expenditure with the budgets as delegated and approved by the Board and CEO. The Health Board has statutory financial duties and other financial targets which must be met. The table below summarises these and the Health Board's performance against them.

Nov-25

Performance against key financial targets 2025/26

+Adverse / () Favourable

Target	Unit	Current Month	Year to Date	Year-end Forecast	Movement
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year. <i>This confirms the YTD and forecast variance.</i>	£'000	1,328	14,996	18,323	
Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit. <i>This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.</i>	£'000 £40,320	2,283 6%	16,838 42%	0	
Public Sector Payment Policy To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	97.6%	97.2%	>95%	

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

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

At Month 08, the reported forecast revenue position has improved from £19.9m to a £18.3m deficit. The reported capital position is break-even. There are risks to achieving the reported forecasts.

The year-to-date budget performance at month 8 is a deficit of £14.996m, which is a £0.6m improvement upon the expected month 7 forecast profile for 2025/26. The year-to-date position is due to new in year pressures that include prescribing costs (April PAR) / drugs, CHC activity including Discharge to Assess case growth, winter wards, and variable pay relating to Mental Health and other operational pressures.

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

Cefndir / Background

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

Through financial recovery actions the forecast achievement of savings and mitigating actions as at month 8 is £43.5m. However, the in year cost pressures that the Health Board is not able to mitigate are listed in the table below:

Forecast Deficit Analysis - outside of IMTP plan		
Category	Issue	Value £m
National Issues (£2.9m)	National insurance > funding	2.20
	Theatres B2 to B3 grievance	0.30
	MS365	0.40
Funding Ceased (£0.3m)	Fracture liaison service	0.30
Ministerial Priorities - Urgent & Emergency Care (£4.5m)	Winter Beds 24/25	0.80
	Surge beds	2.00
	Emergency Department	0.20
Ministerial Priorities - Cancer (£2.5m)	ITU capacity	1.50
	Cancer	2.00
	Diagnostics growth	0.50
Growth above plan (£5.3m)	Drugs	2.00
	CHC	2.50
	Diabetes Pumps	0.80
Unavoidable Investments / Risk mitigations (£4.6m)	Mental health	3.90
	Thyroid loss of service	0.50
Mid Year Review Forecast Deficit		19.90
Month 8 Movements	Winter 25/26	0.50
	45 Minute Handover	0.22
	NWSSP Rebate	(0.50)
	Bank Pay Award 2024/25	(1.80)
25/26 Forecast as at Month 8		18.32

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

We have now received formal confirmation from Welsh Government that the anticipated pay award funding for 2025/26 has been confirmed, including the Real Living Wage step costs implemented on 1 April 2025. In addition to the £31m funding for the wage award, confirmation also includes £1.8m for bank wage uplift for 2024/25 and £1.5m for the current year bank wage award. This outcome aligns with our planning assumptions and provides assurance that these significant pay-related pressures will be fully funded, reducing the deficit and associated risk to the financial position.

Asesiad / Assessment

• Revenue Performance

Year to date

A summary of the year-to-date financial performance is provided in the following table. The cost drivers causing the year to date overspend of £14.996m are related to those in the previous table. The year-to-date position and the forecast by delegated area is:

	Annual budget	YTD Reported Variance	Full-year Forecast at M08	Full-year Forecast at M07	Movement
	£000s	£000s	£000s	£000s	£000s
Operational Divisions:-					
Primary Care and Community	321,258	155	3,294	3,060	234
Prescribing	125,635	1,936	1,434	1,674	(240)
Community CHC & FNC	75,469	1,747	1,770	1,657	113
Mental Health & Learning Disabilities	153,199	4,231	6,125	6,886	(761)
Total Primary Care, Community and Mental Health	675,561	8,070	12,623	13,276	(653)
Surgery	156,596	9,254	10,687	10,687	(0)
Clinical Support Services	138,269	1,143	2,570	2,076	494
Medicine	179,867	4,134	6,618	6,858	(240)
Urgent Care	43,585	346	989	696	293
Family & Therapies	152,425	1,820	2,724	2,723	0
Estates and Facilities	98,064	(2,224)	(1,749)	(1,505)	(244)
Chief Operating Officer	10,637	1,811	2,251	853	1,398
Total Chief Operating Officer	779,444	16,284	24,090	22,389	1,701
Total Corporate Divisions	99,916	(3,380)	(6,464)	(5,912)	(553)
Total Specialist Services	202,920	510	1,257	1,360	(103)
Total External Contracts	134,197	(2,574)	(3,384)	(3,384)	0
Total Capital Charges	49,189	27	50	50	0
Total Delegated Position	1,941,227	18,937	28,171	27,779	392
Total Reserves	12,654	(3,941)	(9,848)	(7,879)	(1,969)
Total Income	(1,953,881)	0	0	0	0
Total Position	0	14,996	18,323	19,900	(1,577)
Total Reported Position	0	14,996	18,323	19,900	(1,577)

Summary of key operational points for Month 08

Key points to note for month 08 include:

The financial position at the 30th November 2026 shows a £14.996m deficit. The key issues in the month are described in this report.

- Expenditure within the Health Board for total pay was £77.2m. This is an increase of £0.8m compared with October (£76.4m).
- Non-pay expenditure (excluding capital adjustments) was £101.0m, an increase of £3.8m compared to October. This is due to the Vertex drug pass through funding to JCC and funded Pharmacy contract uplift of £1m
- CHC costs for Adult Community Care, Mental Health & Learning Disabilities and Children continue to present as a financial pressure due to inflationary price uplifts and volume increases, including Discharge to Assess placements and an increase in high cost CHC packages of care. Within Mental Health & Learning Disabilities the high level of observations required are also a pressure.
- Prescribing expenditure deteriorated against the IMTP due to a higher than expected February and March PAR in 2024/25 (£1.1m). Prescribing expenditure reduced overall compared with forecast at month 7 (£240k). September's PAR saw a 13.6p increase in average item price for the month compared with forecast (£8.13 compared to the planned £7.99), part of this is offset by increased rebate income forecast primarily due to Mounjaro (offset increase in price) and Tirzepatide and a lower number of items prescribed, £34.8k less than forecast.

For month 8, the forecast growth rate for the year has been reduced further from 0.0% to -0.35% based on the latest information available. The average annual item price forecast for 2025/26 has varied during the year as follows, £7.81 in month 5 to £7.86 in month 6, £7.82 in month 7 and £7.88 in month 8, the average item price reflects known changes to drug price tariff.

- On-going acute secondary care high cost drugs prices and volume growth continue to be a pressure. The National V&SB procurement and Medicines Management savings opportunities are reviewed throughout the year and actions progressed to deliver any opportunities.
- Demand and flow pressures across the system remain a significant cost driver. However, delays have shown a favourable downward trend, falling by 29% since September 2024. In November, the number of in-patients fit for discharge at the Welsh Government data capture point decreased to 165 (from 167 in October). Of these, 47 were Health delays, 26 Social Care delays, and 92 Joint delays. The categories of reasons for delayed days are as follows:

Reason	Number of Patients	%
Assessment Issues	63	38%
Care Home placement arrangements	41	25%
Disagreements/Legislation	14	8%
Funding Issues	2	1%
Home adaptation/equipment issues	8	5%
Home Care related issues	16	10%
Housing related issues	9	5%
Step down to recover and assess	11	7%
Transfer related issues	1	1%
	165	100%

- The estimated cost for the year of continued blocked bed days for all reasons is c.£12m using a £200 cost per bed day (based on the number of in-patients for November). The demand and flow challenges drive surge bed capacity & increased demand in high-cost unfunded temporary staff.

Forecast Position

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

The Board took the decision to change from the planned financial position to a forecast £19.9m deficit due to the in-year pressures. We have since been able to improve this deficit to £18.3m due to Welsh Government confirmed funding to cover the A4C pay award for bank staff (for both 24/25 and 25/26 uplifts) and NWSSP cost slippage. The components of the forecast include full delivery of the IMTP savings plan and new in year cost pressures that are in addition to those within the IMTP. This is currently assessed as the best-case scenario.

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

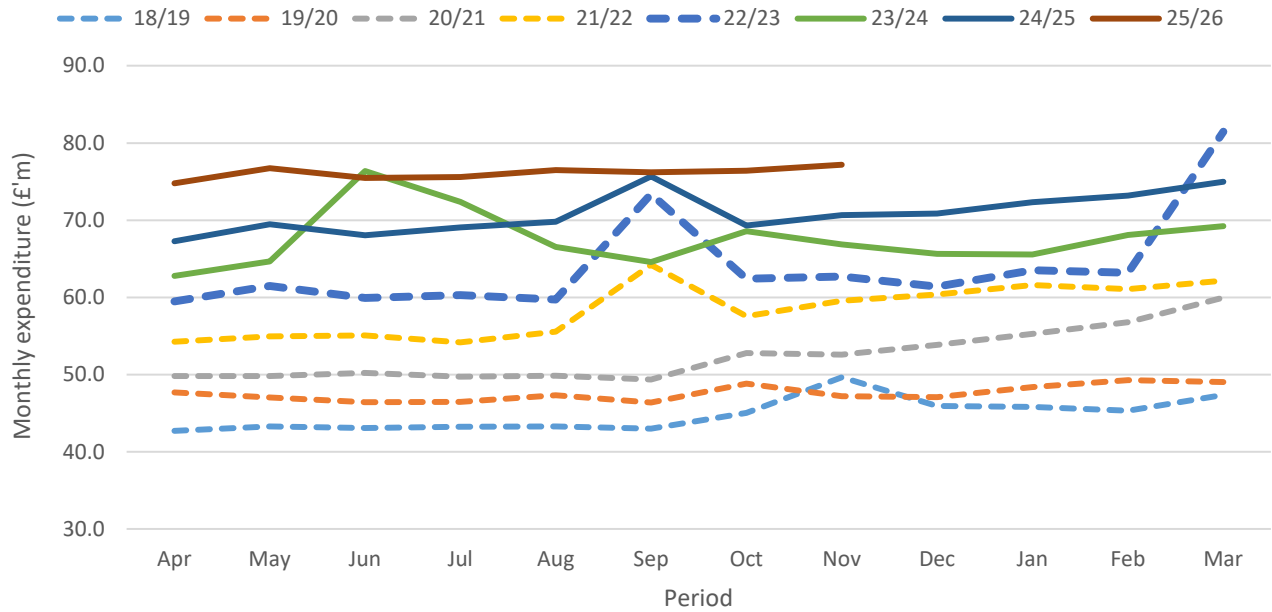
Additional Health Board risks outside the reported forecast include winter pressure implications beyond the plan and "our next patient" initiative (45 minutes handover). Also outside the current reported position are two material risks that Welsh Government has since indicated agreement to fund non recurrently. These are the Welsh Risk Pool increased premium and the potential impact of any band 2 to 3 HCSW regrades (national proposal).

Expenditure run-rates

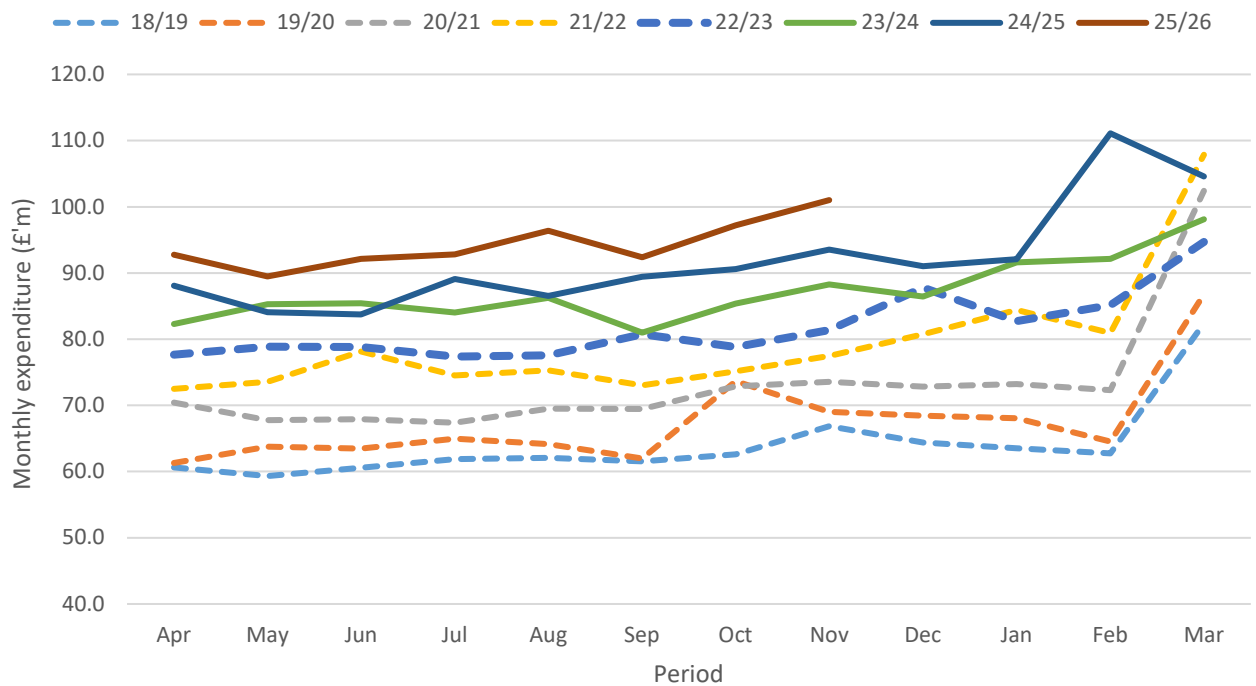
Pay and Non-Pay expenditure run-rates for eight financial years are shown below; assuming the current level of income, the expenditure run-rates need to reduce for the Health Board to meet its forecast position.

Pay expenditure 2018 - 2025

(excludes impact of annual ER's pension adjustment, Covid annual leave accrual and bonus payments to HB staff)



Non pay expenditure 2018 - 2025



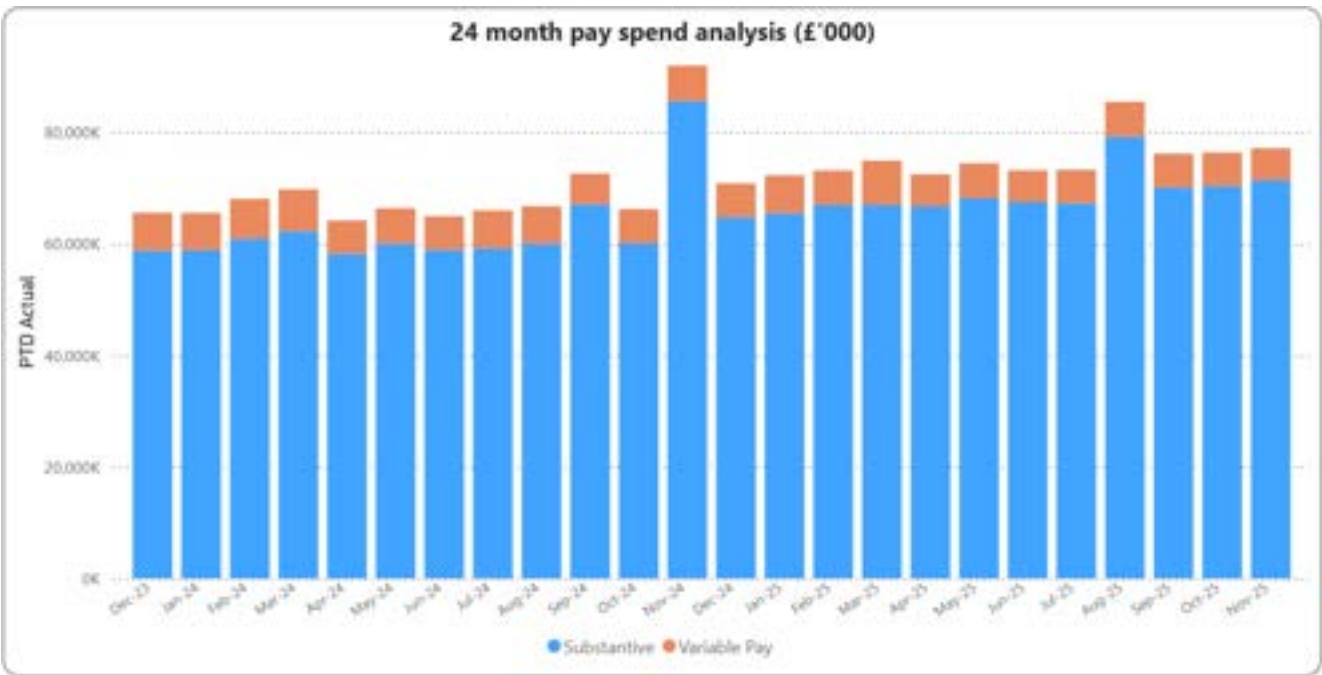
Workforce

The Health Board spent £77.2m in November on workforce.

Workforce Costs	Current month £m	Previous Month £m	Year to Date 25/26 £m
Total Pay	77.2	76.4	608.9
Substantive Pay	71.4	70.5	561.1
Variable Pay	5.8	5.9	47.8

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

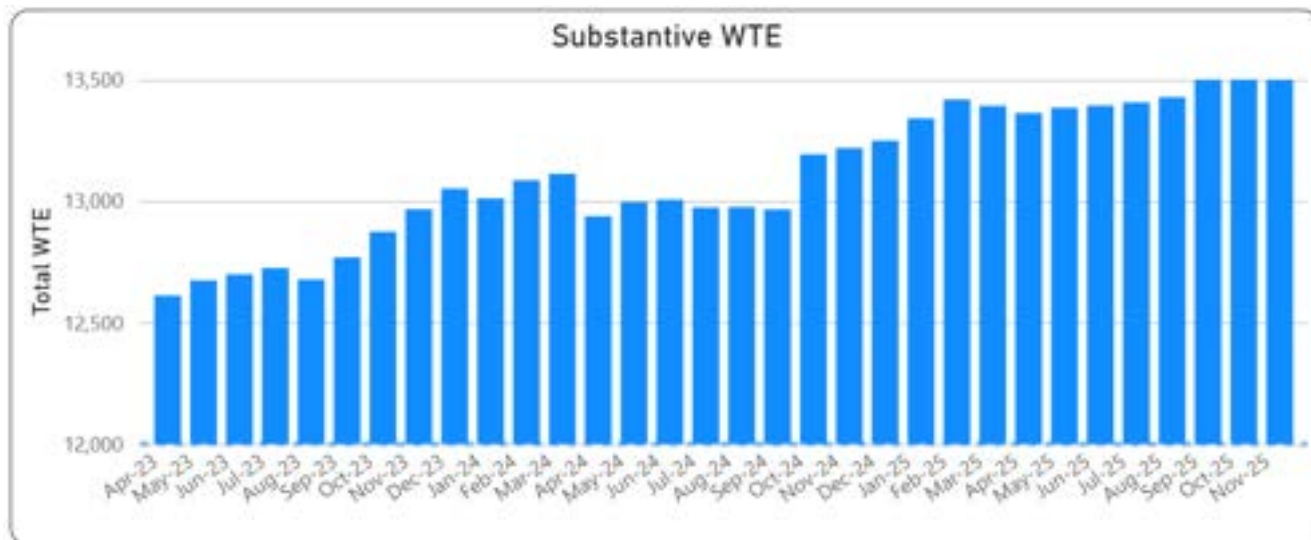
Workforce expenditure trends are shown below differentiating between substantive and variable pay¹:



Substantive staff

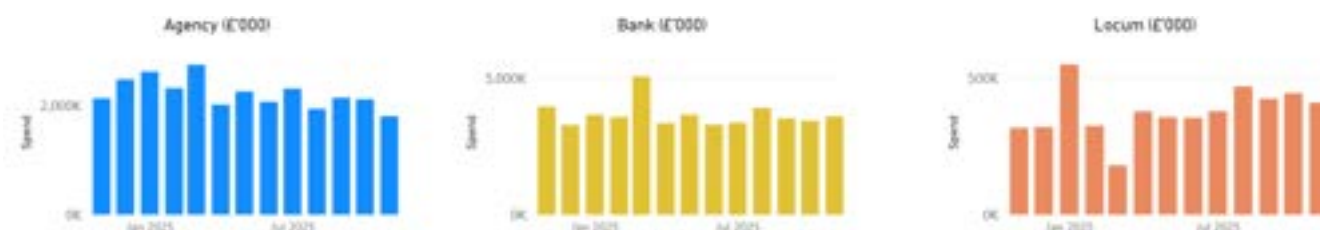
¹ To enable useful comparisons and trends all references to 23/24 pay expenditure exclude the month 12 expenditure for additional employer pension contributions (6.3%/£32.1m).

Substantive pay was £71.4m in November, an increase of £1.0m on the previous month. The increase is across all staff groups. Substantive WTE's were 13,542 compared with 13,545 for October.



Variable pay

Variable pay (Agency, Bank and Locum) was £5.8m in November compared with £6.0m in October, a £0.2m decrease.



Variable Pay Costs	Current month £m	Previous Month £m	Year to Date 25/26 £m
Agency - Nursing	0.6	0.6	5.1
Agency – Medical & Dental	0.7	1.0	7.5
Agency - HCSW	0.0	0.1	1.0
Agency – Estates & Other	0.4	0.4	2.7
Bank	3.6	3.4	28.0
Locums	0.4	0.4	3.1

Enhanced Care the calculated cost for November 2025 was £0.6m ('notional calculated' expenditure) of expenditure using bank and agency registered nurses and health care support workers, for 23,732 hours worked.

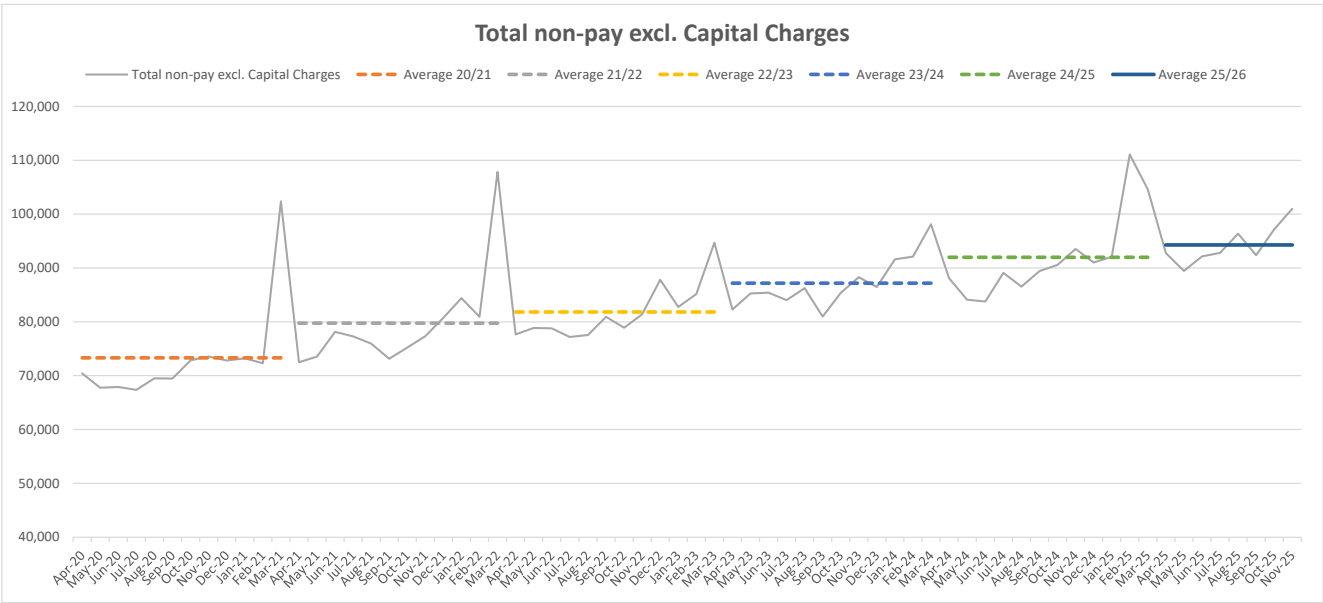
Nursing vacancy cover for November 2025 variable pay relating to vacancies is c.£1.5m ('notional calculated' expenditure) for 47,732 hours worked for bank and agency hours for shifts where 'to cover vacancies' is provided as the reason for use.

Nursing sickness cover for November 2025 variable pay relating to sickness is c.£1.1m ('notional calculated' expenditure) for 40,530 hours worked for bank and agency hours for shifts booked to cover sickness as input onto the e-roster system.

Non-Pay

Non-Pay in year increased expenditure is driven by additional operational pressures, Pharmacy contract uplift of £1m and expenditure related to pass through funding for JCC of £2.3m for the Vertex drug.

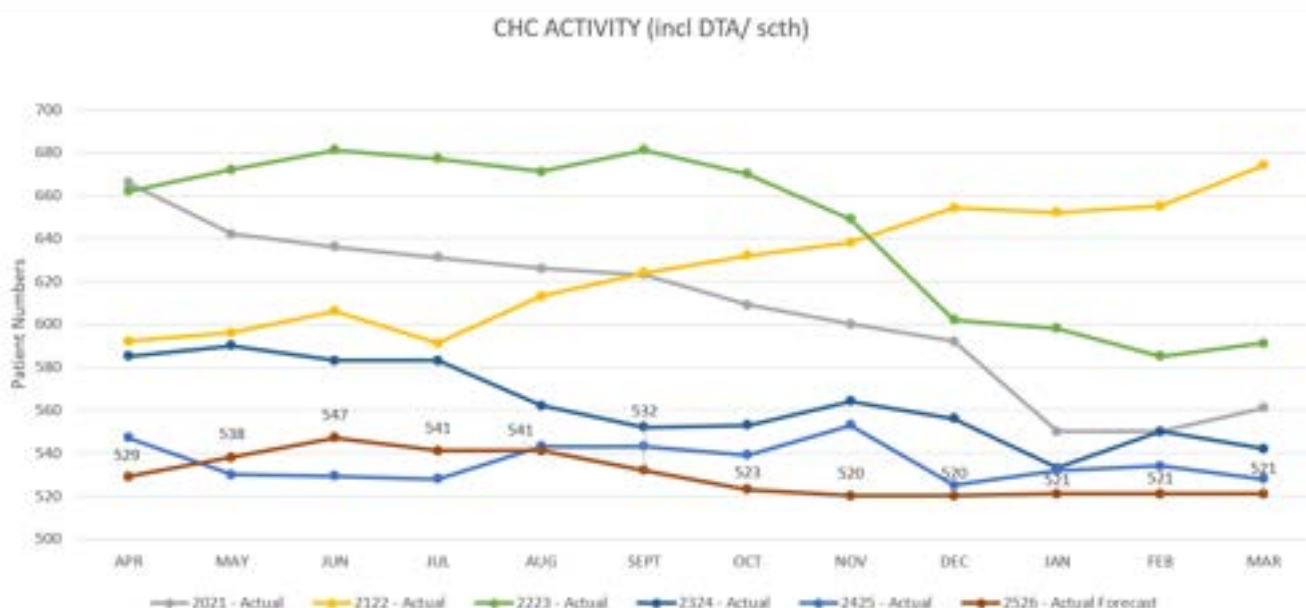
The graph below presents non-pay expenditure since April 2020 (it should be noted that the peaks are year-end adjustments and Month 12 items):



CHC

The Health Board spent £11.7m on CHC (all types) in November, a 0.1m decrease compared with last month and in-line with the 2025/26 average monthly spend.

Adult Complex Care CHC activity over for 6 financial years is summarised in the chart below: -



Childrens packages are more volatile and may present a risk in 2025/26 above plan assumptions. At month 8 there are 39 out of county packages of care, 3 of which are high values packages (cost more than £100k each p.a). Childrens Community Nursing has 18 internal open packages of care, 4 of which are classified as high value packages.

Mental Health CHC patient numbers had a net increase of 5 in month 8 taking MH packages of care to 281. Learning Disabilities (LD) packages increased by 2, bringing the total to 174. This results in 455 patients overall. MH packages are averaging £93k and LD £176k per annum.

Prescribing

Primary Care prescribing spend for November was £10.4m, a reduction on year to date average monthly expenditure by £0.3m.

Prescribing expenditure reduced overall compared with forecast at month 7 (£240k).

September's PAR saw a 13.6p increase in average item price for the month compared with forecast (£8.13 compared to the planned £7.99); this has been offset by increased rebate income forecast primarily and a lower number of items prescribed, 34.8k less than forecast. For month 8, the forecast growth rate for the year has been reduced further from 0.0% to -0.35% based on the latest information available.

The average item price forecast for 2025/26 has varied during the year as follows, £7.81 in month 5 to £7.86 in month 6, £7.82 in month 7 and £7.88 in month 8, the average item price reflects known changes to drug price tariff.

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



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

Waiting Times Additional activity

The Health Board is assuming non-recurrent funding for the year of £30.2m from WG for additional waiting times activity to improve the 104 week waiting times position for patients. Good progress is being made to reduce waiting times; the table below provides a summary forecast of this position.

Theme	Funding £	M08 YTD Position	
		£	Activity
Planned Care - Elective (inc. > 104 wks)	5,451,000	5,592,224	2,182
Planned Care - O/P's > 26 wks	3,022,430	2,420,272	13,973
Planned Care - > 8 wks Diagnostics	555,839	240,500	426
Regional Cataracts	19,500,000	7,807,500	4,044
Other	1,659,858	553,553	72
TOTAL	30,189,127	16,614,049	20,697

Funding associated with additional quarter 1 and 2 activity undertaken at risk remains unconfirmed, presenting a risk of £2.5m. Additional work has also been delivered through efficiency at an estimated marginal cost of £0.9m for the year.

Long Term Agreements (LTA's)

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

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

At Month 8 reporting, activity information to support LTA forecasts is based on Month 7 data but initial indications suggest growth in NICE drug expenditure at CVUHB and Velindre. This forecast remains volatile. We continue to meet with providers to manage and mitigate any further risks.

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

LTA contract performance risk is predominantly with Velindre and Cardiff. The Health Board is currently forecasting in line with provider monitoring information however there is risk of potential increases in activity by the provider through the year and increases in high cost drug recharges. There are outstanding data and information requests with Cwm Taf UHB where assurance has not been provided to allow the Health Board to validate the inpatient activity being charged in the contract and this is being escalated to resolve.

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.

The reserves held on 30th November 2025 are £12.7m, including allocations to be delegated of £10.5m. Those supporting the financial position of £1.9m mean £1.0m will be reallocated to support the divisional positions due to winter pressures. and a contingency investment reserve of £0.3m

The reserves include elements of income assumed at risk associated with the submitted plan with £3.9m of anticipated funding for RTT activity, beyond current funded levels.

A summary of all Health Board reserves on 30th November can be found in the appendices.

Underlying Financial Position (ULP)

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

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

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

Following the adjusted forecast to a deficit in year position the underlying forecast will also need to be updated. An exercise will be undertaken to establish the savings and mitigating actions that are recurrent. It is anticipated to show a worsening underlying financial position.

Savings delivery

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

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

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

As at month 8, the year to date saving target has been exceeded and the full year plan has also been exceeded with a full year forecast of £43.4m.

In line with WG expectation that there is a high degree of confidence in delivery of the savings at month 8, all savings schemes have been reported as green. There remains risk in the full achievement of the savings, and in the recurrent nature of some, but the Health Board expects to manage this as the financial year progresses.

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

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

Savings YTD and forecast position (£'000)

Division	% of total Plan	Annual Plan	YTD Plan	YTD Achieved	YTD Variance	Forecast	Forecast variance to Plan	% Achieved
Clinical Support Services	3.6%	£1,438	£1,030	£2,134	£1,104	£3,682	£2,245	256.2%
Complex Care	1.9%	£781	£423	£334	£-89	£1,031	£251	132.1%
Contracting and Commissioning	0.0%	£0	£0	£3,181	£3,181	£3,662	£3,662	
Corporate	6.1%	£2,471	£1,500	£2,338	£838	£9,979	£7,508	403.9%
Estates and Facilities	7.4%	£3,000	£2,000	£3,815	£1,815	£5,056	£2,056	168.5%
Families and Therapies	1.7%	£682	£429	£1,655	£1,226	£2,384	£1,702	349.5%
Medicine	5.6%	£2,250	£1,570	£2,824	£1,254	£4,455	£2,204	198.0%
Mental Health and Learning Disabilities	2.3%	£946	£288	£832	£544	£1,688	£742	178.4%
Prescribing	5.6%	£2,252	£1,180	£2,436	£1,256	£5,492	£3,240	243.9%
Primary Care and Community	4.0%	£1,614	£995	£1,907	£912	£2,591	£977	160.5%
Surgery	6.1%	£2,448	£1,564	£1,290	£-274	£2,614	£166	106.8%
Urgent Care	1.3%	£539	£325	£346	£21	£797	£258	147.9%
Various	54.4%	£21,980	£2,525	£0	£-2,525	£0	£-21,980	0.0%
Total	100.0%	£40,400	£13,828	£23,091	£9,263	£43,430	£3,030	107.5%

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

Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
CHC	12	£913	£746	-£166	£2,563	£1,849	-£714
Medicines Management	46	£2,678	£4,593	£1,915	£4,520	£9,125	£4,605
Procurement & Non-pay	133	£5,448	£11,756	£6,307	£20,587	£21,254	£667
Service redesign	3	£887	£1,119	£232	£1,980	£1,609	-£371
Workforce	78	£3,903	£4,878	£975	£10,750	£9,593	-£1,158
Total	272	£13,828	£23,091	£9,263	£40,400	£43,430	£3,030

The table below demonstrates the forecast 2025/26 savings and the breakdown between recurrent and non-recurrent savings with the 2026/27 impact, by Value & sustainability category. It shows that **53% of the savings are non-recurrent**. This will adversely impact the underlying position of the Health Board.

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

V&S category	Number of Schemes	Annual Plan	Forecast savings	Variance to Plan	Non Recurrent forecast savings	Recurrent forecast savings	Forecast savings FYE
CHC	12	£2,563	£1,849	-£714	£250	£1,599	£2,334
Medicines Management	46	£4,520	£9,125	£4,605	£1,075	£8,050	£11,391
Procurement & Non-pay	133	£20,587	£21,254	£667	£13,810	£7,445	£8,204
Service redesign	3	£1,980	£1,609	-£371	£1,609	£0	£0
Workforce	78	£10,750	£9,593	-£1,158	£3,832	£5,761	£7,281
Total	272	£40,400	£43,430	£3,030	£20,575	£22,855	£29,210

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

Opportunities

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

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

Potential further opportunities were identified at month 6 totalling £5m, of these £2.9m have been progressed to savings plans. A progress update is provided below;

	Opportunities Progressed as at M8	Pipeline - Further Opportunities under review	Total
	£m	£m	£m
Procurement & Non-Pay	0.60	0.70	1.30
Workforce	1.80	0.60	2.40
Medicines Management		0.30	0.30
CHC	0.50	0.50	1.00
TOTAL	2.90	2.10	5.00

Risks

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

The most significant additional risks to the Health Board are:

Risks	£m
WRP	9.7
Band 2 to 3	7.9
RTT not funded - WLI's / internal solutions	3
RTT not funded - national insourcing	tbc
National OP insourcing s/fall	tbc
Winter 25/26	tbc
MH Variable Pay	2
45 Minute Handover (Our Next Patient)	tbc
Secondary care drugs	1.7
Non Achievement of Savings	2
JCC Risk	0.8
Operational Pressures in excess of forecast	tbc
Confirmation of anticipated funding (e.g. Planned care)	tbc

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

Capital

Resource Limit (CRL) as at Month 8 totalled £40.320m including disposal proceeds totalling £0.147m. The Health Board confirmed the CRL requirements for All Wales Capital Programme (AWCP) schemes at the end of October. The revised budget allocations are now fixed, and any further slippage will need to be managed by the Health Board through brokerage with the Discretionary Capital Programme. The forecast outturn at Month 8 is breakeven.

The NHH Satellite Radiotherapy scheme building handover took place on the 6th May. After commissioning, the unit opened to patients on the 30th June 2025. The final account for the building works is being agreed with the contractor. Associated smaller works and expenditure against the arts budget will continue throughout the remainder of the year.

The phase 1 works to the Grange University Hospital Emergency Department Extension are nearing completion. Phase 2 works will be completed next year outside of the winter pressures period. The Discretionary Capital Programme (DCP) is currently funding a projected overspend against this scheme of £0.403m; however, there is a risk of increased overspend if further claims submitted by the contractor in relation to prolongation of the programme and additional works are approved under the contract.

The expected handover of the Centralised Decontamination Unit at RGH is February 2026. The commissioning period will then commence to allow the unit to open in April 2026. The reported underspend relates to the reimbursement to DCP for fees incurred in prior financial years (£0.139m).

Works are progressing across the majority of the Targeted Estates Funding (TEF) schemes for 2025/26 with only 28% of the allocation being spent by the end of November. The remaining orders are being progressed urgently to ensure full spend of the revised allocation. If further slippage arises against these schemes, a brokerage request will be submitted to Welsh Government.

Further funding of £0.264m has been confirmed during November for Cardiology Echo Machine replacements. In addition, end of year funding has been received for urgent works, replacement equipment and digital schemes totalling £2.944m.

The Health Board Discretionary Capital Programme (DCP) forecast for 2025/26 is £6.959m at Month 8 made up of:

- 2025/26 DCP Funding - £12.875m
- Less 30% TEF contribution - (£2.862m)
- Less 2024/25 AWCP scheme brokerage - (£3.235m)
- Plus, reimbursement of DCP Fees re: RGH Decon scheme - £0.139m
- Less 2025/26 AWCP scheme overspends - (£0.021m)
- Plus Disposal Proceeds 2025/26 - £0.063m

DCP expenditure to Month 8 totalled £3.376m. Urgent schemes totalling £0.291m have been approved in November relating to Refit and St Woolos Hospital scheme professional fees, urgent works and essential equipment replacements. The unallocated contingency at the end of Month 8 is £0.845m.

Cash

The cash balance held at the end of November is £5.53m which is made up of £5.4m relating to Revenue and £0.128m relating to Capital. The balance is within the advisory figure set by Welsh Government of £6.0m.

the Health Board is currently forecasting an overspend of £18.323m in 2025/26. This overspend has been reflected in the cash flow table and we will require strategic cash support towards the end of the year if not reduced downwards toward break even.

This increased strategic cash support from Welsh Government, based on the deficit forecast, will be required to enable the Health Board to continue to pay its suppliers in a timely manner.

Public Sector Payment Policy (PSPP)

The HB has achieved the target in November. The target to pay 95% of NHS invoices within 30 days has been achieved this month.

Argymhelliad / Recommendation

The Board is asked to note for assurance:

- The financial performance at the end of November 2025 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2025/26,
- The revenue reserve position on the 30th November 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.



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20Report%20Appen

November 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	Choose an item. All IMTP priorities
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
 ODT – Optometric Diagnostic and Treatment Centre
 OD – Organisation Development
 PAR – Prescribing Audit Report
 PCN – Primary Care Networks (Primary Care Division)
 PER – Prescribing Incentive Scheme
 PICU – Psychiatric Intensive Care Unit
 PrEP – Pre-exposure prophylaxis
 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
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance & Performance Committee

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

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

Aneurin Bevan University Health Board
Finance Report – November (Month 08) 2025/26
Appendices

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

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

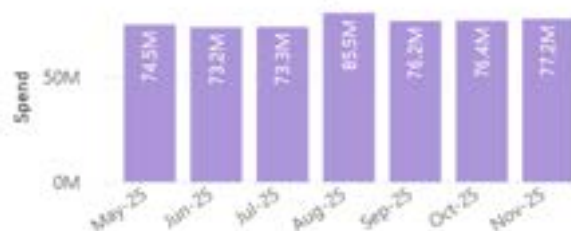
Substantive pay (£'M)



Variable pay (£'M)



Total Pay (£'M)



Substantive (£'000)

Pay category	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Change	%	Avg 24/25
ADD PROF SCIENTIFIC AND TECHNICAL	2,644	2,617	2,613	2,641	3,101	2,748	2,831	2,794	-37	-1.3%	2,513
ADDITIONAL CLINICAL SERVICES	8,684	9,230	8,980	8,842	9,899	9,034	9,016	9,151	135	1.5%	8,438
ADMINISTRATIVE & CLERICAL	10,722	10,526	10,760	10,818	12,609	11,219	11,256	11,396	140	1.2%	10,110
ALLIED HEALTH PROFESSIONALS	4,501	4,567	4,507	4,519	5,425	4,782	4,824	4,880	56	1.2%	4,361
ESTATES AND ANCILLIARY	3,387	3,681	3,516	3,499	3,794	3,476	3,498	3,658	160	4.6%	3,208
HEALTHCARE SCIENTISTS	1,266	1,288	1,256	1,276	1,483	1,331	1,343	1,359	15	1.2%	1,236
MEDICAL AND DENTAL	16,729	17,057	16,884	16,794	20,408	18,001	17,665	17,775	109	0.6%	16,548
NURSING AND MIDWIFERY REGISTERED	18,869	19,265	19,014	18,901	22,515	19,557	20,014	20,392	378	1.9%	18,058
STUDENTS	2	2	2	2	2	2	-1	2	3	-308.5%	2
Total	66,804	68,232	67,533	67,291	79,237	70,149	70,448	71,406	958	1.4%	64,476

Variable pay (£'000)

Pay category	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Change	%	Avg 24/25
Agency	2,005	2,249	2,060	2,300	1,930	2,131	2,105	1,797	-308	-14.6%	2,414
Bank	3,336	3,643	3,279	3,354	3,891	3,515	3,427	3,580	153	4.5%	3,673
Locum	376	356	353	377	468	423	443	408	-35	-7.8%	332
Total	5,718	6,248	5,692	6,031	6,289	6,069	5,975	5,786	-190	-3.2%	6,419

Total pay (£'000)

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Change	%	Avg 24/25
Pay	72,521	74,480	73,225	73,322	85,525	76,218	76,423	77,192	769	1.0%	70,895

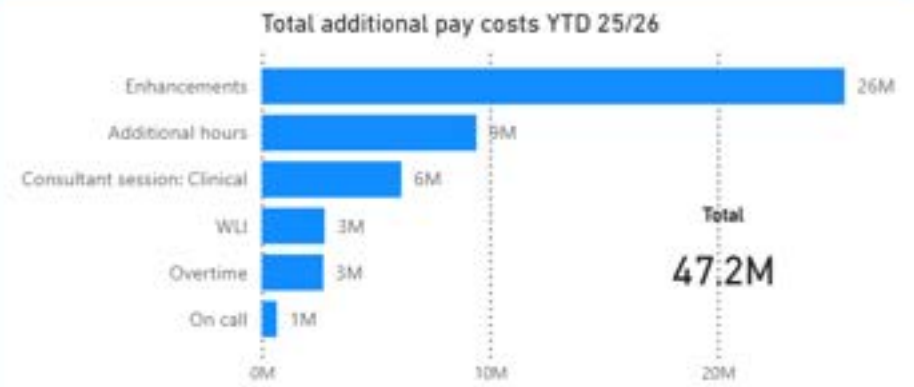
Pay Summary (2): Substantive Pay: Additional pay element



Pay Summary (3): Variable Pay (£'k)

Total additional pay by Division (£'000)

Division	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Total
Medicine	1,466	1,584	1,293	1,410	1,390	7,144
Surgery	955	1,010	896	880	881	4,623
Clinical Support Services	795	949	750	720	834	4,048
Family and Therapies	557	700	539	571	647	3,014
Urgent Care	515	558	545	525	593	2,737
Primary Care and Community	494	579	437	475	549	2,533
Estates and Facilities	453	536	430	449	531	2,399
Mental Health and LD	380	440	308	358	308	1,883
CHC and PNC	121	157	120	123	139	660
Corporate	65	78	64	75	96	379
Total	5,802	6,591	5,384	5,587	6,059	29,422

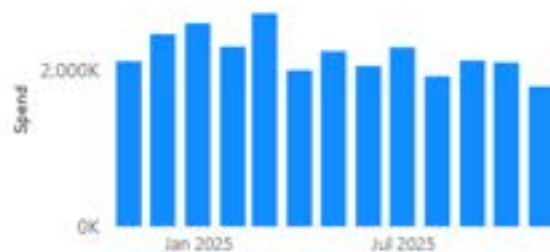


Pay category	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Agency													
Admin & Clerical Agency	-47	3	31	6	37	38	10	17	54	2	61	20	26
Allied Health Prof Agency	148	166	253	262	323	163	136	78	202	69	79	68	59
Estates & Ancillary Agency	36	34	67	-49	145	112	81	128	59	111	159	161	103
Medical Agency	962	859	868	900	1,038	858	1,156	945	991	883	903	1,015	736
Nurse HCA/HCSW Agency	43	120	131	92	202	115	172	189	197	95	84	98	40
Other Agency	51	79	50	92	98	91	68	135	96	137	150	97	181
Registered Nurse Agency	927	1,207	1,210	1,006	893	627	627	568	701	632	695	646	652
Total	2,121	2,468	2,609	2,308	2,735	2,005	2,249	2,060	2,300	1,930	2,131	2,105	1,797
Bank													
Admin & Clerical Bank	83	67	74	68	168	73	79	68	74	84	74	88	101
Estates & Ancillary Bank	287	259	255	234	325	253	288	280	276	296	288	266	274
Nurse HCA/HCSW Bank	1,749	1,504	1,641	1,568	2,032	1,574	1,698	1,570	1,595	1,842	1,622	1,611	1,693
Other Bank	5	-2	-1	-2	233	27	37	25	34	35	38	32	27
Registered Nurse Bank	1,816	1,437	1,672	1,689	2,287	1,408	1,541	1,336	1,375	1,634	1,492	1,429	1,485
Total	3,939	3,265	3,641	3,557	5,044	3,336	3,643	3,279	3,354	3,891	3,515	3,427	3,580
Locum													
Medical Locum	317	320	548	324	180	376	356	353	377	468	423	443	408
Total	317	320	548	324	180	376	356	353	377	468	423	443	408
Total	6,377	6,053	6,798	6,189	7,959	5,718	6,248	5,692	6,031	6,289	6,069	5,975	5,786

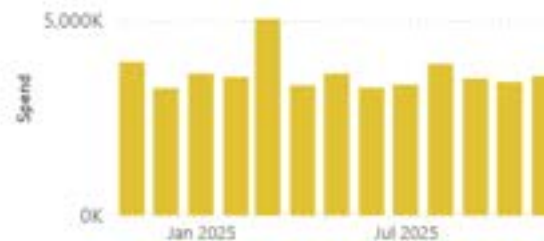
Change	%
6	31.3%
-9	-13.4%
-58	-36.2%
-279	-27.5%
-58	-59.1%
83	85.6%
7	1.0%
-308	-14.6%
13	14.8%
8	2.9%
82	5.1%
-5	-15.8%
56	3.9%
153	4.5%
-35	-7.8%
-35	-7.8%
-190	-3.2%

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

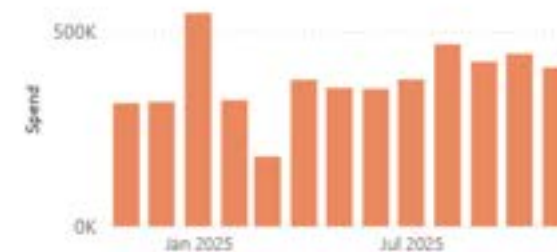
Agency (£'000)



Bank (£'000)



Locum (£'000)



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

Enhanced Care



Established Vacancy Cover

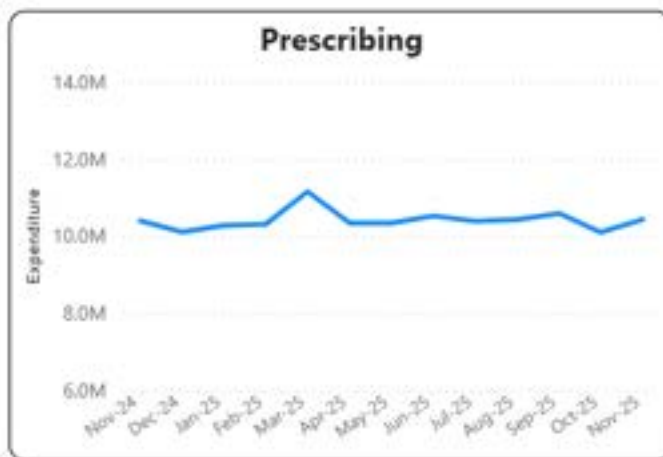
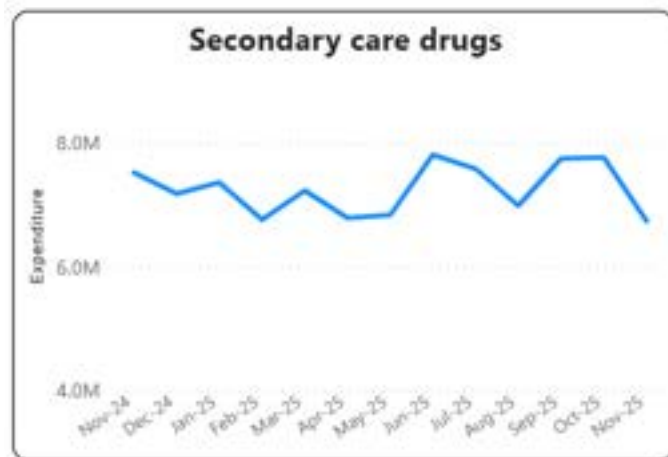
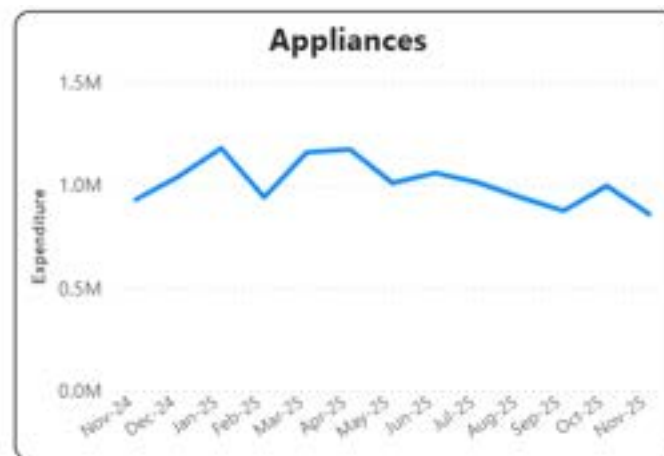
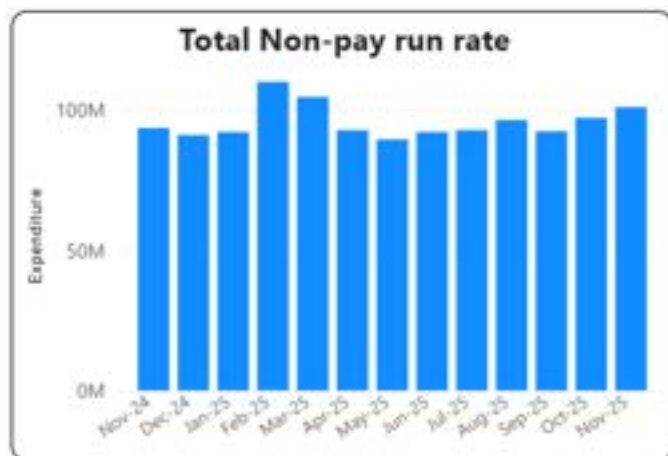


Sickness Cover



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

Non-Pay Summary:



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

Activity is forecast to decrease by 4 cases when compared to the 2024/25 out-turn, spend is expected to increase by £4.4m when compared to the 24/25 out-turn.

Activity - Actual	Nov-25	Oct-25	Movement
D2A	24	24	0
CAHT	49	48	1
All Other EXT CHC	447	451	-4
Discharge schemes (RIF)	24	21	3
Total	544	544	0

Average 24/25
18
50
462
27
557

Activity - Forecast	Nov-25	24/25 Out-turn	Movement
D2A	27	18	9
CAHT	49	50	(2)
All Other EXT CHC	454	462	(8)
Discharge schemes (RIF)	24	27	(3)
Total	554	557	(4)

YTD & Forecast £'000	2025/26 forecast as at M08 £'000	2025/26 forecast as at M07 £'000	Movement
D2A	2,560	2,703	(143)
CAHT	10,392	10,392	-
All Other EXT CHC	45,914	45,643	271
Discharge schemes (RIF)	1,044	1,044	-
Total	59,910	59,782	128

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

Referral to Treatment (RTT):

- Elective Treatments for Nov '25 = 2,037 (Oct '25: 2,228. 2024/25 total: 25,658, 23/24 total: 24,688, 22/23 total: 22,327)

Planned Treatments (M08)					Actual Treatments (M08)				Treatment Variance (M08)			
Treatment	Core	Backfill	WLI	Total	Core	Backfill	WLI	Total	Core	Backfill	WLI	Total
N107-Dermatology	195	0	12	207	185	4	0	189	(10)	4	(12)	(18)
N147-ENT	162	0	0	162	111	0	0	111	(51)	0	0	(51)
N105-General Surgery	252	4	0	256	320	6	0	326	68	2	0	70
N146-Oral Surgery	193	0	0	193	215	0	0	215	22	0	0	22
N148-Ophthalmology	352	0	0	352	296	0	0	296	(56)	0	0	(56)
N115-Trauma & Orthopaedics	498	19	16	533	581	38	40	659	83	19	24	126
N106-Urology	223	0	0	223	241	0	0	241	18	0	0	18
	1,875	23	28	1,926	1,949	48	40	2,037	74	25	12	111

- Outpatient activity for Nov '25 = 6,320 (Oct '25: 6,907. 2024/25 total: 74,787, 23/24 total: 71,165, 22/23 total: 65,873)

Planned Outpatients (M08)				
Outpatient	Core	Backfill	WU	Total
N107-Dermatology	1,069	0	0	1,069
N147-ENT	610	0	0	610
N105-General Surgery	1,619	132	23	1,774
N146-Oral Surgery	220	0	0	220
N148-Ophthalmology	627	0	28	655
N108-Rheumatology	166	0	0	166
N115-Trauma & Orthopaedics	865	8	25	898
N106-Urology	442	0	15	457
Total	5,618	140	91	5,849

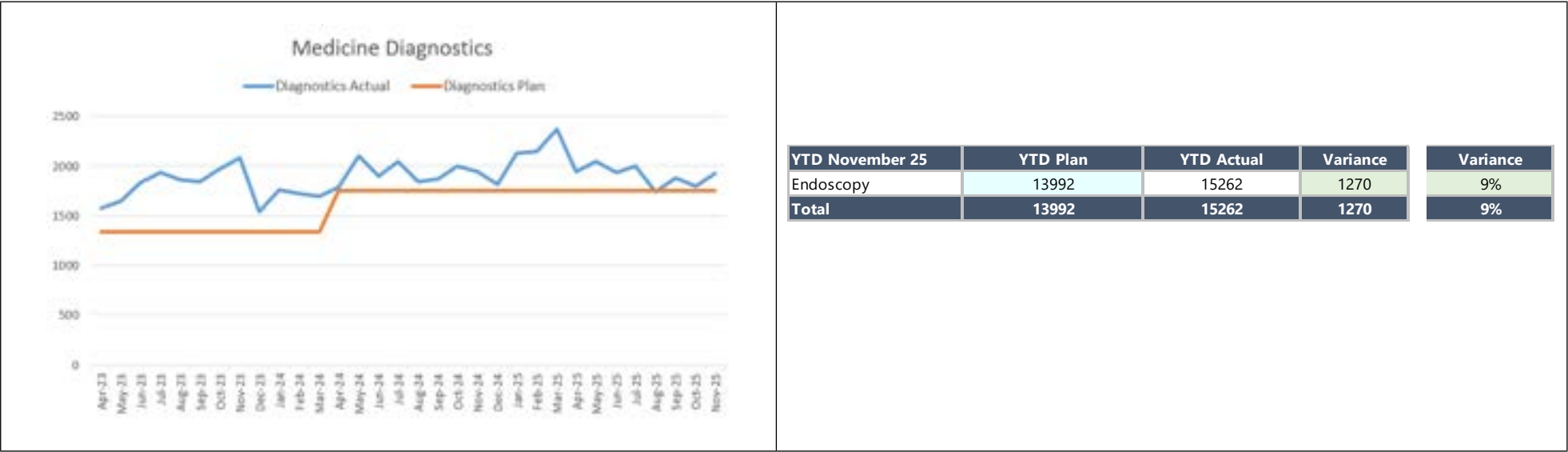
Actual Outpatients (M08)				
Actual Type	Elective	Backfilled	WU	
Outpatient	Core	Backfill	WU	Total
N107-Dermatology	1,472	0	0	1,472
N147-ENT	485	0	0	485
N105-General Surgery	1,826	0	0	1,826
N146-Oral Surgery	378	0	0	378
N148-Ophthalmology	604	0	0	604
N108-Rheumatology	159	0	0	159
N115-Trauma & Orthopaedics	804	0	26	830
N106-Urology	559	0	7	566
Total	6,287	0	33	6,320

Outpatient Variance (M08)				
Outpatient	Core	Backfill	WU	Total
N107-Dermatology	403	0	0	403
N147-ENT	(125)	0	0	(125)
N105-General Surgery	207	(132)	(23)	52
N146-Oral Surgery	158	0	0	158
N148-Ophthalmology	(23)	0	(28)	(51)
N108-Rheumatology	(7)	0	0	(7)
N115-Trauma & Orthopaedics	(61)	(8)	1	(68)
N106-Urology	117	0	(8)	109
	669	(140)	(58)	471

Medicine Outpatients activity for Nov '25 was 2,202 - (Oct '25: 2,196. 2024/25: 23,053. 2023/24: 22,708)

Nov-25				Nov-25				
	Assumed monthly activity	Actual activity	Variance	YTD	YTD Plan	YTD Actual	Variance	Variance
Gastroenterology	475	498	23	Gastroenterology	3800	3551	-249	-7%
Cardiology	430	451	21	Cardiology	3440	2967	-473	-14%
Respiratory (inc Sleep)	455	362	-93	Respiratory (inc Sleep)	3640	3205	-435	-12%
Neurology	257	353	96	Neurology	2056	2591	535	26%
Endocrinology	186	232	46	Endocrinology	1488	1778	290	19%
Geriatric Medicine	313	306	-7	Geriatric Medicine	2504	2377	-127	-5%
Total	2116	2202	86	Total	16928	16469	-459	-3%

Medicine Diagnostics activity for Nov '25 was 1,921 (Oct '25: 1,799. 2024/25: 23,952. 2023/24: 21,466)



RAG rating category definitions

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

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

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

Divisional analysis – Primary Care and Community

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
PCC-01	SLA's - Age Cymru & BHF	R	Month 1	Green	22	31
PCC-03	GMS - Improvement Grants	NR	Month 1	Green	66	100
PCC-05	30% Reduction of B&A vs 24/25 plan	R	Month 1	Green	27	111
PCC-06	6% Reduction of Non Pay across the area	R	Month 1	Green	14	23
PCC-07	Change the band 7 Discharge Liaison Nurse post [0.6wte £38K] to a band 4 adm	R	Month 1	Green	2	4
PCC-08	10% Reduction of OAMH	R	Month 1	Green	0	20
PCC-09	ONN Vehicle Lease Cars (minus 6k early release fee)	R	Month 1	Green	9	25
PCC-10	BG Locality Bank & Agency reduction	R	Month 1	Green	7	7
PCC-11	Reduction in DN teams from 8 to 7	R	Month 1	Green	7	10
PCC-12	Partial retirement savings non clinical staff	R	Month 1	Green	5	7
PCC-13	Stock review/control	R	Month 1	Green	1	5
PCC-14	Reduction/closure of boarding beds CSWest and CSEast	R	Month 1	Green	174	278
PCC-15	Closure of Victoria House	R	Month 1	Green	57	103
PCC-16	Service provision at Trevethin	R	Month 1	Green	46	69
PCC-17	Reconfiguration of senior nurse posts DN/CRT	R	Month 1	Green	22	33
PCC-18	Non pay opportunities	R	Month 1	Green	8	13
PCC-19	Medicines Management - SSP Opportunities identified by procurement	R	Month 1	Green	275	300
PCC-20	Remove Emergency Dental Service (QIA) - commissioned Monday to Friday via	R	Month 1	Green	29	58
PCC-21	Non-clinical staff review across core UPC / HP / SPA	R	Month 1	Green	42	65
PCC-22	Enhancements on Specialist rates	R	Month 1	Green	22	36
PCC-23	Administered COVID-19 Vaccines	NR	In Year	Green	106	175
PCC-25	Procurement - A4 paper switch saving	R	In Year	Green	1	1
PCC-38	GMS Prior Year enhanced services accrual release	NR	In Year	Green	480	614
PCC-39	GDS prior year clawback benefit	NR	In Year	Green	108	108
PCC-40	Nursing non pay opportunities	NR	In Year	Green	13	21
PCC-41	GDS NR saving from contract variation	NR	In Year	Green	300	300
PCC-42	Respiratory - vacancies & maternity leave	NR	In Year	Green	6	16
PCC-43	Optometry contract Prior year accrual release	NR	In Year	Green	50	50
PCC-44	Uniform amnesty/recycling	NR	In Year	Green	8	8
Annual Plan Target:				2,421	1,907	2,591
Distance from target (over)/under				(170)		

Divisional analysis – Prescribing

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
PCC-02	Stoma Team Phase 2	NR	Month 1	Green	99	149
PCC-04	Medicines Management	R	Month 1	Red	0	0
PCC-04A	Dietitians	R	In Year	Green	32	64
PCC-04B	Waste Reduction Scheme	R	In Year	Green	180	254
PCC-04C	Pharmacy Led Savings	R	In Year	Green	93	175
PCC-04D	Scriptswitch Acute	R	In Year	Green	131	207
PCC-04E	Scriptswitch Repeat	R	In Year	Green	288	695
PCC-04F	Liothyronine Formulation change	R	In Year	Green	1	1
PCC-04G	DOAC (Edoxaban) switch to Apixaban / Rivaroxaban	R	In Year	Green	293	650
PCC-04H	Bath & Shower Emollient Review	R	In Year	Green	4	6
PCC-04I	Chloral Hydrate Prescribing Review	R	In Year	Green	35	55
PCC-100	Dapagliflozin LOE	R	In Year	Green	819	2,573
PCC-101	Ticagrelor LOE	R	In Year	Green	0	50
PCC-102	Denosumab LOE	R	In Year	Amber	0	20
PCC-24	Only Order What You Need	NR	In Year	Green	462	594
Annual Plan Target:				2,998	2,436	5,492
Distance from target (over)/under				(2,494)		

Divisional analysis – Complex Care

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CHC-01	Top 50 placement reviews	R	Month 1	Green	138	306
CHC-02	Management and reduction of commissioned enhanced care one to one in care homes	R	Month 1	Green	0	108
CHC-03	FNC Assessments	R	Month 1	Green	186	305
CHC-04	Care at Home Team	R	Month 1	Green	0	32
CHC-05	Rightsizing additional support	R	Month 1	Green	0	12
CHC-06	Enhancements on Specialist rates	R	Month 1	Green	10	18
CHC-07	Reduced growth chc	NR	In Year	Green	0	250
Annual Plan Target:				1,676	334	1,031
Distance from target (over)/under				645		

Divisional analysis – Mental Health and Learning Disabilities

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
MH-01	Mitchell Close	R	Month 1	Red	0	0
MH-02	Aripiprazole drug switch	R	Month 1	Green	2	4
MH-03	Reduction to variable pay	R	Month 1	Red	0	0
MH-04	CHC Dispute CB Hammersmith & Fulham	NR	Month 1	Red	0	0
MH-05	CHC Transition Cases (x2)	R	Month 1	Green	207	207
MH-06	MH Framework Uplifts	R	In Year	Green	229	344
MH-07	MH LD Adult / CAMHS Hospitals Framework Agreement	R	In Year	Green	34	50
MH-11	CHC DB Repat In house services	R	In Year	Green	163	366
MH-13a	CHC Saving Eligibility Review	R	In Year	Green	5	14
MH-13b	CHC rightsize/change in need/step down	R	In Year	Green	46	248
MH-14	Cedar temp closure	NR	In Year	2,463	80	200
MH-15	Older Adult Psychology Posts	NR	In Year	2,463	50	145
MH-16	Haloperidol tablets to liquid switch (cost difference)	R	In Year	2,463	5	9
MH-17	Variable Pay Reduction LD	NR	In Year	2,463	10	100
Annual Plan Target:				2,463	832	1,688
Distance from target (over)/under				775		

Divisional analysis – Surgery

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
SUR-01	Haematology drugs wastage reduction	R	Month 1	Red	0	0
SUR-02	Robot buy out of lease (GB)	R	Month 1	Green	190	286
SUR-03	Divisional - Pump Giving Sets (Procurement)	R	Month 1	Red	0	0
SUR-04	General Surgery - Workforce - Net savings as a result of appointing two substar	R	Month 1	Green	4	18
SUR-05	General Surgery - Medication - Switching IV Co-trimoxazole and metronidazole	R	Month 1	Red	0	0
SUR-06	General Surgery - Pintuition seeds	R	Month 1	Green	42	65
SUR-07	Ear, Nose and Throat - Re-Usable Instruments	R	Month 1	Green	2	3
SUR-08	Ophthalmology - Workforce - Band 5 Orthoptist	R	Month 1	Green	10	10
SUR-09	Rheumatology - Workforce - Band 6 Rheumatology CNS	R	Month 1	Green	34	50
SUR-11	Trauma and Orthopaedics - Consolidation of maintenance contracts (Desoutter	R	Month 1	Green	0	13

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
SUR-12	Trauma and Orthopaedics - Workforce - substantiate 1.2 WTE orthogeriatric w	R	Month 1	Green	0	26
SUR-13	Trauma and Orthopaedics - Workforce - Changes to on-call structures	R	Month 1	Green	2	3
SUR-14	Trauma and Orthopaedics - Workforce - 2 x consultant on-call cost replaced by	R	Month 1	Green	2	3
SUR-15	Trauma and Orthopaedics - Bone Cleaning Device	R	Month 1	Green	45	69
SUR-16	Trauma and Orthopaedics - Workforce - substantiate 2.5 WTE JCF over establis	R	Month 1	Green	0	25
SUR-17	Urology - Cystoscopes - Disposable Cystoscopes	R	Month 1	Green	1	1
SUR-18	Urology - Medication - Switch to Dysport from BOTOX for N/Ps with Neuropath	R	Month 1	Green	0	0
SUR-19	Urology - Follow Up Patients - Spacing for follow Up Patients receiving BOTOX	R	Month 1	Green	2	2
SUR-20	Urology - Workforce - Associate Specialist Vacancy	R	Month 1	Green	24	24
SUR-21	Divisional Management - Medication - Sports Medicine review	R	Month 1	Red	0	0
SUR-22	Haematology - SLA - Bristol SLA	R	Month 1	Green	3	4
SUR-23	Haematology - Workforce - Admin team maternity leave	R	Month 1	Green	3	7
SUR-24	Haematology - Study - POLARIS-2; Study of Olverembatinib	R	Month 1	Red	0	0
SUR-25	Haematology - Workforce - Registrar to be recharged to another non surgical D	R	Month 1	Green	10	15
SUR-26	Oral and Maxillofacial Services - Orthodontic Brackets - Reduce costs for Ortho	R	Month 1	Green	2	4
SUR-27	Dermatology - IMF - ABUHB Pathology to delivery IMF (Indirect immunofluores	R	Month 1	Red	0	0
SUR-28	Ear, Nose and Throat - Consumables - Review consumable usage for ENT treatm	R	Month 1	Green	2	2
SUR-29	Trauma and Orthopaedics - Consumables - Review of generic theatre consuma	R	Month 1	Green	0	3
SUR-30	Ophthalmology - Workforce - 2X Consultant Posts	R	Month 1	Green	131	195
SUR-31	Ophthalmology - Workforce - Middle Grades starting which will remove agency	R	Month 1	Green	149	276
SUR-32	Ophthalmology - Medication - Conversion of 2mg Eyelea to 8mg to take advant	R	Month 1	Red	0	0
SUR-33	Enhancements on Specialist rates	R	Month 1	Green	0	13
SUR-34	Medicines Management savings	R	Month 1	Green	562	943
SUR-35	Ophthalmology Visco Elastic Savings over the current financial year	R	In Year	Green	5	11
SUR-36	Drugs	NR	In Year	Green	0	300
SUR-43	All Wales standard and custom procedure packs	R	In Year	Amber	0	3
SUR-44	5% Stryker hips and knees	R	In Year	Green	28	56
SUR-45	Additional saving agreed Sept 26	NR	In Year	Green	37	184
Annual Plan Target:				2,185	1,290	2,614
Distance from target (over)/under				(429)		

Divisional analysis – Clinical Support Services

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CSS-01	Sysmex Maintenance Savings	R	Month 1	Green	113	178
CSS-02	Siemens KPI review	R	Month 1	Green	33	50
CSS-03	Sysmex MSC KPIs	R	Month 1	Green	3	5
CSS-04	Factor 8 Repatriation	R	Month 1	Green	4	6
CSS-05	WBS Commercial Products	R	Month 1	Green	4	6
CSS-06	Restructure of Management Positions	NR	Month 1	Green	7	13
CSS-08	Enhancements on Specialist Rates	R	Month 1	Green	235	392
CSS-10	Critical Care HCSW Variable Pay	R	Month 1	Green	20	20
CSS-11	Hepzyme Repatriation	R	Month 1	Green	0	0
CSS-12	P3NP Repatriation	R	Month 1	Green	2	3
CSS-13	JCC funding for liver ablations	NR	Month 1	Green	162	162
CSS-14	IPFR income	NR	Month 1	Green	49	70
CSS-15	Ablation needles	R	Month 1	Green	3	5
CSS-16	Maintenance contracts for new DR equipment - NR	NR	Month 1	Green	19	30
CSS-17	Contrast bought in 24/25	NR	Month 1	Green	200	200
CSS-18	Blood Products from 24/25 Year End	NR	Month 1	Green	100	100
CSS-19	Additional Everlight reporting in 24/25	NR	Month 1	Green	46	46
CSS-20	Image Intensifier Maintenance	NR	Month 1	Green	10	16
CSS-21	Decomissioning of Fuji Equipment on current contracts	NR	Month 1	Green	15	22
CSS-22	C&V Ultrasound	NR	Month 1	Green	10	10
CSS-23	Cell Salvage income rebate	NR	Month 1	Green	31	47
CSS-24	Clariscan to Dotograf switch	R	Month 1	Green	7	13
CSS-25	Co-trimoxazole IV	R	In Year	Green	0	1
CSS-26	Lumicare	R	In Year	Green	17	25
CSS-27	Critical Care RN Variable Pay	R	In Year	Green	407	407
CSS-35	Radiology Maintenance contracts	NR	In Year	Green	78	78
CSS-36	Bis Monitoring - Supplier change	R	In Year	Green	14	29
CSS-37	Recycled Paper	R	In Year	Green	0	2
CSS-38	Medical Workforce - Intensity banding review	R	In Year	Green	7	11
CSS-39	Medical Workforce Variable Pay Spend	R	In Year	Green	33	33
CSS-40	Medicines Management - Green	R	In Year	Green	5	15
CSS-41	Medical Workforce Variable Pay Spend (Consultant)	R	In Year	Green	7	7
CSS-42	Medical Workforce Variable Pay Spend (Juniors/Middle Grades)	R	In Year	Green	63	63
CSS-43	Additional IPFR Income (Powys)	NR	In Year	Green	8	8
CSS-44	Outsourcing, linked to acute demand, Audit and deep dive. Reduce Forecast to match YTD run rate (8% decrease)	R	In Year	Green	57	117
CSS-45	Mycology Testing (PHW)	R	In Year	Green	6	11
CSS-46	Contract Funerals	R	In Year	Green	2	5

Clinical Support Services continued...

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CSS-47	Serosep Contract	R	In Year	Green	5	16
CSS-48	Cessation of Weekend Enhancement Pay	R	In Year	Green	6	17
CSS-49	Utilisation of Blood Bikes	R	In Year	Green	3	6
CSS-50	Syphilis Repatriation	R	In Year	Green	5	10
CSS-51	Leica Bond III Contract	R	In Year	Green	15	30
CSS-52	Siemens MSC KPIs (Part 2)	NR	In Year	Green	0	50
CSS-53	Reduction in Carriage Charges	R	In Year	Green	1	1
CSS-54	Liver ablations	NR	In Year	Green	0	89
CSS-55	Reduction in Health Protection testing	NR	In Year	Green	42	101
CSS-56	New locum recruitment	R	In Year	Green	(1)	6
CSS-57	Savings on additional hours by recruiting locum consultant	R	In Year	Green	4	4
CSS-58	Reduction in Health Protection testing	NR	In Year	Amber	0	300
CSS-59	Risp reduced penalty	NR	In Year	Green	0	312
CSS-60	Medical Illustration - Photo Materials	R	In Year	Green	4	11
CSS-61	Staff Slippage	NR	In Year	Green	26	29
CSS-62	RDC closure	R	In Year	Green	0	42
CSS-63	Additional Out of Area IR income Powys	NR	In Year	Green	14	34
CSS-64	Additional Out of Area IR income CTM	NR	In Year	Green	27	64
CSS-65	Contrast switch Omnipaque to Optiray	R	In Year	Green	0	6
CSS-66	BTW additional Income for increase in consultant sessions	R	In Year	Green	46	69
CSS-67	Dart Support	R	In Year	Green	1	2
CSS-68	Theatres Par Level Review - GUH	NR	In Year	Green	0	46
CSS-69	Haloperidol Tablets to liquid switch	R	In Year	Green	0	0
CSS-70	Omnipaque to Optiray	R	In Year	Green	0	6
CSS-71	Release of Fuji Accrual	NR	In Year	Green	150	150
CSS-72	Staff Slippage	NR	In Year	Green	6	32
CSS-73	Cap of WLI's from 3 to 2 per week	R	In Year	Green	0	40
CSS-74	National priorities - Dapagliflozin generic	R	In Year	Green	0	0
CSS-75	National priorities - Ticagrelor generic	R	In Year	Green	0	0
CSS-76	Dantrolene holding rationalisation (Waste prevention)	R	In Year	Green	1	4
Annual Plan Target:				3,252	2,134	3,682
Distance from target (over)/under				(431)		

Divisional analysis – Medicine

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
MED-01	Biologic Switch of Ustekinumab	R	Month 1	Green	567	850
MED-02	Enhancements on Specialist rates	R	Month 1	Green	230	382
MED-03	National priorities - Teriparatide generic switch	R	Month 1	Green	4	4
MED-04	National priorities - Dimethyl fumerate - Generic switch	R	Month 1	Green	286	438
MED-05	National priorities - Omalizumab - transitional contract	R	Month 1	Green	0	40
MED-06	National priorities/Best value Biosimilars - Ustekinumab vials	R	Month 1	Green	394	554
MED-07	Neurology - Idebenone Homecare Supply	R	Month 1	Green	7	12
MED-08	Annual purchase of insulin pumps at preferential rate	NR	Month 1	Green	5	5
MED-09	Use of 24/25 purchased CPAP's for 25/26 activity	NR	Month 1	Green	125	247
MED-10	Use of 24/25 purchased colon capsules for 25/26 activity	NR	Month 1	Green	42	63
MED-11	Use of 24/25 purchasesd equip (leads etc) for 25/26 activity	NR	Month 1	Green	16	23
MED-12	Delay in prescribing Budesomide	NR	Month 1	Green	1,119	1,609
MED-13	COTE - Denosumab	R	In Year	Green	0	4
MED-14	Co-trimaxazole IV	R	In Year	Green	3	5
MED-21	National priorities/Best value Biosimilars - Rituximab biosimilar switch (Rixathon to Truxima)	R	In Year	Green	1	1
MED-22	Reduction in locum consultants replaced with substantive x3	R	In Year	Green	0	14
MED-23	Reduction in RN agency	R	In Year	Amber	0	107
MED-24	Saving in sleep masks	R	In Year	Green	15	46
MED-25	Switch Acute 30 bedded ward to Community ward	R	In Year	Red	0	0
MED-26	Haloperidol tablets to liquid switch	R	In Year	Green	4	9
MED-27	National priorities generic dapagliflozin	R	In Year	Green	5	24
MED-28	National priorities generic ticagrelor	R	In Year	Green	2	17
Annual Plan Target:				3,877	2,824	4,455
Distance from target (over)/under				(578)		

Divisional analysis – Urgent Care

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
URG-01	Enhancements on Specialist rates	R	Month 1	Green	312	520
URG-02	Switch to a non-ported admin set with pump	R	Month 1	Green	2	2
URG-03	changing from the pre-made convenience FICB packs to individual items	R	In Year	Green	4	7
URG-10	Switch from dual giving set ports to single port	R	In Year	Green	3	6
URG-11	Close RGH & NHH Transfer Lounge	R	In Year	Amber	0	0
URG-12	Close RGH MIU Over night	R	In Year	Amber	0	0
URG-13	Delay Implementation of Medical Model in Flow Centre	NR	In Year	Green	25	75
URG-14	Source E-Triage Funding	NR	In Year	Green	0	178
URG-15	Switching to 1 Page Drug Charts	NR	In Year	Green	0	4
URG-16	Fomeprizole Antidote Replacement	NR	In Year	Green	0	6
Annual Plan Target:				3,343	346	797
Distance from target (over)/under				2,546		

Divisional analysis – Family & Therapies

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
F&T-01	Divisional drugs savings target	R	Month 1	Green	26	63
F&T-02	Health Visiting - Reduction in Rental Charges due to relocation to 19 Hills Health & Wellbeing Centre, Ringland East	R	Month 1	Green	8	11
F&T-03	Actim Prom and Partus	R	Month 1	Green	9	13
F&T-04	Non- renewal of Windmill Farm SLA with NPT LA for 25/26	R	Month 1	Green	200	300
F&T-05	Enhancements on Specialist rates	R	Month 1	Green	143	257
F&T-06	Cessation of Tafarn Newydd S28A SLA with Torfaen LA	R	Month 1	Green	21	31
F&T-07	Giving Sets for Infusion Pumps	R	Month 1	Green	2	2
F&T-08	Bulk purchase of Medtronic 780G Diabetic pumps and sensors	NR	Month 1	Green	5	5
F&T-09	LYRECO BUDGET WHITE A4 PAPER 80GSM - BOX OF 5 REAMS (5 X 500 SHEETS OF PAPER) Move to Recycle paper	R	In Year	Green	1	2
F&T-16	Financial recovery divisional scheme - pay R	R	In Year	Green	159	257
F&T-17	Financial recovery divisional scheme - pay NR	NR	In Year	Green	502	739
F&T-18	Financial recovery divisional scheme - Non-Pay R	R	In Year	Green	41	99
F&T-19	Financial recovery divisional scheme - Non-Pay NR	NR	In Year	Green	539	579
F&T-20	Financial recovery divisional scheme - Income	NR	In Year	Green	0	4
F&T-21	The All Wales Standard & Custom Procedure Packs (MED-OJEU-56015)	R	In Year	Green	0	20
Annual Plan Target:				7,036	1,655	2,384
Distance from target (over)/under				4,652		

Divisional analysis – Estates & Facilities

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
FAC-01	Chepstow Hospital Unitary Charge	R	Month 1	Green	334	500
FAC-02	ENERGY SAVINGS	R	Month 1	Green	1,184	1,850
FAC-03	Bed contract savings	R	Month 1	Green	173	250
FAC-04	Energy	R	Month 1	Green	166	250
FAC-11	Vacancies	NR	In Year	Green	280	360
FAC-12	Rates rebates	NR	In Year	Green	64	80
FAC-13	Kintra - Cost plus Credit	NR	In Year	Green	108	108
FAC-14	Vacancies	NR	In Year	Green	152	304
FAC-15	Accountancy gain - duplicate meter reading	NR	In Year	Green	1,354	1,354
Annual Plan Target:				2,826	3,815	5,056
Distance from target (over)/under				(2,230)		

Divisional analysis – Corporate

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CORP-02	Reduction in non-pay spend	NR	Month 1	Green	34	50
CORP-06	Executive directorate stretch target saving	R	Month 1	Green	85	152
CORP-11	Executive directorate stretch target saving	R	Month 1	Green	101	242
CORP-90	Various Directors savings - vacancies	NR	In Year	Green	0	100
CORP-88	Various Directors savings - non pay	NR	In Year	Green	0	600
CORP-89	Various - slippage on spend plans - presentation to be reviewed	NR	In Year	Amber	540	1,619
CORP-15	Executive directorate stretch target saving	R	Month 1	Green	25	29
CORP-92	Various Directors savings - vacancies	NR	In Year	Green	0	100
CORP-01	Reduction in workforce costs - on call allowance	NR	Month 1	Green	35	70
CORP-13	Executive directorate stretch target saving	R	Month 1	Green	350	700
CORP-93	Various Directors savings - vacancies	NR	In Year	Green	0	400
CORP-04	Scheme	NR	Month 1	Green	66	100
CORP-05	Opportunity	NR	Month 1	Green	66	100
CORP-08	Executive directorate stretch target saving	R	Month 1	Green	82	149
CORP-84	Accountancy gain- release study leave accrual	NR	In Year	Green	0	3,204
CORP-86	Accountancy gain- Dispute H&SE fine	NR	In Year	Green	0	400
CORP-91	Savings - Vacancies	NR	In Year	Green	67	200
CORP-14	Executive directorate stretch target saving	R	Month 1	Green	80	97

Corporate continued ...

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CORP-95	Various Directors savings - vacancies	NR	In Year	Green	67	200
CORP-16	Executive directorate stretch target saving	R	Month 1	Green	24	24
CORP-09	Executive directorate stretch target saving	R	Month 1	Green	68	102
CORP-10	Executive directorate stretch target saving	R	Month 1	Green	60	180
CORP-94	Various Directors savings - vacancies	NR	In Year	Green	0	100
CORP-03	Opportunity	R	Month 1	Green	151	151
CORP-07	Executive directorate stretch target saving	R	Month 1	Green	69	103
CORP-85	Accountancy gain- dispute dilapidations	NR	In Year	Green	200	200
CORP-96	Various Directors savings - vacancies	NR	In Year	Green	67	200
CORP-12	Executive directorate stretch target saving	R	Month 1	Green	104	207
CORP-97	Various Directors savings - vacancies	NR	In Year	Green	0	200
Annual Plan Target:				3,336	2,338	9,979
Distance from target (over)/under				(6,643)		

Divisional Analysis - Contracting & Commissioning

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
Con1	Accountancy benefit of NHS England end of year position	NR	In Year	Green	507	507
Con10	Accountancy benefit of NHS England end of year position	NR	In Year	Green	102	102
Con11	Renegotiation of GH&C Contract Baseline	R	In Year	Green	129	194
Con2	Forecast reduced activity- Cardiff LTA	R	In Year	Green	200	300
Con3	Forecast reduced activity- CTM LTA	R	In Year	Green	333	500
Con4	Forecast Additional Provider Income	R	In Year	Green	133	200
Con5	Accountancy benefit - service contracts	NR	In Year	Green	410	410
Con6	Accountancy benefit - service contracts	NR	In Year	Green	600	600
Con7	Forecast reduced activity- Velindre LTA	R	In Year	Green	554	554
Con8	Forecast Additional Provider Income	R	In Year	Green	167	250
Con9	Accountancy benefit of NHS England end of year position	NR	In Year	Green	46	46
Annual Plan Target:				942	3,181	3,662
Distance from target (over)/under				(2,720)		

Divisional Analysis - WHSCC

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

Divisional Analysis - EASC

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

Reserves

The reserves held at 30th November '25 is £12.7m.

This consists of allocations to be delegated of £10.5m, those supporting the financial position of £1.9m and a contingency investment reserve of £0.3m.

The reserves include some elements of risky income associated with the submitted plan with £3.9m of anticipated funding for RTT activity, beyond current-funded levels.

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

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

Reserves summary 2025/26 - Month 8

7769-ALLOCATIONS TO BE DELEGATED

Confirmed or Anticipated	R / NR	Description	25/26
Anticipated	R	b/f balances re: pay related funding etc. - don't phase in ytd as risk of not receiving hold until all wage awards in. Includes 25/26 Pay Award - GP OOH Recovered	595,718
Confirmed / Anticipated		24/25 bank wage award	1,819,000
Confirmed / Anticipated		25/26 bank wage award	1,508,000
Anticipated / confirmed	R	2024/25 Wage Awards (including R&D wage award clawback)	(92,165)
Confirmed / Anticipated	R	Band 8a+ 24/25 incremental changes - 25/26 & 26/27 impact	322,000
Delegated	R	National Insurance increase (Ers) 25-26	(113,144)
Anticipated	NR	Overseas recruitment funding	77,853
Delegated	R	Fracture liaison service - risky income assumed - WG confired not an allocation	(321,000)
Delegated	R	25/26 Physician Associates - risky income assumed - WG confired not an allocation	(59,000)
Anticipated	R	Learning Disability - Improving Lives (reversal of anticipated funding)	(64,000)
Anticipated	NR	Planned Care Transformation Fund: Spinal Mega Clinics	55,373
Anticipated	NR	Planned Care Transformation Fund: Q3 & Q4 (excl Clinical Editors & 3Ps)	40,076
Anticipated	NR	Planned Care 2025-2026 - Phase 4 Diagnostics	197,339
Anticipated	NR	Planned care / rtt funding for activity greater than current funded levels (V RISKY)	3,951,000
Anticipated	NR	Planned Care - Dermatology Minor Outpatient Procedures	556,829
Confirmed	NR	JCC - Genomics 2025-26 - 75% uplift funding confirmation	0
Anticipated	NR	HBS assumed income	1,771,341
Anticipated	NR	Planned care - Plain film for oral surgery clinics funding anticipation	13,319
Anticipated	NR	Planned Care clawback - outpatient insourcing contract renegotiation	(5,568)
Confirmed	NR	2025-26 GMS Dispensing/PADMS uplift	(34,000)
Anticipated	NR	AME CHC	245,000
		Balancing figure	1
		Confirmed Allocations to be apportioned	10,463,972

7501-SUPPORTING FINANCIAL POSITION

Description	25/26
Total Supporting Financial position	910,125

7565-CONTINGENCY

Description	25/26
Investment Reserve	280,000
Supporting Financial Position	1,000,000
Confirmed Allocations to be apportioned	1,280,000

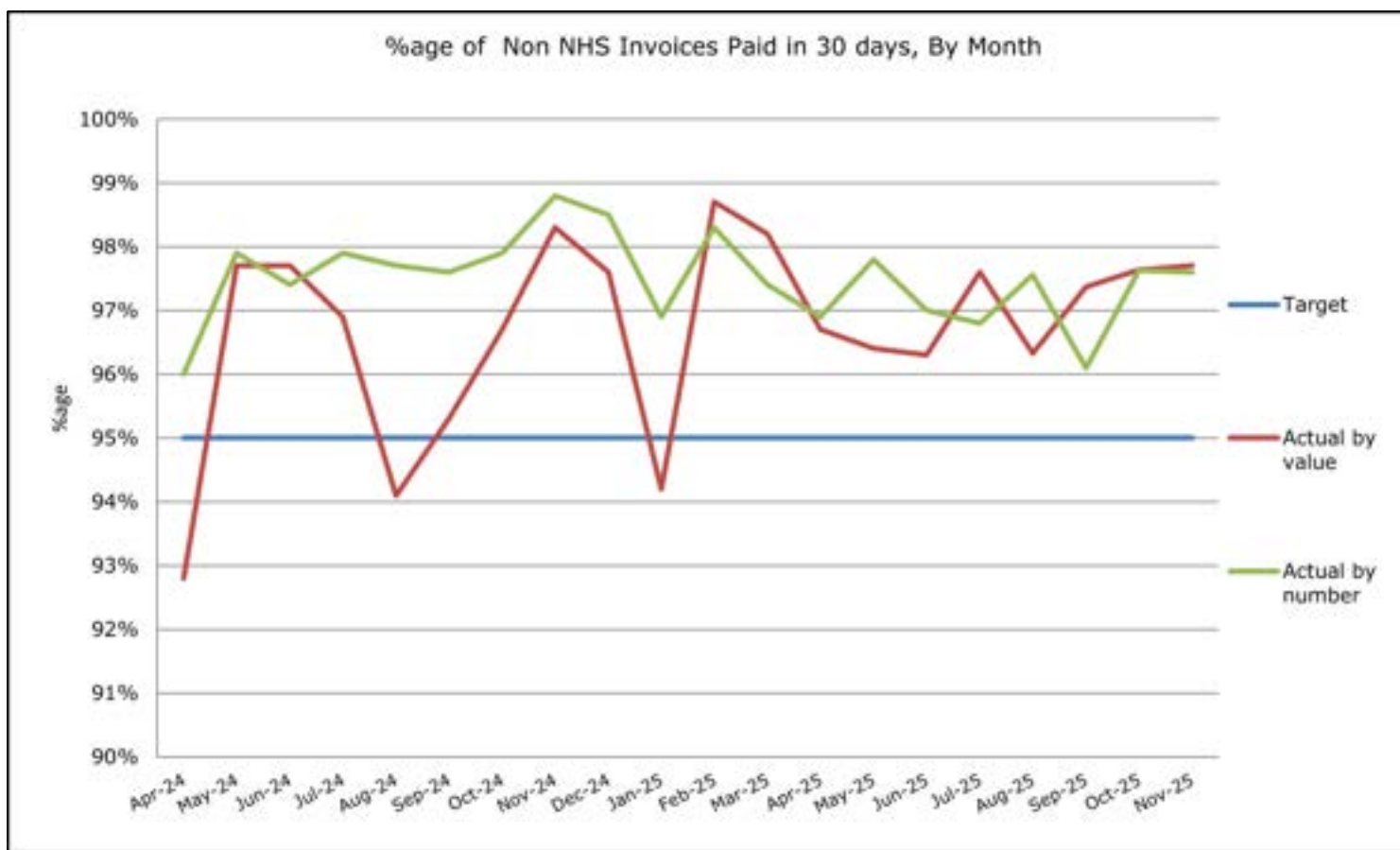
Totals 12,654,097

Cash Position

The cash balance at the 30th November is £5.530m, which is below the advisory figure set by Welsh Government of £6m.

Public Sector Payment Policy (PSP)

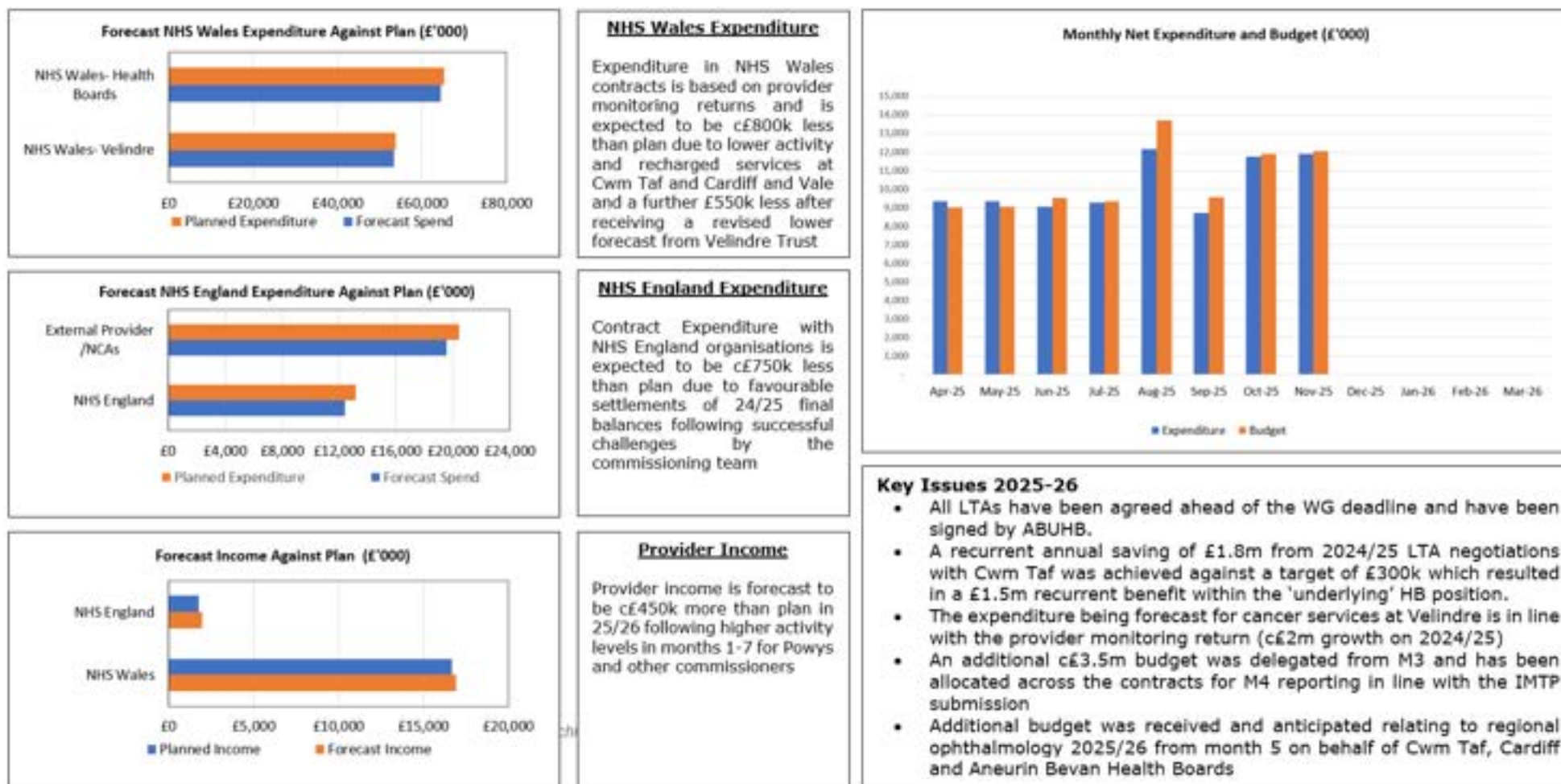
The HB has achieved the target to pay 95% of the number of both NHS and Non-NHS creditors within 30 days of delivery of goods/services in November. On a cumulative basis, the HB has achieved the statutory 95% target for Non-NHS creditor invoices but is 2.8% below target for NHS creditors when analysed by the number of invoices paid within the 30 days.



Contracting & Commissioning – LTA Spend & Income

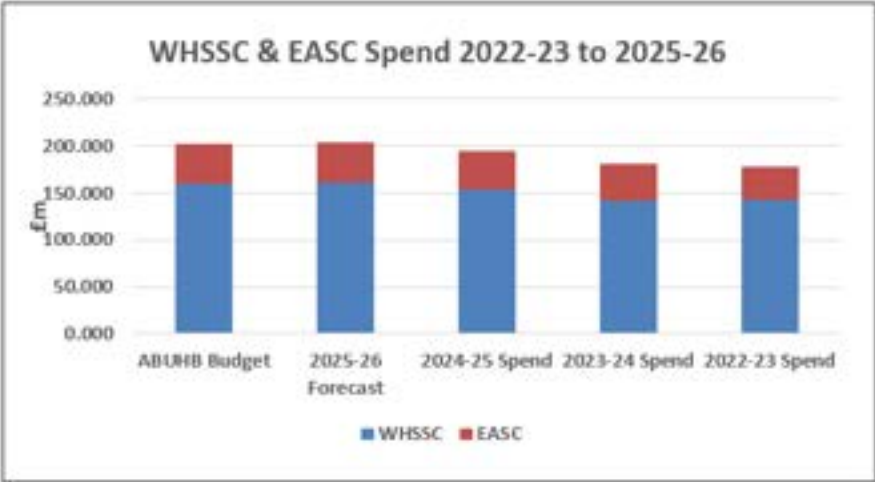
At Month 8 the year-to-date financial performance for Contracting and Commissioning is £2,574k underspend against the delegated budget with a forecast year of £3,384 underspend.

The key elements contributing to this position at Month 8 are as follows:



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

The Month 8 financial position for the JCC is a forecast overspend of £1.257m. The position reflects the agreed IMTP and the phase 2 2024-25 current budget delegation for the Specialised Services (formerly WHSSC) and EASC elements.



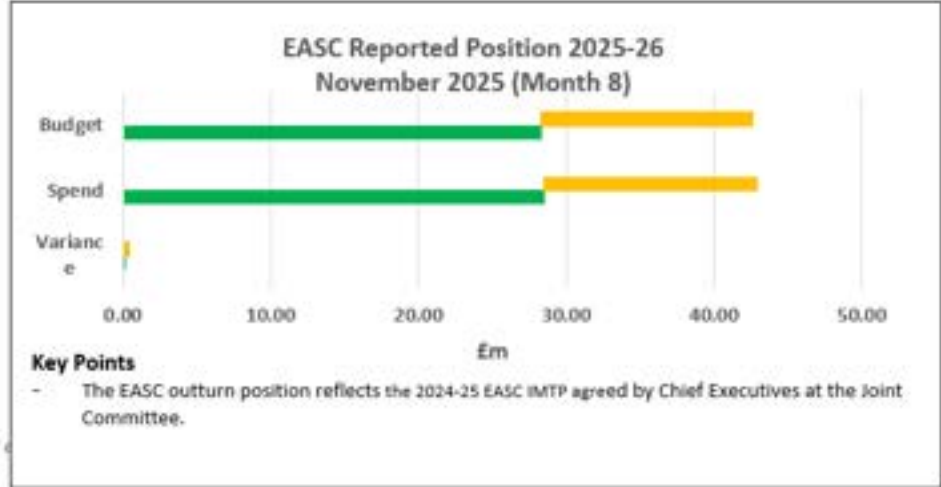
Key Issues 2025-26

Specialised Services

- Current forecast based on the agreed IMTP and forecast overperformance in respect of C&VUHB LTA Overperformance (£0.7m), Individual Patient Treatments (£1.6m) offset by slippage on developments (£1.2m)
- Key risk areas for 2025-26
 - Delivery of Savings Plans
 - Provider Overperformance
 - Slippage on Developments

EASC

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



Balance Sheet

Balance sheet as at 30th November 2025			
	2025/26 Opening balance £000s	30th November 2025 £000s	Movement £000s
Fixed Assets	945,668	1,009,439	63,771
Other Non current assets	111,489	181,351	69,862
Current Assets			
Inventories	10,433	10,537	104
Trade and other receivables	167,220	102,652	(64,568)
Cash	4,823	5,530	707
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	182,476	118,719	(63,757)
Liabilities			
Trade and other payables	221,140	206,942	(14,198)
Provisions	207,724	219,737	12,013
	428,864	426,679	(2,185)
	810,769	882,830	72,061
Financed by:-			
General Fund	610,494	628,548	18,054
Revaluation Reserve	200,275	254,281	54,006
	810,769	882,830	72,061

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

- An increase of £16.2m relating to capital programme purchase additions and £0.1m from Charitable Funds capital purchases
- An increase of £93.7m as a result of upwards revaluations caused by Indexation for land and buildings.
- A decrease of £14.8m relating to impairment of assets under constructing coming into use
- A decrease of £30.6m due to depreciation charged in year.
- A net decrease of £0.8m in renewals and depreciation for IFRS16 leased assets

Other Non-Current Assets: This relates to a significant increase in Welsh Risk Pool claims due in more than one year £71.1m and a decrease in intangible assets of £1.3m since the end of 2024/25.

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

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

- A decrease in the value of debts outstanding on the Accounts Receivable system since 2024/25 to the end of November of £0.3m
- A net increase in the value of both NHS & Non-NHS accruals of £0.2m, of which £2.5m relates to an increase in Non-NHS accruals and £2.3m relates to a decrease in NHS Accruals since the end of 2024/25
- A significant decrease in the value of Welsh Risk Pool claims due in less than one year totalling £71.1m
- A decrease in VAT and other debtors since the end of 24/25 of £0.3m
- An increase in the value of prepayments held £6.3m

Cash: The cash balance held at the end of July is £5.5m.

Liabilities, Trade & other Payables:

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

- A decrease in Capital accruals (£4.8m)
- A decrease in NHS Creditor accruals (£3.8m)
- A decrease in the level of invoices held for payment from the year end (£8.7m) & GRNI (£2.1m)
- An increase in non NHS accruals (£22.1m)
- An increase in Tax & Superannuation (£2.5m)
- A decrease in other creditors (£16.8m)
- A decrease in the liability for lease payments (£0.3m)
- An decrease in payments on account (£2.1m)

Provisions:

- This is due to an overall increase in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £12.34m and a decrease in other provisions of £0.33m.

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: £1.94bn

Confirmed Allocations as at November 2025 (M8 2025/26)

	£'000
HCHS	1,725,009
GMS	117,019
Pharmacy	38,151
Dental	36,722
Total Confirmed Allocations - November 2025	1,916,900
Plus Anticipated Allocation - November 2025	22,162
Total Allocations - November 2025	1,939,062

Other Income:

The HB receives income from a number of sources other than WG, based on the year-to-date income, this is forecast to be approximately £120m. (£125m for 24/25). The majority of this income is delegated to budget holders and therefore nets against their delegated budget positions. The main areas for income are: other NHS Bodies, Frailty, Education & Training, Dental, Child Health Projects, Managed Practices, Retail and Catering.

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

WG Revenue Resource Limit : Anticipated Allocations (November)

Funding Type	Description	Value £'000	Recurrent / Non Recurrent
GMS	GMS Refresh	1,603	R
HCHS	Capital - DEL Depreciation - Baseline Surplus/Shortfall	(514)	NR
HCHS	Capital - DEL Depreciation - Strategic	3,710	NR
HCHS	Capital - DEL Depreciation - Impairment	146	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	(248)	NR
HCHS	Capital - AME Depreciation - IFRS 16 Leases (Peppercorn)	62	NR
HCHS	Capital - AME Depreciation - Donated Assets	344	NR
HCHS	Capital - AME Depreciation - Impairments	34,235	NR
HCHS	Capital - Removal of Donated assets / Gvnt grant receipts	(160)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Equip)	(2,832)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Prop)	(1,149)	NR
HCHS	Clinical Excellence Awards (CDA's)	298	R
HCHS	Same Day Emergency Care (SDEC)	723	NR
HCHS	Urgent Primary Care	649	NR
HCHS	New Medical Training Posts 2017-2022 cohorts	1,400	R
HCHS	Welsh Risk Pool Risk Share agreement 25/26	(6,582)	NR
HCHS	MCA and DoLs	189	NR
HCHS	MCA - IMCA service	217	NR
HCHS	International recruitment funding 24-25	778	NR
HCHS	Digital Priorities Investment Fund (DPIF) for EPS go live (Community Pharmacy)	65	NR
HCHS	Keeping Well (3Ps) funding 25-26 confirmed	170	NR
HCHS	25/26 Neurodivergence (NDIP) funding	353	NR
HCHS	Pathfinder Womens Health Hub 25-26	300	NR
HCHS	Capital - DEL Depreciation - Accelerated	190	NR
HCHS	Capital - AME Depreciation - Impairment reversals	(37,011)	NR
HCHS	Clinical Editors Funding 25-26	63	NR
HCHS	National POPs Initiative Funding	137	NR
HCHS	Planned Care Transformation Fund: Spinal Mega Clinics	55	NR
HCHS	Planned Care Transformation Fund: Q3 & Q4 (excl Clinical Editors & 3Ps)	112	NR
HCHS	GP Gatekeeper	780	NR
HCHS	Planned Care 2025-2026 - Phase 4 Diagnostics	556	NR
HCHS	National Planned Care Plan - Phase 3 Additional Support Funding	469	NR
HCHS	Planned Care Programme Out Patient Phase - Additional Support (Radiographer)	25	NR
HCHS	Q2-4 Regional cataracts outsourcing	16,500	NR
HCHS	Planned care / rtt funding for activity greater than current funded levels (discuss	3,951	NR
HCHS	25/26 Full Year Pay Award (A4C + Medical & Dental)	0	R
HCHS	Plain film for oral surgery clinics	13	NR
HCHS	Planned Care clawback - outpatient insourcing contract renegotiation	(6)	NR
HCHS	Dermatology Minor Outpatient Procedures	557	NR
HCHS	HBS Insourcing Income	1,771	NR
HCHS	CHC AME Provision	245	NR
Total Anticipated: Per Ledger		22,162	

Total Confirmed 2025/26 Allocations - May 2025	1,920,053
Total 2025/26 Allocations - November 2025	1,942,215

Capital Planning & Performance Month 08 2025/26

	2025/26				
	Original Plan £000	Revised Plan £000	Spend to M8 £000	Forecast Outturn £000	Variance £000
Source:					
Discretionary Capital:					
Approved Discretionary Capital Funding Allocation	12,875	12,875		12,875	0
Less Targeted Estates Fund Contribution	-3,762	-2,862		-2,862	0
Less AWCP Brokerage 2024-25	-3,353	-3,235		-3,235	0
NBV of Assets Disposed	0	63		63	0
Grants / Donations	0	0		0	0
Total Approved Discretionary Funding	5,760	6,841		6,841	0
All Wales Capital Programme Funding:					
AWCP Approved Funding	12,184	32,919		32,919	0
Total Approved and Anticipated AWCP Funding	12,184	32,919		32,919	0
IFRS16 Lease Funding:					
Approved IFRS16 Lease Funding	0	560		560	0
IFRS16 CRL reduction for Lease Asset Disposals	0	-84		-84	0
NBV of IFRS16 Leased Asset Disposals	0	84		84	0
Total Approved IFRS16 Lease funding	0	560		560	0
Total Capital Funding / Capital Resource Limit (CRL)	17,944	40,320		40,320	0
Applications:					
Discretionary Capital:					
Statutory Compliance Allocations	1,100	1,100	511	1,191	91
Other Commitments	1,050	1,050	694	1,050	0
Commitments b/f from 2024-25	544	1,071	588	1,096	26
Divisional Priorities	2,370	2,883	1,540	2,651	-232
Corporate Priorities	0	127	42	127	0
Remaining DCP Contingency	696	610	0	845	234
Total Discretionary Capital	5,760	6,841	3,376	6,959	119
All Wales Capital Programme:					
NH-I Satellite Radiotherapy Centre	1,991	1,250	895	1,250	0
GUH ED Extension	1,946	2,665	2,151	2,665	0
Head Lease for Chepstow Community Hospital	60	107	24	107	0
2nd MRI for Grange University Hospital	2,500	2,201	2,162	2,201	0
Centralised Decontamination Unit RGH	3,925	3,999	2,345	3,860	-139
RGH – Block 1 and 2 Demolition and Car Park	269	21	3	21	0
Backlog Maintenance 2024-25	901	2,017	1,256	2,017	0
EFAB - Infrastructure 2024-25	0	224	224	224	0
YYF Breast Centralisation Unit	0	40	42	42	2
CAMHS Sanctuary Hub	0	104	104	104	0
Housing with Care Fund 2024-25	0	167	71	166	0
Ty Gwent	0	47	-12	47	0
Commercial Research Delivery Wales Equipment 2024-25	0	12	12	12	0
Diagnostic Equipment and Medical Devices Funding 2024-25	0	11	3	3	-8
Digital Equipment 2024-25	0	53	67	67	14
End of Year Funding 2024-25	0	77	73	73	-4
IRCF - Abervalley H&WBC	592	550	90	550	0
IRCF - Dixon H&WBC	0	269	120	285	16
Targeted Estates Fund (TEF)	0	8,388	2,343	8,388	0
DPIF - Electronic Prescribing and Medicines Administration (ePMA)	0	937	312	937	0
Non-Radiology Ultrasound Replacement Funding	0	840	0	840	0
DPIF - RISP	0	448	0	448	0
Mental Health Quality & Safety Schemes	0	705	91	705	0
Reinforced Aerated Autoclave Concrete Management, Nevill Hall Hospital	0	806	117	806	0
Hospital Helicopter Landing Site Improvements - 2025-26	0	28	0	28	0
VAT Recovery Reimbursed to WG (Backlog & EFAB schemes)	0	-342	-342	-342	0
Decarbonation Project (REFIT)	0	3,536	743	3,536	0
DPIF - Connecting Care	0	815	1	815	0
End of Year Funding 2025-26	0	1,444	8	1,444	0
Digital End of Year Funding 2025-26	0	1,500	0	1,500	0
Total AWCP Capital	12,184	32,919	12,903	32,801	-119
Total IFRS16 Lease Expenditure	0	560	560	560	0
Total Programme Allocation and Expenditure	17,944	40,320	16,838	40,320	0
Variance against Overall Capital Resource Limit					0

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Risk Report, January 2026
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)**

Er Sicrwydd/For Assurance

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

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

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides the Board with an updated assessment of the Health Board's strategic risk profile.

Overall, the strategic risk position remains broadly stable, although the operating environment continues to present significant and sustained pressures. The Board is asked to approve the increase in score for one risk, explained in the main body of the report, and to note that six sub-risks currently sit outside the agreed risk appetite; each is subject to targeted management actions and enhanced oversight arrangements.

Despite ongoing challenges, particularly in relation to financial sustainability, workforce pressures, and performance recovery, the Health Board continues to demonstrate a maturing and proactive approach to risk management. This is reflected in strengthened governance arrangements, robust assurance mechanisms, sustained

executive-level leadership focus, and acknowledged improvements highlighted by independent assurance bodies.

Cefndir / Background

The Strategic Risk Register (SRR) is the principal mechanism through which the Board gains assurance over the management of strategic risks. It currently includes nine principal risks and 21 associated sub-risks. Each risk has a designated Executive Director as lead, ensuring accountability for mitigation and oversight through relevant governance structures.

All strategic risks have been reviewed within the expected timeframe, and the overall control environment remains adequate. Where control gaps or assurance weaknesses have been identified, appropriate actions have been initiated to strengthen the relevant systems and processes.

Detailed information is provided in **Appendix A** (Strategic Risk Assessments).

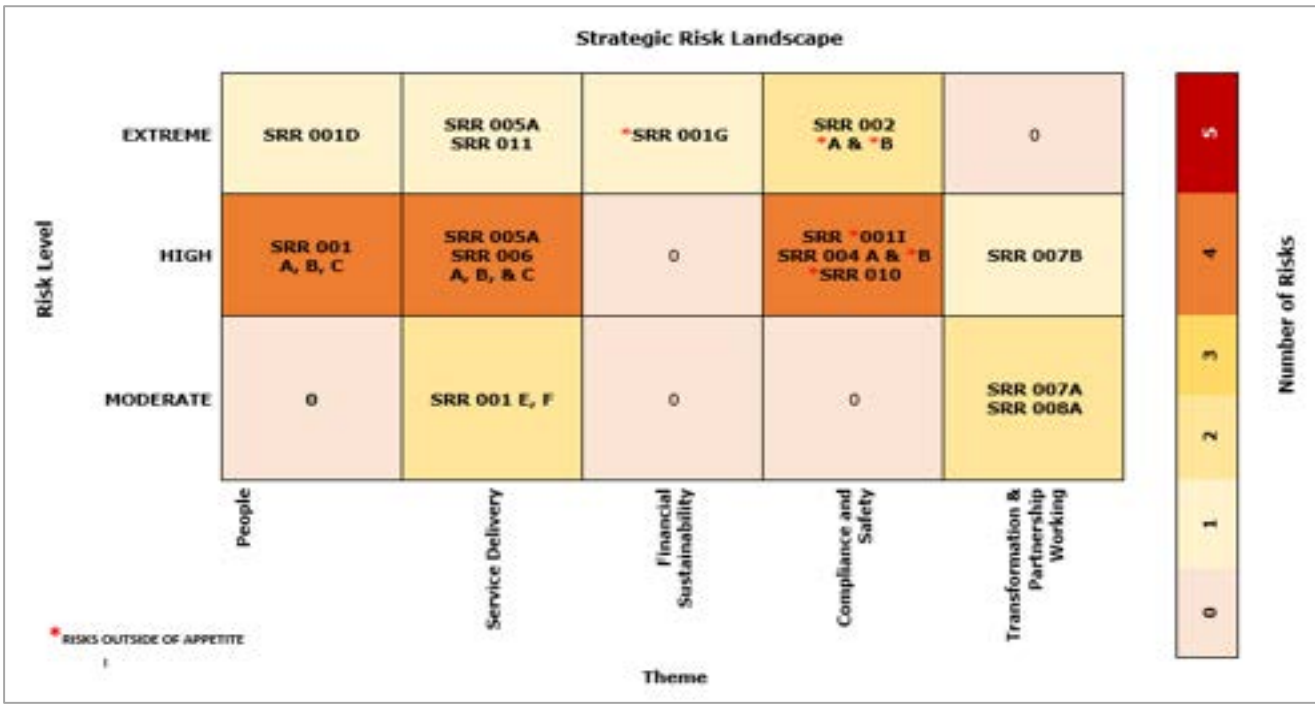
Asesiad / Assessment

Current Risk Profile

The Health Board’s strategic risk profile continues to reflect the scale and complexity of system-wide challenges. Most risks sit within the High category, particularly within Service Delivery and Compliance & Safety domains. These remain areas of sustained strategic focus and oversight.

Fewer risks are rated Extreme, but these represent the greatest potential threat to organisational resilience, patient safety, and delivery of IMTP objectives. These are subject to enhanced monitoring and reporting through the Executive Committee and relevant thematic committees.

The Heat Map, below, illustrates the current distribution of strategic risks and their relative severity.



Risks outside of Appetite

The Table below sets out the six sub-risks that currently exceed the acceptable thresholds for their respective domains, all of which are under active management. Ongoing assessments are in place to monitor residual risk, ensuring that new threats and vulnerabilities are promptly identified and addressed.

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

Changes in Risk Exposure Requiring Board Attention

Since the last report to the Board in November, one material change in risk exposure has been recorded. Risk **SRR 005A**, relating to the potential likelihood of the Health Board maintaining adequate arrangements to ensure system-wide patient flow, has increased in likelihood from a score of 3 (Possible) to 4 (Likely), resulting in a revised total risk score of 16.

In recent months, the Health Board has experienced increasing pressure on patient flow across the hospital system, arising from a combination of interrelated factors. Higher levels of patient acuity have resulted in more complex clinical needs and extended lengths of stay, while delays in arranging care packages and sustained pressures within social care have constrained the system's ability to discharge patients in a timely manner. Consequently, patients entering the system via urgent and emergency care frequently remain in acute settings for longer periods, reflecting reduced flexibility and capacity across the wider hospital flow pathway. The increasing

acuity of patients presenting to the Emergency Department has further contributed to prolonged waiting times and challenges in maintaining effective flow.

Collectively, these pressures have informed the Welsh Government's recent decision to escalate the Health Board from Level 3 to Level 4 for performance and outcomes relating to the urgent and emergency care system at the Grange University Hospital Emergency Department. This escalation reflects ongoing national concern that, notwithstanding a range of improvement actions already underway, performance has not yet achieved the level of consistency required in key areas including patient flow, waiting times, and overall patient experience. Welsh Government has highlighted that system pressures remain significant and that accelerated and sustained improvement is required to meet expected urgent and emergency care standards.

Audit Wales has acknowledged that the Health Board has strengthened its planning, monitoring, and governance arrangements in relation to urgent and emergency care demand, providing a more robust platform for improvement. However, the persistent complexity and volatility within the system mean that these arrangements have not yet translated into sustained improvements sufficient to reduce delays, congestion, and wider flow challenges across the emergency care pathway.

In response to the increased escalation level, the Health Board is further strengthening its internal controls and assurance mechanisms to enhance visibility, rigour, and oversight of delivery. This includes enhanced scrutiny of performance trajectories, clearer accountability for delivery, strengthened risk controls, and closer alignment between operational and strategic improvement plans. A central focus of these arrangements is to ensure that patient safety remains paramount, with risks arising from delays and congestion actively identified, mitigated, and escalated as appropriate.

The increase in the risk score reflects the current pressures within the urgent and emergency care system and the continued requirement for coordinated, whole-system action, underpinned by strengthened controls and assurance, to deliver sustained improvements in performance and patient safety.

The updated risk assessment set out in Appendix A identifies a number of additional controls for implementation. It should be noted, however, that many of these controls are already in place and operating, and are subject to ongoing testing, refinement, and strengthening to ensure they effectively reduce either the likelihood or impact of the risk.

Given the nature of this risk and the operational environment in which the Health Board operates, exposure is inherently susceptible to fluctuation between high and extreme thresholds. Periods of heightened system pressure may result in temporary increases in risk score; however, learning gained during these periods, and through subsequent de-escalation, provides valuable insight to inform future risk management.

This learning will support the continued development of more effective controls aimed at mitigating both the likelihood and impact of the risk during periods of system stress, as shown below.

Type of Control	Primary Purpose	How It Reduces Likelihood or Impact
Preventative Controls	Prevent the risk from occurring	Reduce the likelihood of a risk event by eliminating opportunities for error, failure, or inappropriate action
Detective Controls	Identify when a risk has occurred or is emerging	Reduce the impact by enabling early detection and timely intervention
Corrective Controls	Respond to and mitigate the impact after a risk materialises	Reduce the severity and duration of the impact, restoring operations and preventing recurrence
Directive Controls	Influence actions and guide desired behaviours	Reduce likelihood by setting expectations and reinforcing standards

Although this risk remains within the Health Board’s defined *open* risk appetite (threshold ≤ 17), the level of exposure warrants continued close oversight through the Executive Committee and the Patient Quality, Safety and Outcomes Committee.

Strengthening Strategic Risk Oversight and Assurance

To strengthen assurance over the management of strategic risks over time, a strategic risk dashboard is currently in development. The dashboard will provide an at-a-glance view of each strategic risk, illustrating changes in exposure since the risks were first identified in June 2023, including whether risk levels have remained stable, increased, or reduced. This will enable the Risk Team to triangulate intelligence from multiple sources, identify emerging patterns or trends, and determine where early intervention is required to prevent further risk escalation. The dashboard will also support more informed assessment of which controls require strengthening, as set out in the table below.

In the interim, **Appendix 2** provides a snapshot of all 21 strategic risks covering the period from the start of the 2025/26 financial year to January 2026. The accompanying graph illustrates the movement of risks across this period and provides context for changes in overall risk exposure.

Closing Position

As at January 2026, the Strategic Risk Register comprises nine high-level strategic risks and twenty-one associated sub-risks, six of which are currently operating outside their defined risk appetite. All risks continue to be actively monitored through the established governance and assurance framework, with particular focus on those presenting the greatest potential impact on service continuity, patient safety, and financial sustainability.

The Board can take reasonable assurance that strategic risks are being systematically identified, assessed, and managed, and that they are subject to appropriate review and escalation. Overall, the Health Board’s risk management arrangements continue to mature and strengthen, demonstrating alignment with

good governance practice and supporting effective organisational oversight.

Argymhelliad / Recommendation

The Board is requested to:

- **CONSIDER** whether it has sufficient assurance that strategic risks are being appropriately managed and reviewed in line with the Health Board's governance framework;
- **ACCEPT** the change in risk score and exposure for sub-risk **SRR 005A**;
- **NOTE** those risks that remain outside of the agreed appetite, recognising the ongoing work to strengthen controls and bring them within tolerance, and;
- **NOTE** the continued development of the Health Board's risk management and assurance framework as a key enabler of resilience, accountability, and sustainable service delivery.

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.

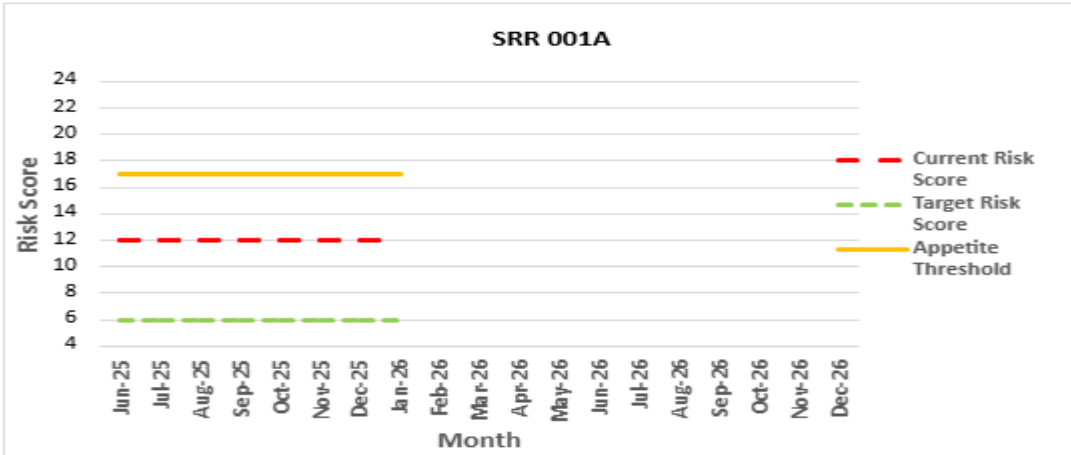
Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau:	N/A

Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	At each meeting, the relevant Committee will monitor the risk theme relevant to its responsibilities.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact 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 THEME	PEOPLE						
LINK TO IMTP	SECTION 4: ENABLER – WORKFORCE AND CULTURE						
Strategic - SRR 001 A	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.					Publication Status	Public
Threat <i>(As a result of)</i>	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 <i>(Consequences of the threat)</i>	<u>Patient</u> Adverse impacts on delivery of care to patients across acute and non-acute settings	<u>Staff</u> - Non-compliance with safe staffing principles and standards. - Increased Workload	<u>Organisation</u> - 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 <i>(Possible)</i> X	3 <i>(Possible)</i> X		
Initial Date of Assessment	June 2023		Impact	4 <i>(Major)</i>	2 <i>(Minor)</i>		
Last Reviewed	January 2026		Risk rating	= 12 <i>(High)</i>	= 6 <i>(Moderate)</i>		
Next Review (Quarterly based on risk score)	April 2026						

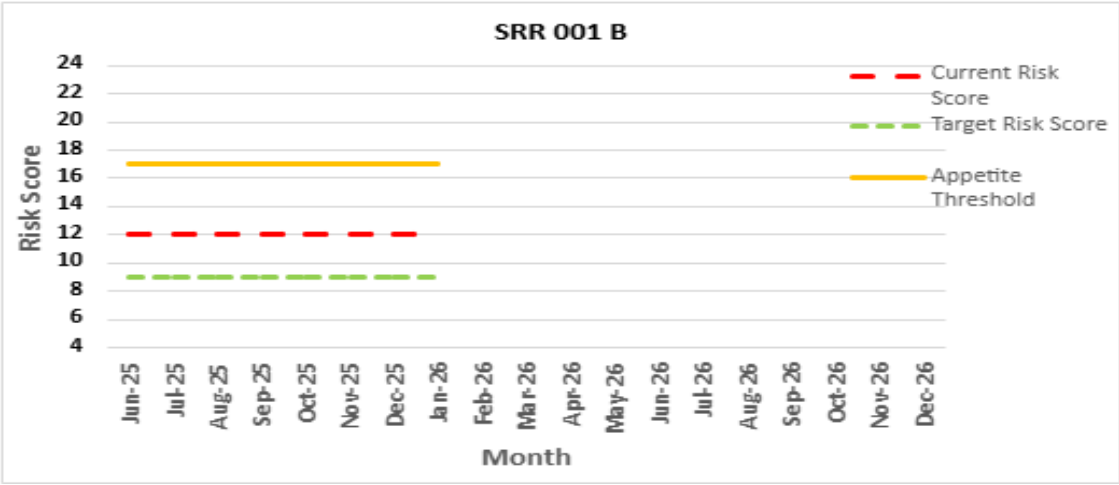
Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
- 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. - Real Living Wage Employer. 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.	Recruitment - Approval to overrecruit to newly qualified nurses in September 2025 resulting in zero forecasted RN vacancies in rostered areas. - Approval to overrecruit to newly qualified nurses in March 2026 to maintain zero forecasted RN vacancies in rostered areas and to reduce Variable Pay. Consideration will be given to over-recruit where appropriate for September 2026 in line with commissioned numbers - Exploring potential of Overseas clinical attachments in other Divisions at both Junior and Senior grades (currently only Medicine) offering NHS experience to IMGs and provides a pipeline of suitable candidates to fill vacancies in future, particularly senior grades. - Working closely with HEIW for earlier notification of unfilled and part-time training posts. Retention - Development of career pathways (e.g., non-clinical to clinical). - Implementation of Talent Management and succession planning workshops. - NHS Wales Nurse Retention Plan quarterly updates being reviewed, submission update in September 2025. - HCSW retention plan developed in collaboration with Nursing focusing on areas of high turnover being reviewed monthly. - Introduction of new starter surveys in collaboration with Nursing and Midwifery directorate - Over 50 positive retention stories across all divisions collated and on the intranet. - Organisational turnover and exit reviewed and analysed leading to an initial deeper dive into estates and facilities. Variable Pay Reduction

- Annual programme of Apprentice recruitment. - Overseas Nursing (All Wales Recruitment programme). - Nursing Workforce Strategy 2023 – 2026 - Streamlining and improving recruitment timescales through recruitment modernisation programme (started Oct 2022) - Partnerships with employability schemes and FE/HE to widen access. - Actively working with Local Authorities to promote joint recruitment activities via Gwent Workforce Board. - Working with partners to improve visibility and attraction. - DBS Policy in place with DBS risk assessment form November 2024 - Recruitment & Selection Policy published September 2025 - Introduced centralised HCSW talent pools from September 2023. - Future Nurse Academy introduced in January 2024. - Fixed term Rotational posts for Registered Nurses to be introduced March 2026 - Lateral Transfer Scheme for B5 Registered Nurses introduced January 2026	Development of action plan based on WHC to support the reduction in bank and agency usage.
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. - Launch and support of the NHS Wales Staff Survey (October and November 2025).	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 will resume in October 2025. This will help to predict junior doctor gaps and look for alternative ways to fill. - Ensure compliance increase in e-job planning to optimise current resources and identify any gaps in provision. - E-Job Planning compliance has increased to 59.2% as of 01 September 2025. - Review and analyse the electronic Bank & Agency data from Patchwork to identify areas with high usage, reasons for use and potentially convert to substantive roles.
Variable pay reduction Plan in place to monitor and review all agency, bank pay incentives supply and demand reporting to Value and Sustainability Board.	Development of alternative and new roles - Continued implementation of new roles such as Physician Associates, CAAPs, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP. - Establishment of Mental Health Workforce Planning through HEIW leadership of Mental Strategic Workforce Plan and allocation of workforce planning resources and training programme currently being delivered to Health Boards. - Updating of compendium of new roles and benchmarking is available via workforce planning intranet site and HEIW portal. - Looking to increase Assistant band 4 in Community/Mental Health and areas such as Cardiology Physiology. - Continue to extend scope of Advanced Clinical Practitioners to undertake new procedures, reporting etc reducing medical capacity. - Increasing consultant therapy and nurse practitioners. - RCN introduction of Registered Nursing Associate role to help build the capacity of the nursing workforce with placements from September 2027. - Development of new roles and career pathways to support hard to fill roles in Health Visiting. - Re-design of the Health Board’s work experience programme with 246 applicants since March 2024 and 75 placements confirmed - Development of Medical & Dental Recruitment & Retention Strategy 2025 – 2030. - Looking to further widen access by partnering with DWP to offer 12-week unpaid placements to the unemployed with a view to offering training, support and guaranteed interviews – further promoting ABUHB as an employer of choice at entry level roles. This programme attracts £1000* per candidate and there is a maximum of 50 candidates we can support per year <i>(*as at July 2025)</i>. - Regional planning supporting a number of strategic workforce plans (Orthopaedics, Endoscopy, Women’s Health Units, Vascular).
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.	Workforce Supply and Demand Modelling 10-year draft predictions undertaken for future workforce requirements based on previous trends and training pipelines. - HEIW leading several workforce initiatives to improve supply and demand modelling.
Development of Alternative and New Roles - Development of alternative and new roles. - A Gwent Strategic Workforce Action plan has been developed through co-production with our partners across Gwent and now forms the basis of the Gwent Workforce Board programme of work and agenda. The Action plan has been developed around the 7 key principles of A Healthier Wales: Our Workforce Strategy for Health and Social Care. - The NCN (Neighbourhood Care Networks) Workforce Planning programme commenced in Autumn 2023, with all initial workforce planning workshops with all 11 NCN areas completed. The programme is now moving into the next stage of the programme with a comprehensive workforce planning assessment of Blaenau Gwent as an initial project. Programme plan led by WOD developed in conjunction with NCN leads and Divisional Senior Management. - Mental Health Workforce plan development in line with new Models of Care.	Training - HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce, including Primary Care Academy. - Workforce planning training prospectus of local and online training launched May 2025 and HEIW Workforce Planning Hub launched June 2025. - Development opportunity being scoped for Business support staff. - Suite of learning masterclasses launched with 5 topics now available to book, including influencing skills, setting up teams for success, giving feedback, having courageous conversations, having a meaningful PADR. - Recruitment training for managers to streamline campaigns as much as possible to reduce time to hire. - Development of training doctor fill rate dashboard to monitor and improve fill rate or to inform alternative recruitment strategies. - A review and action plan underway to consider how to address instances where nurse streamlining preferences for specific posts exceed the number of vacancies available, to promote recruitment and retention. 31 staff enrolled on workforce planning online training modules level 1. 15 managers enrolled on level 2 training delivered locally March 2025. A capacity and capability workforce planning action plan are being developed to support 25/26 programme of activity. - Launch of Admin Together staff network (now at 100 members) supporting administrative staff to connect, develop and address organisational challenges. Continued support of all staff networks.
Training - The HEIW Education & Training Plan 2025/26 continues the investment in education and training in Wales that has been increasing over past years. - The 2025/26 education training plan demonstrated increases in a number of medical training places in medical, surgical, diagnostics and mental health specialities. This is to support areas of high vacancies, population health predictions and Welsh Government Priorities. The draft 2025/26 education and training plan proposes further increases in Wales training numbers in all branches of Nursing (adult, health visiting, practice. Training numbers in Therapies and Health Care Science programmes will remain static at previous year’s numbers.	

• HEIW have increased Health Care Support Workforce Development funding and there have been further changes for accelerated training pathways in some areas so support entry graduate level qualifications. Improved HCSW funding has enabled clinical induction to be delivered in house from April 2024 to accelerate time to effectiveness and improve employee experience. • Ongoing investment in the Primary and Community Care Academy Network will be a key enabler to delivering innovation and transformation through the Strategic Workforce Plan for Primary Care and the Strategic Programme for Primary Care. • Cadet Nursing programme in place – 16 candidates attended for the 2024 induction and work is ongoing to support all 16 to achieve accreditations. - 16 RCN cadets attending All Wales HCSW Clinical Skills Induction, currently 12 active. • K102 bridging model now being offered to support HCSW pathways into registered nursing. • Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx). Similar program for Directorate Managers (DMx) a 10-month leadership development program to support the capability of this key group commenced 23 April 2024 with cohort 2 launching June 2025. Nursing and Midwifery Academy for senior level nurses and midwives, Leadership Development program (entry level) and Leading People (advanced Level) programmes fully booked. Core Leadership programme currently delivering to 200 staff per year. • Delivery of workforce planning training. Vacancy Numbers and establishment control • Quarterly reporting of vacancy numbers have improved from 442wte to 330wte vacancies as of September 25 (all staff groups) • Development of ESR establishment control model commenced. Local delivery action plan has been agreed by the Executive Committee with expected 90% roll out completed by 31 October 2025. Current completion is 80% as a result of anticipated funding queries and medical staffing being excluded due to ability register wte against job planned sessions and resident doctors residing with SLA (NWSSP). A bespoke model will be developed to support medical staffing. An establishment dashboard has been developed which will be rolled out in February 2026. 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. Band 2/3 • Implementation of the national Health Care Support Worker Job Description Framework has commenced. This will re-band many Band 2 staff in nursing, maternity, and theatres to Band 3, improving engagement, retention, and recruitment.	
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
• 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 <i>(Executed by risk management and compliance functions)</i>			
• 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 <i>(Implemented by both auditors internal and external independent bodies)</i>			

- 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 and Structured Assessment Response August 2025 - Resident Doctor Contract Reform	Latest local survey saw a reduction in staff wellbeing	Internal Audit Staff Culture Q3 2024/25
Assurance Rating (Overall Assessment of controls and assurances) <i>Guidance</i>				
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 that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Threat <i>(As a result of)</i>	Due to a deterioration in, and a failure to improve, the well-being of staff.			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact <i>(Consequences of the threat)</i>	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 <i>(Possible)</i> x	3 <i>(Possible)</i> x	
Initial Date of Assessment	June 2023	Impact	4 <i>(Major)</i>	3 <i>(Moderate)</i>	
Last Reviewed	January 2025	Risk rating	= 12 <i>(High)</i>	= 9 <i>(High)</i>	
Next Review (Quarterly based on risk score)	April 2025				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
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, including long term strategic programmes within large departments (e.g., Maternity) - Identify, training and develop Respect and Resolution advocates (like Mental Health first aiders) - Take a data-based approach to improve our approach to Respect and Resolution processes, and supporting resources - 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 - 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 consistently resulted in a 60-70% reduction in investigations and a wide range of other organisational benefits over 3 years. The next phase of this programme will involve transferring the benefits to Respect and Resolution processes. - Implement, develop and embed 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 ‘Safe atmospheres’ training has been piloted to support the ongoing psychological safely focused work taking place in theatres and linked to ‘never events’ and team debriefing - Working with trade union and national partners to improve attendance at work and prevent absence through a variety of initiatives including Wellbeing Passport, alternative roles and health promotion. Occupational Health. - Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted. Current Demand and Capacity review completed. - Regional occupational health partnership working being explored with Cardiff and Vale and also Cwm Taff, Phase 1 collaborative physician procurement process completed and implemented - Submission of response to All Wales KPI delivery and ongoing data analysis review in place

- 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 - An external Employee Assistance Programme (Vivup) has been commissioned for a further 12 months to offer additional psychosocial wellbeing support to staff, including a waiting list initiative Occupational Health - Additional occupational health resources secured to reduce waiting times - Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes - Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19 - Support equality and diversity of workforce - A part time Disability Inclusion Officer has been seconded to the EDI Team and made permanent in December 2024 - Band 5 EDI Officer appointed and commenced in post at the end of March 2024 - Inclusive Leadership sessions embedded in the Leading People Programme - Reverse Mentorship Programme launched February 2024 Other - Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC - Reducing fatigue poster developed	- Support equality and diversity of workforce - Review of staff diversity networks - Review of National Staff survey to understand variations within diverse workforce demographic profile - 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 2024/25 indicate improvements with culture and diversity - An ABUHB action plan is in development to address staff engagement, work related stress and to improve retention of staff - Planning for 2025 staff survey underway to improve compliance and value of outcomes
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
• 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 <i>(Executed by risk management and compliance functions)</i>			
• People and Culture Committee reports (People Plan 22-25) • Local wellbeing surveys • LNC – reporting of compliance of BMA Rest and • Facilities			
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
• 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 <i>(Overall Assessment of controls and assurances)</i> 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 <i>(As a result of)</i>	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 <i>(Consequences of the threat)</i>	<u>Patient</u> Adverse impacts on delivery of care to patients across acute and non-acute settings;		<u>Staff</u> Adverse impacts on staff recruitment and retention		<u>Organisation</u> - 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 <i>(Possible)</i> X	3 <i>(Possible)</i> X				
Initial Date of Assessment	June 2023			Impact	4 <i>(Major)</i>	2 <i>(Minor)</i>				
Last Reviewed	January 2026			Risk rating	= 12 <i>(High)</i>	= 6 <i>(Moderate)</i>				
Next Review (Quarterly based on risk score)	April 2026									

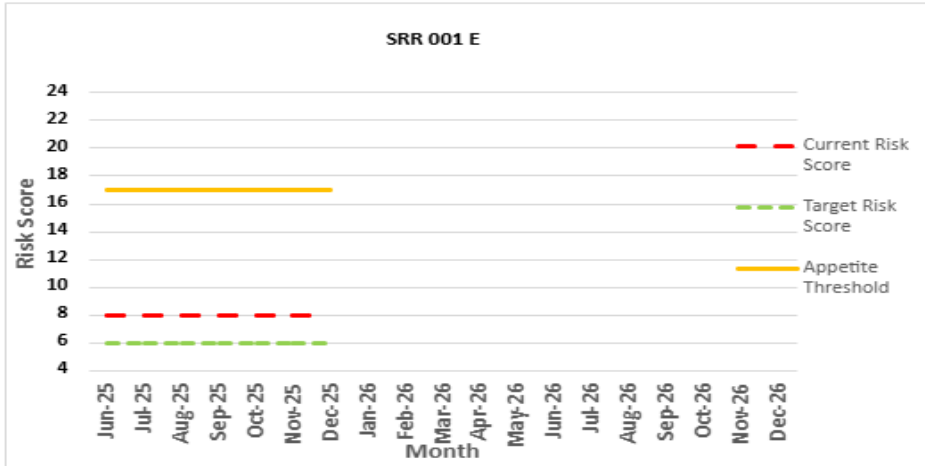
Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
- 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 management trainee successfully appointed August 2025 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. Considering very senior leader programme. - 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 (started cohort 9 May 2025), CDx cohort 5 starting November 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 - Development workshops being rolled across the Health Board, open for all leaders to attend. Ongoing and planned throughout 2026/27 - Designated Talent and Management succession planning resources available on ABUHB intranet and updated regularly. 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). - Review of current leadership journey and training with planning starting to develop a very senior leadership development programme in 2025/26 - Specific leadership and culture work starting in MHLD division with methods being developed to scale across the Health Board in 2026.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
- WOD Divisional reporting - Evaluation of internal leadership programmes and regular review of our internal offer			
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
Reporting to People and Culture Committee - progress against People Plan 22-25 / 2025 – 2028.			
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
- Internal Audit Review - Talent and Succession Board			
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> 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 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 <i>(As a result of)</i>	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 <i>(Consequences of the threat)</i>	<u>Patient</u> Adverse impacts on delivery of care to patients across acute and non-acute settings		<u>Staff</u> Non-compliance with safe staffing principles and standards		<u>Organisation</u> - 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	SRR 001 D Risk Score Month			
Monitoring Committee / Group	People & Culture Committee			Likelihood	4 <i>(Likely)</i> X	2 <i>(unlikely)</i> X				
Initial Date of Assessment	June 2023			Impact	4 <i>(Major)</i>	4 <i>(Major)</i>				
Last Reviewed	January 2026			Risk rating	= 16 <i>(Extreme)</i>	= 8 <i>(Moderate)</i>				
Next Review (Monthly based on risk score)	February 2026									

Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
- 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. - Workforce Peer Networks – WOD's and DEWOD's. - Resident Doctor Contract agreed and implementation plan to commence - Living Wage uplift to be applied from April 2026 as per WHC - Band 2/Band 3 assessments initiated	- 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. - 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. - Early notification of consultative ballot outcomes via NHS Employers/WG. - Local negotiation and response to grievances related to band 2/band 3 job descriptions for HCSWs. - Awareness of national TU ballot responses regarding pay dispute – early notification ahead of any strike action ballots for planning purposes. - Resident Doctor contract reform planning structure in place in conjunction with Medical Director. - CPD/Statutory and Mandatory training review in progress with TU colleagues.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
- Local Staff re-deployments assessment - Divisional engagement and service planning arrangements in place - Local Negotiating Committee (LNC) - Trade Union Partnership meetings - Established processes and tools used for previous industrial action.		Further industrial action
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
- Reporting to Executive team - Business Continuity groups - Command and control structure in place to be implemented as required		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
- All Wales IA group and Welsh Government planning group. - Debriefing session planned to reflect and capture learning for any potential future action - Resident Doctor Contract Reform - Band 2/3 Implementation Framework – DRAFT, subject to Cabinet Secretary review/approval		
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> 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 <i>(As a result of)</i>	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 <i>(Consequences of the threat)</i>	<u>Patient</u> - Increased patient acuity levels - Worsening of health inequalities - Worsening of health outcomes	<u>Staff</u>	<u>Organisation</u> - 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 <i>(Unlikely)</i> x	2 <i>(Unlikely)</i> x		
Initial Date of Assessment	June 2023		Impact	4 <i>(Major)</i>	3 <i>(Moderate)</i>		
Last Reviewed	November 2025		Risk rating	= 8 <i>(Moderate)</i>	= 6 <i>(Moderate)</i>		
Next Review (Six monthly based on risk score)	May 2025						

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
- 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.

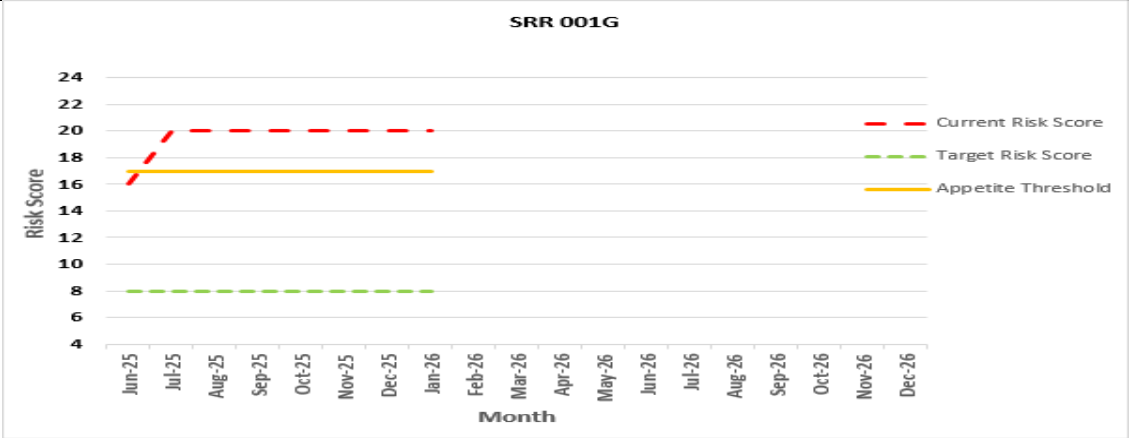
Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
- QlikSense – performance information - SFN – performance information			Effectiveness of the plans in delivering improvements
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
- IMTP Delivery and Outcomes Reporting to Board - Marmot Region Programme - RPB reporting to Board and Population Health, Planning and Partnerships Committee - Regional Planning reporting to Population Health, Planning and Partnerships Committee			
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit Reviews 2023-24 - IMTP Planning (Q1) Outcome – Reasonable Assurance Internal Audit Reviews 2024-25 - Internal Audit Partnership Arrangements – Limited Assurance			Outcome of the Internal Audit Partnership Arrangements scheduled for Q1 2024/25 Plan
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> 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 <i>(As a result of)</i>	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 <i>(Consequences of the threat)</i>	<u>Patient</u> - Increased demand - Increased patient acuity levels - Worsening of health inequalities - Worsening of health outcomes		<u>Staff</u> N/A		<u>Organisation</u> - 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.		<u>Risk Exposure</u>	Current Level	Target Level	SRR 001 F </				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range?</i> <i>(Short, Medium, and Long-Term Plans need to be included)</i>
- The Health Board’s Integrated Medium-Term Plan (IMPT) and associated KPIs - Strategic Programmes in place - Public Health Wales surveillance data – Covid, flu and other communicable diseases. - Qliksense – performance information. - Population needs assessment and area plan development by the RPB. - Southeast Wales Plan for fragile services.	- Area plan is being refreshed through the RPB. - Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. - Review of enhanced local general hospital service models to ensure sustainable quality services. - Development of SEW plan for fragile. - Review of organisational strategy

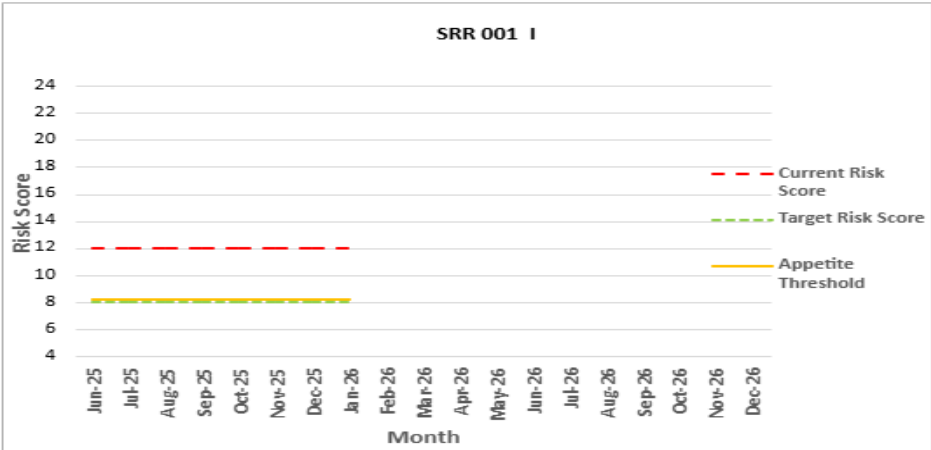
Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
- 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 <i>(Executed by risk management and compliance functions)</i>			
- IMTP delivery and outcomes reporting to Board. - RPB reporting to Board and Population Health, Planning and Partnerships Committee. - Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee. - Regional Planning reporting to Population Health, Planning and Partnerships Committee. - Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee.			
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
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 <i>(Overall Assessment of controls and assurances)</i> 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 – CAUTIOUS Preference for safe, though accept there will be some risk exposure: medium likelihood of occurrence of the risk after application of controls
Impact (Consequences of the threat)	<u>Organisation</u> - 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 13 and Below Risks relating to all aspects of the Health Board’s financial performance and its ability to manage cost and efficiencies. SUMMARY The current risk level is OUTSIDE of target and 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	2 (Unlikely) x
Initial Date of Assessment	June 2023	Impact	4 (Major)	4 (Major)
Last Reviewed	January 2026	Risk rating	= 20 (Extreme)	= 8 (Moderate)
Next Review (Monthly based on risk score)	February 2026			



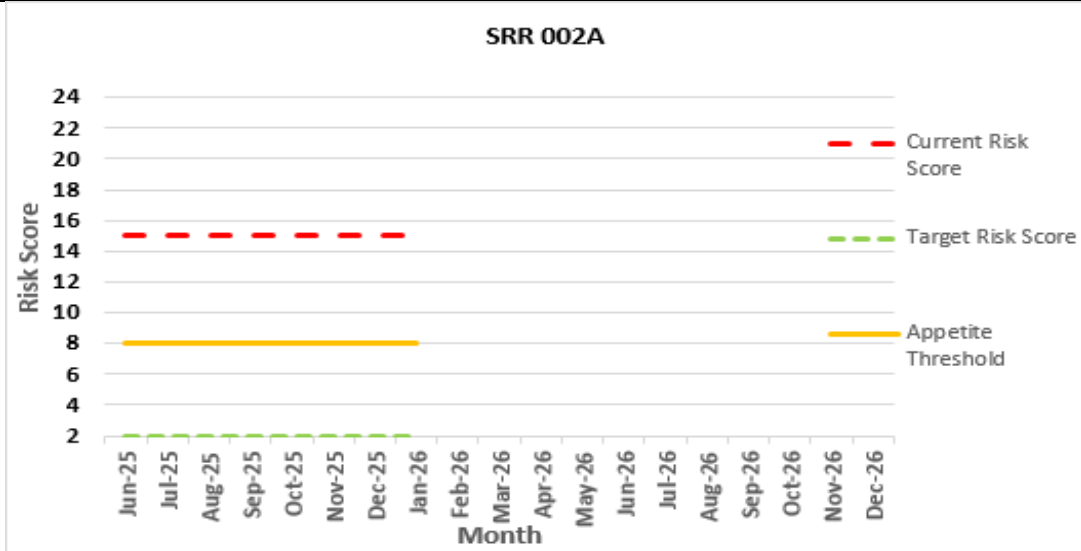
Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
- 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. - Budget holder financial recovery deep dive meetings, - Enhanced forecasting and planning processes	- 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 <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
- 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 <i>(Executed by risk management and compliance functions)</i>			
- 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 <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit - Annual Report 2024/25 Financial Sustainability – Reasonable Assurance Sept 2025 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 <i>(Overall Assessment of controls and assurances)</i> 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 <i>(As a result of)</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.			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 <i>(Consequences of the threat)</i>	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	April 2024	Impact	4 (Major)	4 (Major)	
Last Reviewed	July 2025	Risk rating	= 12 (High)	= 8 (Moderate)	
Next Review (Quarterly based on risk score)	October 2025				

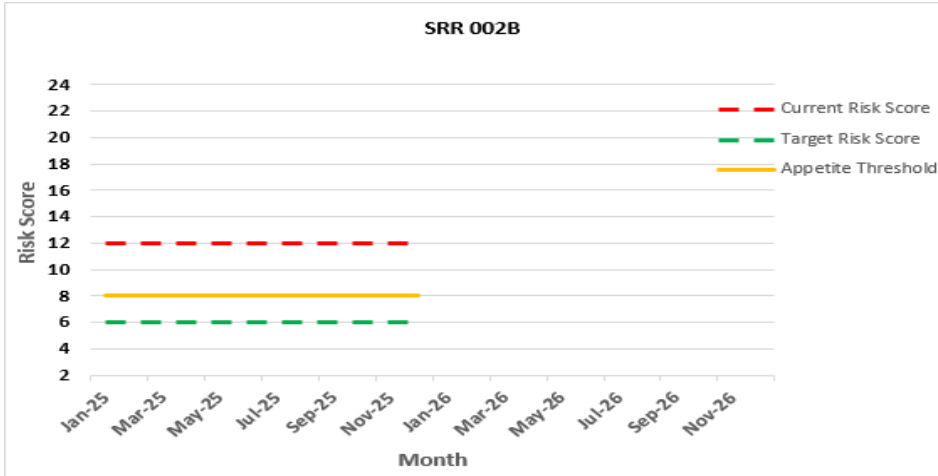
Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
- 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 <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
- 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 <i>(Executed by risk management and compliance functions)</i>			
- 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 <i>(Implemented by both auditors internal and external independent bodies)</i>			
- Internal Audit 2024/25 Plan - Directorate Review - Mental Health and Learning Disabilities (Q2) - Divisional Governance Arrangements (Q2) - HIW Inspections - Llais for feedback	- Internal Audit 2024/25 Plan - Findings and recommendations from the Divisional Governance Arrangements (Q2) - Findings and recommendations from the Directorate Review - Mental Health and Learning Disabilities (Q2)	Implementation of the management responses set out in the final Internal Audit Reports	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> 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 <i>(As a result of)</i>	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 <i>(Consequences of the threat)</i>	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	June 2023		Impact	5 (Catastrophic)	2 (Minor)						
Last Reviewed	January 2026		Risk rating	= 15 (Extreme)	= 2 (Low)						
Next Review (Monthly based on risk score)	February 2026										

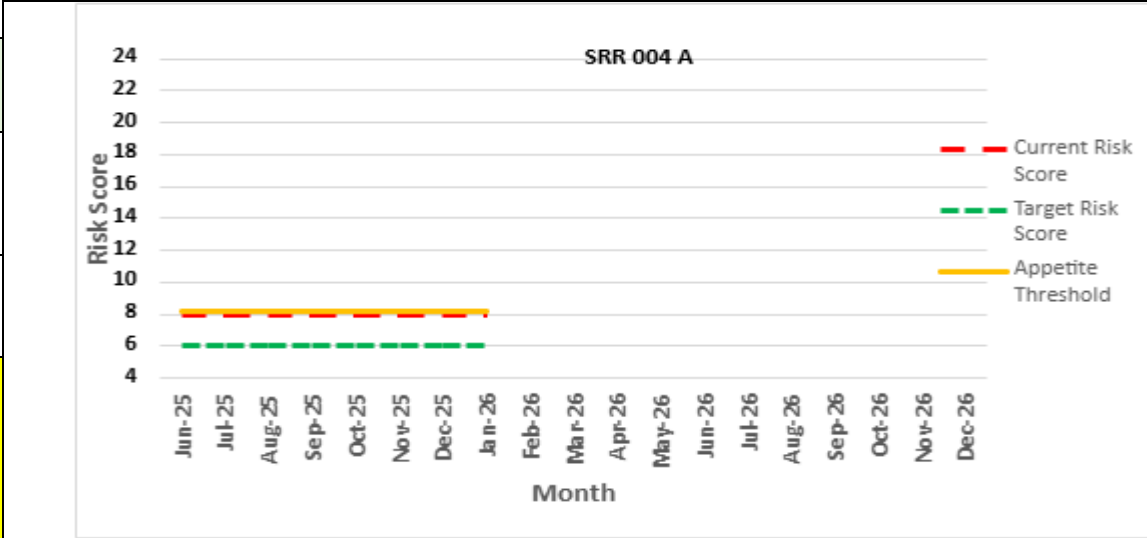
Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
- Work to assess the risk has been undertaken with expert external surveyor advice. Repeat surveys undertaken on 6 monthly intervals (surveys ongoing in December 25 and January 26) - Funding agreed from Welsh Government to implement actions related to surveys and specific actions relating to ‘skylights’. Some will require more substantial work -which are being scoped. - 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 which is being enhanced with proposals around cameras and designated walkways - 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 have been reviewed by H&S team and feedback provided to departments - Links with NHS England and other Health Boards in Wales for shared learning. - Regular dialogue with Welsh Government and Shared Services Estates. - Management Action Plan agreed following Internal Audit including the development of a Management Strategy and submitted to the ABUHB Health and Safety ‘Committee’ in March 2025	- 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 was approved at the Health & Safety Committee in April

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
- Monthly checks in place for the props albeit fortnightly checks in new prop locations in OPD 2 department - 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 <i>(Executed by risk management and compliance functions)</i>			
- Health Board Fire and Health and Safety function engaged in fortnightly governance group to monitor - risks and issues associated with any remedial measures implemented. - Outcome of H&S risk assessment in place and reviewed May 2025. H&S team reissuing the assessments to Department Leads in January 26 to review locally - Formal reporting to the Board/Committees in place - SOC approved by Health Board and submitted to Welsh Government		None	N/A
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
- 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. - Internal Audit also commented that the risk appetite needs to reflect the current position of monitoring and managing the RAAC pending SOC and FBC hence appetite of 15 should be considered by Board.		Recommendations identified in the Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan	- Repeat surveys have been completed and once the latest report from these surveys is received any necessary additional actions will be implements Internal Audit 2024/25 Plan - Implementation of the management responses to close off recommendations been concluded.
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> 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

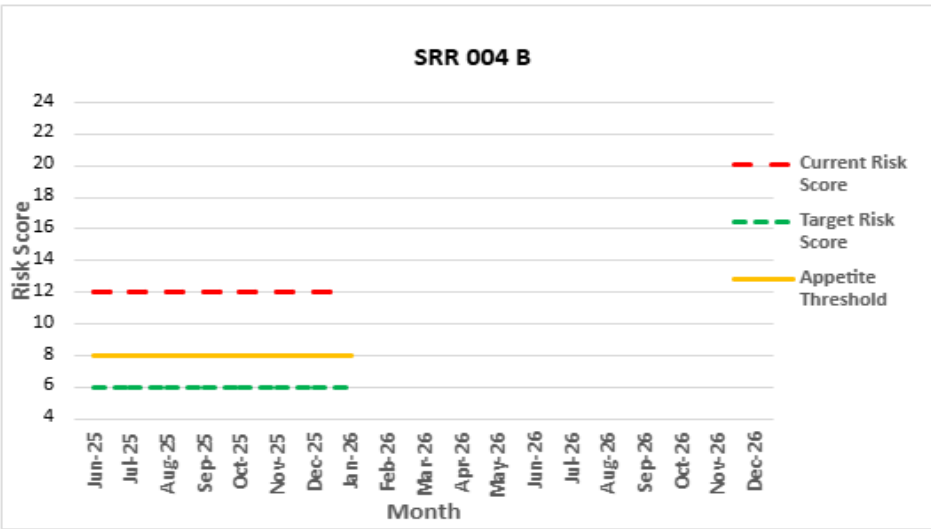
RISK THEME	COMPLIANCE AND SAFETY						
LINK TO IMTP	SECTION 4: ENABLERS - ESTATES						
Strategic Risk SRR 002 B	There is a risk that there will be significant failure of the Health Boards Estates.					Publication Status	Public
Threat <i>(As a result of)</i>	Due to significant levels of backlog maintenance 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 <i>(Consequences of the threat)</i>	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	June 2023		Impact	4 (Major)	2 (Minor)		
Last Reviewed	January 2026		Risk rating	= 12 (High)	= 6 (Moderate)		
Next Review (Quarterly based on risk score)	April 2026						

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
- 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. - 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 and in 2026/27 (subject to formal board approval of capital plan) - 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) - Elements of St Woolos Hospital estate being closed as part of the Board agreement to rationalise the site and remove use of old and poor estate. - Condition survey (commonly referred to as 6 facet) being scoped for completion in early 2026/27 to inform the estates strategy

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
- 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.		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 <i>(Executed by risk management and compliance functions)</i>			
- 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. - Divisional Director Estates and Facilities presented to Committee in December 2024 and scheduled to present in February 2025. - Divisional Director Estates and Facilities presented to Committee on St Woolos Hospital project in October 2025.		None	N/A
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
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		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 - Audit Wales completing an all-Wales audit on estate condition in Q4 2025/26
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> 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 <i>(As a result of)</i>	Due to emergency planning arrangements at both the corporate and operational levels lacking the necessary robustness to ensure an effective response.			Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/ low likelihood of occurrence of the risk after application controls.	
Impact <i>(Consequences of the threat)</i>	<u>Patient</u> - Adverse impacts on delivery of care to patients across acute and non-acute settings - Harm or injury to patients	<u>Staff</u> - Inability to respond to a major incident to meet needs of those affected - Harm or injury to staff	<u>Organisation</u> - 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	June 2023		Impact	4 (Major)	3 (Moderate)
Last Reviewed	October 2025		Risk rating	= 8 (Moderate)	= 6 (Moderate)
Next Review (Six-monthly based on risk score)	May 2026				
Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>				Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>	
- 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				- Continue to deliver training programmes to support staff preparedness to response to an incident. - Additional ‘local’ team and intra team exercises to take place for areas to practice and embed their response to a major incident together - Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Coordination) structure of strategic, tactical, and Operational. - BCPs in place across all services. Work with the Corporate Governance Directorate (Head of Corporate Risk and Assurance) to support improvements in the development of BCP’s across key operational areas. - National pandemic exercise Pegasus Autumn 2025 - Development of a pan plan to support pandemic pathways (HCIDs e.g., MPOX)	

LRF Pandemic Solaris undertaken			
Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
- Departmental debrief following an incident to inform learning and enhance controls. - Training records - Plans and action cards in place and up to date - Debrief with key stakeholders following an incident to inform learning and enhance controls.		All key operational departments could actively respond to a BC incident without EP intervention due to the absence of BSPs.	Work with key areas to support development of BCP's and action cards with the support of Corporate Governance Directorate.
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
- Report to the EPRR Group from debrief of incidents - Reports to the PPHP Committee on Emergency Planning Preparedness		EPRR Thematic Risk Register	Develop an EPRR
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit Review(s) - Business Continuity Planning 2023-24 (Q2) outcome report published – included MI response - Reasonable Assurance - Outcome and feedback from national exercises		Identification of recommendations to ensure the Health Board is prepared and has the capabilities ato respond effectively.	Implementation of the recommendations and subsequent management responses.
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE

RISK THEME	COMPLIANCE AND SAFETY					
LINK TO IMTP	SECTION 3: SYSTEM CHANGE					
Strategic Risk SRR 004 B	There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to Business Continuity incidents.				Publication Status	Public
Threat <i>(As a result of)</i>	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 <i>(Consequences of the threat)</i>	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	June 2023		Impact	4 (Major)	3 (Moderate)	
Last Reviewed	October 2025		Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	January 2026					

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
- BC Policy - BC Response Guidance - BC Template & guidance (reviewed and updated April 2025) - Divisional, Directorate & Service BC Plans across a number of key operational areas - BC Exercise - BC debrief learning. - HB and LRF Plans. 3C (Command/Control, Communication) structure in place to respond to incidents. 1-2-1 training with Divisional BC leads and delivering BC workshops for services. - EPRR Group Established. - Repository on intranet for BC plans to be added to by areas for audit, maintenance, and review of interdependencies. - Awareness raising of the requirement for BC across the Health Board through various training programmes - Infectious Diseases plan - Joint plan with PH in response to infectious diseases and public health incidence response overall - Internal strategic on call training - Executive Team attending 2-day strategic training. - Regular liaison with Gwent Local Resilience Forum (Strategic and tactical) - Joint Planning and Training with LRF and across Wales. - Ongoing Participation in exercises UK, Wales, LRF and HB. - Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP).	- Ongoing support to develop business continuity plans. - Continued engagement with Divisions, Directorates, and service areas to embed contingency planning into the culture of the organisation, Conduct BIAs, develop plans, train staff, test & exercise, and review plans to mitigate the risks and threats to service delivery. - Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Coordination) structure of strategic, tactical, and Operational. - Continue to engage with the communication team to improve incident cascade during an event to ensure a Health Board wide awareness in a timely manner. - Each Division to identify on their risk register any outstanding business continuity plans against the 5 key themes for their areas and escalate any identified risks to the HB risk group for review. - Development of a business continuity dashboard that enables divisions & directorates to manage, RAG rate and provide assurance of their BC planning arrangements. - Joint working with partners – Exercise Pegasus - Pull together a task and finish group to review and plan for the BC recommendations from the Ex Mighty Oak exercise debrief. - Develop an off the shelf BC exercise for divisions, directorates & services. - Work with the Corporate Governance Directorate (Head of Corporate Risk and Assurance) to support improvements in the development of BCP’s across key operational areas.

- Ability to warn & inform the organisation of critical BC incidents via the Health Board communications team. - Health Board service BC supporting plan – to provide a generic response framework if they have no specific plans are in place. - A dedicated business continuity lead for IT applications and networks to reduce the highest key theme risk. - The introduction of a business continuity Incident Response Group in the event that a BC incident that escalates to critical. - Joint working with LRF partners – Exercise Solaris	
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
- Plans and action cards in place and up to date. - Div/Service BC risk registers - Service BC training records - Departmental debrief following an incident to inform learning and enhance controls. - Debrief with key stakeholders following an incident to inform learning and enhance controls.	All key operational departments could actively respond to a BC incident without EP intervention due to the absence of BSPs.	Work with key areas to support development of BCP's and action cards with the support of Corporate Governance Directorate.
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
- Report to the EPRR Group from debrief of incidents - Reports to the PPHP Committee on Emergency Planning Preparedness	EPRR Thematic Risk Register	Develop an EPRR
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
Internal Audit Review(s) Business Continuity Planning 2023-24 (Q2) outcome report published – included MI response – Reasonable Assurance Outcome and feedback from national exercise	Identification of recommendations to ensure the Health Board is prepared and has the capabilities ato respond effectively.	Implementation of the recommendations and subsequent management responses.
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> 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)	<u>Patient</u> - 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.	<u>Staff</u> - Increased workload - Fatigue & burnout	<u>Organisation</u> - 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	4 (Possible) x	3 (Possible) x
Initial Date of Assessment	June 2023	Impact	4 (Major)	3 (Moderate)
Last Reviewed	January 2026	Risk rating	= 16 (Extreme)	= 9 (High)
Next Review (Monthly based on risk score)	February 2026			

Month	Current Risk Score	Target Risk Score	Appetite Threshold	Risk Level
Jun-25	12	8	16	16
Jul-25	12	8	16	16
Aug-25	12	8	16	16
Sep-25	12	8	16	16
Oct-25	12	8	16	16
Nov-25	12	8	16	16
Dec-25	12	8	16	16
Jan-26	16	8	16	9
Feb-26	16	8	16	9
Mar-26	16	8	16	9
Apr-26	16	8	16	9
May-26	16	8	16	9
Jun-26	16	8	16	9
Jul-26	16	8	16	9
Aug-26	16	8	16	9
Sep-26	16	8	16	9
Oct-26	16	8	16	9
Nov-26	16	8	16	9
Dec-26	16	8	16	9

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
- Escalation Policy. - Performance and Accountability Framework - Operational Framework - Major incident Procedures - Daily ONP flow meetings - Twice daily ONP calls to receive updates from all acute sites as well as community services. Allowing opportunity for escalation of risks. - 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. - Weekly system safety flow forum – Cross divisional focused forum to look at priority areas to improve flow from across the system. Data driven. action focussed and task driven. - Enhanced monitoring in place for U&EC – level 4 - 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 (including risk assessed boarding) plan to ensure there is clear description ad guide for where extra capacity can be accessed to ensure patient flow is maintained. Full Capacity Protocol is in place. - Planned care delivery plan agreed and recovery meetings with the NHS execs to support activity. 26-week OP programme is well underway, and HB is currently exceeding numbers for first outpatient appoints. - Regular Dialogue with WAST regarding flow across the patch/regional and attending national calls.	Refocus on Our New Patient and key pieces of work: - Discharge Acceleration - Daily board rounds identify definite and potential discharges early to free up beds before peak demand - Weekend discharge lists are shared proactively to maintain flow across all sites. Full Capacity Protocol: - Boarding continues across sites under strict risk assessment, with escalation to use dayrooms or therapy spaces only as a last resort. - Red lines for boarding (e.g., avoiding high-risk patients) are reinforced in SOP discussions. Step-Down Coordination: - Flow Centre actively books and allocates step-downs; priority is given to patients who can safely move to community beds or lower-acuity settings. - Community bed usage is maximized, with reablement teams engaged to expedite transfers. - Contingency for Delays - where step-downs stall, escalation includes opening additional community beds and using SDEC for low-acuity patients. Rapid Offload Strategy: - Flow Centre monitors ambulance waits and redistributes crews to minimise delays. - Plans include prioritizing high-risk patients for cubicles and using lounges for temporary placement. Standard Operating Procedure (SOP): - A simplified SOP is being finalised to standardize escalation pathways, boarding criteria, and discharge prioritization across divisions. - Divisional “red lines” (e.g., elective bed protection, infection control limits) are being formalised for consistent decision-making. Data-Driven Oversight: - Flow Centre dashboards and live trackers are used to monitor patient movement, discharge progress, and capacity in real time.

- WG – IQPD meetings to review areas of focus - Regular meetings with Local Authorities to review POC delays and LOS concerns.	- New ED extension opened on the 17th December with phase 2 to start in the new financial year - Additional ED consultants in place - New expanded transfer lounge is progressing well, supporting with transport booking and supporting early movement of patients.
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
- The Escalation Framework has been enacted and ineffective in mitigating threats and impact to services. - Performance report against measures/metrics - Daily ONP meetings to review flow - S2S meeting - creates a consistent, standardised process for assessing readiness, escalating issues, and agreeing collective plans, fostering clear accountability from ward to board level.	- 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 - Outputs and progression of actions from ONP and S2S meetings to sustain system flow	Close monitoring and reporting of the frameworks in practice to support learning and improvements.	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
- Monthly Divisional Assurance reviews. - Mid and EoY Reviews for Divisions - Performance against measures/metrics reported to the Executive Committee - Planning and Performance Committee - Cross Divisional Meetings – cross divisional thinking, learning and sharing best practice	The Operational Framework is being developed to define how individual services meet demand and outline the actions required during escalation. This framework is currently under refinement through the Our Next Patient (ONP) work.	The Operational Framework process commenced in November 2024, initiating a series of in-depth reviews across specific services. This is an iterative approach designed to remain active and adaptable, ensuring it continues to meet the evolving needs of the services.	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit Reviews - Intra-site Patient Transfers – Reasonable Assurance accepted by the ARAC on 9th July 2024. - External inspections/visits. - IQPD Monthly Meetings focus on key areas - GIRFT visit Report - Accelerated Design Event / Programme of work - Winter Sprint – December 2025 and January 2026 - MAG Report - focus areas for ABUHB	Clinical Leadership & Patient Experience: Strong emphasis on clinically led, data-driven change, with patient stories highlighting the real-world impact of delays. Mandated Targets: The 45-minute ambulance handover target is to be mandated, with an ambition to reach a 15-minute standard for patient safety. System-Wide Responsibility: Improvement requires engagement across all sectors—ED, primary care, community, acute medicine, surgery, and ambulance services. Improving Performance Together (MAG Report) 45 min hand overs, - clarity over fragile services asks and delivery - accountability for regional working in our region - asks around data sharing and use of comparative data sets – definitions are still work in progress - indicates population health management tools will be available – Alignment locally - breathlessness and lung cancer alignment with our own plans - Integrated care hubs - Define the funding and delivery shift from Secondary to Primary Care– with a plan	N/A	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> 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)	<u>Patient</u> Unintended harm or Injury to Patients.	<u>Staff</u> Unintended harm or injury to staff	<u>Organisation</u> - 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	June 2023	Impact	4 (Major)	4 (Major)
Last Reviewed	January 2026	Risk rating	= 12 (High)	= 8 (Moderate)
Next Review (Quarterly based on risk score)	April 2026			

SRR 006 A

Month	Current Risk Score	Target Risk Score	Appetite Threshold
Jun-25	12	8	17
Jul-25	12	8	17
Aug-25	12	8	17
Sep-25	12	8	17
Oct-25	12	8	17
Nov-25	12	8	17
Dec-25	12	8	17
Jan-26	12	8	17
Feb-26	12	8	17
Mar-26	12	8	17
Apr-26	12	8	17
May-26	12	8	17
Jun-26	12	8	17
Jul-26	12	8	17
Aug-26	12	8	17
Sep-26	12	8	17
Oct-26	12	8	17
Nov-26	12	8	17
Dec-26	12	8	17

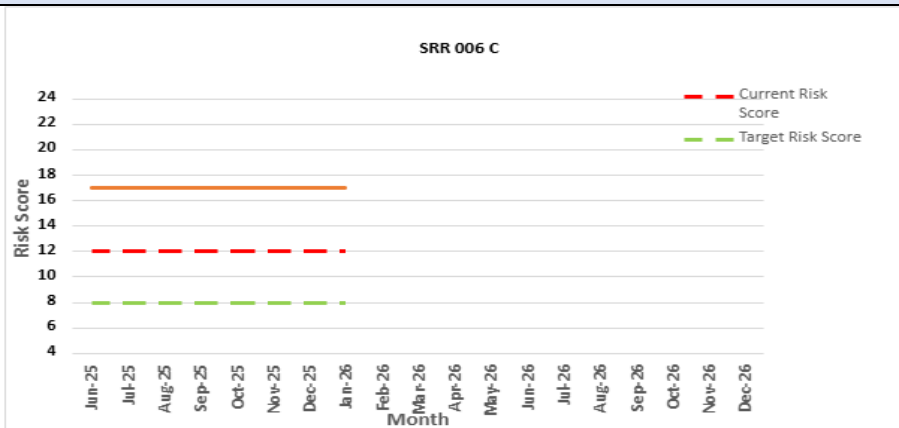
Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
- Remedial Action Plan revised and updated to capture further recommendations against NIS CAF assessment in Jun 2025. This Action Plan has also supported ABUHB risk remediation responses to ABUHB’s NIS CAF Risk Register which by CRU to address risks identified during the NIS CAF assessment. The remedial actions proposed have been accepted by CRU and progress will be reviewed regularly. - Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO) SIRO trained. - 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 and presented at monthly Service Delivery Management Group. - Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation. - Battle tested ABUHB cyber incident response, communication cascade and reporting to Cyber Resilience Unit. - Working with ICT Support Teams and the Log4j version 2 vulnerability has been resolved within the Health Board. The least important service impacting Version 1 is being managed through ICT Departmental risk management process. · Risk impact reduced as recent loss of power at key sites, incorporating our data Centre allowed to failover in a seamless fashion from one DC to the other with no service impact. - Microsoft Defender provides inspection and protection from malicious links embedded within emails using telemetry from the whole NHS Wales tenant. - Microsoft Sentinel security event and incident management tool in use to analyse systems and provide alerts. - At least monthly simulated phishing emails to check email security awareness among staff. - Scenario-based incident response exercising using National Cyber Security Centre developed ‘Exercise in a box’ to assess our current skills in responding to real-life cyber security incident scenarios and to identify improvements. Cyber to run quarterly exercises.	- Cyber Resilience Audit (CRU) undertaken in June 2025 showed an overall improvement. Some key recommendations such as incident management testing have been actioned, with others progressed and monitored via regular meetings with CRU and reported to Information Governance Group. - Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation, aligning with NIS CAF controls, and CIS (Centre for internet security) benchmarks. - Internal Audit review on Shadow IT scheduled for 2026. - Daily firewall reports on suspicious traffic, internet usage. Stats and trends reported monthly to the Service Delivery Management Group (SDMG) - Improvements to Vulnerability Management Service (VMS) to identify vulnerable 3rd party applications - Internet of Things reporting to show device security posture now being developed as new firewalls are being deployed. - Ingest NHS England Security Operations Centre (SOC) Indicators of compromise (IOC) feed into the Health Boards security tooling to provide additional early warnings. - Improvements in mandatory training compliance for Information Governance and Cyber Security. - Monthly Phishing simulations have identified colleague susceptibility and additional training requirements - re-procurement of a phishing and education awareness tool in 2026 to support this - Health Board involvement in national cyber response exercise in September 2025. - Incident management; 2x members of Cyber security now CIPR (Cyber Incident Panning & response) accredited - Cyber attend regular NHS England hosted Immersive labs tabletop exercises. 2x tabletop exercises for technical teams conducted in 2025 by Tarian (SW Police Cyber unit) Quarterly inhouse scenario-based tabletop exercises hosted by Cyber for technical teams and wider responders.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
- 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 <i>(Executed by risk management and compliance functions)</i>			
- 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 <i>(Implemented by both auditors internal and external independent bodies)</i>			
- 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.		None	N/A
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> 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 <i>(As a result of)</i>	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 <i>(Consequences of the threat)</i>	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		SRR 006 B Risk Score Month Current Risk Score Target Risk Score Appetite Threshold		
Monitoring Committee / Group	Finance and Performance Committee		Likelihood	4 (Major) x		2 (Unlikely) x				
Initial Date of Assessment	June 2023		Impact	4 (Major)		3 (Moderate)				
Last Reviewed	January 2026		Risk rating	= 16 (Extreme)		= 6 (Moderate)				
Next Review (Monthly based on risk score)	February 2026									

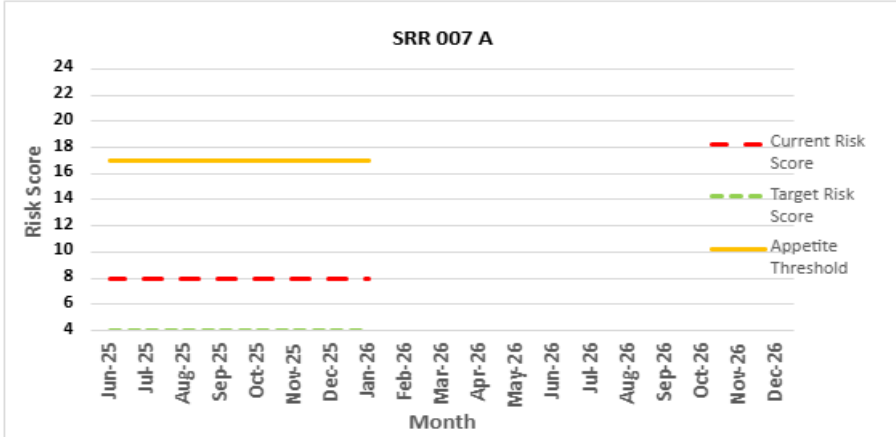
Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
- Adoption of formal project management methodologies 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 - A Digital Prioritisation and Optimisation Meeting (DPOM) introduced monthly to review capacity and priorities to support decision making and early escalation if required.	- Additional governance being put in place with the Digital, Data and Technology Group which will report to the Finance & Performance Committee - Terms of reference developed. - Digital benefits Board development session held in 2025. - Digital transformation development programme to be provided to the Board in January 2026. - Welsh Government strengthening national governance with the introduction of a DDaT Leadership Board and supporting groups. - Regular reporting now in place to Chief Executive Management Team and Welsh Government DDAT Leadership Board due to concerns over timescales and deliverability to LIMS and RISP. - Local project tolerance levels changed to zero for both RISP and LIMS to ensure immediate escalation processes are enacted for risks or issues impacting delivery / timelines. - Strengthen governance with Divisional Engagement Meetings to increase transparency of digital portfolio and align priorities.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
- 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 - Welsh Government implementing stronger national governance for national projects and programmes
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
Regular Reporting to the Finance & Performance Committee		None	Not Applicable
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
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 <i>(Overall Assessment of controls and assurances)</i> 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 <i>(As a result of)</i>	Due to failure to develop digital solutions that are sustainable and 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 <i>(Consequences of the threat)</i>	<u>Patient</u> - Unintended harm or injury to patients. - Adverse impacts on delivery of care to patients across acute and non-acute settings	<u>Staff</u> Unintended harm or injury to staff.	<u>Organisation</u> - 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	June 2023		Impact	4 (Major)	4 (Major)		
Last Reviewed	January 2026		Risk rating	= 12 (High)	= 8 (Moderate)		
Next Review (Quarterly based on risk score)	April 2025						

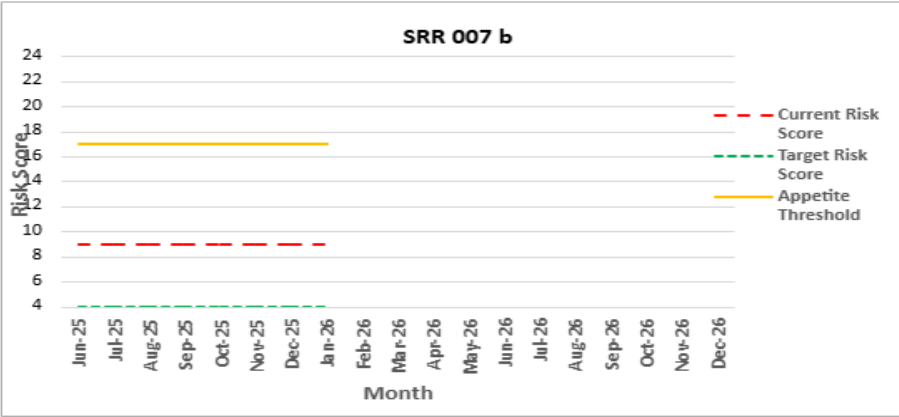
Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
- 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 Group - 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 Digital Transformation Strategy linked to ABUHB 2035 – the new Health Board 10 year strategy and associated component strategies and plans including Electronic Health & Care Record and Infrastructure strategy.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
Quarterly reporting to DDAT Group	- 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 <i>(Executed by risk management and compliance functions)</i>		
Regular Reporting to the Finance & Performance Committee	None	Not Applicable
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
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 <i>(Overall Assessment of controls and assurances)</i> 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 <i>(As a result of)</i>	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 <i>(Consequences of the threat)</i>	<u>Patient</u> Unmet patient need resulting in harm	<u>Staff</u> N/A	<u>Organisation</u> - 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.	<u>Risk Exposure</u>	Current Level	Target Level			
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x			
Initial Date of Assessment	June 2023	Impact	4 (Major)	2 (Minor)			
Last Reviewed	November 2025	Risk rating	= 8 (Moderate)	= 4 (Moderate)			
Next Review (Six Months based on risk score)	May 2026						

Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
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 <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
- 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 <i>(Executed by risk management and compliance functions)</i>			
- Assurance reporting to the Population Health, Partnerships, and Planning Committee. - Assurance reporting to the Board.		None	N/A
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
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 <i>(Overall Assessment of controls and assurances)</i> 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 <i>(As a result of)</i>	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 <i>(Consequences of the threat)</i>	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	January 2024	Impact	3 (Moderate)	2 (Minor)
Last Reviewed	November 2025	Risk rating	= 9 (High)	= 4 (Low)	
Next Review <i>(Quarterly based on risk score)</i>	March 2025				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
- 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.

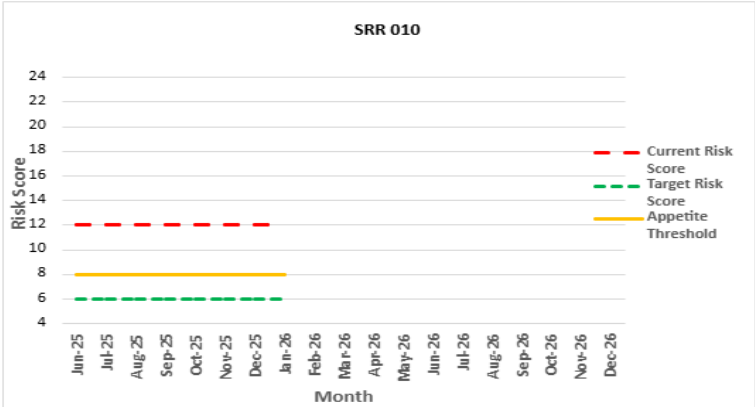
Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
Service Divisions reporting to the Chief Operational Officer		Alignment and effectiveness of partners to deliver integrated services	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
- Assurance reporting to the Population Health, Partnerships, and Planning Committee. - Assurance reporting to the Board. - Regular touchpoint meetings of all key players to review progress and issues arising		None	N/A
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> 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)	<u>Patient</u>	<u>Staff</u>	<u>Organisation</u>		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.
	- 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 - Negative experience of care - Distress and frustration. - Carer stress.	Staff dissatisfaction Frustration Increased absence. Loss of confidence.	- Failure to deliver health board priorities, required improvements and achieve longer-term sustainability - Reputational damage and loss of public confidence		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	June 2023	Impact	4 (Major)	2 (Minor)
Last Reviewed	August 2025	Risk rating	= 8 (Moderate)	= 4 (Low)	
Next Review (Six monthly based on risk score)	February 2026				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
- 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. - Dementia Person centred Care team dedicated e mail address. - Dementia Information and signposting through webpages.	- 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 Quality Management Group - Completion of surveys limited to QR code access or physical presence of PCCT to manually ask and in-put data. SMS provision to be implemented in Feb 2025 across ED and all MIU's. 5 National Maternity Surveys to launch via SMS 1st Sept 2025 - National directives around new national surveys that need to be managed additional to internal roll out programme – National People’s Experience Survey live 1st May 2025 and default survey for majority of live areas. - Volunteer feedback to be reviewed to identify themes. - Development of End of Life and Bereavement models in progress and improve bereavement offer to meet Bereavement Standards. Resources being scoped. - Community of Practice for Patient Experience and People Participation Panels now agreed and to be progressed. - Dementia community hubs in each borough of Gwent will enable accessible opportunities for feedback and signposting, plans to increase hubs in more areas of Gwent.

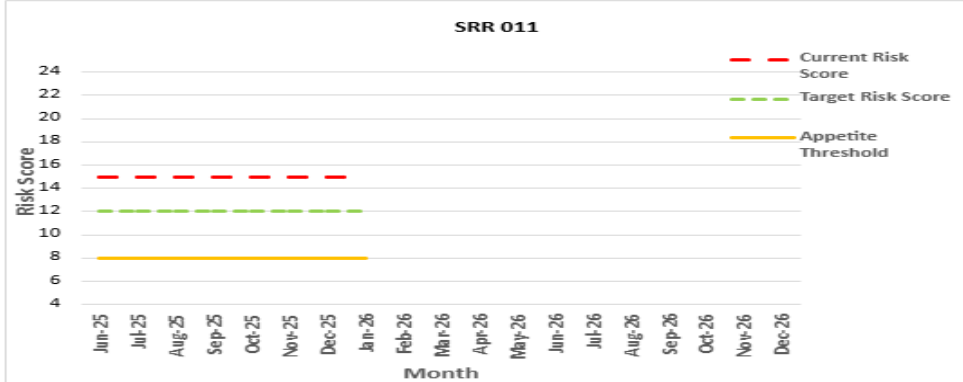
• Patient feedback on the agenda for each of the dementia workstream meetings. • Dementia - QR code for feedback at each training event and session. • Dementia Thematic review from CIVICA team requested to inform actions and improvements in care. • Dementia - Multi agency partnership workstreams measuring impact of service. • Graces places set up in Newport, Caerphilly and Monmouthshire to support bereaved people	
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>				
- 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. - Bereavement survey built with CIVICA – Nov 2024 - CIVICA SMS launched 3rd March 2025 across ED and MIU’S		- Currently there is limited 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 launched 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 <i>(Executed by risk management and compliance functions)</i>				
- 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 <i>(Implemented by both auditors internal and external independent bodies)</i>				
- Bi-monthly LLais Reports - HIW inspections - Advocacy reports		None	N/A	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> 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: ENABLER QUALITY				WORKFORCE & CULTURE		
Strategic Risk: SRR 010	There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974					Publication Status	Public
Threat <i>(As a result of)</i>	Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements				Risk Appetite Level – MINIMAL Any risk that has a MINIMAL risk appetite level should be managed to a Score of 8 or below.		
Impact <i>(Consequences of the threat)</i>	<u>Patient</u> - Unintended physical harm to patients - Psychological trauma	<u>Staff</u> - Unintended physical harm to staff - Psychological trauma - Increased levels of staff sickness	<u>Organisation</u> - 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	December 2023		Impact	4 (Major)	3 (Moderate)		
Last Reviewed	September 2025		Risk rating	= 12 (High)	= 6 (Moderate)		
Next Review (Quarterly based on risk score)	December 2025						

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
- Attendance at Divisional Quality & Patient Safety meetings provides a forum to discuss Health and Safety concerns/best practices. - Health and Safety Policies and Procedures - Dedicated Health and Safety site on ABPULSE - Provision of dedicated health and safety expertise and advice to meet the requirements of the Management of Health and Safety at Work Regulations 1999, Regulation 7 ‘Health and Safety Assistance’. - Health and Safety training for all staff (include general H&S, fire safety, manual handling, violence & aggression) - Partial Programme of Health and Safety Monitoring (Active & Reactive) - Corporate and Directorate Health and Safety Risk Register established. - Board Training /development (Completed 24 April 2024) - Implementation of Health, Safety, and Fire Improvement Plan for 2023/24 to address 7 risk areas of concern. - Health and Safety Governance and reporting arrangements (Health and Safety Committee)	- Develop and implement a 3-year health and safety culture plan, including the implementation of a new Health and Safety Management System - Suitable and Sufficient Risk assessments (including local risk assessments, specific fire risk assessments, and fire risk assessments) - Consultation and communication with the workforce regarding compliance with the Act - New ways of working with Divisions to ensure accountability for health and safety is recognised. - Implement key performance indicators to monitor health and safety compliance. - Review the governance arrangements for the Health & Safety Committee - Health and Safety Policies and Procedures to be reviewed. - Onboard further Manual Handling trainers across the organisation to improve compliance. - Scope for training non-Health Board staff - Learning from events to be documented and communicated to the organisation.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
Health and Safety compliance data extracted from ESR and Datix and reported Statutory reporting data reports and dashboards	- Implementation of a health and safety performance report - Health and Safety Committee Membership and governance to be reviewed to ensure there is robust scrutiny and challenge on compliance with the Act - Compliance on completion of risk assessments and mitigating actions - Consistent adherence and application of policies	- 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 <i>(Executed by risk management and compliance functions)</i>			
- Established monitoring of H&S at the Executive Committee - Corporate H&S Team report risk and assurance to the Health and Safety Group - Health and Safety Annual Report - Health and Safety Improvement Plan - Established monitoring of H&S at the PQSO Committee	Thematic Risk Register	Development of a thematic risk register	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit 2024/25 Plan - Health and Safety Internal Audit – Concluded Limited Assurance - 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.	Recommendations from the 2024/25 Internal Audit	Implement actions to address the findings and recommendations set out in the Limited Assurance Internal Audit Report	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Reasonable Assurance

RISK THEME	SERVICE DELIVERY				
LINK TO IMTP	SECTION 4: ENABLER – GREEN HEALTH				
Strategic Risk SRR 011	There is a risk that the Health Board will not meet the carbon reduction target set by Welsh Government (16% reduction by 2025 and a 34% reduction by 2030) <i>This is common to all Health Bodies across the country.</i>			Publication Status	Public
Threat <i>(As a result of)</i>	Due to the limitations to change estate and structural operations and available funds to implement strategic changes at scale to fully meet the target expected. <i>(The effect of a failure to meet this target is on the wider environment.)</i>		Risk Appetite Level – OPEN: Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure		
Impact <i>(Consequences of the threat)</i>	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	October 2024	Impact	3 (Moderate)	3 (Moderate)	
Last Reviewed	December 2025	Risk rating	= 15 (Extreme)	= 12 (Moderate)	
Next Review (Monthly based on risk score)	January 2025				

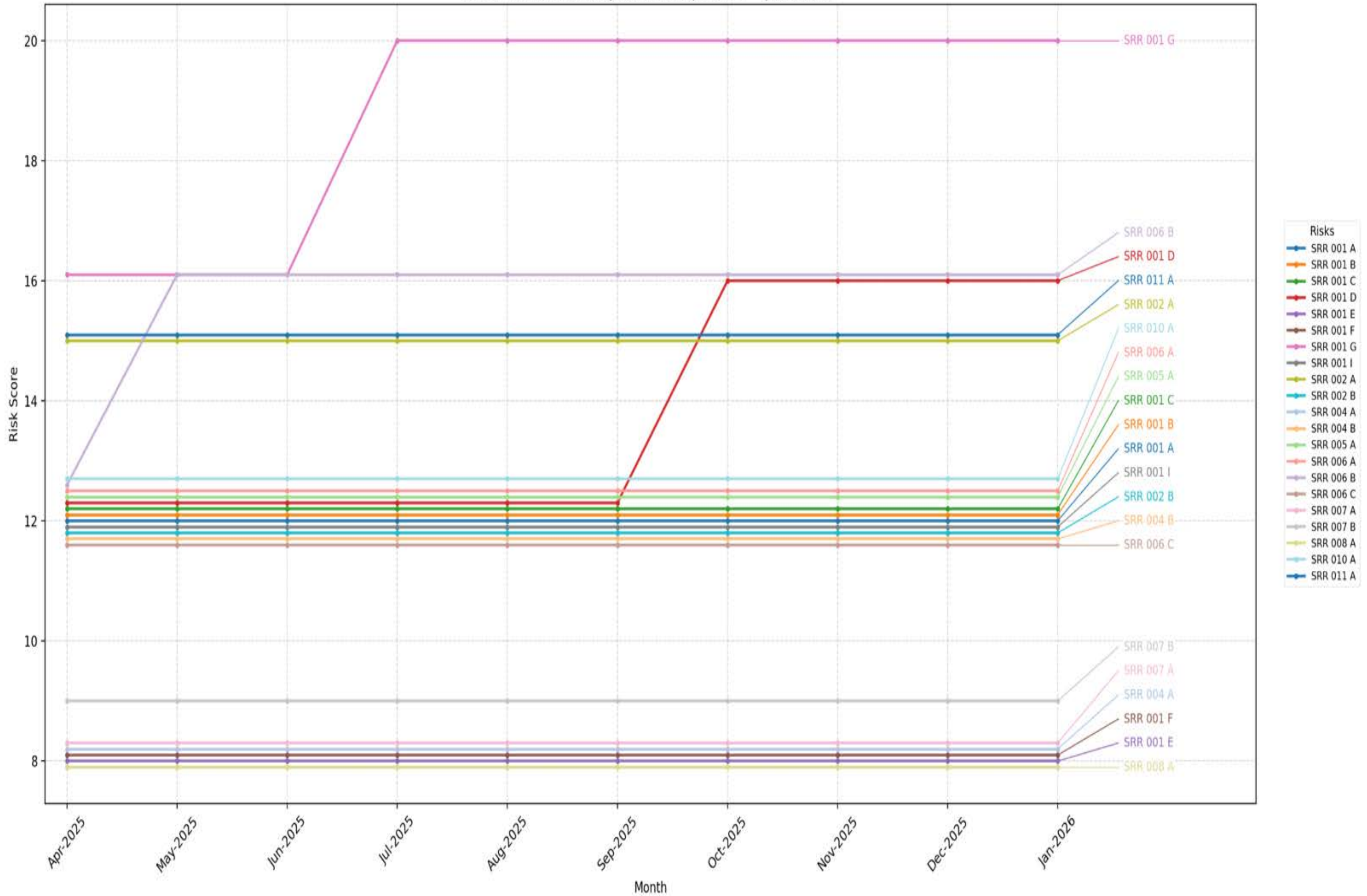
Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
- 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 <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
- 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 <i>(Executed by risk management and compliance functions)</i>			
- 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 <i>(Implemented by both auditors internal and external independent bodies)</i>			
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 -24Periodic 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 <i>(Overall Assessment of controls and assurances)</i> 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

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

Key	Current Score	●
	Target Score	×
	Appetite Threshold	◊

All 21 Risks: Monthly Scores (Apr 2025 - Jan 2026)



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Key Matters from Committees of the Board
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Naomi Murtagh, Board Business Manager

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

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

Cefndir / Background

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

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

Assurance Reporting

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

- Patient, Quality, Safety and Outcomes Committee – 2nd December 2025
- Finance & Performance Committee – 15th December 2025
- Audit, Risk and Assurance Committee – 16th December 2025
- Charitable Funds Committee – 7th January 2026

Asesiad / Assessment

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

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities 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

Aneurin Bevan University Health Board Key Issues Report			
Board Date:		Wednesday 28 January 2026	
Date of Committee		Tuesday 2 nd December 2025	Report of: Patient, Quality, Safety and Outcomes Committee
Quoracy met:		Yes	
1	Agenda and papers	Agenda and Papers	
2a	Matters referred to the attention of the Board	• Safeguarding Level 3 Training: The Committee highlighted the significant operational and reputational risk associated with the requirement for over 6,000 members of the workforce as regulated professionals, need to complete face-to-face Level 3 safeguarding training, without additional national resources. Compliance was progressing, but capacity and resource constraints remained a challenge. • Mortuary Incident Action Plan: Substantial progress had been made in implementing the Mortuary Incident Action Plan, including improvements in digital systems, audit processes, and governance arrangements. No new Human Tissue Authority (HTA) reportable incidents had occurred, and risks have been effectively managed. • Ophthalmology Audit Wales Report: The Committee noted the outcomes of a thematic review of some ophthalmology patients who may have come to harm having experienced delays in treatment. The Committee was informed of the lessons learnt and the actions taken in response which had included recruitment, pathway improvements, and electronic systems for patient records. The Committee noted the potential risks to patients of delays in treatment and asked to receive updates on other thematic reviews and the lessons learnt at future Committees. • Quality Outcomes and Patient Experience: The Committee noted positive	

		developments in patient experience, including high satisfaction rates in surveys and improvements in emergency, maternity, and neonatal services. Areas for improvement included waiting times and facilities, with targeted plans in place. Learning from complaints and Ombudsman interventions were being shared and acted upon. • Neonatal Service Improvements: Structured improvement plans in infection control, medicines management, workforce, and culture have led to significant progress in the Neonatal Intensive Care Unit. Risks were being closely monitored and some were expected to be de-escalated soon. • Year 3 Quality Strategy Implementation plan: The Board should be aware of positive developments such as improved reporting, greater cultural engagement, and clearer accountability through the six pillars of quality. The Committee also highlighted ongoing work to integrate multiple data sources for enhanced oversight, as well as the importance of joined-up reporting and incorporating feedback from sources like Freedom to Speak Up Guardians. Overall, the plan provides a robust framework for quality and safety, with defined milestones and a strong emphasis on learning and improvement. • Quality Outcomes Report: The Committee received and accepted the Quality Outcomes Report, noting significant progress in quality assurance, patient experience, safety, and compliance. The introduction of ward accreditation dashboards and improved data presentation were highlighted as positive developments. It was noted that there was ongoing work being done with divisions to improve the management of complaints and decrease the time taken for formal responses.
2b	Assurance	• Quality Management Group (QMG) Reporting: The Committee was assured that quality assurance processes and governance arrangements were robust, with improvements actively progressed. The Patient Safety Incident Policy has

		been reviewed and strengthened, and inspection reports are regularly reviewed. • External Reporting: The QMG had received external inspection reports from Health Inspectorate Wales (HIW) for the Royal Gwent Hospital Minor Injuries Unit (MIU) and Ysbyty Ystrad Fawr (YYF) Birth Centre, which would be circulated and formally noted at the next meeting.
2c	Review of Risks	• The Committee was advised that the risk environment remained stable, with no significant changes to the scores of monitored strategic risks. • Health and safety risks were being mitigated through new appointments and support for the Datix team, though further work was required to reach target risk levels.

Aneurin Bevan University Health Board Key Issues Report			
Board Date:		28 January 2026	
Date of Committee		15 December 2025	Report of: Finance and Performance Committee
Quoracy met:		Yes	
1	Agenda and papers	abuhb.nhs.wales/files/key-documents/finance-and-performance-committee/fpc-20251215-final-boardbook-pdf/	
2a	Matters referred to the attention of the Board	There were no items referred to the attention of the Board, with the Committee explicitly stating that there were no matters for escalation or referral at this meeting.	
2b	Assurance	Risk Oversight: The Committee received assurance on the oversight of strategic risks, including financial sustainability, performance management, digital, and carbon reduction. The risk position was described as stable, with persistent challenges in certain areas. Assurance was provided that risk tolerance and mitigation effectiveness are under ongoing review. Performance Management: Updates were provided to the Committee regarding the Welsh Government's escalation framework, with	

		assurance that the Health Board had been de-escalated for finance and strategy/planning, but remained under enhanced monitoring for urgent and emergency care. Assurance was given that progress is tracked through established arrangements and divisional review. Finance: The Committee received assurance that the financial position, while challenging, is being actively managed. The Month 7 report highlighted a year-to-date deficit of £13.7m and a forecast deficit of £19.9m. Capital spend was £14.5m, on track for break-even, and public sector payment compliance reached 97%, above target, while cash levels remained within Welsh Government guidelines. The Committee were assured that whilst uncertainty remains around Welsh Government funding for Quarter 1–2 RTT activity, which could negatively impact the deficit if not confirmed, reserves were being held for 104-week waits and would be released in line with activity. In addition, early Month 8 update showed an improved revised forecast deficit of £18.3m, driven by favourable outcomes on the bank pay award and shared services slippage. Welsh Government confirmation of Welsh Risk Pool and Bands 2–3 settlement funding reduced major risks. Most high-value risks have been addressed, and the position has stabilised, though vigilance is required for winter and acute drugs risks Digital, Data and Technology: Positive progress was reported to the Committee on digital programmes, with risks and lessons learned being shared and managed. Assurance was provided on successful system implementations and ongoing engagement.
2c	Review of Risks	Strategic Risks: The Committee reviewed strategic risks allocated for oversight, including financial, performance, digital, and carbon reduction. Interdependencies between sickness absence and financial risk were discussed. Persistent challenges were acknowledged, and the need for transparency about risk tolerance and the impact of actions was highlighted.

		Financial Risks: The Committee received updates including the year-to-date deficit, drivers of the deficit, savings delivery, and operational cost pressures. Key risks for the remainder of the year and next year were identified, including Welsh Risk Pool contributions, national appeals, and winter pressures. Digital Risks: The Committee noted the risks with the LIMS 2.0 programme and national targets for ophthalmology referral solutions were discussed, with mitigation actions in progress
2d	Sharing of Learning	The Committee noted lessons learned from other Health Boards' digital system implementations and mortuary digital system go-live. These lessons are being used to improve local processes and manage initial issues. The Committee further reflected on the recent Public Accountability Meeting, noting positive feedback and the importance of aligning efficiency improvements with cost reduction. The Committee agreed that the meeting had provided a useful reference for future strategic focus.
3	Matters to be shared to other Committees	The Committee noted that the Audit Wales Eye Care Report was discussed in detail at the Audit Risk and Assurance Committee and the Patient Quality, Safety and Outcomes Committee. Ongoing oversight and harm review actions are reflected in future work plans.

Aneurin Bevan University Health Board Key Issues Report			
Board Date:		Wednesday 28 January 2026	
Date of Committee		16 December 2025	Report of: Audit, Risk and Assurance Committee
Quoracy met:		Yes	
1	Agenda and papers	abuhb.nhs.wales/files/key-documents/audit-risk-and-assurance-committee/arac-20251216-final-boardbook-pdf/	

2a	Matters referred to the attention of the Board	• Health and Safety Governance & Policy Implementation: Strengthened governance: The Committee was informed that governance had significantly strengthened over the past year with the Health and Safety Committee operating under revised Terms of Reference and a structured agenda with senior executive membership. • Internal Audit Progress: Delivery on track: Internal Audit reported that the 2025/26 plan remained on track, with multiple audits closing before February. Planning for 2026/27 had commenced. • Audit Recommendation Position: Quarter 2 reported 74 recommendations completed and 19 revised deadlines proposed. Following approval, 88 live recommendations would sit within the agreed extension threshold; 11 remain outside (primarily older digital audits). • Data-driven improvement: New graphical analysis (from the Internal Audit dashboard) was introduced, enabling pattern/trend visibility. Near-term real-time analytics and cross-NHS Wales benchmarking were anticipated. • Structured Assessment 2025 (Audit Wales): Overall positive position: The assessment observed an effective Board with continued good governance, improving risk management (corporate risk register nearing completion), and strong financial oversight. Six recommendations were accepted with a management response agreed (including declarations of interest reporting, use of staff stories, formalising patient safety leadership walkaround follow-ups, strengthening local clinical audit oversight, committee reporting, and external recommendations tracking). • Counter Fraud – Progress and Benchmarking ○ Targets met: Quarterly update confirmed all Counter Fraud Authority
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		targets met; risk assessments had been rolled out and embedded. ○ Benchmarking: National report indicated ABUHB performed well relative to other health boards. ○ Mandatory training: Compliance remained high, aiding deterrence and investigations. • Post-Payment Verification (PPV) – Enhanced Assurance ○ Scope & reporting enhanced: Duplicate claim checks were introduced (prompting system validation and potential pre-payment checks), with new recovery data for dispensing practices (six-monthly reporting) and expanded verification across COVID/RSV/flu vaccinations (Welsh Vaccination System) and optometry services (glaucoma/retinal reviews; independent prescribing urgent services). ○ Collaboration: Ongoing collaboration with Counter Fraud to share learning and escalate concerns.
2b	Assurance	Internal Audit Reports: • Standing Orders Compliance: Controls operating effectively; minor point on legacy advisory groups being addressed. • WICIS (Lessons Learned): Risks managed; lessons captured; recommendation to formalise lessons-embedding across programmes. • Business Continuity Plans: Plans were adequate; testing not evidenced in sampled services. • Cyber Security: Governance and risk processes in place; improvements needed on strategic risk visibility, training compliance, phishing resilience, testing, and surge support. • RGH Central Decontamination Unit: Governance/financial controls/contract compliance reasonable; derogations to be signed off before commissioning and contracting strategies/advisor SLAs to be strengthened for future projects. • Public Health: Positive achievements and system leadership on reducing inequalities; improvements advised on short/medium-term planning, SLT/Finance

		SLT governance, performance indicators, and formal risk register. • Structured Assessment 2025 (Audit Wales): Confirmed effective governance, strong financial oversight, risk management improvements, and a clear strategic direction; six recommendations accepted with a management response agreed—to be presented to Board in January 2026 alongside the Annual Audit Summary. • Health & Safety: Policy ratified; operating model changes embedded; RIDDOR compliance improving; a weekly falls oversight panel in place; workplace inspections on schedule; divisional engagement improved.
2c	Review of Risks	• Cyber Security Risk Representation: The Committee noted that cyber security was not explicitly represented as a strategic risk on the Strategic Risk Register; this may affect the stated risk appetite and prioritisation of controls. Improvement actions were identified (explicit risk statement, training compliance recovery to ≥85%, targeted phishing training, plan testing, resourcing/surge arrangements). • Business Continuity Risk (Testing): While plans existed, lack of systematic testing in the sample raised assurance gaps. The Committee referred this aspect to PPHPC for broader organisational assurance and asked for future reporting to evidence testing activity. • Financial Risk: The structured assessment acknowledged the deficit position; however, the Committee took assurance from strong financial oversight, savings delivery record of accomplishment, and technical accounting compliance (Welsh Government updates on AME impairment/DEL depreciation and strategic cash request submission were actioned on time). No payments >£100k were reported in period; procurement and grant funding policy adjustments were in preparation. • Health & Safety Risk: Improvement trajectory (RIDDOR compliance, structured governance, inspections on schedule) indicated reducing residual risk;

		Committee noted continued monitoring toward full compliance.
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Aneurin Bevan University Health Board Key Issues Report			
Board Date:		Wednesday 28 th January 2026	
Date of Committee		Wednesday 7 th January 2026	Report of: Charitable Funds Committee
Quoracy met:		Yes	
1	Agenda and papers	Agenda and Papers	
2a	Matters referred to the attention of the Board	• Strong Financial Reporting & Transparency: The Committee received comprehensive updates on the Finance & Performance Report, noting substantial increases in both income (up 85%) and expenditure (up 78%) compared to the same quarter in 2024/25. A major donation of £71K from the Be Happy Charity funded new ECG machines, demonstrating clear charitable impact. • Approval of Annual Report and Accounts 2024/25: The Committee approved the final accounts and annual report for submission to the Board for final approval, recognising the strong audit outcome, high-quality- reporting, and the finance team’s work in ensuring an efficient audit process. • Administration Charge and Sustainability Planning: The Committee approved the 2025/26 administration charge and confirmed its alignment with other NHS Wales organisations, ensuring the ongoing sustainability of the charity’s operations. • Strategic Growth Work Progressing Well: The Committee endorsed the Priority Plan for growing the charity, including the refreshed brand, charity magazine, and cashless donation devices. The planned launch of the raising the profile of the Charitable Funds at the July 2026 Staff and Volunteer Recognition Event was supported. • Improved Fund Oversight/ Slow-Moving Funds: Updates on slow moving funds demonstrated- growing	

		engagement from fund holders. Gastroenterology presented clear spending plans, and Vascular Laboratory plans would be further monitored. Some funds continued to remain static. Without progress, these may require review for potential reallocation in line with guidance. • Clarity on Core vs. Charitable Funding: The Committee agreed and reinforced the principle that bids must enhance services rather than replace core NHS funding. This would strengthen future decision making- and fairness.
2b	Assurance	• Financial Position and Reporting: Income and expenditure trends were clearly explained, with substantial year on- -year increases attributed to targeted donations and training income. The Committee was assured of strong controls around legacy management, fund establishment, and financial accuracy. • Annual Accounts, Audit and External Scrutiny: Audit Wales confirmed that the audit was near completion with no significant issues identified, and corrections made were immaterial. The Committee was assured that an unqualified audit opinion was expected. The Annual Report and Accounts for 2024/25 were reviewed in detail and approved for submission. • Fund Management Assurance: The Committee received assurance about the management of general purpose- and legacy funds, with clear visibility of available balances. Approval of small grants and larger bids followed structured, evidence based- review, including checks on alignment with charitable purpose and availability of funds. • Compliance and Legislative Updates: The Committee was assured that the finalised Charities SORP 2026 introduced no material changes requiring significant adjustment. Continued compliance with statutory and audit requirements was confirmed.

		• Investment Performance & External Reporting: The Committee received an update from CCLA and obtained assurance that despite organisational changes, continuity of service and investment oversight were secure. The Committee noted that the ethical fund experienced underperformance due to market trends. Although assurance was provided by CCLA, this would require continued monitoring
2c	Review of Risks	• Investment Performance Risk: Market volatility and the ethical fund's underperformance present a risk to long term- returns. The acquisition of CCLA by Jupiter adds further transitional uncertainty, though mitigations were in place. • General Fund Affordability: The general-purpose balance at approximately £30K (excluding recent legacies), there would be risk that future bids may exceed available resources. • Slow-Moving & Legacy Funds: Ongoing delays in fund utilisation could lead to non-compliance with good financial stewardship and lost opportunities for impact. Some funds may require reallocation if not actively managed. • Operational Capacity: The charity's reliance on existing administrative staffing within the Health Board, without a dedicated fundraising function, may limit income generating- growth if demand continues to increase.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Audit Wales, Annual Audit Report 2025, and the Structured Assessment 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Director of Corporate Governance

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

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this paper is to present the Auditor General's

- Annual Audit Report 2025, (Appendix A) and
- the Structured Assessment Report for 2025 (Appendix B) for Aneurin Bevan University Health Board.

Cefndir / Background

The Public Audit (Wales) Act 2004, requires the Auditor General to:

- Examine and certify the accounts submitted by the Health Board, and to lay them before the Senedd;
- Satisfy himself that the expenditure and income to which the accounts relate have been applied for the purposes intended and in accordance with the authorities which govern it; and,
- Satisfy himself that the Health Board has made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources.

The Auditor General’s 2025 Annual Report, **Appendix A**, summarises the findings from the audit work undertaken at Aneurin Bevan University Health Board during 2025.

In addition, this paper provides at **Appendix B** the report which sets out the findings from the Auditor General’s 2025 structured assessment work at Aneurin Bevan University Health Board. The structured assessment work is designed to help discharge the Auditor General’s statutory requirement under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources.

The Health Board’s Audit, Risk and Assurance Committee (the Committee) received the 2025 Structured Assessment report at its meeting held on 16th December 2025 and noted that the outcome of the report was positive and highlighted progress in key areas with some further opportunities for improvement identified within the recommendations. The Annual Audit Report 2025 will be received by the Committee in February 2026 for completeness.

Argymhelliad / Recommendation

- The Board is asked to RECEIVE the following reports issued by Audit Wales:
- Annual Audit Report 2025
 - Structured Assessment Report 2025

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Choose an item.

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Audit, Risk and Assurance Committee – 16 th December 2025

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	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/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Choose an item.
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Aneurin Bevan University Health Board – Annual Audit Summary 2025

Date issued: January 2026



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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

Foreword



Adrian Crompton

Auditor General for
Wales

I am pleased to share my Annual Audit Summary for Aneurin Bevan University Health Board (the Health Board). It summarises the main findings from my 2025 audit work undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004 and the Well-Being of Future Generations (Wales) Act 2015.

I provided opinions on whether the accounts were properly prepared and gave a true and fair view, in all material aspects, and whether expenditure and income have been used for the purposes intended and in accordance with the authorities which govern you.

My audit team has also assessed whether the Health Board has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and acted in line with the sustainable development principle. In doing so, my audit team has undertaken my annual structured assessment work and reviewed planned care services, eye care services, urgent and emergency care services and quality governance arrangements. As set out in my audit plan, these reviews have been carried out in line with the [International Organisation of Supreme Audit Institutions \(INTOSAI\) standards](#).

At the time of publishing this summary, the Health Board was escalated to Level 4 for finance, strategy and planning under the [Welsh Government's escalation and intervention arrangements](#). It was also escalated to Level 4 for performance and outcomes related to Urgent and Emergency Care.

The detailed audit findings for each of my reviews are set out in the respective reports which my audit team have presented to the Audit and Risk Assurance Committee throughout the year. The performance audit reports are available on the [Audit Wales website](#) and further links are available in the summary.

The Annual Audit Summary should be shared with the Board. I will then make the summary available to the public on the [Audit Wales website](#).

I would like to extend my gratitude to the Health Board's staff for their help and cooperation throughout my audit.

Your audit at a glance



I received the draft accounts in line with the statutory deadline of 2 May 2025. The quality of the draft accounts and working papers was good.



In advance of the statutory deadline of 30 June 2025, I issued an unqualified true and fair opinion, and a qualified regularity opinion. I also issued a substantive report on the accounts.

There were no uncorrected misstatements in the accounts. There were no other significant issues to report.



My performance audit work found that the Health Board has good governance arrangements, and the Board listens well to patients and service users. However, although financial oversight is strong and the Health Board has a good track record of savings delivery, its financial position remains a concern. The Health Board must focus on delivering its strategy as a means to transforming and creating financially sustainable services.

The Health Board is reducing some of the longest elective waits but there is more to do, including reducing the longest ophthalmology waits. Urgent and emergency care services have been altered to better meet demand, supported by strong plans and oversight.



My audit team made several recommendations to the Health Board which focus on strengthening service planning, Management and transformation support, while enhancing operational efficiency and productivity to improve patient care and system sustainability.



There is still some work outstanding from my Audit Plan dated April 2025. My team expects to complete the majority of this work by March 2026.

Audit of accounts findings

Preparing annual accounts is an essential part of demonstrating the stewardship of public money. The accounts show the organisation's financial performance and set out its net assets, net operating costs, gains and losses, and cash flows. My annual audit of those accounts provides opinions on whether the accounts are properly prepared and give a true and fair view, in all material aspects, and the proper use ('regularity') of public monies.

My responsibilities in auditing the accounts are described in my [Statement of Responsibilities](#) publications, which are available on the [Audit Wales website](#).

The draft accounts were presented for audit on 2 May 2025. This was in line with the deadline of 2 May 2025 set by the Welsh Government. The quality of the draft accounts presented for audit was good.

My audit opinions

I must report issues arising from my work to those charged with governance for consideration before I issue my audit opinion on the accounts. I reported these issues within my Audit of Accounts Report to the Audit and Risk Assurance Committee and the Board on the 24 and 25 June 2025 respectively.

True and fair

A small number of changes were made to the draft accounts arising from my audit work. There were no uncorrected misstatements and there were no other significant issues to report.

My work did not identify any material weaknesses in internal controls (as relevant to my audit). I have however made recommendations where there is scope to improve working papers and controls further. These were reported to the Audit Risk and Assurance Committee in October 2025.

I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them.

Regularity

The Health Board is only allowed to receive income and incur expenditure in ways that follow the rules set by the authorities that govern it. Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion.

The Health Board did not achieve financial balance for the three-year period ending 31 March 2025, which I deem to be outside its powers to spend, so I have issued a qualified opinion on the regularity of the financial transactions within the Health Board's 2024-25 accounts. The position at the end of the year was a deficit of £7.185 million against a breakeven target from Welsh Government. This combined with the outturns for the previous two years contributed to a three-year deficit position of £93.793 million.

Alongside my audit opinion, I placed a substantive report on the Health Board's accounts to highlight the failure to achieve financial balance and the failure to have an approved three-year plan in place.

Whole of Government Accounts

I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Health Board's financial position at 31 March 2025 and the return was prepared in accordance with the Treasury's instructions.

Performance audit findings

Structured assessment

My team looked at how well the Health Board is governed and whether it makes the best use of its resources.

I found that the Health Board has good governance arrangements and high-quality information is provided to support scrutiny. There remains a continued commitment to hearing from patients and services users, but the Health Board could do more to hear from staff.

The Health Board is improving how it manages risks and is finalising its corporate risk register. The Health Board has reasonable arrangements to provide assurance on risks and performance, but it needs to strengthen its assurances on the quality and safety of care.

The Health Board has a new and clear long-term strategy. It has also strengthened its medium-term planning approach, although I note that since reporting my structured assessment, a deteriorating financial position subsequently led the Welsh Government to revoke its IMTP approval in December 2025.

Although financial oversight is strong and the Health Board has a good track record of savings delivery, its financial position is getting worse, with a forecast year-end deficit for 2025–26 of £19.9 million. This year, £28.3 million of its £42.5 million planned savings are recurrent.

I made six recommendations focused on:

- introducing reporting on declarations of interest compliance;
- making more use of staff stories at Board and committee meetings;
- formally reporting progress on actions following patient safety leadership walk arounds;
- redeveloping its Quality Outcomes Framework report to better highlight issues and provide assurance;
- improving oversight of local clinical audit activity determined through a risk-based assessment; and
- tracking recommendations from other bodies including Healthcare Inspectorate Wales and Public Services Ombudsman for Wales.

The Health Board has fully implemented 12 outstanding recommendations since my last structured assessment report. Two recommendations remain in progress, three have not yet started, and one has been replaced by a new recommendation made this year.

Managing planned care

My team looked at the progress the Health Board is making in tackling its planned care challenges and reducing its waiting list backlog.

I found that with the assistance of additional short-term funding the Health Board has made good progress in reducing the longest waits. However, the overall number of patients waiting remains high with the majority of national targets not met, in particular those waiting for their first outpatient appointment. The Health Board needs to seek opportunities to improve productivity and efficiency. It also needs to accelerate the introduction of arrangements to support patients who are waiting and to improve how it reports on harm resulting from planned care delays.

I made five recommendations focused on:

- developing a detailed Planned Care improvement plan;
- strengthening its reporting on the use and impact of the additional Welsh Government planned care funding;
- opportunities for further efficiency and productivity improvements;
- establishing a contact centre under the Promote, Prevent and Prepare for Planned Care policy¹ and rolling out the service to all specialties; and
- managing clinical risks associated with long waits, including developing consistent methodologies and routine reporting.

¹ Promote, Prevent and Prepare for planned care. Phase 1 was required to be delivered by March 2024. This included the establishment of a single point of contact for people to access information and support following referral to specialist secondary care.

Eye Care Review

My team looked at whether the Health Board has effective arrangements to improve eye care services. My team reviewed local and regional arrangements.

I found that the regional eye-care strategy sets a positive direction, but progress has been slow. Governance arrangements are in place to oversee regional delivery, but decision-making on business cases can be slow and cumbersome, involving multiple groups across the three health boards. It is worth noting that regional working has shifted away from its original ambition of developing specialist services more broadly, focusing instead on creating short-term service capacity for cataract procedures. While the regional cataract approach aims to reduce long waits, thus far it has not significantly impacted the overall number of patients awaiting treatment.

Whilst the Health Board has been able to reduce its longest ophthalmology waits, it has not met the Welsh Government's planned care recovery targets. Performance against the 'eye care measure' is poor and, as a result, some patients are likely to be coming to avoidable harm.

In the context of these challenges, there is a need to strengthen local planning of eye care services, broaden the scope of regional working, secure further productivity and efficiency gains, and strengthen board and committee oversight of ophthalmology services.

I made seven recommendations focused on:

- regional partners speeding up decision-making processes for agreeing business cases;
- regional partners developing a resource plan to better understand the operational and clinical commitment needed for each partner organisation;
- regional partners agreeing realistic but appropriately ambitious timescales for the three phases of the South East Wales Regional Ophthalmology Strategy;
- urgently completing the development of its eye care plan seeking to address current and future challenges;
- twice-yearly updates being provided to the appropriate committee on the plan's delivery, once approved by the Board;

- reviewing operational and strategic risk registers; and
- the Patient, Quality and Safety Outcomes Committee to receive assurance on how the risk of harm to ophthalmology patients is being managed, lessons learned from reviews and actual harm caused by waiting delays.

Managing urgent and emergency demand

My team looked at how well the Health Board is managing demand for urgent and emergency care to reduce unnecessary pressure on the system.

I found that the Health Board is altering its urgent and emergency care services to better meet demand, supported by strong plans and oversight. However, whilst changes are leading to improvements in some areas, there is a need to make better use of other alternatives to its Emergency Department and to undertake stronger engagement with patients and staff to inform plans.

I made 10 recommendations focused on:

- strengthening risk management within plans;
- funding arrangements for the Six Goals Programme beyond March 2025;
- signposting urgent and emergency care services on GP and dental practices' websites;
- reviewing the communication and referral process between secondary care and GPs;
- ensuring the WAST Directory of Services remains up-to-date and establishing a mechanism to share the Directory with community and care home staff;
- working with key staff, including WAST to improve access and utilisation of referrals for appropriate alternative urgent and emergency care services;
- use of patient feedback to inform urgent and emergency care plans;
- regular mechanisms for staff feedback on service changes, to include key partners such as primary care and WAST;
- primary care representation at the Six Goals for Urgent and Emergency Care Improvement Programme Board; and

- developing and communicating guidance for staff on evaluating benefits of expenditure on projects.

Quality Governance Arrangements

My team considered whether the Board was receiving the necessary assurance that the Health Board is taking appropriate steps to respond to the requirements on the Health and Social Care (Quality and Engagement) (Wales) Act 2020. In doing so, my team also looked at the progress made by the Health Board in addressing my 2022 audit quality governance arrangements recommendations.

I found that the Health Board is making progress implementing the 2022 quality governance recommendations but still has more to do to secure the necessary improvements to its quality governance arrangements. The Health Board is taking reasonable steps to implement the Duties of Quality and Candour but needs to improve the take-up of staff training on the requirements associated with these duties.

The Health Board has fully implemented five of the 16 recommendations from my previous audit. Nine recommendations remain in progress and two have not been implemented. I made four new recommendations focused on:

- improving arrangements for staff to raise concerns, including updating its procedure and monitoring the impact of external support services and accreditation initiatives;
- approving an update or addendum to the current 'Putting Things Right' Policy to reflect the current organisational structure and Duty of Quality and Duty of Candour requirements;
- evaluating the impact of centralising the Quality and Patient Safety teams; and
- strengthening arrangements for Duty of Quality and Duty of Candour e-learning training, including increasing staff uptake rates and the monitoring and reporting of these.

Performance audit work still underway

At the time of reporting, the following reviews from the 2025 Audit Plan were still underway at the Health Board:

- estates management;
- digital transformation;
- GP managed contact arrangements; and
- review of cancer services.

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- Selection of right team
- Use of specialists
- Supervisions and review



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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.



Structured Assessment 2025

Aneurin Bevan University Health Board

December 2025

About us

We have prepared and published this report under section 61(3) (b) of the Public Audit Wales Act 2004.

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Audit snapshot

What we looked at

- 1 We looked at how well Aneurin Bevan University Health Board (the Health Board) is governed and whether it makes the best use of its resources. We looked at four areas in particular:
 - how well its board works;
 - how it keeps track of risks, performance, service quality, and recommendations;
 - how it produces key plans and strategies; and
 - how it manages its finances.
- 2 We also looked at the Health Board's progress in implementing recommendations from:
 - previous structured assessment reports; and
 - our 2024 report on cost savings.

Why this is important

- 3 NHS bodies continue to face a wide range of challenges associated with the need to modernise and transform services to deal with constrained finances, growing demand, treatment backlogs, workforce shortages, and an ageing estate. It is therefore more important than ever for the boards of NHS bodies to have strong corporate and financial governance arrangements in place. This helps provide assurance to themselves, the public, and key stakeholders that they are taking the right steps to deliver safe, high-quality services and to use public money wisely.

What we have found

- 4 The Health Board has an effective Board supported by continued good governance arrangements. Clear and high-quality information helps the Board carry out its duties. Support from the Good Governance Institute has also improved how reports are written and presented. The Board listens well to patients and service users, but it could do more to hear from staff.
- 5 The Health Board is improving how it manages risks and is finalising its corporate risk register. This year, it approved a new long-term strategy and delivered a Welsh Government approved three-year Integrated Medium-Term plan. These plans give the organisation a clear direction, with set milestones and targets.
- 6 Although financial oversight is strong and the Health Board has a good track record of savings delivery, its financial position is getting worse. It submitted a balanced three-year plan but now expects a deficit of £19.9 million by the end of the year. To meet these financial challenges, the Health Board must focus on transforming services and delivering its strategy. This is an area we have previously recommended for improvement but is not yet well-progressed.

What we recommend

- 7 We have made six recommendations to the Health Board, which focus on
 - introducing reporting on declarations of interest compliance;
 - making more use of staff stories at Board;
 - formally reporting progress on actions following patient safety leadership walk rounds;
 - improving Patient, Quality, Safety Outcomes Committee reporting;
 - improving oversight of local clinical audit activity; and
 - tracking recommendations from other bodies including Healthcare Inspectorate Wales.

Key facts and figures

Following de-escalation in March 2025, under the Welsh Government Escalation and Intervention arrangements, the Health Board is currently at Level 3 (enhanced monitoring) for finance, strategy and planning, and performance and outcomes related to urgent and urgent care pathways at the Grange University hospital.

The Health Board has an approved three year Integrated Medium-Term plan (IMTP) for 2025-28.

The Health Board did not meet its financial duty to break even against its revenue resource limited over the three years 2022-23 to 2024-25 reporting a cumulative deficit of £93.7 million for 2022-25.

In 2024-25, the Health Board aimed to save £40.5 million but successfully saved £45.5 million, of which £32 million was recurrent.

The current 2025-26 year-end forecast position for the Health Board is a £19.9 million deficit, against a breakeven target from Welsh Government. This year, £28.3 million of its £42.5 million planned savings are recurrent.

The Health Board has fully implemented 12 outstanding recommendations since our last structured assessment report. Two recommendations remain in progress, three have not yet started, and one has been replaced by a new recommendation this year.

Our findings

Board effectiveness and openness

The Health Board operates openly and transparently but improvements are needed on outdated policies, declarations of interest, walkrounds reporting and hearing the staff voice

Public openness of board business

- 8 The Health Board continues to demonstrate that it is being open and transparent about Board and committee activities:
 - it continues to livestream and publish recordings of all public Board meetings;
 - the public can observe any public board meeting;
 - it publishes Board and committee papers a week before each meeting on its website;
 - uses private sessions only when needed to discuss sensitive topics; and
 - has open and transparent Board and committee discussions, especially when discussing challenges.
- 9 The Health Board could further enhance transparency by making documents available in Welsh and in formats that are easy to use.
- 10 The Health Board recognised that members of the public cannot attend committee meetings. To address this. they are producing short public summaries to increase transparency of committee business.

Supporting effective board conduct

- 11 The Health Board has clear and up-to-date governance arrangements that help the Board and its committees run effectively. The Audit, Risk and Assurance Committee ensures key governance controls are in place. This includes routinely overseeing compliance with Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation.
- 12 The absence of a Stakeholder Reference Group and a Healthcare Professionals Forum is gap and represents a breach of Standing Orders. While it has a Clinical Advisory Forum, this group does not offer the same level of representation at Board meetings. In addition, meeting minutes of the forum are not shared with the Board or published on the Health Board's website.
- 13 In February 2025, Internal Audit gave substantial assurance on how the Health Board manages declarations of interest and gifts. The Health Board has widened the group of staff who must make declarations, but more assurance is needed to confirm compliance with these new rules.
- 14 About 40% of the Health Board's policies are still out of date, with little improvement since last year. The Health Board now reports progress in its performance report. We have previously recommended stronger review processes, and further action is needed - especially where outdated policies create unnecessary risk.

Assurance on Joint Commissioning Committee effectiveness

- 15 The Joint Commissioning Committee (JCC) was set up in April 2024 as a joint committee of the seven health boards in Wales. The JCC plans and commissions a range of specialised services and other healthcare services, including emergency medical services, on behalf of the seven health boards.

- 16 As part of this year's structured assessment, we reviewed whether the Board is receiving the right level of assurance on JCC business, as well as the Health Board's involvement in JCC meetings and activities. Our work shows that both the Board and the Patient Quality, Safety and Outcomes Committee receive routine assurance on the work of the JCC. This assurance is appropriately supported by the Chief Executive who as a member of JCC, highlights any notable issues through the Chief Executive's Board briefing.

Board and committee meeting effectiveness

- 17 The Board and its committees work effectively. Their terms of reference, business cycles and work plans are all up to date. Board and committee chairs are actively involved in the meeting agenda setting process.
- 18 The Health Board appropriately considers how its committees operate and makes changes if needed. In April 2025, it established a Mental Health and Learning Disabilities Committee to provide greater oversight and scrutiny of this area following concerns around its performance. In addition, it has:
- appointed a new chair of the Partnerships, Population Health, and Planning Committee; and
 - increased the frequency of the Finance and Performance Committee which provides greater opportunity for scrutiny and depth of challenge.
- 19 Board and committee meetings continue to be well chaired, and most run to time. Independent Members participate fully in meetings, providing reasonable scrutiny on the information presented. However, on occasion we see some members focus too much on operational detail.
- 20 There is a reasonable process for committees to provide assurance to the Board and share information with each other. However, these assurance reports are placed in the consent agenda and are not usually discussed. As we recommended last year, the Board should make sure there is enough opportunity to not only raise but discuss escalated issues.

- 21 In September 2025, Internal Audit gave limited assurance on the Health Board's management of health and safety risks. They found insufficient escalation of risks and recommended the Health Board improve monitoring at committee and Board level by December 2025.
- 22 Board and committee papers are generally timely, well-structured, and highlight key risks and decisions. The Health Board has arranged training on report writing and presentation from an external provider. The Corporate Governance team now reviews all papers before they go to committees, which has improved their quality.

Hearing from staff and service users

- 23 The Health Board continues to engage staff well, using methods including Chief Executive open meetings, Executive drop-ins, and newsletters. Board and committee sessions also include regular patient stories. However, the Health Board could make more use of staff stories at public Board meetings to give the Board valuable feedback on staff views.
- 24 The Health Board uses a range of approaches to hear from patients and service users from diverse backgrounds, including good community engagement with hard-to-reach groups and consideration of service user diversity. Board members also visit frontline services, and patient safety leadership walk rounds take place. The Patient, Quality, Safety Outcomes Committee receives high-level updates on these activities, but there is no reporting on actions taken in response to issues identified.

Board cohesion and continuous improvement

- 25 The Health Board has a stable Executive, with all roles filled. Over the last year, the Health Board has appointed:
 - a new Medical Director; and
 - appointed the existing Director of Nursing as the Deputy Chief Executive.

- 26 The Health Board has good processes for inducting new Independent Members and has recently appointed two, representing Trade Unions and the Third Sector. As of October 2025, there are two vacancies: the Director of Social Services (local authority partner) and the Local Government Independent Member. These gaps are being managed but both the Chair and the Vice Chair will also come to the end of their terms in 2026. The Health Board will need to manage this overall position carefully.
- 27 The Health Board's arrangements for Board and committee self-assessments continue to be effective. These considered their composition and effectiveness of how they work. The outcomes informed the review of each committee's terms of reference, and the programme of board development. In 2024-25, these board development sessions covered topics including:
- estates strategy;
 - long-term strategy and plan development, prior to approval;
 - health pathways; and
 - cyber security.
- 28 There is a comprehensive Board development plan in place for 2025-26, with support from the Good Governance Institute. This included work to improve how the Board works, building effective relationships, scrutiny and governance, and strategic risk-based assurance.

Providing board assurance

The Health Board has reasonable arrangements to provide assurance on risks and performance, but it needs to strengthen quality assurances

Managing strategic and corporate risks

- 29 The Health Board has a comprehensive Strategic Risk Register reviewed at every Board meeting, forming part of its Board Assurance Framework. The Health Board aligned its key strategic risks to its Integrated Medium-Term plan and allocated Executive Director responsibility for individual strategic risks. It has completed assurance mapping for each strategic risk, building on work started last year and continues to score risks in line with its risk appetite. The Health Board assigns each risk to a committee for assurance who also use this to inform Board and committee agenda setting.
- 30 The Health Board's Corporate Risk Register was still in draft during our review, with the Executive Team working with operational teams to complete it. The Health Board plans to implement the register in November 2025. Once it is in place, the Health Board must ensure the Strategic Risk Register reflects any new risks identified on the Corporate Risk Register.

Managing performance

- 31 The Health Board implemented its Performance Management Framework in September 2023. The framework based on three domains aligns with the Welsh Government Escalation and Intervention arrangements¹. Internal Audit gave reasonable assurance in its review earlier this year. In September 2025, the Board subsequently approved an update to its Performance Management Framework.

¹ There are five levels of monitoring in use, routine arrangements, area of concern, enhanced monitoring, targeted intervention, and special measures.

- 32 This revision has strengthened the framework with increased focus on leadership and corporate governance, in addition to routine performance and quality review. These additional aspects include for example, ensuring policies are up to date, staff training, compliance and response to audit recommendations.
- 33 The Health Board has continued to improve its organisational performance reporting. The report now has four sections, each presented by the relevant Executive Director. Following last year's Structured Assessment, the report includes details on key areas for improvement and actions to address underperformance, as well as targets and comparisons where available. The Health Board has also strengthened its focus on primary and community services by adding more measures.
- 34 Over the past two years, we have seen escalation and de-escalation where required and improving reporting to committee and Board. Nonetheless, there have remained significant performance and financial challenges. The Health Board now needs to fully implement and embed the new framework, ensure that it operates effectively and achieves the desired impact.

Monitoring quality and safety

- 35 The Health Board has a quality strategy that commits to delivering safe, effective, and compassionate care. This strategy is underpinned by statutory duties from the Health and Social Care (Quality and Engagement) (Wales) Act 2020. It is mapped to the six pillars of quality² and includes delivery milestones to drive progress. Our 2025 Quality Governance Follow Up Review found the Health Board is making progress on recommendations, including implementing the Duties of Quality and Candour. However, more time is needed to embed changes and improve training compliance and monitoring.

² The six domains of quality are defined by NHS Wales and are embedded in legislation through the Health and Social Care (Quality and Engagement) (Wales) Act 2022. They are; safe, timely, effective, efficient, equitable and person centred.

- 36 Since our review, the Health Board has set out clear and sound governance arrangements and accountability for clinical and quality governance within its Quality Management System Framework 2025-28. The framework is operating well with evidence of operational teams escalating quality issues effectively. The new Quality Management Group reports to the Executive Committee and provides assurance to the Patient Quality, Safety Outcomes Committee.
- 37 The Patient, Quality, Safety Outcomes Committee oversees quality and monitors performance. It receives a regular Quality Outcomes Framework report, which is comprehensive but very long³. In some areas, we found the presentation confusing, with significant opportunity to better identify areas of concern. The report needs to be drafted in a way that clearly highlights areas of concern to committee members. The report also does not identify learning effectively. In July 2025, the Health Board had four Duty of Candour events, but the report did not include lessons learned.
- 38 The Patient, Quality, Safety Outcomes Committee receives regular updates on the Health Board's 2025–26 Clinical Audit Plan, which is on track for delivery. However, the plan only covers the mandatory national clinical audit programme. There is no local clinical audit programme or oversight of audit activity within divisions, which could mean missed opportunities for learning and providing targeted assurance to the Committee.

Tracking and monitoring recommendations

- 39 The Health Board has reasonable processes for monitoring and tracking audit recommendations. It keeps an audit tracker for both Audit Wales and Internal Audit recommendations, which Executive Directors update and review, especially for open actions.
- 40 The Health Board is now making good progress in addressing our previous recommendations:

³ In June 2025, the report was 113 pages

- 12 out of 18 recommendations from past structured assessment reports are now complete. Two are in progress, with three not started and one has been superseded; and
- eight out of 11 of our 2024 Review of Cost Savings recommendations have been completed. We discuss this more in **paragraph 64**.

- 41 The Health Board is continuing to strengthen its approach to following up and implementing outstanding audit recommendations. Recently the Health Board has included a regular focus on progress of audit actions in its Performance Management Framework to strengthen accountability for delivery.
- 42 The Health Board does not track quality focused recommendations, such as those made by Healthcare Inspectorate Wales and the Public Services Ombudsman for Wales.

Preparing strategies and plans

The Health Board has a new clear long-term strategy and medium-term plan, and is looking to address assurance gaps on plan delivery

Producing key strategies and plans

- 43 The Health Board approved its new ten-year strategy “Gwent 2025- Better Health, Better Care, Better Lives” in May 2025. This replaced the previous Clinical Futures Strategy which had been in place for more than a decade. The Health Board developed the strategy following comprehensive engagement with stakeholders and partners. The strategy has clear aims, a focus on population health, aligns with national frameworks, and reflects the Wellbeing of Future Generations Act. The Health Board will formally launch the strategy in October 2025 with planned local roadshows and videos.

- 44 The Health Board is working on its clinical services plan. A number of services in the enhanced Local General Hospitals are now under consideration as part of the development of a Business Case for Nevill Hall Hospital. The Health Board is currently undertaking a gap analysis to inform its new clinical services plan. This work is vital to tackle current performance and financial pressures and to create sustainable services that meet people's needs.
- 45 The Partnerships, Population Health and Planning Committee oversees strategy and plan development prior to Board approval. The Health Board also shares draft strategies and plans with Independent Members during development sessions before they are formally approved at public Board meetings.
- 46 Following committee oversight, the Health Board submitted an approvable, financially balanced Integrated Medium-Term Plan (IMTP) for 2025-28. It developed the plan with input from its divisions and a wide range of internal and external stakeholders. The Health Board's IMTP aligns with the long-term strategy and sets out clear priorities. It translates these ambitions into operational priorities and measurable actions over three years. The plan clearly identifies key actions for the first year, with milestones and outcome measures, although the detail for years two and three is less clear.
- 47 Welsh Government approved the plan, but it came with 14 accountability conditions that the Health Board is tracking and reporting on throughout the year. The Health Board is making satisfactory progress against these conditions; however, its financial position has worsened, with a forecast deficit of £19.9 million at month five. As a result, the Health Board is unlikely to meet the requirement to deliver a financially balanced plan. We discuss this further later in the report.
- 48 The Committee also oversees the development of corporate plans. Recently, it reviewed work on the People Plan, Estates Plan, and Digital Strategy. The People Plan has now been approved, while the Digital Strategy is still being developed. In October 2025, the Committee also looked at lessons from the previous IMTP and discussed plans for developing the 2026–29 IMTP. This shows a positive approach to learning and reflection.

Board assurance on partnership working

- 49 In April 2025, Welsh Government instructed the Chairs of Aneurin Bevan, Cwm Taf Morgannwg and Cardiff and Vale University Health Boards to establish a South-East Wales Regional Joint Committee. In September 2025, the Board approved the establishment and terms of reference of the Committee.
- 50 The Partnerships, Population Health and Planning Committee provides assurance to the Board on partnership work. This includes regional partnership boards, public services boards, and collaboration with other Health Boards, including Cwm Taf Morgannwg University Health Board and Cardiff and Vale University Health Board. The Board also receives regular updates on wider partnership activity, including joint working across Wales.
- 51 There are several risks related to partnership working. Our recent work on eye care services highlighted concerns with the complexity of partnership decision making and reporting. While regional solutions are expected to support long-term service sustainability, the capacity to develop and deliver these programmes whilst also managing immediate operational pressures is challenging.

Monitoring delivery of strategies / plans

- 52 The Health Board's arrangements for overseeing its corporate strategy and plans are effective, but plans are not yet delivering the scale of change needed. The Health Board's IMTP includes clear delivery milestones, outcomes, and performance measures. In September 2025, the Board received an update on quarter one delivery for 2025–26, which showed the Health Board was on track. To support delivery, the Health Board has developed a range of enabling plans and strategies, most of which include clear milestones.
- 53 The Health Board recognised the need to improve oversight of priority programmes. To address this, it has strengthened its reporting approach to provide specific oversight of the following areas:
- place-based care and population health;

- planned care;
- mental health and learning disabilities; and
- clinical redesign.

54 The Board appropriately delegates strategy and plan oversight to its committees. While officers provide updates on key strategies and programmes, these are often narrative summaries, making it difficult to assess whether plans are on track, what actions are being taken, and whether timelines have changed.

Managing finances

The Health Board oversees finances well, but faces increasing challenges in the future

Meeting financial objectives and duties

- 55 The Health Board did not meet all its financial duties in 2024-25. Of the three duties, it met its capital resource limit, reporting a small underspend of £0.066 million. However, it did not:
- spend within its revenue resource limit for the three-year period 2022-23 to 2024-25; and
 - have an agreed three-year IMTP for 2024-27.
- 56 Because a balanced financial position was unlikely, Welsh Government set the Health Board a target deficit of £7.3 million. The Health Board met this, reporting a year-end deficit of £7.1 million. Welsh Government also gave extra support in 2024–25, including a recurring £9.5 million allocation in December 2024 and a conditional recurring £31 million.
- 57 The Health Board submitted a balanced financial plan for 2025–26, based on achieving £40.4 million in savings. At submission, this was split as £15.7 million confirmed savings, £10.3m opportunities, and £14.4 million yet to be identified.

- 58 In July 2025, Welsh Government reduced the Health Board's escalation status from Level 4 to Level 3. This reflected progress against its financial improvement plan, including meeting the agreed control total for 2024–25 and having an approved three-year plan for 2025–28.
- 59 By month five of 2025–26, the Health Board changed its forecast from breaking even to a £19.9 million deficit. This means it is unlikely to meet its financial duties for the year. It also raises doubts about whether the original balanced plan was sufficiently realistic.

Financial planning arrangements

- 60 The Health Board identifies major financial risks, such as higher prescribing, Continuing Healthcare, delayed discharge, ward pressures and mental health service costs. It also has a strong record of making savings. In 2024–25, it saved £45.5 million against a target of £40.5 million, with £32 million being recurring savings. This strong planning and past success gave confidence that the 2025–26 financial plan, part of the IMTP approval process, could be delivered. However, as noted earlier, the plan is proving difficult to achieve, and the Health Board is now forecasting a deficit.
- 61 The Health Board is engaging its divisions and directorates to identify savings. This includes savings identified in its 'Opportunities Compendium', division plans and savings ideas from staff. The Health Board has continued to have a strong approach to value and sustainability, with several of its workstreams developing schemes to support this years required financial savings⁴.
- 62 The Board is appropriately informed of the required savings to achieve financial balance, the savings approach and the risk of non-delivery. Savings updates to the Board indicate schemes that are off-track (no plan in place and not expected to achieve). However, we have not seen any learning reported on failed or under-delivering schemes.

⁴ The Health Board has five areas within its value and sustainability approach, Continuing Healthcare (CHC), medicines management, Procurement and non Pay, service redesign and workforce.

- 63 The Health Board's financial plan for 2025–26 was predicated on £40.4 million in savings, which it subsequently increased to £42.5 million. By month six, £15.1 million had been delivered, in line with the phasing and recognising the split between confirmed savings, opportunities, and areas yet to be identified.
- 64 In 2024, Audit Wales reviewed the Health Board's approach to Cost Savings. Of the 11 recommendations in that report, the Health Board has made good progress: nine are complete, one is in progress, and one has not yet started. Areas which require further progress are set out in **Appendix 2**.

Financial management arrangements

- 65 The Health Board has a good approach to financial controls oversight. The Board reviews its Standing Orders and Standing Financial Instructions frequently, most recently in September 2025. It proactively assesses compliance with them. The Health Board completed a self-assessment against its Standing Financial Instructions this year, providing assurance to the Audit, Risk and Assurance Committee. This highlighted good compliance and some areas to improve, including meeting the break-even duty, clarity in workforce budgets for divisions, guidance on prepayments and policies on grant funding. Internal Audit will also undertake a compliance review of both Standing Orders and Standing Financial Instructions in 2025-26.
- 66 The Board delegates financial oversight to the Audit, Risk and Assurance Committee and the Finance and Performance Committee. These committees discharge their responsibilities appropriately. This includes overseeing reports on compliance with financial processes and controls, and assurances from internal audit and counter fraud work. The Health Board reports on high-value purchases and single tender actions, although there remains a lack of analysis of trends of single tender actions. This makes it hard to see if the Health Board is improving its approach to procurement.

- 67 The Health Board prepared and reviewed its financial accounts properly before and after the audit. It submitted its draft financial statements for external audit on time. For 2024-25, the Auditor General gave an unqualified opinion on the accounts, meaning they were true and fair. However, the regularity opinion was qualified because the Health Board did not meet its revenue resource allocation over the three-year period.

Monitoring financial performance

- 68 There are good arrangements for overseeing financial performance, but they mainly focus on the current year and give less assurance about how this will affect future years.
- 69 Both the Board and the Finance and Performance Committee receive regular financial performance reports. These show the current position against statutory revenue and capital limits, as well as progress on savings and the underlying financial position.
- 70 The Finance and Performance Committee continually looks in depth at key financial issues. This year the frequency of these meetings has increased. These areas include savings plans as well as reports from the Value Based Healthcare Programme and efficiency reports. The papers clearly explain financial risks and help support open and useful discussions.
- 71 The Health Boards' reports continue to provide a good overview of the current year performance, but do not give detail on how the Health Board will recover its position in the medium to longer term. Reports should be more focused on the Health Boards progress in delivering financially sustainable service models linked to service productivity, value, and efficiency.

Recommendations

72 The following table details the recommendations arising from our work.

Recommendations

- R1** The Health Board should report every six months to the Audit, Risk and Assurance Committee compliance with declarations of interest by staff cohort, identifying actions the Health Board is taking to address non-compliance (**paragraph 13**).
- R2** To ensure that the staff voice is heard at Board, the Health Board should ensure that staff stories are routinely used at both Board and committee meetings (**paragraph 23**).
- R3** The Health Board should ensure that reports to the Patient, Quality, Safety Outcomes Committee highlight issues raised through patient safety leadership walk rounds and the actions to address them (**paragraph 24**).
- R4** The Health Board should redevelop its Quality Outcomes Framework report to better highlight issues and provide assurance. This should include improving the report format, presentation of data, trends, targets and actions (**paragraph 37**).
- R5** To provide targeted assurance on local quality issues, the Health Board should ensure its clinical audit plan includes local clinical audit activity, which is determined through a risk-based assessment and appropriately resourced (**paragraph 38**).
- R6** The Health Board should introduce a Patient, Quality, Safety Outcomes Committee audit tracker for recommendations from other review bodies, including Healthcare Inspectorate Wales and Public Services Ombudsman for Wales (**paragraph 42**).

Appendices

1 About our work

Scope of the audit

We looked at the following areas for the period July 2025 to October 2025:

- How well the board works.
- How well the board oversees risks, performance, and the quality and safety of services and tracks recommendations.
- How well the body prepares key strategies and plans.
- How well the body manages its finances.

We did not look at the body's operational arrangements.

Audit questions and criteria

Questions

Our audit addressed the following questions:

- Does the Board conduct its business appropriately, effectively, and transparently?
- Is there a sound corporate approach to managing risks, performance, and the quality and safety of services?
- Is there a sound corporate approach to producing strategic plans and overseeing their delivery?
- Is there a sound corporate approach to financial planning, management, and performance?

Criteria

Our audit questions were shaped by:

- Model Standing Orders, Reservation and Delegation of Powers;
- Model Standing Financial Instructions;
- Relevant Welsh Government health circulars and guidance;
- The Good Governance Guide for NHS Wales Boards (Second Edition).

Methods

We reviewed a range of documents, including:

- Board and committee papers and minutes;
- Key governance documents, including Standing Orders and Standing Financial Instructions;
- Key strategies and plans, including the IMTP;
- Key risk management documents, including the Board Assurance Framework;
- Annual Report, including the Annual Governance Statement;
- Relevant policies and procedures; and
- Reports prepared by other relevant external bodies.

We interviewed the following key stakeholders:

- Chair;
- Chief Executive;
- Director of Strategy, Planning and Partnerships;
- Director of Finance and Procurement;
- Director of Public Health and Strategic Partnerships;
- Director of Corporate Governance;
- Director of Workforce and Organisational Development;

- Chair of Finance and Performance Committee;
- Chair of Audit, Risk and Assurance Committee; and
- Chair of the Patient Quality, Safety Outcomes Committee.

We observed Board meetings as well as meetings of the following committees:

- Patient, Quality, Safety Outcomes Committee;
- Audit, Risk and Assurance Committee;
- People and Culture Committee; and
- Partnerships, Population Health, and Planning Committee.

2 Previous audit recommendations

Outstanding recommendations from previous structured assessment reports

The table below sets out the progress made by the Health Board in implementing outstanding recommendations from previous structured assessment reports.

2022 Recommendation 2 Information presented to Board and committees does not always provide the required assurance. Some papers are too long, detailed, and technical. Cover reports continue to follow an SBAR format, but there is variation in their use. The Health Board, therefore, should develop training and guidance for Health Board staff around the reporting expectations and quality of information presented to the Board and its committees (Superseded by recommendation 2, 2023).
2022 Recommendation 7 The Health Board’s deteriorating financial position and deterioration in savings deliver indicates that stronger accountability for financial performance and delivery is required. The Health Board, therefore, should review its Scheme of Delegation to ensure it more strongly outlines delegated accountability for the budgetary position and achievement of financial efficiencies at and below executive levels (In progress, paragraph 63).
2023 Recommendation 1 The Health Board should provide more timely access to records of committee meetings. It could do this either by ensuring that it livestreams or publishes recording of its committee meetings, or alternatively it could publish unconfirmed committee meeting minutes shortly after the meeting (Complete, paragraph 10).

2023 Recommendation 2

The Health Board should develop training and guidance for Health Board staff around the reporting expectations and quality of information presented to the Board and its committees **(Complete, paragraph 22)**.

2023 Recommendation 3

The Health Board should establish a robust quality assurance mechanism to review the quality of reports for its Board and committees **(Complete, paragraph 22)**.

2023 Recommendation 6

In the Integrated Performance Dashboard, the Health Board should provide more information on the actions required to address underperformance, the impact of past actions taken and where appropriate include benchmarking with other health bodies **(Complete, paragraph 33)**.

2024 Recommendation 1

As part of its ongoing long-term strategy and clinical services plan development, the Health Board should:

- 1.1 Ensure the organisation's new long-term strategy and clinical services plan clearly defines the required sustainable service solutions and decisions for the medium to longer term. This should include a strong focus on population health and prevention **(Complete, paragraph 43)**;
- 1.2 Ensure there is comprehensive engagement with clinical and other staff across all domains of the organisations service provision to feed into the development of the clinical services plan **(Complete, paragraph 43)**; and
- 1.3 Publish well-being objectives either alongside or within its new long-term strategy and ensure Well-being of Future Generations (2015) Act requirements are an integral part of the strategy **(Complete, paragraph 43)**.

2024 Recommendation 2

To enable more effective scrutiny of delivery of corporate plans and strategies, the Health Board should ensure that progress reports are clear and contain performance targets and comparative benchmarks, where possible. Reports should also contain clear progress against established milestones to aid scrutiny of progress **(In progress, paragraph 52)**.

2024 Recommendation 3

To become financially sustainable in the longer-term, the Health Board should develop a detailed longer-term financial plan that is linked to the new long-term strategy currently in development and three-year route-map and ensure progress against delivery is monitored appropriately **(Not yet started paragraph 59)**.

2024 Recommendation 4

The Health Board should strengthen its oversight of Standing Financial Instruction and Single Tender Actions by:

- 4.1 introducing a self-assessment on Standing Financial Instruction compliance **(Complete, paragraph 65)**; and
- 4.2 ensuring Single Tender Action reports include total contract values, setting out whether Board or Welsh Government approval was needed, and provide trend analysis of numbers and total values of Single Tender Actions for comparative periods in previous years **(Not yet started, paragraph 66)**.

2024 Recommendation 5

To enable deeper scrutiny of operational finance and performance, the Health Board should increase the frequency of the finance and performance committee meetings **(Complete, paragraph 70)**.

2024 Recommendation 6

The Health Board should ensure there is effective separation of responsibilities between the role of the Health Board Chair and the Chair of the Partnerships, Population Health, and Planning Committee. The Health Board should seek to appoint a separate committee chair from the wider cohort of independent members **(Complete, paragraph 18)**.

2024 Recommendation 7

The Health Board needs to allow sufficient time on Board meeting agendas for the committee chairs to report assurance to the Board and escalate any concerns **(Not yet started, paragraph 20)**.

2024 Recommendation 8

The Health Board should ensure there is a clear approach that links the strategic risks in its risk register to the strategic objectives in its annual plan **(Complete, paragraph 29)**.

2024 Recommendation 9

The Health Board should ensure there is a stronger focus on primary and community care performance within its Integrated Performance reports **(Complete, paragraph 33)**.

Recommendations from our 2024 Review of Cost Savings Arrangements

The table below sets out the progress made by the Health Board in implementing recommendations from our 2024 Review of Cost Savings Arrangements.

Recommendation 1

The Health Board needs to work quickly with its divisions and directorates to develop and implement a more consistent approach to the adoption of savings opportunities within its compendium, which will also need to include a greater level of transformative, cross service efficiencies and recurrent savings, to ensure its savings are put on a more sustainable footing **(Complete, paragraph 61)**.

Recommendation 2

- 2.1 The Health Board should clearly demonstrate how the savings and efficiency ideas that it canvasses from its staff are then used to inform and shape deliverable savings schemes **(Complete, paragraph 61)**.
- 2.2 The Health board should put clear arrangements in place to canvass savings and efficiency ideas from service users and other stakeholders **(Complete, paragraph 61)**.

Recommendation 3

The Health Board should ensure that all relevant staff are applying its quality impact assessment approach on savings schemes in a consistent manner **(Complete)**.

Recommendation 4

The Health Board should strengthen its approach to the reporting of cost savings by ensuring that future savings reports to Board and committees articulate all the savings the organisation needs to deliver each year to meet its Welsh Government control total deficit **(Complete, paragraph 69)**.

Recommendation 5

The Health Board should continue to refine and update its medium-term financial plan (route map) to 2026-27 based on internal and external delivery risks and quickly take corrective action where there is slippage in its planned financial trajectory **(Complete)**.

Recommendation 6

The Health Board should ensure that its current financial training and capacity building for its budget holders is sufficiently fit for purpose **(Complete)**.

Recommendation 7

The Health Board should ensure its accountabilities framework is working as intended and acting as an appropriate lever to manage divisional and directorate underperformance against savings targets **(Complete, paragraph 32)**.

Recommendation 8

The Health Board and its committees need to ensure that its identified controls and mitigating action for its strategic financial risks are fit for purpose and that their ongoing scrutiny clearly identifies remedial action where these controls are not having the desired impact (In progress, paragraph 31).

Recommendation 9

The Health Board should continue to strengthen its approach to identifying and developing saving schemes with a view to reducing the number of schemes that are rated as red, and to maintain a focus on moving its red and amber schemes to green (Complete, paragraph 61).

Recommendation 10

The Health Board should strengthen its current mechanisms for sharing learning on savings schemes to ensure that it gathers and then disseminates learning from schemes that have failed or underdelivered (Not started, paragraph 61).

3 Management response

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R1	The Health Board should report every six months to the Audit, Risk and Assurance Committee compliance with declarations of interest by staff cohort, identifying actions the Health Board are taking to address non-compliance (paragraph 13).	The Health Board has an established implementation plan for embedding the Standards of Business Conduct Policy. This plan includes monitoring compliance across staff cohorts and identifying areas of non-compliance. Findings from this monitoring will inform twice-yearly reports to the Audit, Risk and Assurance Committee, which will include details of actions being taken to address any non-compliance.	April 2026	Director of Corporate Governance / Head of corporate Governance

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R2	To ensure that the staff voice is heard at Board, the Health Board should ensure that staff stories are routinely used at both Board and committee meetings (paragraph 23).	The Board's Forward Workplan for 2026/27 will include a specific commitment to routinely incorporate staff stories at both Board and committee meetings to ensure the staff voice is heard. In addition, the Health Board is exploring informal mechanisms to further enhance staff engagement at Board level.	April 2026	Director of Corporate Governance / Board Business Manager
R3	The Health Board should ensure that reports to the Patient, Quality, Safety Outcomes Committee highlight issues raised through patient safety leadership walk rounds and the actions to address them (paragraph 24).	Reporting of issues identified during Patient Safety Leadership Walk Rounds, along with the actions taken to address them, is now embedded within the Health Board's governance framework. These issues and corresponding actions are captured in the Performance Report, which is formally submitted to the Quality	December 2025	Medical Director/ Assistant Director for Quality and Patient Safety

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		Management Group (QMG) and subsequently to the Patient, Quality, Safety Outcomes Committee (PQSOC). The first update was presented to QMG in November and will be reported to PQSOC on 2nd December, with ongoing updates provided every two months thereafter. Each report will include a summary of issues identified, actions taken, and progress against those actions to ensure transparency and assurance. In addition, the Performance Report will also be presented to the Executive Committee, providing comprehensive oversight. Responsibility for		

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		maintaining this reporting process rests with the Director of Nursing, ensuring that this approach remains a standard part of the Health Board's governance arrangements.		
R4	The Health Board should redevelop its Quality Outcomes Framework report to better highlight issues and provide assurance. This should include improving the report format, presentation of data, trends, targets and actions (paragraph 37).	Phase 1 – Report Redesign Improvements to the Quality Outcomes Framework (QOF) report format will be evident in the Q2 report presented to PQSOC in December 2025. Key enhancements include: • A redesigned layout that is shorter, more concise, and standardised for consistency. • Enhanced visual presentation of data using run charts to show variation and trends over time.	Phase 1 31 December 2025	Executive Director of Nursing / Deputy Director of Nursing

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		• Clear definitions accompanying each metric to explain what is being measured and why it matters. • Inclusion of performance against agreed targets alongside actual results to strengthen assurance. • A dedicated section outlining implications and associated improvement actions to address areas of concern and improve patient outcomes. Phase 2 – Enhanced Statistical Analysis The QOF report will transition to Statistical Process Control Charts (SPCC), enabling statistically	Phase 2 28 February 2026	Executive Director of Nursing / Deputy Director of Nursing

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		significant variations to be visually highlighted and tracked over time. This enhancement will improve assurance by clearly distinguishing normal variation from signals that require action. In addition, work is underway with the Health Board's Data and Digital team to migrate QOF metrics into a live digital application (Qlik), beginning with RL Datix information for Quarter 3 reporting. Phase 3 – Full Integration All remaining QOF metrics will be transitioned to SPCC within the digital platform, ensuring consistent, real-time monitoring of	Phase 3 31 May 2026	Executive Director of Nursing / Deputy Director of Nursing

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		trends, targets, and improvement actions across the framework.		
R5	To provide targeted assurance on local quality issues, the Health Board should ensure its clinical audit plan includes local clinical audit activity, which is determined through a risk based assessment and appropriately resourced (paragraph 38)	The Health Board has adopted a phased approach to strengthening local clinical audit arrangements. Phase one has focused on establishing the Corporate Local Audit Plan, which provides a structured method for developing audit activity aligned to Health Board level risks, national and local standards, and strategic priorities. This ensures our corporate audit activity is driven by a clear, risk based assessment of organisational need. Phase two will involve working closely with Directorates and	31 March 2027	Medical Director/ Assistant Director for Quality and Patient Safety

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		Divisions to support them in developing their own local clinical audit plans. These plans will be grounded in: • risks identified on directorate risk registers, • themes and issues arising from quality and safety processes, and • opportunities to use audit as a structured method for learning, assurance and improvement. We recognise that the absence of fully established directorate level plans remains a current gap. However, the work underway demonstrates clear progress toward a sustainable model of audit governance.		

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		To ensure this activity is appropriately resourced, we are providing dedicated support through the Clinical Audit and Quality Improvement teams, who will work alongside Directorates to prioritise activity, build local audit capability, and ensure alignment with the Health Board's audit governance framework. This phased approach will ensure the development of embedded, risk based, directorate owned local audit programmes that provide targeted assurance on local quality issues and drive continuous improvement across services		

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R6	The Health Board should introduce a Patient, Quality, Safety Outcomes Committee audit tracker for recommendations from other review bodies, including Healthcare Inspectorate Wales and Public Services Ombudsman for Wales (paragraph 42).	The Health Board will record and monitor recommendations and actions from Healthcare Inspectorate Wales and the Public Services Ombudsman for Wales through the Audit Management and Tracking (AMaT) system. AMaT reporting will be integrated into the Patient, Quality, Safety Outcomes Committee's assurance process to ensure oversight of progress and completion.	28 February 2026	Executive Director of Nursing / Deputy Director of Nursing

4 Key terms in this report

Term	Description
Board Assurance Framework	A Board Assurance Framework sets out the risks linked to the organisation’s strategic objectives, and the controls and assurances in place to manage those risks.
Clinical Strategy	A Clinical Strategy is a long-term plan that helps shape how healthcare services are designed and delivered to meet the needs of patients and communities.
Corporate Risk Register	A Corporate Risk Register sets out the organisation’s significant risks (either those with high scores or organisation-wide impact) and the actions in place to manage them.
Counter Fraud	Counter fraud refers to the activity undertaken by the organisation to prevent, detect, and investigate fraud, bribery, and corruption. This work is led by the NHS Counter Fraud Service (CFS) Wales, which operates under the NHS Wales Shared Services Partnership.
Integrated Medium Term Plan	An Integrated Medium Term Plan is a three-year plan that sets out how the organisation will deliver its services, manage its workforce, and meet its financial duties to break even. The organisation submits its plan to the Welsh Government for approval.
Quality Governance	Quality governance is the combination of structures, processes, and behaviours used by an organisation, particularly its board, to lead on and ensure high-quality performance, including safety, effectiveness, and patient experience.
Register of Interests	The Register of Interests helps ensure transparency by recording any personal or business interests of Board members and staff that could influence decisions.

Term	Description
Scheme of Reservation and Delegation	The Scheme of Reservation and Delegation sets out which responsibilities stay with the Board and which are passed to committees and executives, along with reporting arrangements to ensure proper oversight.
Single Tender Action	A Single Tender Action is when an organisation buys goods or services from one supplier without going through a competitive process, usually because there is only one suitable option or urgent need.
Standing Financial Instructions	Standing Financial Instructions set out the financial responsibilities, policies, and procedures adopted by the organisation.
Standing Orders	Standing orders set out the rules and procedures by which the organisation operates and make decisions.
Well-being of Future Generations Act (2015)	This Act requires public bodies in Wales to work sustainably and collaboratively to improve well-being across social, economic, environmental, and cultural areas, by setting long-term goals (called well-being objectives), involving citizens, and making decisions that consider the impact on future generations.

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Rydym yn croesawu gohebiaeth a
galwadau ffôn yn Gymraeg a Saesneg.



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

MINUTES OF MEETING HELD

Date and Time	Wednesday 26th November 2025 at 09:30am	
Venue	Conference Centre, St Cadoc's Hospital and Microsoft Teams	
PRESENT	Ann Lloyd Phil Robson Paul Deneen Dafydd Vaughan Iwan Jones Neil Patrick Penny Jones Vivek Goel Akmal Hanuk Helen Sweetland Helen Cunningham Nicola Prygodzicz Tracy Daszkiewicz Jennifer Winslade Rob Holcombe Paul Solloway Hannah Evans Peter Carr Sarah Simmonds Leanne Watkins Dr Seema Srivastava	Chair Vice Chair Independent Member (Community) Independent Member (Digital) Independent Member (Finance) Independent Member (Community) Independent Member (Community) Independent Member (Trade Union) Independent Member (Third Sector) Independent Member (University) Independent Member (Local Authority) Chief Executive Director of Public Health Director of Nursing Director of Finance & Procurement Director of Digital Director of Strategy, Planning and Partnerships Director of AHPs and Health Science Director of Workforce and OD Chief Operating Officer (Item 6.2 only) Medical Director
IN ATTENDANCE	Rani Dash Karen Newman Bryony Codd Naomi Murtagh Dr Fiona Smeeton Lisa Charles	Director of Corporate Governance Assistant Director of Communications and Engagement Head of Corporate Governance Board Business Manager Consultant (Items 4.1 only) Regional Director, Llais Cymru

PRELIMINARY MATTERS

**ABUHB
2611/01**

Welcome and Introductions

	The Chair welcomed everyone to the meeting, in particular members of the public who had joined the meeting to observe. The Chair welcomed Councillor Helen Cunningham, Independent Member (Local Authority), and Dr Seema Srivastava, Medical Director, to the Health Board and their first Board meeting. It was noted that the meeting would be livestreamed and published on the Health Board's website following the meeting.
ABUHB 2611/02	Declarations of Interest for Noting There were no declarations of interest raised.
ABUHB 2611/03	Consent Agenda The Chair introduced the Consent Agenda and asked if there were any items to be brought forward for discussion. There were no requests made.
ABUHB 2611/04	Report from the Chair Ann Lloyd (AL), Chair, provided her verbal report, with a focus on the following areas: • The Chair had attended a recent ministerial summit on primary care, now being led by the new Chief Medical Officer. The summit focused on the future direction of primary care and the sharing of good practice among health boards. AL emphasised the need for continued creativity and innovation to further improve population health and well-being. • The Chair highlighted attendance at several recent openings, including the Bevan Health and Well-being Centre, 19 Hills Health and Well-being Centre, and the Velindre at Nevill Hall Hospital Radiotherapy Centre. These facilities were described as significant additions to the local health infrastructure, with the radiotherapy centre in particular being well received by patients and their families. • The Chair informed the Board of her appointment to the stakeholder group for the Maternity and Neonatal Assurance Assessment. The Chair expressed appreciation for the efforts of colleagues in preparing a comprehensive analysis of changes in maternity and neonatal outcomes over the past five years. The Chair reiterated the importance of open discussion within the group and noted the involvement of the Medical Director as a representative. • The Chair reported on recent peer group meetings with other Health Board Chairs, which included discussions on the Cabinet Secretary's proposed assessment of Boards, public appointments, and primary care. AL noted that the Cabinet

Secretary was focused on obtaining clear answers regarding board objectives and performance, and that quality issues remained a key area of interest.

- The Chair also attended the NHS Wales Culture, Leadership and Succession Board, expressing satisfaction that this body had been established to address a previous lack of focus on management and clinical leadership development. AL noted progress in developing new succession planning modules and reported that 15 applications had been received for the aspiring Chief Executives programme, reflecting a significant improvement in interest and quality of candidates compared with previous years.
- The Board was informed of the first meeting of the South East Wales Regional Joint Committee, which was described as successful and characterised by openness and honesty among participants.
- The Chair reiterated the importance of continued collaboration, innovation, and a focus on both quality and performance in delivering health services for the community.

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

**ABUHB
2611/05**

Report from the CEO

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

- The organisation continues to respond to financial pressures, with teams working hard to identify opportunities to improve the financial position. Additionally, focussed work continues to address persistent urgent and emergency care pressures, particularly early peaks in respiratory viruses leading to high acuity, high demand and constrained flow continues across the system.
- Early onset of respiratory illness has driven increased ICU pressure, ED congestion, and deteriorations in flow—especially delays moving patients out of the Grange University Hospital. Focus areas included: expanding winter capacity; strengthening vaccination uptake; and participating in the national discharge initiative (winter sprint).
- The launch of the "Our Next Patient" initiative had been highlighted at Septembers Board meeting. This initiative had since resulted in notable improvements in ambulance handover times and reductions in long stays within the emergency department during September and October. However, sustaining this level of improvement had proved challenging due to the high acuity of patients and the demands on staff. The clinical executive team, together with operational leads, had been reviewing processes and developing an improvement plan.

- Mid-year divisional reviews had been conducted with approximately half of the organisation’s operational divisions. These reviews provided an opportunity to discuss pressures, achievements, and priorities for the next six months.
- Productive meetings had taken place with local authority Chief Executives, focusing on collaborative working and the implementation of the new organisational strategy. NP described this as a change in partnership working, aiming to improve community access to care and deliver strategic ambitions.
- Jacqueline Totterdell had commenced as the new Chief Executive and Director General for NHS Wales. NP also referenced constructive meetings with Welsh Government officials and other NHS Wales Chief Executives, which focused on strengthening governance and accountability arrangements.
- The health board had celebrated the opening of several new facilities, including those previously mentioned by the Chair, and noted a successful visit from the Chief Medical Officer, who had discussed national workstreams and mental health initiatives with local teams.
- In recent weeks there had been notable recognition of health board staff achievements at a national level, including three Nursing Times Awards, four RCN Nursing Awards finalists which included Annie Clothier, Vascular Clinical Nurse Specialist, receiving the RCN Nurse of the Year Award 2025. The Chief Executive expressed pride in these accomplishments and the positive impact on staff morale.

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

**ABUHB
2611/05**

Patient Experience Presentation

The Board received a presentation from Dr Fiona Smeeton (FS), Consultant, on the impact of closed loop insulin pump therapy for people living with type 1 diabetes. FS explained that the introduction of closed loop insulin pump systems, which integrated continuous glucose monitoring with automated insulin delivery, had brought a substantial improvement in the quality of life for many patients by reducing the burden of continuous monitoring.

The Board viewed a video testimony from a patient, Kerry Anne. In her account, Kerry Anne described the profound challenges she had experienced prior to using the closed loop system, including constant anxiety, disrupted sleep, and significant limitations on her social life and mental health. She explained that since starting with the closed loop system, she had been able to sleep soundly, her mental health had improved, and she felt more confident and less burdened by her condition. Kerry Anne also reported measurable clinical improvements, such as a reduction in her HbA1c levels and an increase in the proportion of time her blood glucose remained within the target range. She

expressed gratitude to the diabetes team at Neville Hall Hospital for their support and described the technology as life-changing.

FS informed that the Health Board was working to increase uptake, but that this was dependent on both financial and staffing resources. Nicola Prygodzicz (NP), Chief Executive, emphasised that while the clinical benefits of closed loop insulin pump therapy were clear, the financial implications required careful consideration. NP confirmed that a business case had been developed to expand access to diabetes pumps. This was a key priority for the organisation and would form part of discussions and prioritisation as part of the next year's financial plan. NP noted that this investment would need to be balanced against other pressures, but reiterated the importance of supporting improved outcomes for patients with diabetes as part of the Health Board's strategic objectives.

The Board acknowledged the significant positive impact of the closed loop system on patient well-being and thanked FS and Kerry Anne for their informative and powerful contributions to the meeting.

The Board **RECEIVED** the presentation.

**ABUHB
2611/06**

Diabetes Services Annual Report

Tracy Daszkiewicz (TD), Director of Public Health, presented the Diabetes Services Annual Report to the Board which provided a comprehensive overview of diabetes as both a national and local strategic priority.

TD emphasised the significance of diabetes as a major public health issue, highlighting its status as a national priority and a key focus within the Health Board's own strategy. TD explained that the report aimed to take a systemic view of diabetes, considering not only treatment but also prevention, environmental factors, and wider determinants of health. TD stressed the importance of addressing both causation and curative aspects of diabetes, noting that preventable harms were being created by societal and systemic factors.

The Board heard that over the past twelve months, the Health Board had undertaken a series of community conversations, known as the "Great Weight Debate", to better understand the barriers faced by communities in accessing healthy food and making positive lifestyle choices. TD explained that these conversations revealed significant challenges, particularly for those without access to private transport, who often relied on local food providers that were limited or of variable quality. TD also noted the importance of food sustainability and the need to address food poverty as part of the Board's approach to diabetes prevention.

	TD acknowledged that many successful pilot programmes, such as the diabetes prevention programme and the remission service pilot, were funded on a short-term basis, creating challenges for long-term sustainability. TD reported that the Health Board was exploring digital weight management platforms as a more affordable and sustainable option, whilst also working closely with clinical colleagues to address less visible complications of diabetes, such as renal disease. The Board discussed the need for more targeted education in schools and the importance of focusing efforts in areas of greatest deprivation and harm. TD confirmed that the Health Board was working in partnership with local government colleagues and was developing a food sustainability plan to address these issues. TD also highlighted the importance of embedding diabetes prevention and management within broader community assets and integrated well-being networks. The Board NOTED the comprehensive nature of the annual report and the ongoing challenges associated with diabetes prevention, treatment, and funding.
ABUHB 2611/07	Report from Llais, Gwent Region Lisa Charles (LC), Regional Director, Llais Cymru, presented Llais' report which set out current issues of concern and positive observations, and public feedback being addressed by Llais Gwent Region. The Board thanked Llais for the ongoing support to communities and the insights brought back to the Board to inform ongoing planning and delivery of services. The Board RECEIVED the Report from Llais.
ABUHB 2611/08	Nevill Hall Hospital Strategic Outline Case Hannah Evans (HE), Director of Strategy, Planning & Partnerships, presented the Strategic Outline Case (SOC) for Nevill Hall Hospital (NHH) to the Board. HE advised that the purpose of the SOC was to set out the case for change and the rationale for investment, particularly in response to the presence of reinforced autoclaved aerated concrete (RAAC) at the site, which posed a long-term safety risk. HE explained that the only recommended long-term solution was to eliminate RAAC by removing affected areas of the building and constructing new facilities, rather than simply removing panels, and that this would require significant capital investment. HE outlined the strategic importance of NHH within the Health Board's network, emphasising its role in supporting urgent and emergency care, elective activity, and as a hub for several regional services. The

SOC proposed a phased approach, with the first phase involving the decommissioning of areas affected by RAAC and the development of new build facilities, while retaining and upgrading existing ward blocks. HE noted that the estimated investment for this first phase was £474.4 million, with further phases and opportunities for site development to be considered in the future.

HE described the engagement undertaken with staff, communities, and stakeholders, and summarised the feedback received. She also clarified that, while the SOC would unlock access to capital for further planning and engagement with supply chain partners, it did not commit the Board to the full revenue implications at this stage. The Board was informed that the SOC had been identified as a priority by Welsh Government, but that the timing of approval would depend on national processes and the forthcoming election period.

HE confirmed that the phased approach allowed for flexibility and a further review at the Outline Business Case (OBC) stage, and that the SOC would enable the Health Board to access the necessary expertise and funding to progress detailed planning.

The Board supported the Strategic Outline Case for Nevill Hall Hospital and **APPROVED** its onward submission to Welsh Government. The Board recognised the importance of addressing the RAAC risk and endorsed the phased approach to investment and development, subject to further review and approval at subsequent business case stages.

**ABUHB
2611/09**

Better Health, Better Care, Better Lives - 10-Year Strategy, Deployment Plan

Hannah Evans (HE), Director of Strategy, Planning & Partnerships, presented the Strategy Deployment Plan to the Board. HE reminded members that the Board had previously approved the overarching 10-year strategy, and that the purpose of this item was to outline the next steps for operationalising and delivering on the strategy's ambitions.

HE explained that the deployment plan was intended to be a live document, providing a framework for how the Health Board would reorient itself to achieve the strategy's aims. The plan set out key actions, governance arrangements, and the operating model required to support delivery, as well as the supporting outcomes framework. HE emphasised that the Integrated Medium Term Plan (IMTP) would be closely aligned with the strategy, ensuring that annual and medium-term priorities were linked directly to the Board's long-term vision.

HE advised that engagement would be tailored to the specific actions and areas of focus, with some actions requiring Board-level

involvement and others relying on clinical leadership and wider staff engagement. HE acknowledged the importance of robust data collection and analysis, and confirmed that further work was underway to develop appropriate metrics and ensure meaningful measurement of outcomes.

The Board discussed the need for targeted action in areas of greatest need, the importance of partnership working with local authorities, and the value of using existing data sources to inform planning and evaluation. HE confirmed that the plan would remain under regular review, with progress updates to be brought back to the Board and relevant committees.

The Board **APPROVED** the Strategy Deployment Plan and endorsed the proposed approach to implementation. The Board agreed to keep the plan under review and to receive regular updates on progress, ensuring that delivery remained aligned with the organisation's strategic aims and that outcomes for the population could be effectively monitored and improved.

**ABUHB
2611/10**

Regional Planning: Orthopaedics OBC

Hannah Evans (HE), Director of Strategy, Planning & Partnerships, presented the Outline Business Case (OBC) for Phase 2 of the Llantrisant Health Park (LHP) development, focusing on the establishment of a regional orthopaedic centre. HE reminded the Board that this phase followed the previously endorsed vision for LHP and was being pursued in a phased approach in agreement with Welsh Government.

HE outlined that the OBC proposed the creation of a high-flow orthopaedic facility comprising six theatres and supporting beds, with a capital investment request of £123 million to Welsh Government, with an estimated additional annual revenue requirement of £29.5 million, of which about £6.5 million would relate to ABUHB activity. The case for change was underpinned by a regional demand and capacity assessment, which demonstrated a significant gap between current orthopaedic capacity and regional demand. HE explained that the new facility would primarily focus on lower limb arthroplasty (hips and knees). The clinical lead for the region was the Health Boards clinical director for orthopaedics.

HE acknowledged that, while the proposed development would address a substantial portion of the regional orthopaedic backlog, it would not resolve all sustainability challenges. Further work was planned to finalise the detailed model for wider orthopaedic services and to clarify the workforce and operational arrangements. HE also highlighted the significant revenue implications of the proposal and the

need for ongoing engagement with Welsh Government regarding funding and affordability.

During the discussion, Board members raised questions about funding sustainability, the need for comprehensive engagement with communities, and the importance of ensuring equitable access to services across the region. HE confirmed that the OBC was being submitted for approval in principle, with further detail and assurance to be provided at the Full Business Case (FBC) stage.

The Board **APPROVED** the submission of the Outline Business Case for Phase 2 of the Llantrisant Health Park development to Welsh Government, noting the need for further work to clarify the totality of orthopaedic provision for local communities, the workforce and operational model, and subject to the affordability of the scheme.

ABUHB
2611/11

Women's Health Update Report

Tracy Daszkiewicz (TD), Director of Public Health, presented the Women's Health Update Report to the Board. TD explained that the report outlined the current position and next steps in response to the Welsh Government's Women's Health Plan, which set out a range of ambitions and required Boards to prioritise the establishment of a Women's Health Hub by March 2026.

TD stated that women's health inequalities remained significant, with recent data showing a decline in life expectancy for women in Wales for the first time in a century, and a pronounced gap in healthy life years between the most and the least deprived areas. TD noted that the normalisation of certain health conditions, such as those linked to reproductive health and menopause, contributed to these inequalities.

The Board was informed that the Health Board had identified a location for the Women's Health Hub at Nevill Hall Hospital (NHH). TD emphasised that, in order to address inequalities of access, the model would also include satellite and virtual services to ensure women across the region could benefit. TD described the establishment of the hub as the first step in a broader, long-term strategy to improve women's health, which would also address issues such as violence, cardiovascular disease, and the impact of deprivation.

TD assured the Board that the Health Board was investing in upskilling staff and integrating the hub with existing services to ensure that improvements would be maintained beyond the initial funding period. The Board also discussed the potential to use existing satellite hubs and to work closely with community and faith leaders to ensure engagement with vulnerable and diverse groups.

The Board **NOTED** the progress made in establishing the Women's

	Health Hub and endorsed the proposed approach, including the focus on sustainability, partnership working, and addressing inequalities. The Board agreed to receive further updates as the hub developed and as the broader women's health strategy progressed.
ABUHB 2611/12	Feedback on the Respiratory Reconfiguration and the General Medicine Model at the Grange University Hospital Leanne Watkins (LW), Chief Operating Officer, presented feedback to the Board on the respiratory reconfiguration and the general medicine model at the Grange University Hospital (GUH). LW explained that the changes, implemented in November 2024, had been ambitious and aimed to realign the bed base in line with the Clinical Futures plan, as well as to increase medical staffing support at the GUH. LW reported that the reconfiguration had resulted in a reduction in length of stay for general medical patients and a decrease in admissions to critical care, attributed to the introduction of a high care respiratory model. While an increase in length of stay had been anticipated on the Nevill Hall Hospital (NHH) care of the elderly ward, this had remained consistent with other similar wards. LW highlighted that the changes had supported the delivery of safe and effective care and provided a solid foundation for further work on the older person's pathway and a review of the acute medical model. LW and Jennifer Winslade (JW), Director of Nursing, confirmed that, although there had initially been concerns, particularly regarding staff preferences for ward type and skill set, these had been managed through engagement and communication. Staff had settled well into their new roles, with those wishing to maintain respiratory skills able to move to the GUH, with others remaining at NHH. Peter Carr (PC), Director of Allied Health Professions and Health Science, advised that Allied Health Professional staff, particularly respiratory physiotherapists, had also welcomed the change, as it allowed for more effective support across sites. The Board NOTED the positive impact of the respiratory reconfiguration and general medicine model at the Grange University Hospital. The Board thanked LW and all staff involved for their hard work in ensuring the success of the changes and endorsed the approach as a strong basis for ongoing service improvement.
ABUHB 2611/13	Health, Safety & Fire Annual Report Peter Carr (PC), Director of Allied Health Professions & Health Science, presented the Health, Safety & Fire Annual Report to the Board. PC explained that the report summarised the Health Board's performance and compliance in statutory health and safety and fire safety

requirements for the period 2024–2025, and outlined the governance arrangements, key risks, and improvement actions in place.

PC highlighted that the Health Board had seen gradual improvement in RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) compliance, with statutory training compliance for health and safety and fire safety also improving, though manual handling training remained an area for further focus. PC reported that all scheduled fire risk assessments had been completed during the period, and that the Board continued to invest in upgrading fire alarm systems and addressing compartmentation issues, particularly in older sites.

The Board was informed that the overall risk score for health and safety had been reduced, reflecting the effectiveness of the improvement actions taken, though further work was required to reach the target risk appetite. PC noted that an internal audit report had provided limited assurance, but its findings aligned with the Board’s own risk assessment and action plan. PC also described the development of a new health and safety strategy, which would focus on embedding a culture of shared responsibility for health and safety at all levels of the organisation.

PC confirmed that targeted actions were being taken to address these issues, including collaboration with infection control and corporate nursing teams. The Board discussed the reporting and management of violence and aggression incidents, and the importance of supporting staff and working closely with the police and other agencies.

The Board **RECEIVED** the Health, Safety & Fire Annual Report and **NOTED** the improvement in compliance and the ongoing work to address identified risks.

**ABUHB
2611/14**

2025/26 Performance Reporting: Integrated Performance Report

Hannah Evans (HE), Director of Strategy, Planning & Partnerships, and Sarah Simmonds (SS), Director of Workforce & OD, presented the Integrated Performance Report to the Board. HE provided an overview of performance across the five system change themes within the Integrated Medium Term Plan (IMTP), as well as updates on urgent and emergency care, planned care, and key efficiency metrics.

HE highlighted that the implementation of the “Next Patient Initiative” had resulted in record improvements in ambulance handover times and reductions in long stays within the emergency department, despite increased demand and ongoing system pressures. The Board was informed that, while there had been positive trends in urgent and

emergency care, challenges remained, particularly in sustaining improvements and managing winter pressures.

HE reported that flu vaccination rates had improved, with uptake moving up to 62.7% as of 18 November 2025, though herd immunity had not yet been achieved. In planned care, HE noted a drop in SOS (See on Symptoms) and PIFU (Patient Initiated Follow-Up) rates, but an increase in patient discharge rates, and highlighted that the Health Board continued to lead Wales in these areas. Theatre utilisation had also improved, though further work was needed to address late starts and early finishes. The Board also discussed ongoing challenges in cancer pathway compliance, with performance on the single cancer pathway dipping to 57.5% in September. HE outlined actions being taken to address workforce and capacity issues, particularly in diagnostics and specific tumour sites. The Board also received updates on improvements in mental health services, CAMHS, and the impact of national insourcing programmes on outpatient backlogs.

SS provided an update on workforce performance. SS reported that the rolling sickness absence percentage was consistent with the previous year and in line with the all-Wales average, though there had been an increase in seasonal illnesses earlier in the year. SS outlined initiatives underway to support the reduction of sickness absence and the ongoing analysis of data to target key areas for improvement. The Board was informed that the staff survey response rate had surpassed 29%, a significant increase from the previous year, which would provide more meaningful data for workforce planning. SS also updated the Board on progress with medical agency governance, job planning, and recruitment, noting steady improvements in job planning compliance and a positive position with nurse and healthcare support worker recruitment.

HE confirmed that dynamic escalation frameworks were in place and that additional capacity was being brought in to manage winter pressures.

The Board **NOTED** the Integrated Performance Report and the progress made across key system change themes.

**ABUHB
2611/15**

2025/26 Performance Reporting: Financial Performance Report, Month 06

Rob Holcombe (RH), Director of Finance and Procurement, presented the Financial Performance Report for September 2025 (Month 06) to the Board. RH reported that as at 30 September 2025, the Health Board was reporting a year-to-date deficit of £11.387 million, which was £1.0 million better than the Month 6 profile. The main drivers of the deficit included increased prescribing costs, growth in Continuing

Healthcare (CHC) activity, winter wards remaining open, and variable pay relating to Mental Health and other operational pressures.

RH confirmed that the forecast position for 2025/26 remained a deficit of £19.9 million. This forecast assumed full delivery of the IMTP savings plan, with £42.5 million of savings forecast for the year, exceeding the original £40.4 million target. However, in-year cost pressures, particularly those outside the original IMTP, continued to drive the deficit. RH emphasised that this was currently assessed as the best-case scenario, but that risks remained, including the Welsh Risk Pool premium, winter plan implications, and potential national pay proposals. The Health Board would continue to seek further mitigations, but options were limited without additional funding or service reductions.

The Board was informed that the underlying deficit brought forward into 2025/26 was £27.2 million, with a forecast carry forward deficit into 2026/27 of £14 million, subject to further review. The Health Board's reserves at 30 September 2025 stood at £9.2 million. Capital expenditure was reported as break-even, and the Health Board continued to meet its public sector payment policy target for September, though the year-to-date position remained below target due to earlier issues now resolved.

RH highlighted that, given the forecast deficit, the Health Board would require strategic cash support towards the end of the year to ensure it could continue to pay suppliers in a timely manner. The Board was therefore asked to approve a request for £19.9 million in strategic cash support for 2025/26.

RH confirmed that all efforts were being made to mitigate risks and deliver savings, but emphasised the challenges posed by the current financial environment and the need for continued engagement with Welsh Government.

The Board acknowledged the ongoing risks and challenges, and endorsed the continued focus on delivering savings, managing cost pressures, and maintaining patient safety and service access.

The Board **NOTED** the report and **APPROVED** the request for £19.9 million strategic cash support for 2025/26.

**ABUHB
2611/16**

Public Services Ombudsman for Wales (PSOW) Annual Letter

Jennifer Winslade (JW), Director of Nursing, presented the annual letter from the Public Services Ombudsman for Wales (PSOW) to the Board. JW explained that the Health Board was required to present the annual letter to the Board, consider the data and recommendations

within it, and report back to the PSOW on the Board's considerations and actions.

JW highlighted that the report for the year was notably more positive than the previous year, both in terms of the feedback received from the Ombudsman and the data presented. Out of 3,190 complaints received by the Health Board, only 178 (5.5%) had been escalated to the PSOW. JW reported a reduction in the number of interventions by the Ombudsman, from 37% to 28%, and a significant 98% decrease in referrals regarding the complaints process itself, with only one such referral in 2024/25 compared with 41 in the previous year.

JW noted that the number of upheld complaints had also decreased, and that the Health Board had put additional measures in place to ensure that all recommendations from the Ombudsman were being monitored and completed. At the time of reporting, all actions for 2024/25 had been completed. JW emphasised that the Health Board continued to use the themes and trends identified in the Ombudsman's reports to drive continuous improvement and maintained regular, constructive engagement with the Ombudsman's office.

During the discussion, the Board acknowledged the positive improvements in the management and handling of complaints, as well as the reduction in escalations and interventions. The Board recognised the efforts made to address previous concerns raised by the Cabinet Secretary and welcomed the assurance provided by the report.

The Board **NOTED** the contents of the PSOW Annual Letter, the Health Board's data and performance, and the actions taken in response to the Ombudsman's recommendations.

**ABUHB
2611/17**

Nurse Staffing Level (Wales) Act, Annual Presentation

Jennifer Winslade (JW), Director of Nursing, presented the annual assurance report on the Nurse Staffing Level (Wales) Act to the Board. JW explained that the report was presented for assurance and confirmed the Health Board's compliance with the statutory requirement to calculate nurse staffing levels for all wards that fall under Section 25B of the Act.

JW highlighted that this was the statutory annual assurance report, with six-monthly calculations also being taken through the Patient Quality, Safety and Outcomes Committee (PQSOC). JW drew attention to the fact that there had been a number of requests for increased healthcare support worker and registered nurse staffing, based on acuity and dependency information. She explained that the Health Board maintained a nationally triangulated approach to determining

workforce requirements, considering staffing levels, acuity, and dependency.

JW assured the Board that, at the time of reporting, the Health Board was meeting its statutory requirements. The increased staffing requirements were currently being met through variable pay, providing flexibility while a further review of acuity was undertaken. JW noted that a new version of the dependency tool, SafeCare, was expected to be introduced in January, which would enable near real-time reporting and further improve the accuracy of staffing calculations.

During the discussion, Board members sought clarification on the use of variable pay and the potential impact on agency usage. JW confirmed that, at present, the use of variable pay was not resulting in increased agency usage and was primarily being managed through the staff bank. The Board also discussed the importance of maintaining flexibility in the workforce model, particularly as new roles and changes to nurse education were anticipated in the near future.

JW emphasised the need to continue reviewing the nursing workforce strategy, given improvements in recruitment and the likely introduction of new roles such as the Registered Nurse Associate. The Board was also informed that changes in patient dependency, particularly with more complex needs and behavioural challenges, were influencing staffing requirements and would be considered in future workforce planning.

The Board received **ASSURANCE** that the Health Board was compliant with the Nurse Staffing Level (Wales) Act and that proposed changes to planned rosters in the division of medicine would be managed through variable pay while further reviews were undertaken.

**ABUHB
2611/18**

Strategic Risk Report, November 2025

Nicola Prygodzicz (NP), Chief Executive, presented the Strategic Risk Report for November 2025 to the Board. NP explained that the report provided an overview of the Health Board's current strategic risks, highlighting those that remained outside of the agreed risk appetite and the ongoing work to strengthen controls and bring risks within tolerance.

NP informed the Board that the main change since the previous report was an increase in the risk score and exposure for sub-risk SRR 001D, relating to the potential impact of industrial action. This risk had previously been de-escalated but was raised again due to ongoing issues around pay and the wider context of industrial relations. NP assured the Board that efforts were being made to minimise the impact of this risk on service delivery.

	The Board was also advised that, while some risks had been de-escalated during the year such as those relating to finance and emergency planning, others had required escalation in response to changing circumstances. NP emphasised that the Health Board's risk management process was robust, with regular reviews through committee structures to ensure that risks were accurately assessed and managed. The Board ACCEPTED the change in risk score and exposure for sub-risk SRR 001D and NOTED the ongoing work to minimise the impact on service delivery. The Board also NOTED those risks that remained outside of the agreed appetite and endorsed the continued efforts to strengthen controls and bring risks within tolerance.
ABUHB 2611/19	CONSENT AGENDA The Board APPROVED the Draft Minutes of the Health Board Meeting, held on 24th September 2025 The Board APPROVED the Report on Sealed Documents and Chair's Actions. The Board APPROVED the Interim changes to NHS model Standing Financial Instructions The Board NOTED the Board Action Log with Updates The Board NOTED the Strategic Partnership Updates: a. Regional Partnership Board The Board NOTED the Executive Committee Chair's report The Board NOTED the Key Matters from Committees of the Board The Board NOTED the overview of Joint and Partnership Committee Activity a. NHS Wales Joint Commissioning Committee b. NHS Wales Shared Services Partnership Committee
	OTHER MATERS
ABUHB 2611/20	Any Other Business There were no further items raised for discussion.
ABUHB 2611/21	Date of the Next Meeting: Wednesday 28th January 2025

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2026
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 November 2025 and 13th January 2026

The Board is asked to note that three (3) documents required the use of the Health Board's seal during the above period.

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

During the period 13th November 2025 to 13th January 2026 six (6) Chairs Actions were agreed.

Cefndir / Background

1. Sealed Documents

The common seal of the Health Board is primarily used to seal legal documents such as transfers of land, lease agreements and other contracts. The seal may only be affixed to a document if the Board or Committee of the Board has

determined it should be sealed, or if the transaction has been approved by the Board, a Committee of the Board or under delegated authority.

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

Date	Title
23/12/2025	Flying Start Health Visiting Services 1/4/2025-31/3/2028 Newport City Council
23/12/2025	Early Years Services 01/04/2025 -31/03/2026 Torfaen County Borough Council
07/01/2026	Kintra Settlement Letter

2. Chair's Action

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

The Chair's Actions approved between 13th November 2025 and 13th January 2026 are summarised below:

Date	Title
4/12/2025	Windows 11 hardware replacement; Dell Computer Corporation Ltd Procurement of Hardware for the Windows 11 Hardware Replacement. The lack of new/supported hardware introduces cyber risks and potential data breaches. Direct award through Shared Business Services Framework. Contract Value: £780,952.80 incl VAT
4/12/2026	Hardware for Connecting Care: Dell Computer Corporation Ltd Procurement of Hardware for the Connecting Care Programme. The Programme includes £4.125m capital allocated to DHCW by Welsh Government in August 2025 against an ask for 2025/26 of £2.73m per annum for the digital enablement of Mental and Community Health staff to support timely access and uploading of clinical data and other information across the system to support effective clinical decision making, data collection, collaboration and with other community and social

	care services. Direct award through Shared Business Services Framework. Contract Value: £809,409.60 incl VAT
10/12/2025	Blood Transfusion Laboratory Information Management System (BT LIMS) Extension of existing agreement via QE Procurement Framework: Initial contract term 15/12/2022 to 14/12/2025 with an option to extend for a further 7 years (extension value was not signed off when first agreed) Total value of 7 year extension: £1,116,578.36
10/12/2025	Regional Cataracts Outsourcing 2 Award contract to provide a 3.5 month solution (15/12/25-31/3/26) for regional capacity for cataract outpatient and inpatient stages to enact regional approach to recovery and to maximise the use of health board assets across the region. The capacity will provide a service for health board patients from Aneurin Bevan, Cwm Taf Morgannwg and Cardiff and Vale University Health Boards. Contract Value: £4,000,000
19/12/2025	ENT & OMFS Insourcing Insourcing of procedures across Ear Nose and Throat (ENT) & Oral and Maxillofacial Surgery (OMFS). To be undertaken 10/1/26 – 31/3/2026 with funding from Welsh Government (WG). Contract Value: ENT £201,787.00 inc vat (approx.) OMFS £333,558 inc vat (approx.) Total £535,345.20
09/01/2026	Patient Monitoring Equipment Maintenance: Mindray ABUHB currently holds a maintenance agreement with Mindray for patient monitoring equipment, which is due to expire December 2025. In addition, two further agreements with Mindray remain active, expiring in 2026 and 2027 respectively. The Health Board intends to consolidate these existing and future maintenance arrangements into a single, unified agreement managed through purchase orders. Although separate purchase orders will be raised as current agreements expire, all will align to a common end date

	matching this, the largest agreement. By 2030, these will be combined into one contract if still required. Contract Value: £1,045,000 ex VAT
3. Clinical Negligence Claims In line with the Scheme of Delegation, all clinical negligence claims over £1m are agreed between the Chair, Chief Executive, and two Independent Members (following recommendation from 2 clinical executives) outside of formal Board meetings. During the period 13 th November 2025 to 13 th January 2026:	
Number of Clinical Negligence Claims over £1m	Total value
One	Authority to negotiate to Counsel's global lump sum of between £4.25m and a maximum of £5m
<u>Asesiad / Assessment</u> In endorsing this report the Health Board will comply with its own Standing Orders.	
<u>Argymhelliad / Recommendation</u> 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
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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
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
There are no actions outstanding as at 28/01/2026					

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:	28 January 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Senior Information Risk Owner Annual Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Paul Solloway, Director of Digital
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Solloway, Director of Digital

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 annual report provides the performance and assurance of how the organisation manages risks to protect against the loss, damage or destruction of information assets.

Management and mitigation of these risks ensure the Confidentiality / Integrity and Availability of information.

- Confidentiality - the Health Boards keeps data secure through ensuring access to information is controlled through role-based access and suitable password controls for example. This also includes the physical controls to protect paper records
- Integrity - information is accurate and not tampered with and is typically protected through technical controls and data quality metrics
- Availability - information is available when needed through reliable systems and networks

Cefndir / Background

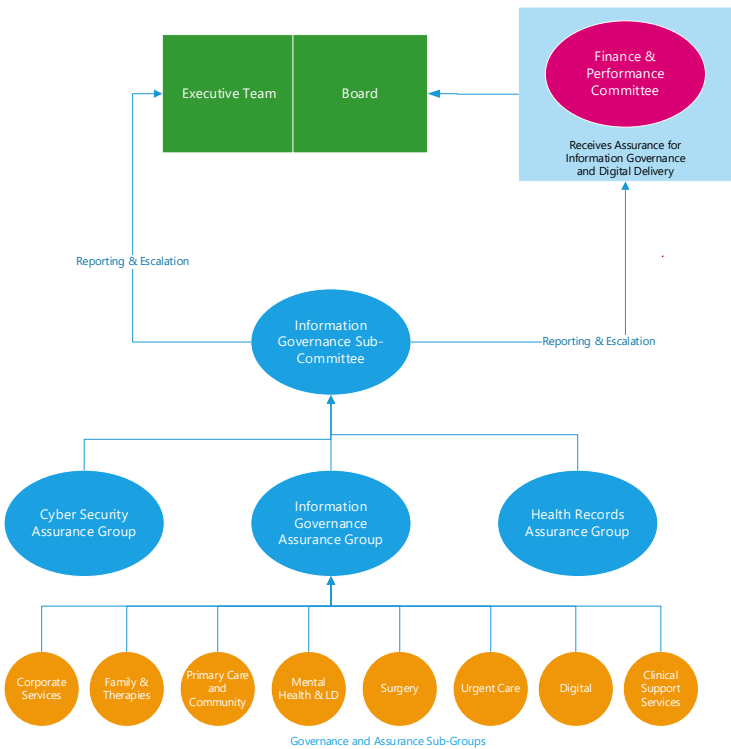
The Senior Information Risk Owner (SIRO) is responsible for owning the risks associated with Information Security and ensuring these risks are identified, assessed and supported by policies and procedures.

The SIRO also promotes a culture of security in the organisation through governance arrangements, awareness and training and supports the organisation in meeting the legislative requirements of the Network & Information Systems Directive (2018), Data Protection Act (2018) and the associated General Data Protection Regulations (2018).

The SIRO is supported by several roles and teams across the Health Board:

- Data Protection Officer (DPO) – ensures compliance with the Data Protection Act
- Caldicott Guardian – responsible for protecting the confidentiality of patient information through the eight Caldicot Principles
- Senior Information Asset Owners – responsible for managing assets within their area of responsibility and ensuring staff are suitably trained
- Cyber Security Team – responsible for technical controls protecting the Health Board from cyber security risks
- Information Governance Team – supports the DPO in compliance with data protection legislation

A formal governance structure is now in place for Information Governance as outlined below:



This annual report provides assurance of the information security arrangements across the Health Board for 2024/2025.

Asesiad / Assessment

The report details performance across a range of areas as highlighted below.

1. Information Governance Toolkit

The Information Governance Toolkit is completed by all NHS Wales organisations on an annual basis to measure their level of compliance against national standards and legislation associated with Information Governance.

The toolkit comprises of a range of sections as part of self-assessment including policies and procedures, training and awareness, data protection impact assessments, risk management, information security and business continuity.

For 2024/2025 the Health Board's compliance was 98%. Improvement was identified in relation to mandatory training compliance, and the Health Board will deliver improvement alongside the new training modules being developed by DHCW and Health Education & Improvement Wales in 2026.

2. Governance Arrangements

A key part of the governance arrangements is the Governance & Assurance Groups (GAGs) which provide a forum for each division to discuss information security arrangements, and these groups ensure:

- Implementation of consistent Information Governance policies, standards and procedures
- Promote and disseminate good practice
- Ensure Data Protection Impact Assessments (DPIA) are undertaken for all new services
- Management of divisional Information Asset Register (IAR)
- Support training across the division
- Discuss Information Governance incidents and audits

3. Incidents and Complaints

During the year there were 829 incidents relating to either confidentiality, integrity or availability which were raised through the Datix Incident Management System. The majority of these were graded as low.

68 complaints were received and of these 12 were reported to the Information Commissioner's Office (ICO). All of these cases are now closed.

4. Access to Health Records

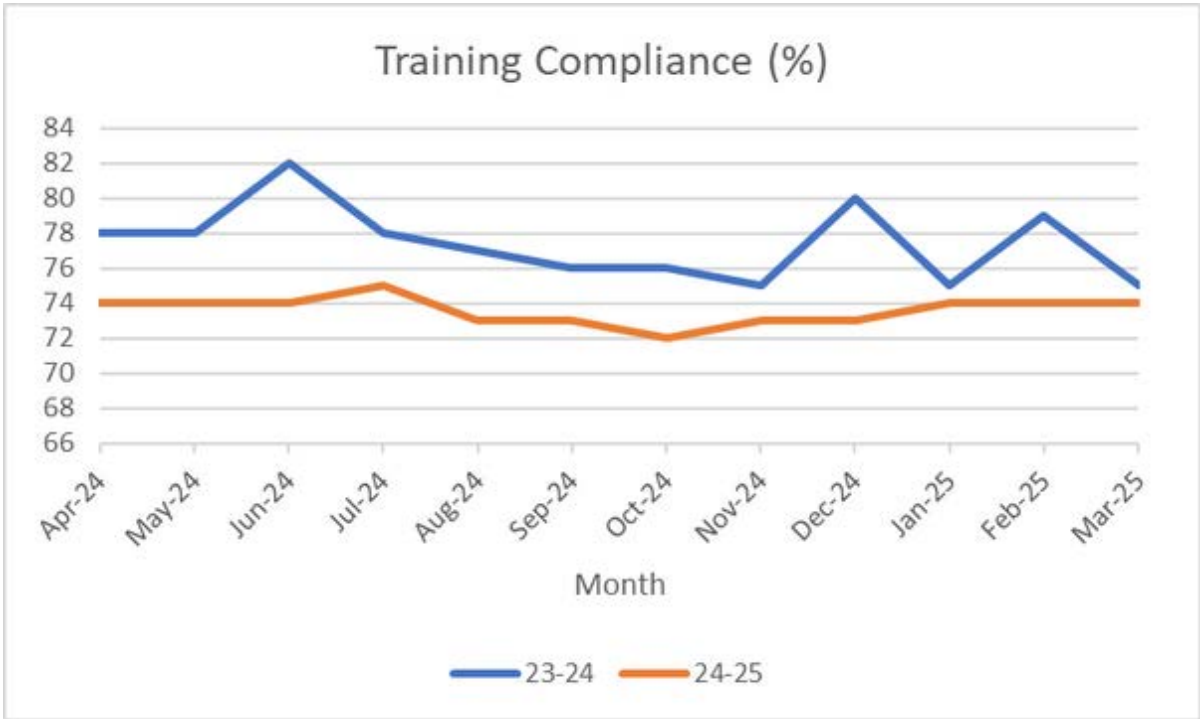
Through legislation individuals are allowed to request a copy of the information we hold about them and following any requests the Health Board must respond within 28 days.

During the last year the team received 7,476 requests (increase from 6,652 on previous year) requests and in year compliance rates have improved from 96% to 99.33%.

5. Training Compliance

As part of the Electronic Staff Record there is a mandatory training module for Information Governance, Cyber Security and Health Records which all staff need to complete.

The training compliance for the Health Board is shown below:



Currently the training compliance is below the target of 85% and the Information Governance team are providing bespoke training to facilities staff as they typically have limited access to digital equipment to support improvement.

In addition, the current combined e-learning package can take over an hour to complete which is seen as a challenge for clinical staff. Nationally there are now proposals to split out the training into three shorter modules, one for Information Governance, one for Cyber Security and one for Health Records. Whilst no timelines exist currently for this change, we envisage this to be complete in 2026.

6. Data Protection Impact Assessments

Any new system, service or project that is being implemented requires a Data Protection Impact Assessment (DPIA). These assessments identify any risks that need to be mitigated before a system or project goes live.

76 of these were completed in 2024/2025 and are regularly reviewed and updated to reflect working practices and system changes.

7. Cyber Security

Key updates from a cyber security perspective:

- No major cyber security incidents during 2024/2025.
- Two audits completed by the Cyber Resilience Unit with an assurance group created internally to address recommendations from these audits and to drive improvements.
- Monthly reporting on key performance indicators.
- Implementation of new security devices to improve cyber security reporting and visibility.

- Awareness activities across the Health Board.

Some of our Key Performance Indicators from the report are outlined below:

- Annual patching compliance of end user devices at 86.40% (95% target)
- Annual patching compliance of servers at 96.43% (95% target)

The cyber security team continues to undertake operational duties to manage the security threats against the Health Board:

- Daily morning checks
- Proactively manage vulnerabilities that exist on our network
- Undertaking simulated phishing campaigns to improve staff awareness of risks via electronic mail
- Cyber assurance of new projects and services

8. Health Records

At the end of the reporting period 624,895 patients now have a digitised health record (increase of 47,354 patients in year). By March 2025 98% of patients presenting to the Grange University Hospital had a digitised record.

The service also maintained its 48-hour turnaround target for paper records being scanned following discharge from a hospital admission.

During 2024/2025 91,293 records were reviewed for eligibility for destruction with 49,630 records destroyed.

An internal audit report on Records Management gave the organisation limited assurance with key improvements required on:

- Adherence to records management practices
- Unretrievable patient records
- Inappropriate records storage conditions
- Limited strategies to secure or optimise library storage space

A detailed action plan has been developed and is being actioned to order to address the audit recommendations.

Argymhelliad / Recommendation

The Board is asked to assure the annual report from the Senior Information Risk Owner.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	N/A

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.4 Information Governance and Communications Technology 3.5 Record Keeping 4.2 Patient Information Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Digital, Data, Intelligence
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:	Not Applicable
Rhestr Termau: Glossary of Terms:	SIRO – Senior Information Risk Owner DPO – Data Protection Officer GAGs – Governance and Assurance Groups DPIA – Data Privacy Impact Assessments IAR – Information Asset Register ICO – Information Commissioners Office NIIAS – National Integrated Intelligent Audit Service NCSC – National Cyber Security Centre CAF – Cyber Assurance Framework
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Information Governance Team Health Records Team Cyber Security Team Clinical Coding Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:

• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2026
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:	Amy Dolben – Assistant Director of Partnership & Integration Rebecca Stanton – Regional Children & Families Transformation Lead

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

1. Sefyllfa / Situation

The Social Services and Wellbeing Act 2014 sets out the requirement for Local Authorities and Local Health Boards to establish Regional Partnership Boards (RPB), to manage and develop services to secure strategic planning and partnership working. RPBs need to work with wider partners such as the third sector and providers to ensure care and support services are in place to meet the needs of their respective populations.

This report provides an update on the activities of the Gwent RPB.

2. Cefndir / Background

This report is provided to the Board for information only to ensure consistent messaging and updates between the RPB and the Health Board.

3. Asesiad / Assessment

3.1. Welsh Government updates

3.1.1. Integrated Community Care System

In December 2024, Welsh Government issued a position statement for the Regional Integration Fund (RIF), the Housing with Care Fund (HCF) and the Integration and Rebalancing Care Fund (IRCF) and proposed Integrated Community Care System (ICCS). Welsh Government's vision for an ICCS is to



build a healthier Wales through integrating health and social care systems and building capacity for people to receive the care and support they need at or closer to home.

Welsh Government has now issued a refined position statement which aims to consolidate its vision to move from pilot projects to systemwide, integrated community care at-scale. A full copy of the position statement can be found in **Appendix 1**.

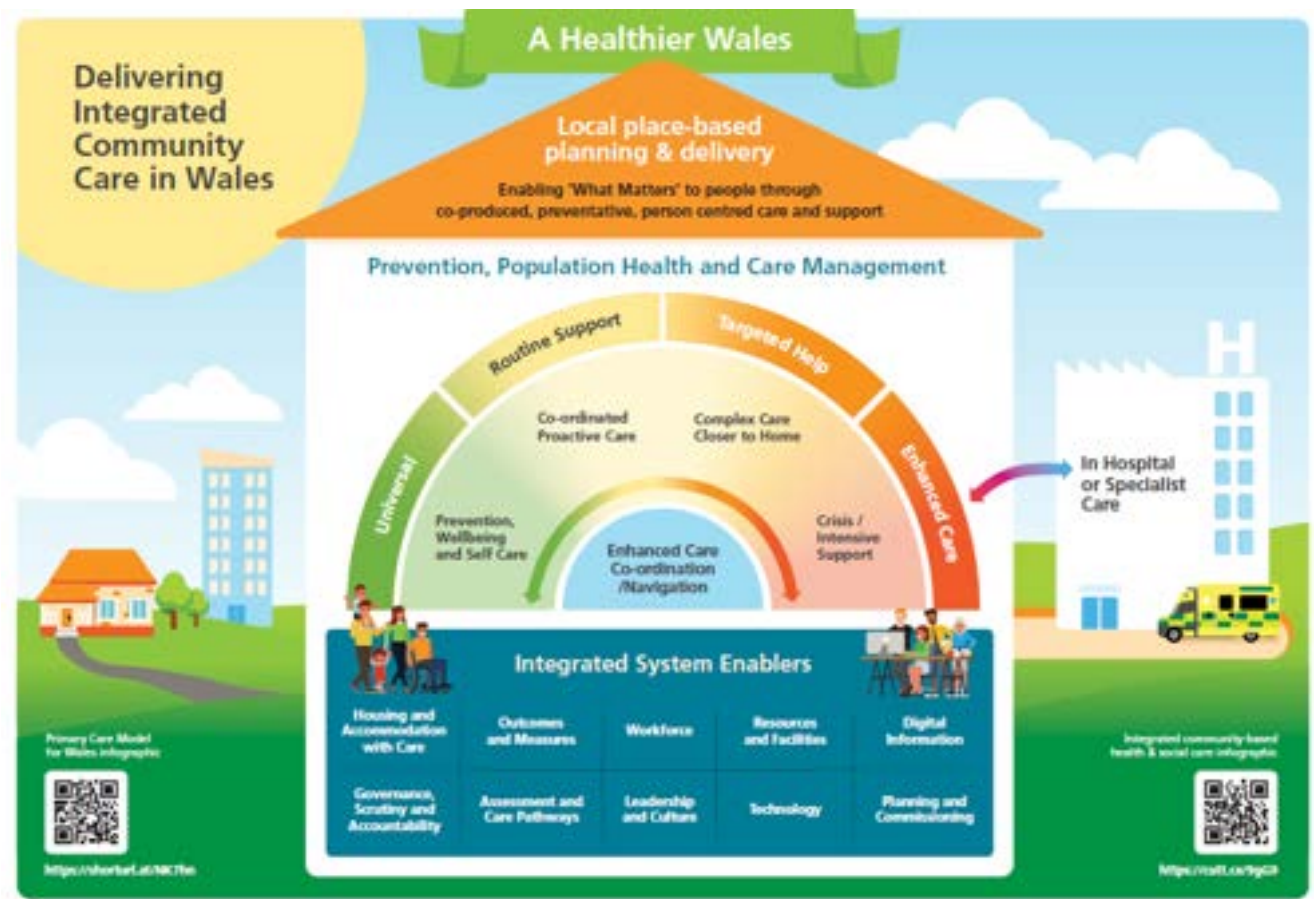


Figure 1: Integrated Community Care System blueprint V4 2025

The inclusion of wider programmes within the position statement (e.g. Six Goals of Urgent and Emergency Care and the Strategic Programme for Primary Care) highlights their key contribution to ICCS delivery, namely: keeping people well at home; reducing hospital pressures; and delivering more consistent, equitable care across Wales.

The overarching priorities for 2025/26 described within the position statement demonstrate a willingness for improved alignment across various funding streams and a stronger role for RPBs as system-change leaders. This provides significant opportunity to strengthen partnership working to support improved health and wellbeing outcomes.

However, given the complexity of the political landscape, RPBs might anticipate some challenges in delivering against the ambitions outlined within the position statement. Indeed, Welsh Government has not yet confirmed the funding arrangements following the conclusion of RIF, HCF and IRCF on 31 March 2027; this presents uncertainty for all partners and creates risk around future service



delivery for the ICCS. RPBs have received indicative assurance that one year's notice will be given to either terminate or transition to an alternative funding stream.

Since the launch of the ICCS policy, Welsh Government have launched Community by Design. A programme led by the Chief Medical Officer and focusing on:

- **Pillar 1** – Urgent & Same Day Care
- **Pillar 2** – Chronic Conditions and Long-Term Care
- **Pillar 3** – Prevention & Population Health

There is further clarity required on the alignment of these two policy areas and the Health Board is engaging in these discussions.

3.2. Regional Partnership Board Update

3.2.1. RPB Development Work

A structured series of workshops have been held to review and refine the RPB priorities. This initiative will be supported by the commencement of work on the Population Needs Assessment and the development of the Area Plan in conjunction with the Regional Partnership Team (RPT).

3.2.1 Frailty Section 33

A review of the Gwent Frailty Programme was commissioned by RPB in early 2025. The review was intended to comprise two parts to be undertaken concurrently as follows:

1. "To look at the financial and legal implications of changing commitments aligned to the Section 33 Agreement and governance arrangements
2. To review service delivery and evaluate its effectiveness against funding allocation on a locality basis."

A working group with representation from all partners and all localities was responsible for undertaking this review. This group has developed a paper which will be discussed by RPB at its meeting on 20 January 2026.

Within this paper, which was for noting not action at this time, all local authorities indicate their intention to withdraw from the pooled funding arrangement – indicating that they believe the Section 33 had fulfilled its purpose of loan repayment to Welsh Government. The local authorities would prefer local arrangements, and propose service-level agreements or memoranda of understanding for each element of the current Frailty Programme.

By contrast, the Health Board wishes to further understand the second component of the commissioned review – namely, service delivery – in order to come to a firm decision on future funding and service arrangements.

Should the local authorities choose to withdraw from the arrangement, a one-year notice period would be required. It is worth noting that whilst the RPB commissioned the Section 33 review, it does not hold decision-making authority



over the pooled funding arrangement – this is the responsibility of individual partners. A recommendation is awaited.

3.3 Revenue Portfolio

3.3.1. Impact Assessments

The impact assessment process for this financial year commenced in September 2025 – this process will inform funding and delivery decisions for 2026/27. A RAG-rating has been applied to all projects with an assessment undertaken against: (i) strategic alignment; and (ii) delivery and outcomes.

RAG-ratings have not been used to automatically determine outcomes for 2026/27. Rather, they have been used to inform discussions and support decision-making around future funding and delivery. In order to ensure outcomes-focussed delivery, projects may be subject to a review and/or redevelopment or renewal of a Project Initiation Document or Business Case.

The decision-making process concludes on 20 January 2026 and project award letters will be issued following Welsh Government confirmation of RPB funding for 2026/27. Based on previous funding allocations and decisions made to date, the RPB can anticipate approximately £667,000 of unallocated funds for 2026/27. The RPB will need to make decisions on how it wishes to utilise these monies following conclusion of the assessment process.

The March Board report will also provide a summary of Health Board-hosted projects – including changes to funding and delivery in 2026/27. Below is a table showing initial RAG-ratings for Health Board projects.

Impact Assessment Initial Rating for Health Board Projects

Strategic Partnership	Red	Amber	Green	Unrated due to extenuating circumstances	Total
Carers				5	5
Children and Families			7		7
Dementia		4	4		8
Gwent Adults	1	1	20	2	27
Health, Social Care and Housing					0
Mental Health and Learning Disability		1	4		5
Total	1	6	35	7	42

As shown in the table above, one Health Board project received a Red RAG-rating. This was the Wellbeing Workforce project which received one year's notice of funding withdrawal at the start of the 2025/26 financial year. Therefore, RPB funding for this project will cease on 31 March 2026. The project team has been preparing for the withdrawal of RPB funding and will submit a Project Closure Report.



- A very small number of projects across the portfolio have not been subject to a RAG-rating due to extenuating circumstances. This includes:
- Projects which received non-recurrent in-year funding for a standalone event or occasion which has been reported to RPB via other mechanisms (and therefore has received appropriate scrutiny and will not require future funding)
 - Projects funded via Further Faster which is a recurrent fund with no end date and is currently managed differently than all other RPB funding streams which are due to come to an end on 31 March 2027 – however, following RLG agreement these projects will be subject to an assessment going forward.

3.4 Capital Portfolio

3.4.1 Annual Portfolio Funding

The following table outlines the funding streams available to support capital developments in 2025/26.

Funding Stream	Funding Allocation
IRCF	£70 million across Wales, on a first-come-first served basis
HCF	£11.609 million for Gwent (Objective 3 Minors: £1.161m, Objective 3 DFG: £0.581m)

At Month 8, £7.127m of approved schemes are expected to be delivered in-year, with a further £8.199m planned for 2026/27 and beyond. For 2025/26 the programme remains under-utilised by £5.745m. Despite a strong pipeline, overall utilisation is projected at 67% for HCF in 2025/26. Dependant on phasing, anticipated utilisation for 2026/27 is approximately 77%.

The RPB continues to proactively consider ways to address the current challenges in utilising the full allocation, including expediting approval processes via virtual approvals. A list of Health Board committed projects for the next financial year 25/26 will be outlined in the March Board paper.

3.4.2 Strategic Capital Plan

The RPB is required to submit a Strategic Capital Plan (SCP) to Welsh Government on an annual basis. Work has been ongoing with the Strategic Partnerships and the Gwent Citizen Network to gather insights.

The refreshed document will be submitted to Welsh Government in March 2026.

4. Argymhelliad / Recommendation

The Board is asked to note the updates included in this report.

Appendices

Appendix 1: ICCS position statement



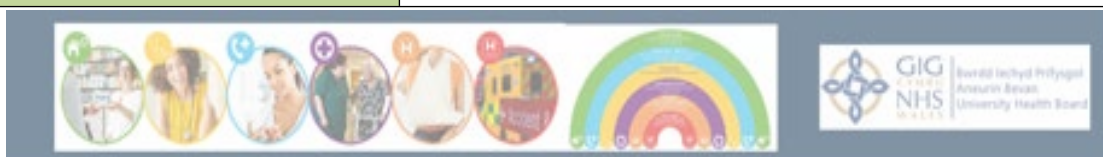
building-an-integrated-community-care



Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life Getting it right for children and young adults Adults in Gwent live healthily and age well Older adults are supported to live well and independently Dying Well as part of life
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	HCF Housing with Care Fund IRCF Integration and Rebalancing Care Fund RPB Regional Partnership Board RIF Regional Integration Fund RLG Regional Leadership Group ICCS Integrated Community Care System
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Asesiad Effaith Cydraddoldeb	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/	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





Llywodraeth Cymru
Welsh Government

Building an Integrated Community Care System

A joint 2024/25 position statement for Welsh
Government funds supporting early intervention,
prevention and integrated community support.

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Foreword

As Ministerial colleagues, we are pleased to present this updated position statement, reflecting the progress made over the past year in our collective efforts to transform health and social care in Wales. This position statement reaffirms our commitment to a collaborative, whole-system approach to investment and reform, with a clear focus on delivering an Integrated Community Care System (ICCS) for Wales.

Over the past year, continued strategic investment totalling more than a quarter of a billion pounds annually – through the Allied Health Profession investment, Further Faster funding, Housing with Care Fund (HCF), the Integration and Rebalancing Capital Fund (IRCF), and the Health and Social Care Regional Integration Fund (RIF) – has enabled significant strides toward our shared ambition. These funds are central to reshaping how care is delivered, ensuring it is person-centred, preventative, and rooted in communities. While this statement focuses on these major funds, we also acknowledge the vital contributions of other national programmes such as the Urgent and Emergency Care Six Goals programme, the Strategic Primary Care Programme, and the Social Prescribing Framework. Together, these initiatives are helping to embed the principles of the ICCS across Wales.

A central aim of the ICCS is to keep people well and out of hospital wherever possible. Prevention and early intervention must be at the heart of our approach. The duty to co-operate applies equally to local authorities and health boards, ensuring shared responsibility for early intervention and integrated service delivery. ‘A Healthier Wales’ sets out our national vision for transformation, with a strong emphasis on prevention, early intervention, and community-

based care. All of the funds are designed to support this shift, enabling people to live well at home or in their communities, reducing pressure on hospitals. The newly announced £30 million Pathways of Care Transformation Grant will further support community capacity, helping to prevent escalation of need and avoidable hospital admissions. This new investment must be seen alongside wider Regional Partnership Board (RPB) and Health Board efforts to build community capacity. Strategic alignment across health and social care is essential to maximise impact and value for money.

We want to be clear that RPBs are not simply vehicles for managing Welsh Government cross sector grants. They are driving system collaboration and service integration. It is essential that all partners engage meaningfully with their RPBs, recognising their strategic role in shaping the future of care in Wales. Under the revised Social Services and Well-being (Wales) Act Part 9 guidance, each Health Board and Local Authority has been asked to identify a ‘responsible person’ for integration. As Ministers, we will meet annually with these individuals and RPB Chairs to strengthen focus, accountability, and alignment with our integrated approach.

The work of the Care Action Committee and the winter planning arrangements through the 50-Day Challenge has shown the power of cross-sector collaboration in delivering better outcomes for people. Over the past 12 months, we've seen excellent examples of innovation and partnership that we must now deepen, extend, and embed. Through the 50-Day Challenge, we've shared good practice examples from across Wales. Wales is too small a nation to justify the level of variation we currently see. We must share, learn, and adapt to deliver greater consistency and public confidence in our health and care system.

We are also proud to have announced that Wales will become the world's first 'Marmot Nation', committing to tackling health inequalities. Local authorities and health boards, as statutory partners on both RPBs and Public Service Boards, have a vital role in delivering services that support the wider determinants of health and wellbeing - such as housing, employment, and social inclusion.

As we look ahead, we will continue to work closely with RPBs and statutory partners to share, scale, and spread good practice. Our goal is a consistent and equitable integrated community care offer across Wales, ensuring that wherever people live closer to home, they can access effective, joined-up support. We also remain committed to supporting our front-line workforce by simplifying processes and fostering collaboration across organisational boundaries. This will help teams work more effectively together and provide holistic support to people in their communities.

We acknowledge the continued progress made to date, but we are clear that further focus and effort are needed. By deepening partnerships, strengthening accountability, and accelerating integrated service delivery, we will continue to transform our system and realise the ambition of an Integrated Community Care System for Wales.



Jeremy Miles MS
Cabinet Secretary for
Health and Social Care



Jayne Bryant MS
Cabinet Secretary
for Housing and
Local Government



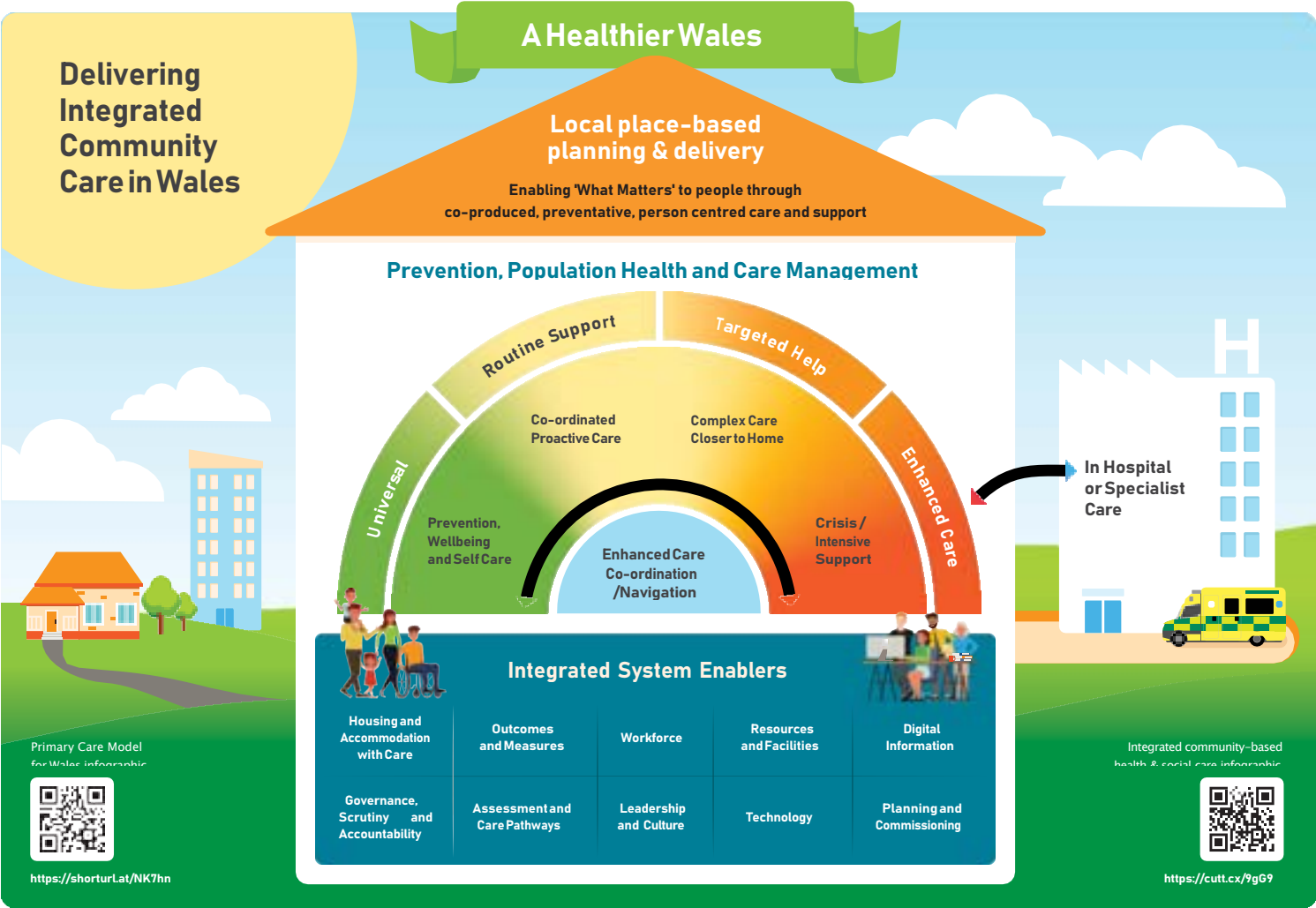
Dawn Bowden MS
Minister for Children
and Social Care



Sarah Murphy MS
Minister for Mental
Health and Wellbeing

Realising a Seamless Health and Care System: The Integrated Community Care System for Wales (ICCS)

Figure 1: Integrated Community Care System blueprint V4 2025



Our commitment to creating an Integrated Community Care System (ICCS) for Wales is a significant step towards achieving the goals of **A Healthier Wales** as well as responding to some of the findings of the Darzi report 2024.

Fundamentally it is our approach to developing a preventative and integrated community/place-based care offer that is nationally enabled (by Welsh Government), regionally facilitated (by Regional Partnership Boards) and locally delivered (by cluster and community level arrangements).

The ICCS is a strategic transformation framework. It aligns policy, funding, and delivery across sectors to create a seamless, integrated care experience that enables people to live well at home, avoid unnecessary hospitalisation, and access timely, joined-up support when needed.

From Vision to Delivery: A Maturing System

Now in its second year of development, the ICCS blueprint (figure 1) has evolved from concept to implementation. It is underpinned by a clear ambition to deliver “*what matters*” most to people through a system that is:

- Proactive in promoting health and preventing escalation of need.

- Person-centred in supporting independence and wellbeing at home.
- Integrated in delivering care and support closer to home.
- Responsive in ensuring safe, timely transitions (discharge) from hospital back into the community.

Integrated System Enablers: Building the Conditions for Success

To deliver this transformation at scale, we are investing in the critical enablers of system change:

- Shared **outcomes and measurement frameworks** to drive accountability and learning.
- A confident, capable **workforce** operating across organisational boundaries.
- Interoperable **digital infrastructure** to support real-time information sharing.

- **Integrated governance and accountability** to enable joint decision-making.
- Pooled resources and **joint planning and commissioning** to maximise value and impact.
- Collaborative **leadership and culture** that champions innovation and partnership.
- **Technology-enabled care** that empowers people to manage their own health and wellbeing.

Progress so far

The winter pressures of 2023/24 and 2024/25 prompted a range of collaborative responses across Wales, that have helped us to accelerate some of the key building blocks for our ICCS. Among these, the Ministerially led Care Action Committee (CAC) played a significant role in accelerating improvements in discharge and flow, contributing to a broader shift toward integrated, preventative care and support, as part of the vision of delivering an ICCS for Wales.

Initially convened to address urgent winter pressures, the CAC helped test and accelerate integrated care approaches and saw some notable successes through the 50-Day Integrated Care Winter Challenge and the additional £19m resources provided to help build capacity and improve system flow. Its work informed the continued development of the ICCS approach, which now provides an evidence base for the model and ongoing system improvement, as well as prompting a system wide approach to planning for winter 2025/26.

The 50-Day Integrated Care Winter Challenge marked a turning point in Wales' approach to integrated winter resilience and care delivery.

This year, we have worked collaboratively with health, social care, and other partners to develop a number of core infrastructure elements intended to advance new ICCS model. These efforts include mapping and aligning shared outcomes and measures and creating the Integrated Care governance arrangements with associated terms of reference, the new Integrated Care meeting arrangement are described below.

Through the seven Regional Partnership Boards, we have seen the positive development of ICCS strategic planning approaches and will support regions to maximise the opportunity to fully embed the ICCS principles.

Strategic Alignment and Investment

Welsh Government has strengthened the governance architecture to support ICCS delivery, building on the groundwork laid by the former Care Action Committee. This includes the establishment of:

- The Integrated Care Strategic Leadership Group, chaired by the Cabinet Secretary for Health and Social Care.
- The Integrated Care Delivery Group, bringing together senior responsible officers.
- Annual Regional Integration Accountability meetings with each Regional Partnership Board (RPB).

These structures ensure alignment across a wide range of programmes, including the Strategic Programme for Primary Care, 6 Goals for Urgent and Emergency Care, Regional Integration Fund (RIF), Health and Care Fund (HCF), Integration and Rebalancing Capital Fund (IRCF), Further Faster, and Allied Health Professional investment – collectively representing over **£300 million in annual investment**. This alignment is enabling a strategic consolidation of Wales' policy and funding landscape, ensuring that resources are targeted toward integrated, sustainable models of care in the community.

Regional Leadership and Local Innovation

Regional Partnership Boards and Pan Cluster Planning Groups remain pivotal in shaping and delivering the ICCS. Their role is to ensure that national ambition is translated into locally responsive, person-centred delivery. To support this, Welsh Government has revised the Part 9 Statutory Guidance on Partnership Working,

clarifying the relationship between RPBs and Pan Cluster Planning Groups and reinforcing the shared responsibility for building an integrated community care system.

Looking Ahead: A System with Purpose and Momentum

The ICCS represents a bold, long-term commitment to transforming care in Wales. It is a system designed not just to meet today's challenges, but to anticipate tomorrow's needs, anchored in prevention, driven by outcomes, and powered by collaboration.

As we move forward, the focus must remain on furthering integration, scaling good practice, and embedding innovation, ensuring that every person in Wales can access the right care, in the right place, at the right time.

Allied Health Professions (AHP) Investment supporting an Integrated Community Care System

The recurrent £5 million additional AHP Investment, launched in April 2023, marks a significant step forward in strengthening Wales' community and primary care workforce. This funding is strategically targeted to expand the presence of registered Allied Health Professionals (AHPs) and support worker roles within community settings ensuring timely, person-centred care that supports people to live independently and well.

This investment is a cornerstone in building a resilient, sustainable, and Integrated Community Care System for Wales, aligned with the ambitions of Accelerated Cluster Development and the broader health and

social care transformation agenda. Under the leadership of Executive Directors of AHPs and Health Science, and Directors of Primary and Community Care, Pan Cluster Planning Groups (PCPGs) have played a pivotal role in shaping local delivery, with endorsement through Regional Partnership Boards ensuring a truly collaborative, system-wide approach to developing an ICCS for Wales.

The Strategic Programme for Primary Care (SPPC) continues to provide national leadership, oversight, and assurance, with robust reporting to Welsh Government demonstrating the value and impact of this investment.

Key Achievements to Date

- **102.6 WTE** additional posts created across Wales.
- **Substantive transformation** of AHP services, enabling:
 - A strategic **shift to community-based care**, improving access and responsiveness.
 - Enhanced **community capacity**, reducing avoidable hospital admissions and supporting safe, timely discharge.
 - Strengthened **cluster working**, with a focus on prevention and population health.

This investment is not only delivering immediate benefits it is also laying the foundation for a more integrated, proactive, and sustainable model of care across Wales. To access detailed mid-year and end-of-year reports, showcasing the impact and learning from across regions, click on links below:

[Additional Allied Health Professions Investment – Primary Care One](#)

[Buddsoddiad Ychwanegol mewn Proffesiynau Perthynol i Iechyd – Gofal Sylfaenol Un](#)

Further Faster Programme: Accelerating Integrated Community Care System in Wales

Further Faster was launched to help accelerate some of the key workforce components as part of developing an ICCS for Wales. With an annual investment of £11.95 million, Further Faster focuses on three priority areas to increase community capacity, in line with the ICCS aim to:

- Shift care closer to home and avoid hospital admissions.
- Build community capacity and reduce reliance on acute services

- Deliver 'what matters' to individuals through proactive personalised care and improving population outcomes.

Whilst investment is issued to health boards across Wales, the funding comes with a requirement for health and social care partners to work together through Regional Partnership Boards, to ensure investment is strategically aligned.

2024/25 Priorities

Targeted actions and timelines were identified to deliver tangible improvements for:

1. Community Nursing Capacity

- Community Nursing Specification: Prioritising universal Registered Nursing at home, with enhanced weekend District Nursing capacity (targeting 80% of weekday levels).
- Specialist Palliative Care Access: Expanding 7-day access, including partnerships with commissioned third sector and hospice providers.

2. Community Services Capacity

- Allied Health Professions: Increasing workforce capacity to meet growing community needs.
- Enhanced Community Care: Aiming for a 20% increase in capacity by March 2025, as guided by the Care Action Committee.

3. Future Care Planning for people at high risk of hospitalisation

- Future Care Planning: Developing anticipatory/future care plans for the 0.5% of individuals at highest risk, with a Once for Wales approach under active development.

2024/25 Progress

In 2024/25, the full £11.95 million Further Faster investment was allocated across all regions, with notable examples of good practice and emerging opportunities reported across each priority area, particularly for initiatives that support an expansion of Enhanced Community Care.

Going forward work will continue to develop and strengthen a consistent approach to Future Care Planning for our high-risk populations.

Community Nursing Specification

By March 2025, national progress toward achieving 7-day District Nursing service improved. Most regions demonstrated meaningful improvement, driven by targeted recruitment, strategic planning, and enhanced data reporting. Weekend activity levels increased across the board, supported by workforce expansion and integrated training initiatives. Month-on-month growth in weekend coverage was evident, with some areas doubling their weekend

workforce and embedding new roles to support service delivery.

These collective efforts reflect a strong commitment to strengthening weekend community nursing services. Continued investment in workforce development, education, and strategic planning will be essential to closing the coverage gap and ensuring equitable access to care across all regions.

Specialist Palliative Care Access

Weekend access to specialist palliative care has been strengthened across Wales through Further Faster funding, with most regions implementing new roles, expanding coverage, and enhancing coordination. Improvements include consistent specialist presence in acute settings, uplifted community support, and targeted initiatives for non-cancer diagnoses. These developments have enabled earlier interventions, improved symptom management, and supported timely discharges and home-based end-of-life care.

Patient and carer feedback has been positive and continuity of care has improved. Continued investment in workforce development, service integration, and data capture will be essential to ensure equitable access and further progress, particularly in regions where expansion is still pending.

Enhanced Community Care – Community Capacity

Enhanced Community Care received the largest share of Further Faster investment across Wales, with most regions using the funding to expand urgent response capacity, embed virtual ward models, and strengthen community-based alternatives to hospital admission. Services such as Safe@home, acute frailty response teams, and integrated equipment services have enabled timely care at home, reduced emergency pressures, and supported discharge and recovery. Initiatives also included workforce expansion, rapid response logistics, and digital upgrades to improve flow and coordination.

Community-led projects were supported through small grants, promoting wellbeing, reducing isolation, and enhancing anticipatory care planning. While data integrity is still developing, early indicators show significant bed day savings, high patient satisfaction, and improved system flow. Continued alignment of investment with strategic priorities and robust regional planning will be key to sustaining and scaling these gains.

Future Care Planning (FCP)

Investment in Future Care Planning (FCP) was limited across most regions during 2024/25. However, a one-off allocation of £5 million by Welsh Government in December 2024, as part of the 50-Day Integrated Care Winter Challenge, provided a catalyst for accelerated development. Several areas used this funding to enhance multidisciplinary working, strengthen anticipatory care planning for high-risk cohorts, and improve data systems to support outcome tracking. While some regions opted not to use Further Faster funding for FCP, existing services such as virtual wards and cluster-based models continued to support delivery.

Collectively, these efforts signal a growing recognition of the importance of proactive care planning in reducing hospital admissions and supporting person-centred care. Continued development and integration of FCP into community and primary care pathways will be essential to ensure consistency and sustainability across Wales.

Further Faster Summary

Overall, Further Faster investment throughout 2024/25 supported the development and introduction of increased community capacity provision, with the aim of supporting more people closer to home, with initiatives introduced not only to help avoid hospital admission but also to further integrate and streamline existing ways of working to ensure future service efficiency and sustainability.

Further work and focus are undoubtedly required, particularly in respect of Future Care Planning work and Third Sector involvement across Wales.

[Welsh Government – Further Faster Statement of Intent](#)

Housing with Care Fund (HCF) Overview and Spotlights

The primary objective of the Housing with Care Fund (HCF) is to increase the stock of housing to meet the needs of people with care and support needs.

The HCF is a preventative programme, building on the previous Integrated Care Fund (ICF) capital programme and underpins the Programme for Government Commitment (PfG) to ‘support innovative housing to meet care needs.’

The programme contributes to the commitment to ‘fund regional residential services for children with complex needs ensuring their needs are met as close to home as possible and in Wales wherever practicable’ and also contributes to the PfG commitment under the same theme to ‘Eliminate private profit from the care of children looked after’.

Finally, in producing new homes, HCF programme activity also contributes to delivering the PfG commitment to deliver 20,000 new low carbon homes for social rent during the 2021-2026 Senedd term.

The purpose of the HCF is to support independent living in the community for people with care and support needs, and to provide intermediate care settings in the community so that people who need care, support and rehabilitation can return to living independently or maintain their existing independence.

As well as larger strategic projects, HCF capital investment is also being used to provide specialised equipment such as assisted technology and aids and adaptations for people’s homes. These are all critical in reducing unnecessary hospital admissions, inappropriate admissions to residential care, and delayed transfers of care.

Priorities for Investment

The three-year HCF programme budget has been in place since 2022-23 with £60.5m available per annum. A further year of indicative funding for 2026-27 is also expected. Priority Groups include:

- older people, including people with dementia
- children and young people with complex needs

- people with learning disabilities, neuro-diverse and neurodevelopmental conditions
- unpaid carers
- people with emotional health and mental well-being needs.

HCF delivers three types of accommodation:

• Objective 1:

Long term tenured housing with care, such as extra care for older people and supported living for adults with a learning disability. These schemes may be funded entirely from HCF or through a blend of HCF funding and Social Housing Grant.

• Objective 2:

Short and medium-term settings, such as step up / step down, rehabilitation settings in the community, transitional accommodation for young people leaving care, and residential care for children with complex needs.

• Objective 3:

Minor projects that meet the HCF aims. RPBs are responsible for determining how to allocate the discretionary funding for minor projects in their region.

Progress to Date

Tables 1 and 2 provide an overview of spend by client group and project type for the HCF programme over the past two financial years, and demonstrates an increase in spend as the programme has bedded in.

HCF has provided a level of programme resource funding at a regional level, which several regions are utilising. This has helped with the delivery of projects and will continue to do so during 2025/26.

Table 1: Priority Group

	2022/23		2023/24		2024/25	
	Projects	£	Projects	£	Projects	£
Children and Young people with complex needs	21	£7,272,879	35	£13,504,896	34	£18,344,357
Older people including people with dementia	5	£5,469,028	6	£9,243,013	8	£13,003,799
People with emotional health and mental well-being needs	3	£1,548,756	4	£2,074,746	2	£671,013
People with learning disabilities, neurodiverse and neurodevelopmental conditions	15	£7,683,054	24	£7,007,678	25	£8,033,325
Unpaid carers	0	0	1	£48,000	1	£168,000
Objective 3	-	£8,724,980	-	£9,267,060	-	£11,246,925
Total	44	£30,698,697	70	£41,145,393	70	£51,467,419

Table 2: Project Type

	2022/23		2023/24		2024/25	
	Projects	£	Projects	£	Projects	£
Extra care	2	£5,090,208	4	£8,234,627	7	£12,739,836
Children's Home	4	£1,443,030	3	£1,284,247	3	£2,350,679
Children's Residential	17	£7,011,478	27	£10,241,543	23	£12,692,997
Intermediate care	2	£549,000	2	£152,000	1	£975,000
Other	4	£446,618	3	£96,651	2	£815,905
Transitional Accommodation	1	£632,256	-	-	-	-
Independent Living	-	-	1	£208,184	-	-
Sheltered Housing	0	0	0	0	1	£334,158
Supported Living	14	£6,612,114	31	£11,661,081	33	£10,421,893
Objective 3	-	£8,913,993	-	£8,997,206	-	£10,895,520
Programme resource	-	-	-	£269,854	-	£234,189
Total	44	£30,698,691	70	£41,145,393	70	£51,467,419

Joined up working

Alongside HCF, the Integration and Rebalancing Capital Fund (IRCF) programme supports the development of community hubs and rebalancing of the residential care sector. The two funds are complementary and are supported by Regional Integration Fund (RIF) revenue funding to support new models of preventative care.

Together the two capital funds and the revenue fund represent a significant increase in funding to accelerate the move towards independent living and care closer to home, as set out in *A Healthier Wales*.

Looking forward

Since its inception, the annual commitments made through the HCF programme have increased, with 2024-25 being the most successful year yet. The HCF team will continue to engage with the Regional Partnership Boards and partners to facilitate the delivery of accommodation-based solutions to meet the needs of the population of Wales.

The funding will continue to be invested in housing designed to ensure people with care and support needs can continue to live independently in a home which meets their needs whilst allowing them to maintain their independence.

CASE STUDY

Region: **Powys**

Project: **Neuadd Maldwyn, Welshpool**

Neuadd Maldwyn is a new extra care scheme providing high-quality, safe, warm homes for elderly people from the Welshpool area developed by Clwyd Alyn Housing Association (CAHA) in partnership with Powys County Council.

The first residents began to move into their homes on April 25. The new apartments offer a supportive environment for residents, with the opportunity to live alongside like-minded people and socialise in a community setting. As well as the 66, one-and-two-bedroom modern apartments, the scheme features a large restaurant, multi-activity room, landscaped gardens, communal lounge, laundry, buggy store, separate assisted bathroom, and a variety of other communal spaces for the residents to use and enjoy.

CAHA received approx. £3m through the ICF capital programme (predecessor to HCF) to deliver a 60-bed extra care scheme in the centre of Welshpool. This was a jointly funded project with SHG.

Neuadd Maldwyn is a grade II listed building which was previously Council offices/chamber, and this has been extended to deliver the 60 beds with many of the features maintained.



CASE STUDY

Region: **West Wales**

Project: **Clynfyw Care Farm Supported Living Scheme**

Clynfyw Care Farm in North Pembrokeshire provides supported accommodation for adults with learning disabilities and neurodevelopmental conditions.

In March 2025, £270,000 of Welsh Government HCF funding enabled the acquisition of four cottages, securing ten long-term tenancies and two staff units. Located on a 395-acre organic farm, the scheme offers day services, education, and work opportunities, promoting independence and inclusion.

The acquisition safeguarded a vital service in an area with limited provision and ensured residents could remain close to their communities. The scheme supports regional housing needs and maintains stable placements in line with the wishes of current occupants, helping preserve continuity of care and community connection.



CASE STUDY

Region: **Gwent**

Project: **Ty Ash, Newport**

At Ty Ash, Action for Children (AFC) will support children and young people between the ages of 8–18 years with complex needs and challenging behaviours, who live under the care of Local Authorities and are likely to have experienced repeated placement breakdowns. The scheme will provide four bed spaces for children and young people.

The property is owned by AFC, having been used as a school in recent years. The property was vacated by previous tenants in October 2022. The Housing with Care Fund (HCF) has invested just over £1m to refurbish the property into a children's home.

This will be a Gwent wide project and offer long-term placements for children/young people looked after by local authorities across the region.



Integrated Rebalancing Care Fund (IRCF) Overview and Spotlights

The Integrated Health and Social Care Hubs (IHSCH) Programme was established to deliver the Programme for Government (PfG) commitments to ***‘Invest in a new generation of integrated health and social care centres across Wales’*** and ***‘Develop more than 50 local community hubs to co-locate front-line health and social care and other services’***.

The IHSCH programme covers a wide range of activities including the development and implementation of a capital funding programme delivered via the Health and Social Care Integration and Rebalancing Capital Fund (IRCF) established to directly support the PfG commitments and has three priority programme areas:

1. a coherent approach to planning the co-location and integration of health and social care services within the community across Wales
2. the rebalancing of adult residential care provision by increasing delivery from within the not-for-profit sector
3. support the elimination of profit from the provision of children’s residential care (incentives to support a change of business model in children’s residential care towards a not-for-profit model).

Regional Partnership Boards lead a joined-up approach to planning health social care and housing capital investment to enable seamless service delivery closer to home; and manage use of the IRCF fund across Wales.

Each RPB has developed a 10-year Strategic Capital Plan which also sets out a list of prioritised health and social care projects forecasting the necessity of IRCF investment over the short to medium-term.

IRCF has a capital ringfenced budget of up to £70m in 2025/26 and 2026/27.

Alongside this Capital funding, Welsh Government has made specific revenue funds available for RPBs to aid programme delivery:

- £200,000 – Resource capacity which should include capital project managers whose primary role will be to deliver the regional integrated Health and Social Care strategic capital plan but may also provide strategic support to partner organisations in project development.
- £250,000 – Co-ordinate and facilitate the development of seamless, integrated delivery of services through health and social care hubs.

Progress

At date of publication, 38 schemes across Wales have been awarded funding up to a total of £114.4 million through IRCF.

In terms of the 3 priority areas, 30 of the schemes will deliver integrated hubs, 6 schemes support the rebalancing of the adult residential care provision and 2 support eliminating profit from looked after children (HCF also fund proposals for Eliminate). All RPB regions have secured funding for schemes in their region and, 16 of the 22 Authorities have had IRCF projects approved to date.

We continue to work with the RPB Capital Teams to develop a programme of work for the funding period up to April 2027 and beyond. New guidance was published in May 2025 in line with the funding programme.

[Health and social care integration and rebalancing capital fund: guidance 2025 to 2027 | GOV.WALES](#)

Over the course of the programme to date, there has been a wide range of applications received from large complex investments, requiring outline and full business cases (OBC/FBC) to smaller lower value schemes (both new build and refurbishment) based on a business justification case (BJC).

The integrated nature of the schemes approved highlight the reach of the schemes in terms of health, social care and well-being.

The IRCF process is based around the five-case business model with projects submitted subject to a multi staged application and approval process; the number of stages is determined by the scale and risks of the project. IRCF funding covers a mix of proposals from small scale refurbishments, bringing buildings back into use and larger scale new build health and social care hubs.

All schemes are based on being multi-agency developments with a lead organisation and are at varying stages of development with significant builds to date including 5 IRCF hub schemes have already been completed and it is anticipated that 7 more will be completed this year. The completed schemes are from across Wales and range in scale and type from Type B hubs to Type E hubs.

Identifying key success factors and demonstrating impact

Having been established in 2022, the IRCF is still in the early stages in terms of the outcomes and successes of the programme. It has however, made significant progress through the RPBs approach of enabling partners across sectors to work together to develop and implement 10-year Integrated health and social care strategic capital plans. These plans have and will continue to demonstrate the investment needed to make the PfG commitments a reality over the short, medium and longer term.

As identified within the revised 2025-27 guidance, RPBs need to align their benefits register to the RIF Outcomes Framework and the Model of Care high level outcomes that relate to, for example community-based care and accommodation based solutions, and to the other Models of Care outcomes where there is interface and relevance to provide the story of intended change for the priority population groups.

Having only been established in 2022, the IRCF From the perspective of the model of care high-level outcomes of RIF, the establishment of hubs across Wales aligns to:

- People's needs are improved through accessing co-ordinated community-based solutions through the services delivered from a hub.
- Local prevention and early intervention solutions support people to avoid escalation and crisis interventions from the range of provision based within communities that are accessed through the front door of health, social care and well-being hubs.

An IRCF Benefits (Social value) Framework is being developed to capture the benefits identified for the Programme in meeting its objective to help people to remain active and independent in their own homes and to live longer, healthier and happier lives, reducing the need for hospital care; deliver at a local level a future-proofed, whole system Operating Model for a more accessible and integrated approach to health and social care service and deliver services closer to home, designed around people's needs in the locality.

Working Towards Whole Life Net Zero Carbon

The Welsh Government is committed to a carbon neutral public sector by 2030 and a 100% reduction in emission of greenhouse gases in Wales by 2050. The NHS in Wales adopted the NHS England Net Zero Standard on 1st October 2023.

IRCF has adopted the Net Zero Standard for all projects.

The IRCF programme presents a unique opportunity, right at the very heart of our communities, to make significant advancements towards a net zero whole life carbon health and social care infrastructure in Wales.

CASE STUDY

Region: **North Wales**

Project: **Coed Y Ddraig**

Coed y Ddraig is an innovative integrated service hub supporting adults with learning disabilities, autism and mental health support needs.

Located in a rural woodland setting, a short walk from Mold town centre, Coed y Ddraig provides a purpose-built hub offering day services and work opportunities for adults with profound or complex learning disabilities through horticulturally-based activities. The hub will be managed by Hft, with integrated service provision from social services and Betsi Cadwaladr University Health Board teams.

This new hub will offer adults of working age with learning disabilities the chance to develop life skills, gain confidence, increase their independence and engage in training to help gain employment.

The facility will be Flintshire's first building that operates at net-zero, with all carbon emissions generated by the use of the building offset by a series of innovative carbon-reducing measures.

A £4.8m project, £2.9m of financial support has been provided by the Welsh Government's Health and Social Care Integration and Rebalancing Capital Fund (IRCF) with the remaining funds provided by Flintshire County Council's capital programme.

The hub is planned to be operational in the Autumn of 2025.



CASE STUDY

Region: **North Wales**

Project: **Llanrwst Family Centre**

Conwy County Borough Council acquired and refurbished Llanrwst Family Centre to extend the services offered to families and increase opportunities for partnership working.

The Llanrwst Family Centre Project included the purchase and refurbishment of the building that has housed the family centre for the previous 23 years. The property was previously owned by the Church in Wales, with the Family Centre occupying via a lease. In 2023 the Church in Wales advised the property was no longer viable for them and were seeking to sell. The acquisition by Conwy CBC enabled the authority to safeguard and continue to provide this essential service, whilst the refurbishment offered the ability to grow and improve the early intervention and prevention service provision.

Conwy CBC purchased the building in July 2024 and in October 2024 commenced a programme of refurbishment work. This included reconfiguring the layout to make better use of the space, improving accessibility, and replacing windows to improve energy efficiency.

Services were relocated during the 34-week refurbishment and the centre re-opened on 9 June 2025.

More services can be delivered at the same time in the upgraded space, saving rural families repeated long journeys to the centre. The centre offers a range of support, including weekly baby clubs co-delivered with health visitors, young carers groups, and domestic abuse support for people of all ages.

The project has received £600,000 investment through the Welsh Government's Health and Social Care Integration and Rebalancing Capital Fund (IRCF).



CASE STUDY

Region: **West Wales**

Project: **Pembroke Hwb – South Quay**

The Pembroke Hwb – South Quay will when completed be a modern, accessible social care, health and community hub in Pembroke.

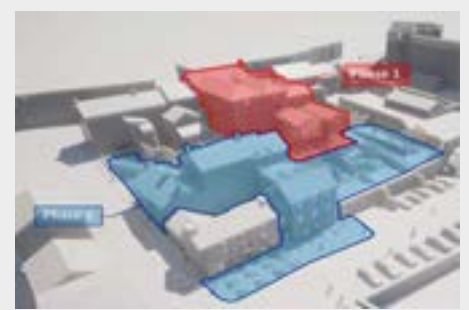
The Hwb supports the region's aim to build active, resourceful, connected, sustainable and creative communities.

The Hwb was awarded £6.5 million from the Integration and Rebalancing Capital Fund (IRCF), with additional match funding from Pembrokeshire County Council and the Levelling Up Fund, bringing the total project value to £12,075,811.

Aligned with the regional integration plan developed by Hywel Dda University Health Board, the Hwb will co-locate a range of services including health clinics, social care assessments and community prevention services.

Flexible, bookable spaces will accommodate ad hoc services, while dedicated areas for dementia care and independent living will support delivery by occupational health, physiotherapy, and speech and language therapy teams.

Construction started in August 2024 and is due to be completed in April 2026.



Regional Integration Fund (RIF): Driving Transformation in Health and Social Care

As we step into the fourth year of the **£146.8 million per annum Regional Integration Fund (RIF)**, we're building on a strong foundation laid since its launch in 2022.

This five-year programme (2022–2027) is a cornerstone of our commitment to delivering the vision set out in *A Healthier Wales* for a truly seamless health and care system for everyone.

The RIF was shaped by lessons learned from the Integrated Care Fund, Transformation Fund,

and insights from Audit Wales. It's designed to be bold, responsive, and future-focused, supporting the development of an Integrated Community Care System (ICCS) across Wales.

We're now at a pivotal moment in our mission to move from local innovation to national impact. The challenge ahead is to scale up successful regional models and embed them nationally, ensuring that every citizen, wherever they live, benefits from consistent, high-quality, integrated care.

RIF Core Values and Strategic Priorities

- | | |
|--|---|
| <ul style="list-style-type: none">• Prevention and early intervention at the heart of care.• National models of integrated care that are scalable and sustainable.• Communities of Practice to share learning and foster innovation. | <ul style="list-style-type: none">• Long-term investment to mainstream new approaches.• Pooled funding arrangements to support collaboration.• Robust regional planning and partnership infrastructure. |
|--|---|

What Success Looks Like: Six National Models of Care

By 2027, six integrated care models will be fully established and embedded across Wales, transforming the way services are delivered:

- | | |
|---|--|
| <ol style="list-style-type: none">1. Community-based care – prevention and coordination.2. Complex care closer to home – reducing reliance on hospital settings. | <ol style="list-style-type: none">3. Emotional health and well-being – proactive and person-centred support.4. Family support and therapeutic care – keeping families together safely.5. Home from hospital – smoother transitions and recovery.6. Accommodation-based solutions – tailored support for independent living. |
|---|--|

Tracking Progress: Evidence, Impact, and Learning

Over the past three years, we've seen significant progress across all six models, with many success stories emerging from regional initiatives. The RIF's unique design has enabled cross-sector collaboration and shared learning, helping us identify and amplify what

works. A national learning conference was held in September 2024 with Regional Partnership Boards to share good practice. Each of the RPBs presented a best practice model to support wider adoption and upscaling of successful programmes.

National Evaluation: A Deeper Dive into Impact

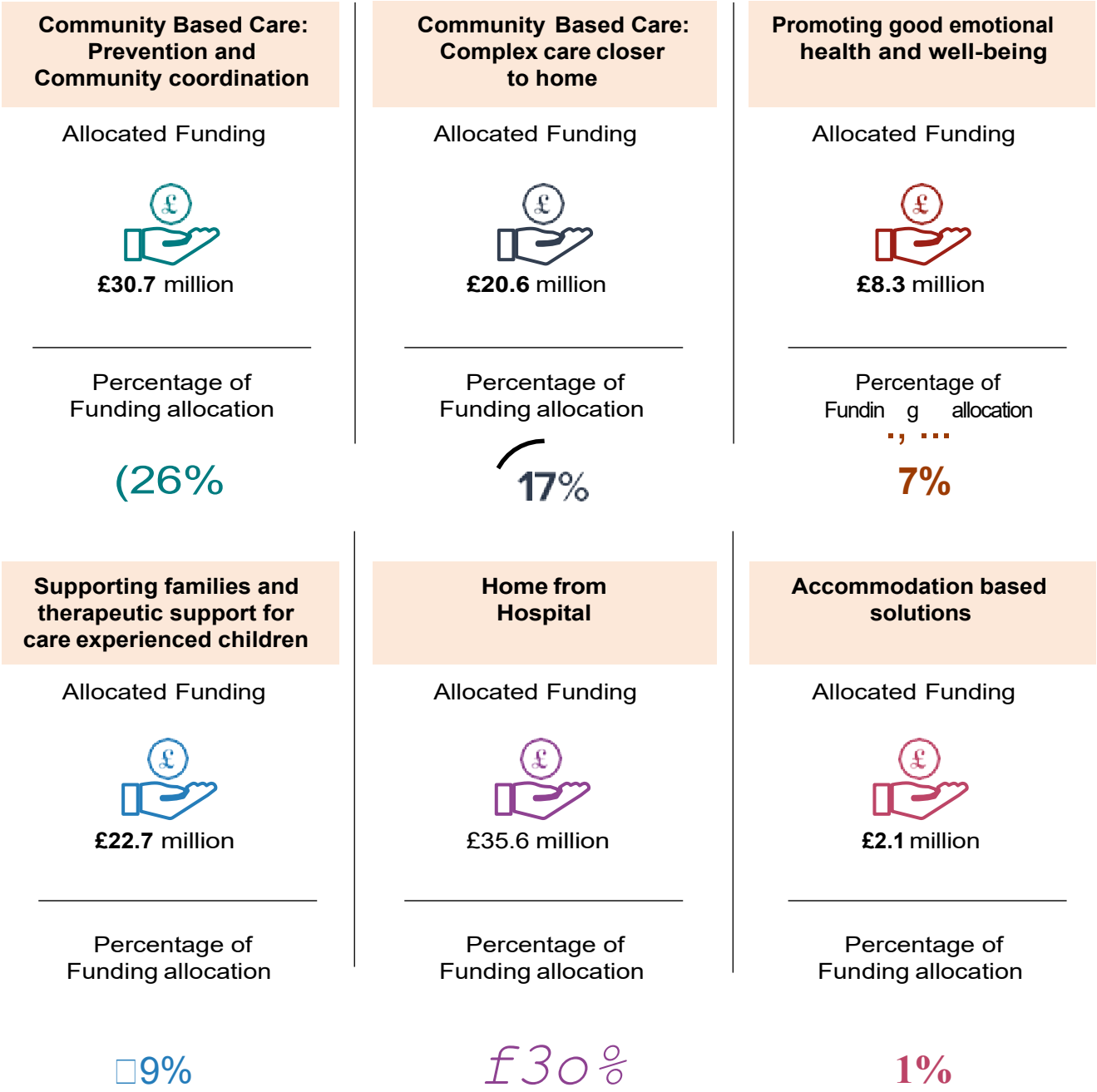
Commissioned in 2022, the independent national evaluation is led by the Welsh Institute for Health and Social Care (WIHSC) at the University of South Wales, in partnership with Swansea University and Old Bell 3 Research, supported by Welsh health economists.

Using an innovative methodology, the evaluation explores how RIF principles are understood and applied and most importantly, how they're improving people's lives.

- Phase 1 reports are being published and will inform ongoing development.
- Phase 2 will analyse 20 core performance measures, delve into health economics, and gather qualitative insights from staff and service users to ensure a rich, inclusive understanding of impact.

A Year In Review

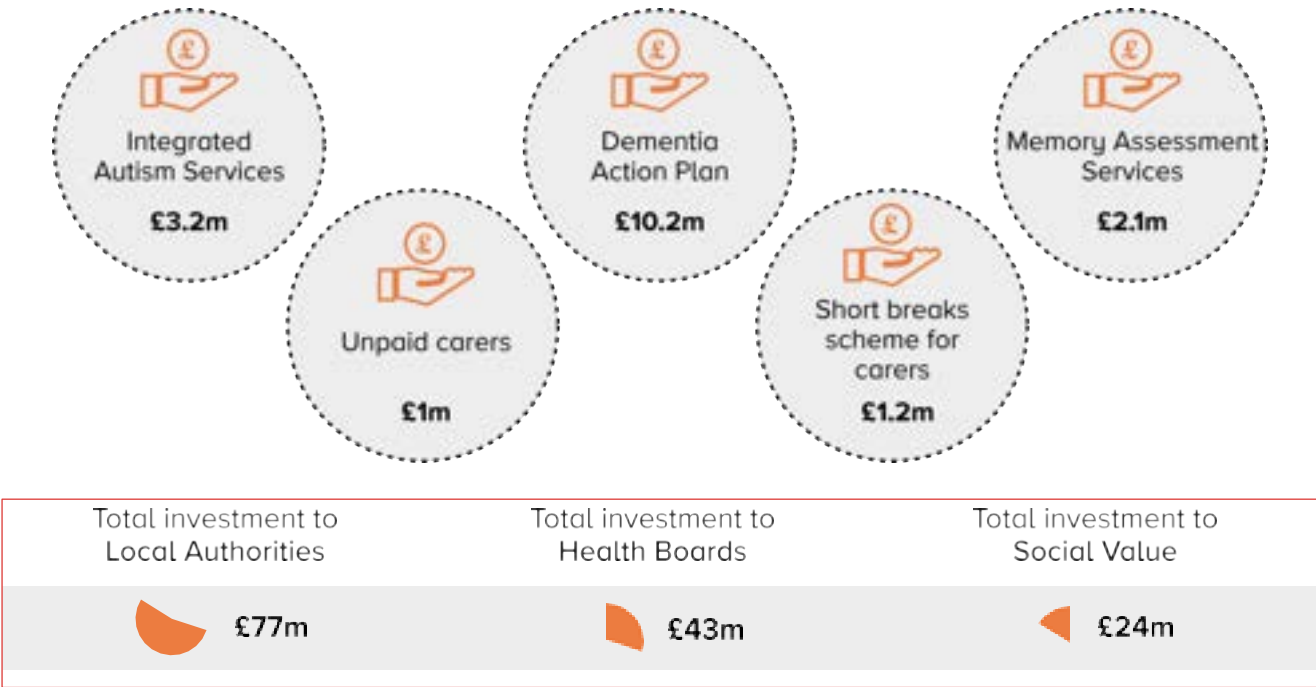
Total regional allocated funding by model of care



25 A joint position statement

Total regional allocated ringfenced funding

Regional Partnership Boards were allocated ringfenced funding to deliver against national ministerial commitments.



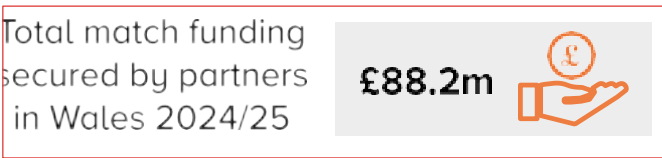
Tapering and Match funding

One of the original design principles of the Regional Integration Fund (RIF) was to encourage the alignment of core resources from partner organisations, with a view to gradually reducing the RIF's contribution over time. This tapering approach aimed to achieve a balanced 50:50 funding model to support the long-term sustainability of successful projects and services.

Regional Partnership Boards (RPBs) continue to demonstrate a strong commitment to this principle and recognise the importance of working collaboratively to draw in local resources that build on the success of the RIF helping more people to live well and stay well at home.

Since the RIF was first established, the economic landscape and the complexity of health and social care needs have evolved significantly, particularly in the wake of the COVID-19 pandemic. In recognition of these challenges, and following engagement with RPBs and delivery partners, Ministers agreed in January 2024 to remove the tapering requirement from the fund to prevent destabilisation of investment to date.

Importantly, RPBs have continued to secure match funding for the three National Models of Integrated Care – Community Co-ordination, Complex Care Closer to Home, and Home from Hospital – which are central to building community capacity. These efforts demonstrate the enduring value of partnership working and the shared commitment to delivering integrated care that meets people's needs in the right place, at the right time.



Understanding The Data: How much we did and what difference it made for people

A bespoke outcomes-focused reporting mechanism, with its own person-centred outcomes framework, was developed for the RIF and based on following principles:

1. Intentional Developmental Approach

The RIF's reporting framework was designed to evolve over time. In its early years, the focus has been on building capacity and embedding consistent practices across regions. The current data reflects a natural and expected phase of maturation.

2. Qualitative Evidence Adds Depth

The mechanism does not rely solely on quantitative data. The robust collection of qualitative evidence – including feedback, case studies, and stories of change – provides rich context and insight alongside the difference made measures for individuals and communities. This mitigates any temporary gaps in numerical consistency.

The data presented offers a valuable indication of performance and progress across regions. Regional Partnership Boards are continuing to strengthen the statistical validation and comparability of data, helping to build a more robust and consistent evidence base throughout

3. Core Measures Provide a Strong Foundation

The core set of 20 performance measures ensures a shared national framework. Regions are aligned in their focus, and current data contributes to a meaningful national picture of progress.

4. Indicative Data Demonstrates Value

The data available at the end of year three offers clear examples of impact and the scope of RIF activity. This proves the system's potential and effectiveness, whilst data consistency is achieved.

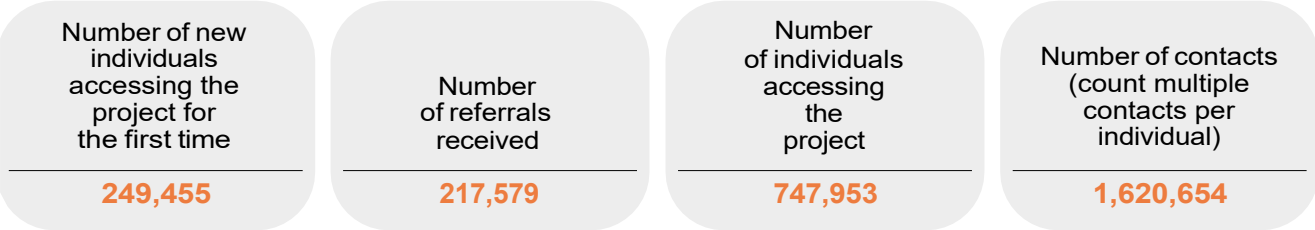
5. Continuous Improvement Is Built In

The RIF reporting mechanism is iterative by design. Lessons learned from early implementation are actively shaping improvements across the fund.

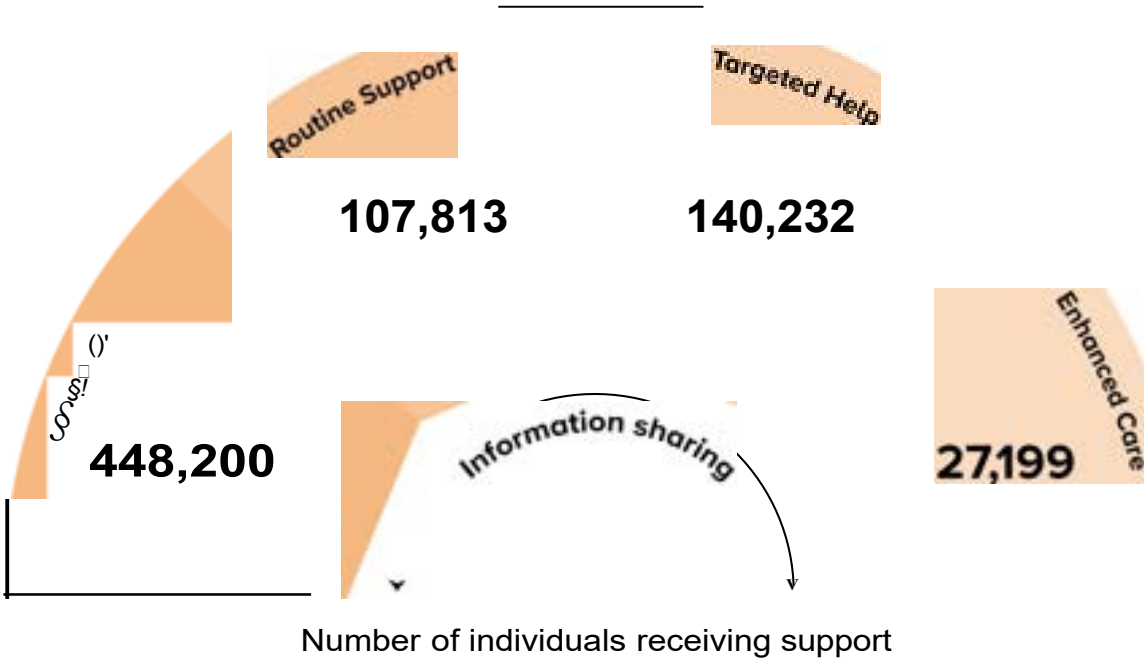
the duration of the RIF. The data supports ongoing learning, dialogue, and improvement, and is considered as part of a wider set of evidence produced by RPBs such as case studies, research and external evaluations.

National Core Performance Measures

Measures of how much we did



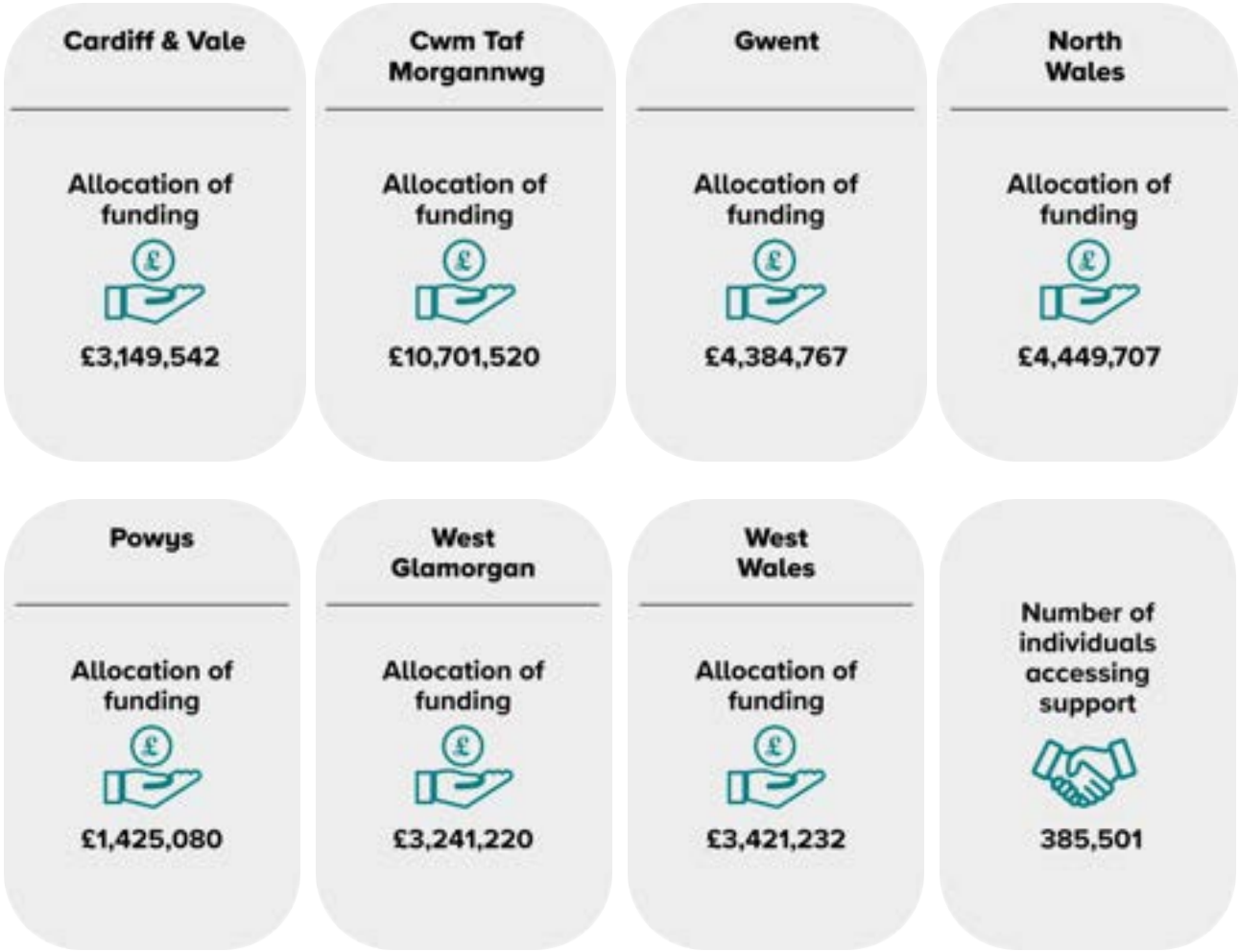
Projects and models of care developed by the RIF range right across the spectrum of intervention, from universal through to specialist. The diagram below illustrates the spread of activity across the four levels of intervention by showing how many people were supported at each level.



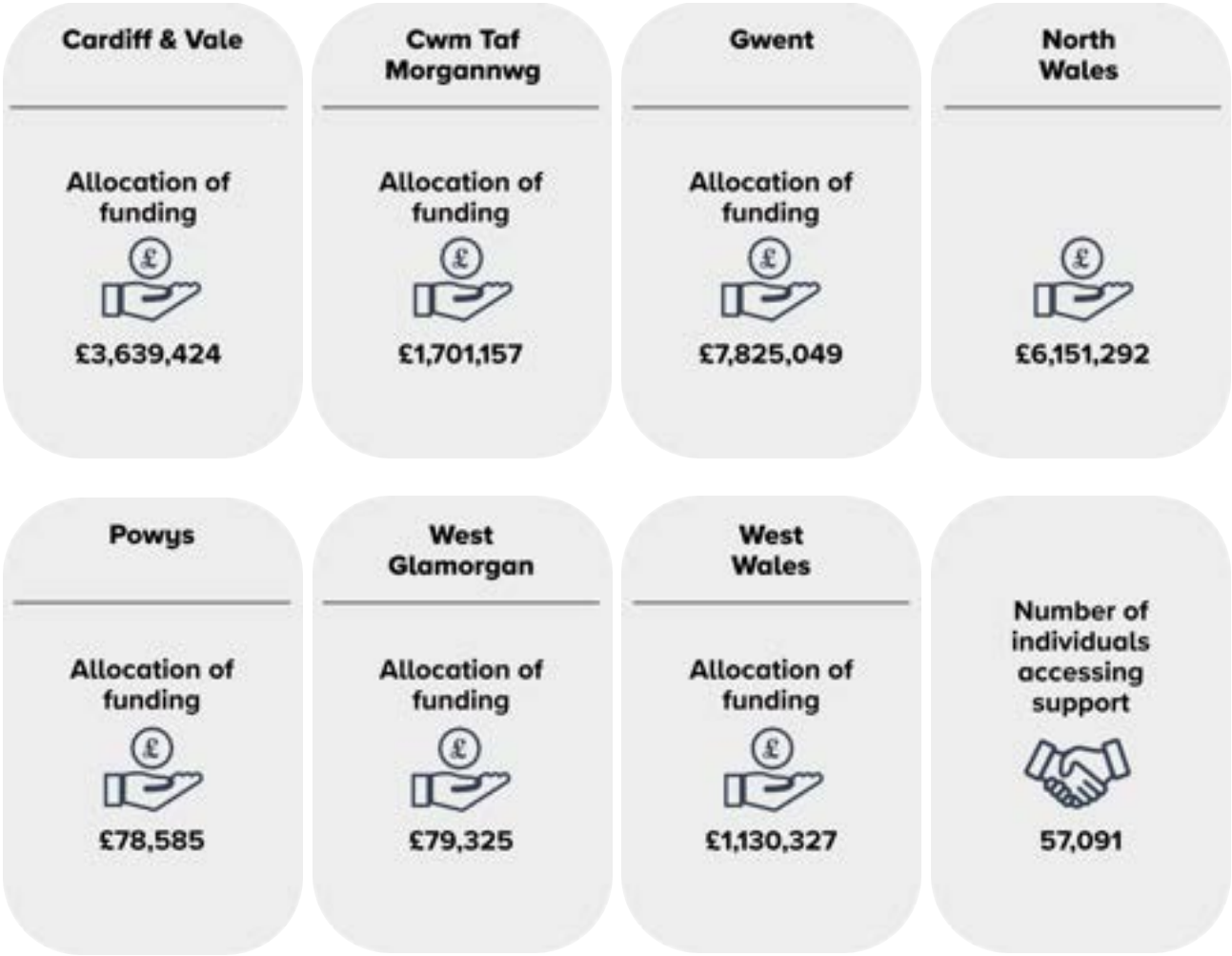
ALL Wales Model of care Level data - Difference Made (of this people surveyed)



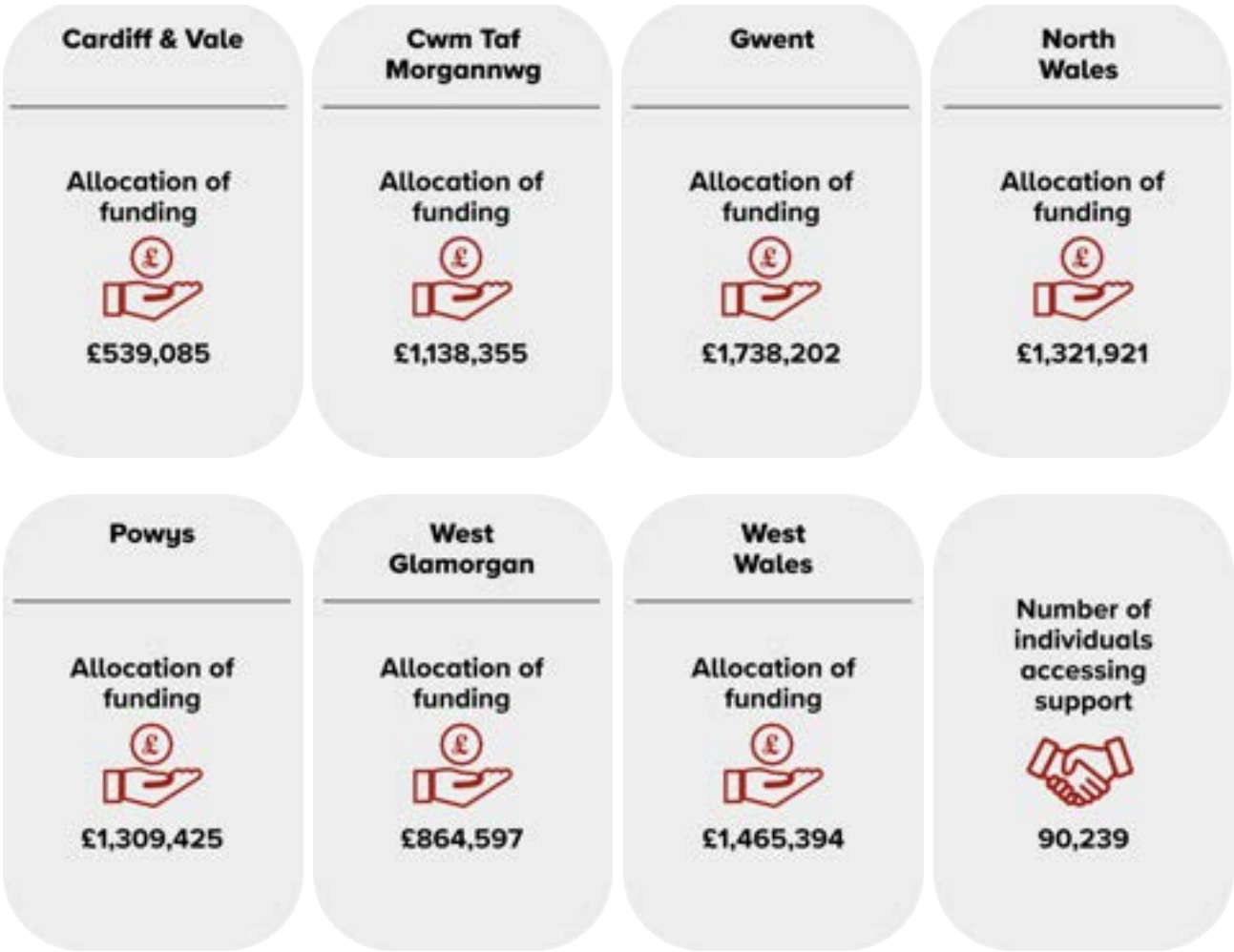
Community Based Care Prevention and Community Coordination Model of Care 2024/2025



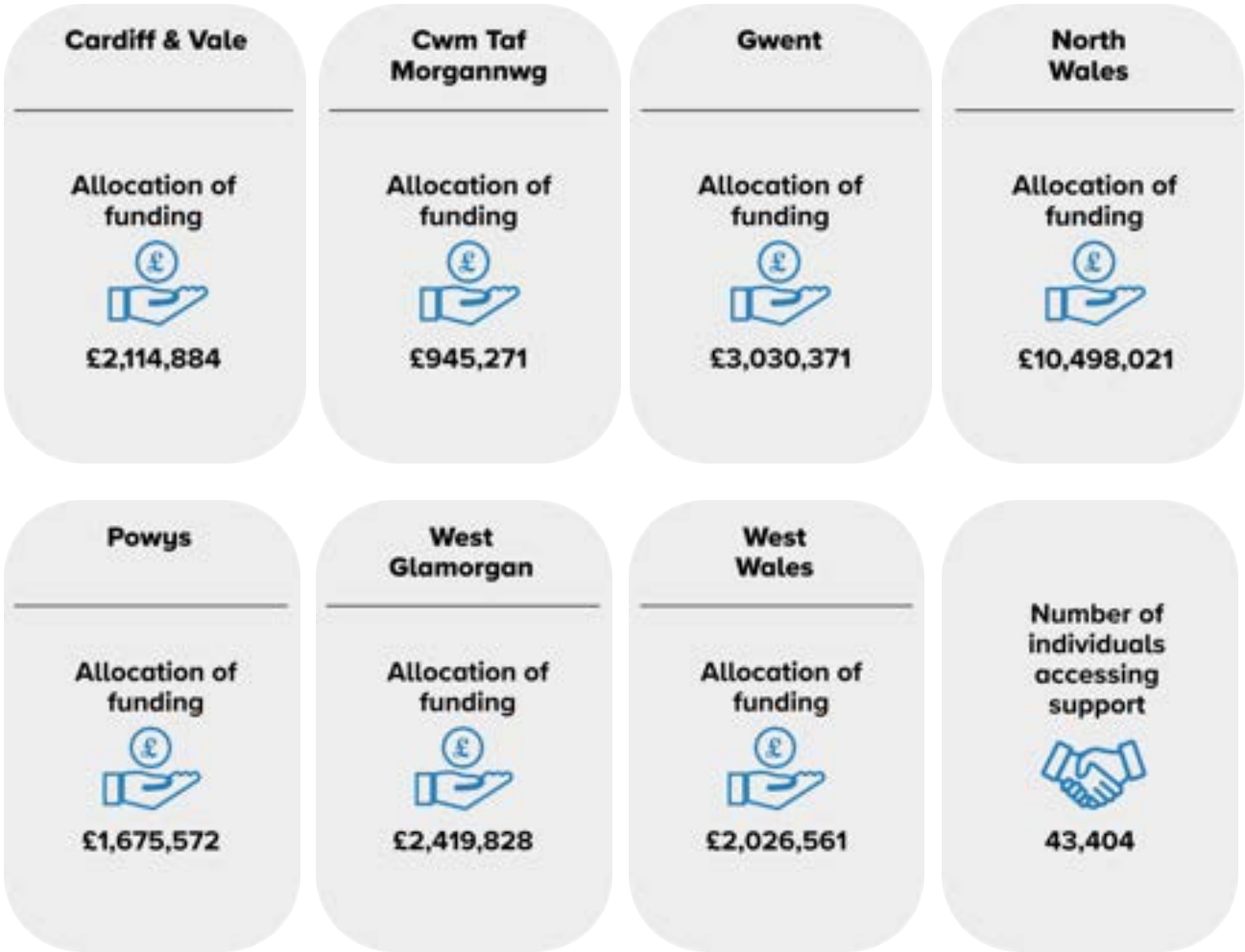
Community Based Care Complex Care Closer to Home 2024/2025



Promoting Good Emotional Health and Wellbeing Model of Care 2024/2025

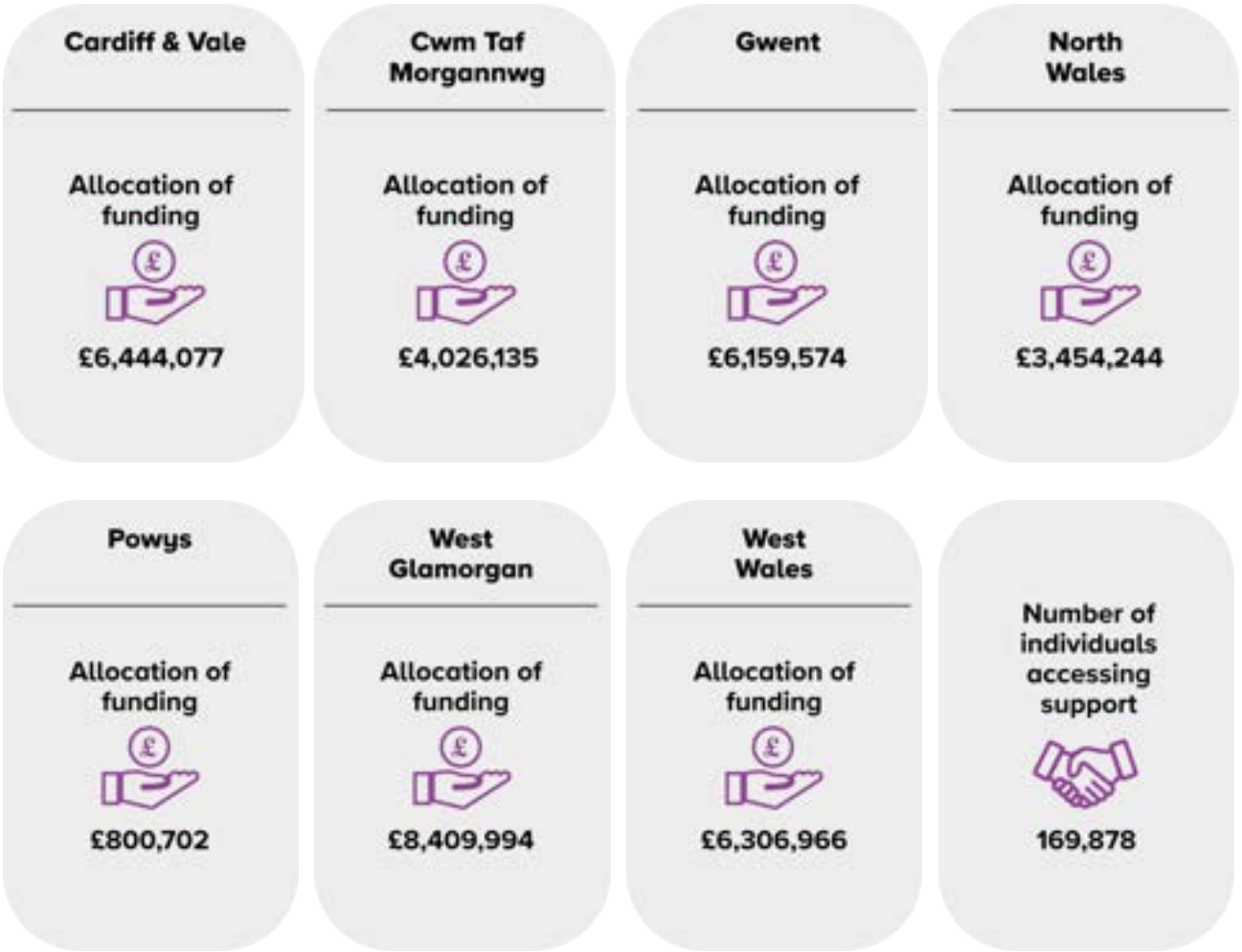


Supporting Families and Therapeutic Support for Care Experienced Children Model of Care 2024/2025

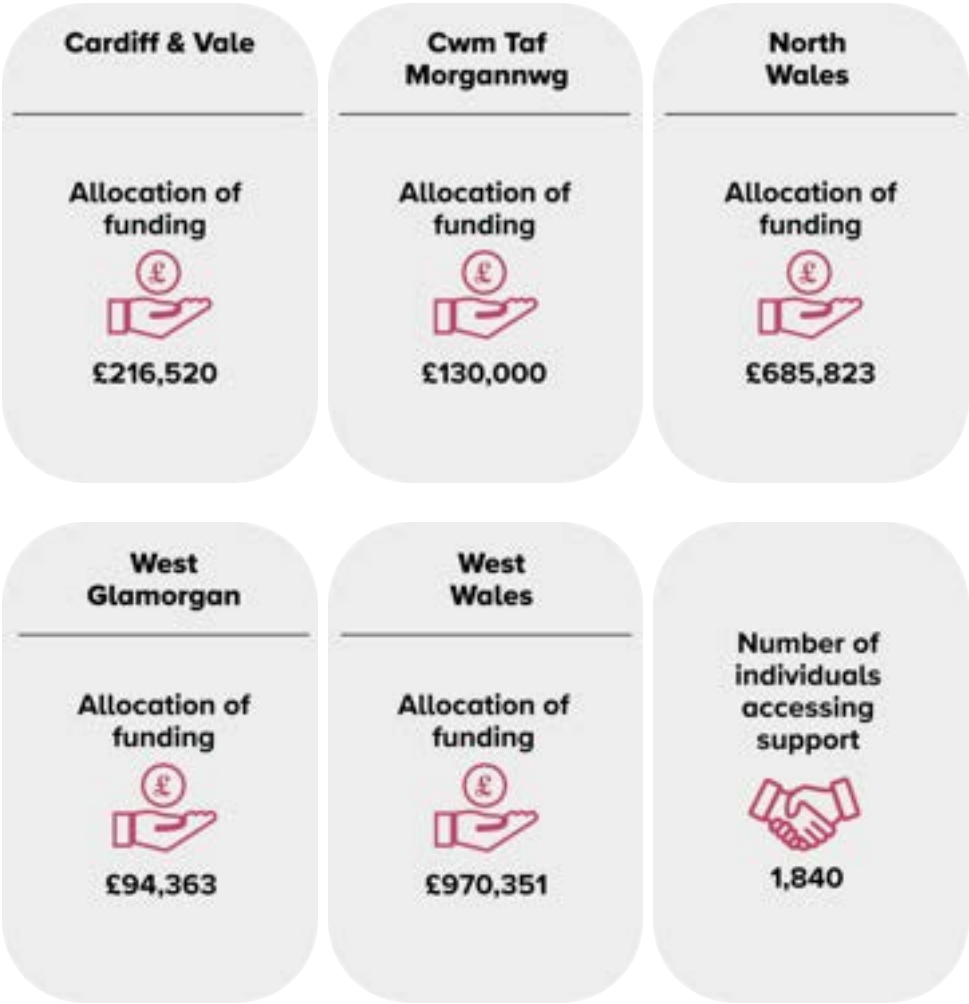


024/2025

Home from Hospital Model of Care 2024/2025



Accommodation Based Solutions Model of Care 2024/2025



Six Goals for Urgent and Emergency Care

Older people represent a significant proportion of those accessing urgent and emergency care in Wales. The Six Goals for Urgent and Emergency Care provide a strategic framework to deliver timely, person-centred, and integrated care, reducing avoidable hospital admissions and improving outcomes.



Aligning these goals with integrated care pathways for older people is essential to meet the challenges of an ageing population and ensure sustainable health and social care services.

The Six Goals and relevance to an Integrated Community Care System for Wales

Goal 1: Coordination, planning and support for people at most risk of needing urgent or emergency care

Goal 2: Signposting people with urgent care needs to the right place, first time

Goal 3: Safe admission avoidance

Goal 4: Rapid response in crisis

- Older people often experience complex health needs and uncertainty about where to seek help.
- Work has been undertaken to enhance access to 24/7 clinical advice and triage via the WAST clinical contact centre, NHS 111 and LHB Single Points of Access intended to support early intervention and prevent unnecessary escalation of care to ambulance response and transport to hospital.
- Enhancing falls response services is critical to reducing avoidable harm and hospital admissions among older people. The [National Community-Based Falls Response Framework for Wales](#) aims to improve outcomes and experience for those who fall by improving the initial response times and reducing the risk of long lies which can result in an increased length of stay in hospital. The framework sets out the requirement for all local health boards to have Level 1 and Level 2 falls response services operational 12 hours a day, 7 days a week, with full geographical coverage and an urgent care response within 2 hours.

- Increasing access to Same-Day Emergency Care services and increasing direct access from community services and WAST is a priority – these services and acute frailty services at the front door of hospital can reduce hospital admissions for older people with acute but manageable conditions.

Goal 5: Optimal hospital patient care and discharge practice from the point of admission

- Preventing hospital-acquired deconditioning is essential to maintaining function and quality of life for older people. Integrated discharge models such as Discharge to Recover then Assess (D2RA) and visual management systems like Red2Green support timely transitions from hospital to home, minimising risk and promoting recovery.

Goal 6: Home first approach and reduce the risk of readmission

- Older people are disproportionately affected by pathways of care delays. Streamlined discharge planning and integrated care coordination are critical.
- Older people often present with multimorbidity and social vulnerabilities. Coordinated care pathways improve safety and experience and implementing discharge-to-assess models across health and social care is a key priority.

Outcomes in 2024/2025

- The national programme led the development and launch of the SDEC strategy for Wales to ensure consistency of services and robust clinical pathways are in place to enable direct access from key services/health professionals.
- Services are being developed to support the integration of frailty services across the 'front door' hospital-based services, including emergency departments, ambulatory or short stay units and SDECs - seeing around 9,500 patients a month with more than 80% being discharged without needing a hospital stay.
- 105 care homes received falls lifting equipment and 1000 care home staff across Wales have received Level 1 falls management and response training, delivered by St John Ambulance Cymru.
- To assess the impact of the Optimal Hospital Flow Framework, four key measures are now reportable at aggregate level for every health board. A national database and dashboard have been developed to support D2RA metrics.
- The National Preventing Patient Deconditioning Summit took place on the 4 of November 2025 where the Six Goals programme formally launched the DEWI tool which allows the measurement of deconditioning syndrome, reducing harm in hospitals improving discharge through supporting people to remain as independent as possible.
- A Fracture Liaison Service (FLS) has been established in six health boards, with agreements in place between Powys and adjacent general hospitals to ensure Powys communities have access to FLS.

Conclusion

Embedding the Six Goals within integrated care models for older people will improve access, reduce delays, and enhance quality of life. This approach supports the vision of a seamless

health and social care system in Wales, ensuring older people receive the right care, in the right place, at the right time.

Strategic Programme for Primary Care (SPPC)

The Strategic Programme for Primary Care (SPPC) continues to drive transformation across Wales, focusing on integrated models that improve access, prevention, and sustainability.

Urgent Primary Care Centres and the 24/7 model have expanded access to care outside traditional hours, improving responsiveness for patients. Digital and data improvements have advanced shared platforms and analytics, while workforce initiatives have introduced new training pathways and flexible roles to enhance recruitment and retention. Prevention and wellbeing remain central, with increased emphasis on obesity prevention and mental health support.

A key enabler of this progress has been the £3.8 million SPPC Fund, of which £2.1 million supported the ACD programme, providing essential resources for governance and integrated planning. The fund also backed obesity prevention projects, including the All Wales Diabetes Prevention Programme, aligned with the Healthy Weight Healthy Wales strategy. These investments accelerated transformation, ensured continuity of services, and fostered community engagement and digital innovation.

Recruitment and training needs are a key enabler and present opportunities to strengthen workforce planning and develop innovative solutions for future resilience. The overall impact to workforce has been positive, embedding learning across health boards and reinforcing evaluation frameworks.

Looking ahead, there is a strong opportunity to build on achievements by:

- **Enhancing workforce resilience** through expanded training and flexible roles.
- **Further integration between health and social care**, ensuring seamless services for communities.
- **Reviewing digital infrastructure** to unlock the full potential of data-driven care.
- **Scaling successful innovations** and embedding cluster working as a foundation for sustainable transformation.
- **Increasing public engagement and co-production** to shape services that reflect local needs and priorities

Conclusion and Next Steps

The Integrated Community Care System (ICCS) for Wales is being actively advanced through the strategic alignment and use of funding and transformation programmes, which has optimised Welsh Government investment and sustained synergy between revenue and capital investment projects. Regional Partnership Boards have a key role in developing and delivering an ICCS for Wales, growing cross sector support and ensuring policy collaboration.

The priorities for 2025/26 will ensure further alignment, clarity and greater learning opportunities from across the funding programmes and will focus on:

1

Deepening Alignment Across Funding Streams

Strengthen integration across funding programmes, ensuring greater synergy between revenue and capital investments to support cohesive service delivery.

2

Scaling and Sharing Impactful Practice

Expand the reach of successful projects across Regional Partnership Board (RPB) areas, while actively promoting best practice and innovation to drive system-wide improvement.

3

Enhancing Qualitative Insight and Storytelling

Advance the collection and use of qualitative data by embedding person-centred engagement throughout the project lifecycle, capturing the evolving 'story of change'.

4

Strengthening Quantitative Performance Measurement

Improve consistency and depth in the reporting of the 20 core quantitative measures to better understand impact at both individual and system levels.

- 5

Building National Models Through Shared Learning

Continue to foster Communities of Practice to share learning and co-develop national specifications for integrated models of care and their key components.
- 6

Showcasing Integrated Delivery at Scale in development of ICCS for Wales

Established Communities of Practice will continue to identify and highlight integrated service models that leverage resources across all funds, demonstrating tangible benefits for people and communities.
- 7

Advancing Strategic Capital Planning

Further develop and refine regional Strategic Capital Plans to support integrated, long-term capital investment aligned with service transformation goals.

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2026
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

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

Gwent Public Services Board approved its first five year well-being plan in July 2023. The plan contains two strategic objectives and five delivery steps. These are:

Strategic objectives:

1. We want to create a fairer, more equitable and inclusive Gwent for all
2. We want a climate-ready Gwent, where our environment is valued and protected, benefitting our well-being now and for future generations

Delivery steps:

1. Take action to reduce the cost of living crisis in the longer term.
2. Provide and enable the supply of good quality, affordable, appropriate homes
3. Take action to reduce our carbon emissions, help Gwent adapt to climate change, and protect and restore our natural environment
4. Take action to address inequities, particularly in relation to health, through the framework of the Marmot Principles.
5. Enable and support people, neighbourhoods, and communities to be resilient, connected, thriving and safe.

A copy of the Gwent well-being plan is available at:

<https://www.gwentpsb.org/en/well-being-plan/gwent-well-being-plan/>

The PSB developed four Areas of Focus. 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.

The aim is for each Area of Focus to have a partnership group that can drive actions forward.

Asesiad / Assessment

The Gwent Public Services Board last met on 11th December 2025. This meeting was Chaired by the Chair Cllr Anthony Hunt.

The main points from the meeting were as follows:

Economic Chances Area of Focus

Work is underway to clarify the Public Services Board's (PSB) unique role in supporting economic opportunities across Gwent. Following the proposal from GSWAG, members agreed to convene an initial workshop—hosted by the University of South Wales—to explore the PSB's added value, ensure alignment with existing regional structures, and prevent duplication.

The workshop will help define whether a dedicated focus group is needed and will support the identification of a lead organisation by March 2026, in line with Scrutiny Committee recommendations.

Gwent Climate Change Risk Assessment

The PSB received an update on progress with the Climate Change Risk Assessment, led by Netherwood Sustainable Futures. Work packages cover risk identification, GIS analysis, organisational knowledge gathering and community workshops.

Two leadership seminars are scheduled (25 February and 4 March), and members were strongly encouraged to prioritise attendance to support high-level decision-making and cross-sector collaboration. Housing, infrastructure, and public communication have been identified as key themes requiring early attention.

Safer Communities Partnership

The Board discussed progress within the newly established Gwent Strategic Safer Communities Board. While there has been positive partnership activity and engagement with Home Office initiatives, concerns were highlighted regarding the consistency of leadership and attendance.

The PCC confirmed that legislative changes will place additional demands on partnerships and may require further resourcing. The Board agreed that co-chairing arrangements should be reviewed to strengthen resilience.

Future Generations Report – PSB Action Planning

The PSB reviewed organisational responses to the Future Generations Commissioner's recommendations. Approximately 15 recommendations have been collated, with distinctions made between PSB-specific and organisation-specific actions.

A small working group will be convened to propose a light-touch action plan for PSB-related recommendations ahead of the March meeting. The group will also explore the potential for 'futures champions' across member organisations.

Well-being Assessment (2027–2028)

The Board confirmed that the Joint Strategic Assessment (JSA) will form the core evidence base for the next statutory Well-being Assessment, due in 2027. The assessment will integrate quantitative data, lived experience, and community insight.

Partners emphasised the importance of continued engagement, iterative updates, and ensuring the assessment accurately reflects local realities and inequalities.

PSB–RPB Collaboration

The PSB and Regional Partnership Board (RPB) identified opportunities for deeper collaboration, including joint priority setting, shared structures, and the potential for a joint Gwent conference.

The Board also supported exploring an extended and potentially in-person PSB meeting in March to allow sufficient time for major agenda items.

Changes to the role of The Police and Crime Commissioner.

The Board received an update on the UK Government's announcement to abolish the PCC role by May 2028. While statutory responsibilities remain unchanged in the interim, significant uncertainty remains regarding future governance arrangements.

Work is ongoing at national level with WLGA, Welsh Government, and the Home Office to design a Welsh-specific policing governance model.

Argymhelliad / Recommendation

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

Aneurin Bevan University Health Board Key Issues Report

Board Date:	28 th January 2026		
Period of:	01 November 2025 through to 08 January 2026	Report of:	The Executive Committee
Quoracy met:	N/A		

The Executive Committee meets on a weekly basis and focusses on the breadth of the organisation's business. These formal meetings are supplemented by:

- Informal Executive Team Sessions, which are used to focus on strategic developments, information sharing and Executive Team engagement.
- A weekly formal meeting which enables the Executive Team to oversee implementation of the Board's strategic priorities, take decisions and resolve issues which may be impacting delivery.
- A monthly Executive Committee Performance Meeting, which enables the Executive Team to monitor the Health Board's integrated performance to enable a focus on quality, workforce, activity and financial performance.
- Regular Executive Team development sessions focussing on the effectiveness of the Executive Team and its way of working.

Much of the business of the Executive Committee informs onward reporting to the Board's assurance committees, providing assurance to the Board on the effective management of the organisation and achievement of the Board's strategic objectives. The Executive Committee's business also informs much of the Board's formal meeting agendas, given the Board's responsibility for strategy development and its implementation.

The Workplan of the Executive Committee is based on five key areas to ensure appropriate focus, oversight of the organisation's business, and enable the Chief Executive Officer and Executive Team members to discharge their responsibilities effectively:

- Quality, Safety and Culture
- Delivery, Performance and Efficiencies
- Strategic Planning and Service Development
- Strategic Partnership Arrangements
- Transformational programmes.

During the period 01 November 2025 through to 08 January 2026 the following matters were some of the issues considered by the Executive Committee.

1	Quality, Safety and Culture	Neonatal Services The Committee continued to received regular updates on Neonatal Services throughout the reporting period. Risk assessments across the four thematic areas—Infection Prevention and Control (IPAC), Medicines Management, Culture and Psychological Safety, and Staffing and Workforce Assurance—were refreshed, demonstrating sustained progress and a clear trajectory toward de-escalation. Remaining work includes finalisation of SOPs, completion of family-related policies, and strengthening escalation processes when staffing reaches red/black thresholds. Infection Prevention and Control (IPAC): The Committee noted continued improvement in IPAC compliance, with environmental audit scores rising to 84–93% and no new areas of concern identified. The only outstanding risk relates to cleaning capacity, which is subject to further review. The standing down of twice daily IPAC and staffing reports reflects growing stability within the service. Medicines Management: Medication safety remained stable, with no new significant incidents reported. Gentamicin related issues continued to constitute the majority of medication errors, though these are well understood and effectively managed. The Medical Director now leads this workstream, supported by strengthened doublechecking arrangements, learning briefings, and enhanced human factors based training. Culture and Psychological Safety: Cultural improvement work progressed positively. A Culture Listening Event was completed and associated actions are being taken forward. Staff continue to be supported through leadership development programmes—including Lead 6—and targeted human factors training. No new cultural risks were identified during the period. Staffing and Workforce Assurance: Staffing levels remained safe and stable, with improved assurance reporting and no red or black escalations recorded. Sickness absence remains high but is being
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	actively managed through formal plans and HR oversight. Weekly assurance meetings continue to support short-term monitoring, with a planned transition back to Divisional governance once the closure report is finalised. Safety The Committee received Safety Briefings at each meeting. Themes included monitoring moderate-harm Datix trends, safeguarding activity—which has increased—and ongoing work on falls prevention and staff safety incidents. Key system risks such as mortality, boarding, and urgent care pressures continued to be tracked closely. Workforce deployment for safety To mitigate clinical risk associated with medical cover overnight at the Grange University Hospital, the Committee approved non-recurrent winter funding of £265k to provide an additional overnight registrar, addressing safety concerns arising from the previous single-registrar model. This investment will be offset where possible through variable pay savings and service reconfiguration. Clinical Audit & Assurance The Committee noted the establishment of a new corporate local audit plan, designed to shift the organisation from reactive audit activity to a more focused, high-impact programme aligned with Divisional priorities. The plan will strengthen accountability through QMG (Quality Management Group) escalation routes and improve executive-level visibility of audit outcomes and registry performance. Violence Prevention and Reduction Strategy The Committee endorsed the proposed Violence Prevention and Reduction Strategy, which adopts a trauma-informed approach and aligns with All-Wales standards. The strategy will progress to the People & Culture Committee and subsequently to the Board, subject to Equality Impact Assessment completion and development of a detailed implementation plan with defined baselines and indicators. HSE Open Cases
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		Eight open HSE (Health and Safety Executive) cases were discussed, including historic fall incidents with a potential for grouped prosecution. Actions focused on improving visibility and strengthening escalation processes. Staff Wellbeing The Committee recognised the notable improvement in Staff Survey response rates, attributed in part to targeted communication approaches. Work continues to address workload and rostering pressures, strengthen Occupational Health capacity, and progress job-planning alignment.
2	Delivery, Performance and Efficiencies	Urgent & Emergency Care During the reporting period, the Committee received regular updates on the Health Board's winter preparedness and operational pressures. A Winter Sprint Fortnight was delivered between 8–22 December, focusing on improving patient flow, increasing early discharges, strengthening weekend activity, and enhancing frailty pathways. Twice-daily operational control meetings were held with active participation from Local Authority partners. The Committee also agreed that the escalation framework would be fully embedded and recirculated, with particular attention to strengthening escalation processes at the front door. Bed & Capacity Moves In November, the Committee approved a programme of additional bed capacity, including 23 beds at the Royal Gwent Hospital and 22 beds at Chepstow Community Hospital, supported by 95 WTE posts at a total cost of £1.947m. Further work is underway to secure the remaining £515k required to bolster community capacity through care-home beds and Hospital-at-Home provision. The Committee received updates that in December and early January, the phased opening of Chepstow wards had commenced, and the new ED extension at the Grange University Hospital became operational, providing additional assessment capacity and an improved environment for patients and families.

In early January the Committee heard that the system experienced extreme operational pressure, triggering further actions. These included the creation of at least 14 additional community beds, risk-assessed reopening of a small number of rehab beds where safe, maximising use of hospice and Hospital-at-Home capacity, and escalation to Local Authorities supported by detailed operational data. Same-day tactical review meetings were convened to oversee delivery.

Ambulance handovers

The Committee noted a deterioration in ambulance handover performance during late November, which triggered renewed scrutiny of both local processes and wider system interdependencies. It was highlighted that delayed handovers continued to contribute to congestion at the front door and reduced ambulance availability for community response, underscoring the need for strengthened operational grip during the winter period.

The Committee also considered the Welsh Ambulance Service's proposed "drop and go" model, which would allow crews to leave patients more rapidly in emergency departments in order to return to community duties sooner. While recognising the model's potential to improve national ambulance responsiveness, the Committee agreed that it presents significant operational and clinical risks during peak winter pressure. In particular, concerns were raised about safe transfer of care, staff capacity within emergency departments to receive patients promptly, and the need for clear governance parameters before any local adoption.

To support consistent practice across Wales, a coordinated ABUHB response to the All-Wales Ambulance Release Protocol was developed, clinically reviewed, and submitted on 5 December. The response emphasised the importance of aligning national expectations with local operational

		capabilities, protecting patient safety during handover, and ensuring that any changes to release arrangements are supported by robust escalation processes. The Committee agreed to maintain close oversight of handover performance and continue engagement with national partners as further guidance is refined. Planned Care The Committee received updates on the ongoing work to reduce planned care backlogs in line with Welsh Government expectations for January. The Health Board continues to perform strongly on Stage 1 outpatient activity, while apparent variance within Stages 2 and 3 is understood to be driven by differences in how pathways are defined across Wales. Further analysis is underway to establish a consistent comparison. The Committee emphasised the need to accelerate validation activity and progress the reduction of diagnostic backlogs, recognising these as the quickest opportunities to achieve visible reductions while awaiting confirmation of Quarter 4 funding. Financial performance and savings Financially, the Month-8 position showed an improved deficit due to a shared-services rebate and recovered bank pay award costs. Savings plans remain on track with further non-recurrent opportunities identified. As at 8 January, the year-to-date deficit was £17.2m, with a forecast year-end deficit of £18.3m, contingent upon receipt of £2.5m planned care over-activity funding.
3	Strategic Planning and Service Development	Winter Planning Throughout the reporting period, the Committee maintained weekly oversight of winter preparedness and system pressures. Winter modelling in November indicated that, although respiratory admissions remained below projected levels, overall emergency demand exceeded severe-scenario forecasts, creating particular challenges in the early January period. In response, additional bed capacity was sequenced carefully around the festive and New Year period, with Executive-level scrutiny of operational delivery and escalation arrangements.

IMTP and Performance Framework

The Committee reviewed progress toward the development of the IMTP (Integrated Medium-Term Plan), noting that all Divisions are required to submit balanced plans that prioritise patient safety and delivery against key national performance expectations, including the single cancer pathway, RTT, mental health access standards, and wider efficiency requirements. Ministerial priorities are being incorporated into performance trajectories, with further detailed cancer tumour-site trajectories scheduled for consideration at the January Performance Meeting.

Regional Planning

The Committee reviewed and supported the progression of key regional planning business cases ahead of their submission to the Board. This included consideration of the Community Diagnostic Hub Full Business Case, where members noted the associated commercial sensitivities and the relatively limited capital contribution required from ABUHB.

The Committee also considered the Regional Orthopaedics Outline Business Case, acknowledging the strategic importance of the development and the need for specific conditions to be addressed at Full Business Case stage. These include affordability, efficiency assumptions, workforce requirements, and ensuring a coherent regional service configuration. ABUHB's indicative revenue contribution remains £6.6m, within a wider regional capital value of £123m and recurrent revenue of £29.5m.

Digital Transformation Programmes

The Committee discussed several critical digital programmes. Significant clinical and financial concerns remain regarding the national ICU digitisation (WICIS/ASCOM) programme, leading ABUHB to adopt a "wait-and-see" position pending the opportunity to observe the system in a smaller ICU setting. Clinical leaders continue to express a preference to explore exiting the current product. In contrast, the replacement of WCCIS progressed positively, with confirmation of the contract award and the allocation of £2.22m year-end capital to upgrade network infrastructure, Wi-Fi and devices. Work is ongoing to assess electronic whiteboard solutions, and the E-triage funding request has been escalated with Welsh Government.

		Section 33 Frailty Agreement The Committee agreed a clear organisational position regarding the Section 33 Frailty Agreement, confirming that ABUHB does not support withdrawal by Local Authority partners until a full service review and impact assessment have been completed. The preferred approach is to work collaboratively toward a revised model by April 2027, accompanied by direct engagement with Local Authority Chief Executives and Directors of Social Services and appropriate legal advice. Women's Health Pathfinder Hub The Committee received an update on the Women's Health Pathfinder Hub, noting that the £300k pump priming allocation has supported training and capability building across contraception, menopause and menstruation pathways. Discovery work is underway to define local outcomes and ensure alignment with the national 10year Women's Health Plan. The Committee emphasised the need to avoid creating an unsustainable standalone service model, particularly in the absence of recurrent funding beyond March 2026, and instead to focus on developing an integrated and scalable approach.
4	Strategic Partnership Arrangements	Local Authority Collaboration and System Leadership The Committee received regular updates on partnership working with Local Authorities, particularly in the context of winter pressures and social care capacity. CEO level engagement reaffirmed the need for data driven escalation processes to address delays in social care pathways and to ensure shared visibility of system pressures. Scheduled winter check-ins were agreed with Local Authority Chief Executives, alongside clearer communication plans for festive and New Year periods. The Committee also emphasised the importance of strengthening regional governance arrangements, ensuring that programmes such as Community by Design and ICCS are aligned and not duplicating effort across organisational boundaries.
5	Transformation programmes	Keeping Well Service The Committee agreed that the Keeping Well function should be fully embedded within existing service structures, rather than operating as a separate standalone team. This approach will streamline patient pathways, reduce duplication, support workforce sustainability, and better

		align with the Health Board's wider Community by Design and prevention-focused ambitions. Integration with validation and other patient-facing services will ensure the offer is delivered consistently and efficiently. Digital Resilience The Committee reviewed learning from recent G2 digital dictation outages, where the root cause was identified as an incompatible database upgrade. This incident has informed improvements to governance around system compatibility, cyber considerations, and vendor upgrades. Work to procure a long-term replacement has been accelerated. In addition, the Committee approved plans for network infrastructure upgrades at the Royal Gwent Hospital, supported by robust business continuity arrangements and on-site technical support to minimise disruption. Digital and Data Developments The Committee received several significant digital updates: Laboratory Information Management System (LIMS): The Committee received an update on the LIMS blood transfusion module, noting substantial cost pressures and delays. These raise the risk of operating on unsupported hardware, and the matter has been escalated to the Digital Directors Advisory Panel for urgent consideration. WCCIS Replacement and Digital Capital Allocation: The national contract for replacing the Welsh Community Care Information System was confirmed, with ABUHB expected to receive £2.22 million in end-of-year digital capital. This will fund network upgrades, Wi-Fi improvements, and the replacement of legacy devices.
6	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 updates on Ambulance Release Protocol, Digital and Data Developments and Charitable Funds. Charitable Funds A range of charitable funding proposals were considered and supported, including: • £16,000 for autism support initiatives • Funding for inclusivity training • Recliner chairs for maternity services The Committee also approved a tissue-viability bid from a restricted charitable source. Looking ahead to 2026/27, the Committee expressed in-principle support for two emerging bids—a Speaking Up Safely post and the continuation of the Staff Recognition Awards. However, members noted that although the charity holds approximately £5 million, the majority is restricted, and therefore a more structured panel approach was proposed to ensure fair and prioritised allocation of unrestricted funds.
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DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	NHS Wales Joint Commissioning Committee (JCC) Update Report – November 2025, December 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the NHS Wales Joint Commissioning Committee (JCC) as a Joint Committee of the Board.

Cefndir / Background

The JCC is a Joint Committee of all Health Boards in NHS Wales. Membership of the JCC consists of the Chief Executive Officer of each Local Health Board; an Independent Chair (the Chair); and not more than five Non-Officer Members (NOMs). The Chair and NOMs (to be known as Lay Members) are appointed by the Welsh Ministers. The JCC's membership also includes an Associate Member, who shall have no voting rights, who will be the Chief Commissioner of the Joint Commissioning Committee Team (JCCT). The Chief Commissioner is employed by CTMUHB as the Host Body and this individual holds the Accountable Officer status, as delegated by Welsh Government, for certain elements of their role, namely the propriety and regularity for public finances as delegated to them through the JCC from Local Health Boards.

Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of services as identified below for residents within their area.

- specialised services for: • cancer and blood disorders

- cardiac conditions
- mental health and vulnerable groups · neurosciences, and · women and children.
- services where there is agreement between the Local Health Boards that they should be arranged on a regional or national basis
- emergency medical services
- non-emergency patient transport services
- emergency medical retrieval and transfer services
- NHS 111 services
- sexual assault referral centres, and
- other services as directed by the Welsh Ministers.

Asesiad / Assessment

The Joint Committee last met on 25th November 2025 and held an extraordinary meeting on 16th December 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 27th January 2026, papers for which can also be accessed at the link above. The assurance report from this meeting will be presented to the Board once made available.

Argymhelliad / Recommendation

The Board is asked to RECEIVE this report by way of an update on NHS Wales Joint Commissioning Committee (JCC) Committee activity.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities 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.
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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.

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

Dyddiad y Cyfarfod / Date of Meeting	25/11/2025
Statws Cyhoeddi / Publication Status	Open/Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Helen Tyler, Head of Governance and Risk, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Huw George, Chief Commissioner, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Huw George, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	November 2025	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer Members of the Joint Committee with a summary of the key issues considered by the NHS Wales Joint Commissioning Committee (JC) at its public meeting on 25 November 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the JC is set out in Paragraphs 2.18 and 2.20 of the NWJCC [Standing Orders \(SOs\)](#).

3. HIGHLIGHT REPORT

(Links to reports highlighted [November 2025 - NHS Wales Joint Commissioning Committee](#)).

Status	Update
Alert / Escalate	The financial position remains a key risk. Conversations as to affordability of the current financial position continue. It was noted that the NWJCC had mitigated its financial risk from circa £20m to circa £7.7m, a detailed proposal outlining the approach to additional risk mitigation and savings will be presented at an Extraordinary JC meeting on 16 December 2025.
Advise	Emergency Medical Retrieval and Transfer Services (EMRTS) Update Members received an update regarding the decision to pause work pending the outcome of the Judicial Review. Following conclusion of the legal proceedings, the JC will move forward with implementing Recommendations 1, 2, 3 and 6. Members agreed to revisit Recommendation 4 to ensure alignment with recent operational and financial changes and this work will be incorporated into the Integrated Medium-Term Plan (IMTP) process for 2026-29. A separate update will be presented at a future JC meeting to include a detailed timeline and implementation plan. Ongoing engagement and communication to maintain transparency and public trust was recognised and fully supported. Sexual Assault Referral Centres (SARC) Commissioning Proposals The JC confirmed the transfer of responsibility for commissioning services for survivors of sexual assault from the NHS Performance and Improvement Unit to the JC. Members discussed the partnership approach to commissioning and agreed that further work was required on the financial model due to the complex funding flows that underpin the service. Care Home Framework The JC received an update on proposals for the renewal of the Care Home Framework with four options shared for the future commissioning arrangements. The NWJCC Collaborative Commissioning Leadership Group (CCLG) had previously indicated its support for Option 4 and the JC were asked to support this proposal. The JC were unable to approve this preferred option and requested clarification on previous resources as well as additional detail concerning the

Status	Update
	cost benefit analysis of Option 4. It was agreed that a further detailed update would be considered at the Extraordinary JC meeting on 16 December 2025. • Immunoglobulin Optimisation The JC approved the financial support required to establish the immunoglobulin optimisation team with an expectation that such financial support would result in significant financial savings across all HBs. • Neonatal Services Update Members noted the briefing paper and a summary of the work undertaken to date as part of the Phase 1 rebasing of Neonatal Services. Members approved the undertaking of the Neonatal Commissioning Reset Review for South Wales. The importance of engaging stakeholders and aligning with the upcoming recommendations from the Chief Nursing Officer's review were highlighted. • Corporate Governance Report Minor amendments to the NWJCC Standing Orders relating to the timescales for publication of meeting papers and the All Wales IPFR Policy were approved.
Assure	• Development of NWJCC Integrated Medium Term Plan 2026-29 Members received a presentation on the approach to develop the NWJCC IMTP (2026-29). Members discussed the challenges and the need to focus on efficiency, prioritisation and financial constraints. It was noted that ongoing engagement with HB colleagues would continue in advance of a draft plan being issued in the new year. An IMTP workshop with HB Executive Colleagues is also scheduled in December 2025. • Governance & Risk Management: ○ The Risk Register at 31 October 2025 was received. A discussion was held around the approach to develop and strengthen the commissioner held risks and alignment with provider risks. Work has begun to make actions and controls clearer. Risks will be reviewed by the Sub-Committees before they are brought to the JC for consideration. ○ The Corporate Governance Report including updates on the internal audit programme and forward plan of business were noted.

Status	Update
Inform	- The Chair's Report summarised the JC Strategy Session held on 21 October 2025, which covered topics including the NWJCC Financial Outlook, the NWJCC IMTP, and the Clinical Escalation Process. The update also included changes to the meeting schedule and organisational changes, noting that the recruitment process for a new Chief Commissioner will begin soon and is expected to complete by March 2026. - The Chief Commissioner's Report included an update on: - The progress made in relation to implementing the new organisational structure for the NWJCC (with an improved 15.83% vacancy rate as of October 2025). The Director of Finance and Value was reappointed as the Deputy Chief Commissioner. The position of Director of Corporate Planning and Strategy has been filled on a substantive basis. The second phase of prioritised recruitment has commenced which includes recruitment of a substantive Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups. - Programmes of Work – an update on national programmes (Hospices, SARC, Direct Payments, Positron Emission Tomography and the Voluntary Sector) and the approach to this work was provided. - Reports from each of the Commissioning Directors: Director of Commissioning for Ambulance Services and 111 Members noted: - An update on performance framework updates including the publication of new clinical indicators such as pain score changes. - Updates on Phase 2 of the New Ambulance Response Model in Wales scheduled to launch on 2 December 2025. - The multi-faceted review process underway to ensure a comprehensive evaluation in relation to the Manchester Arena Inquiry. - That a strategic review of the welsh ambulance service's productivity had begun in response to a growing, aging population and rising medical complexity. - Challenges for the Non-Emergency Patient Transport Service including the cancellation of patient journeys. The need to prioritise the use of resources was acknowledged. - An update on collaborative work to improve the response for mental health patients in crisis and recognising the

Status	Update
	needs of those that are detained under the provisions of the Mental Health Act. ○ <u>Director of Commissioning for Specialised Services</u> Members noted: • The NWJCC recently met with clinicians and stakeholders on the development of a service specification for a Functional Neurosurgical Service for Movement Disorders (including Deep Brain Stimulation). The presentation included outcomes from the temporary pathway. The service specification will soon be shared for stakeholder consultation and used to designate providers, with completion expected by March 2026. • That a Joint Accreditation Committee of the European BMT Society (JACIE) accreditation inspection took place on 19 September 2025. The report is awaited. If certification is not maintained, CAR-T services would be suspended due to pharmaceutical supply restrictions, and bone marrow transplant services may require alternative commissioning arrangements. • The Cochlear Implant and Bone Conduction Hearing Implant service at Cardiff and Vale University Health Board (CVUHB) was escalated to Level 3 in October 2025 due to staffing challenges impacting on delivery capacity. • CVUHB's hereditary anaemias service had seen patient numbers double in five years, managed by just one consultant. This poses a risk. The commissioning team will propose increasing capacity in the next IMTP. ○ <u>Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups</u> Members noted: • New admissions to the Caswell Clinic had been suspended. An action plan has been submitted by the provider HB, and weekly meetings are being held to facilitate and monitor the implementation of this plan. Ty Llewellyn in North Wales will be considered initially for any new male medium secure referrals, whilst the independent sector will be used for female referrals. • St Andrew's Hospital remains a service of concern, and all admissions continue to be managed via the Care Quality Commission. • The JC received an update on <u>High-Cost Medicines</u> and it was highlighted that the incremental cost effectiveness ratio (ICER) currently used by the National Institute of Clinical Excellence (NICE) will increase and this will increase the cost

Status	Update
	of any new high-cost drugs for NHS Wales. The risk this poses to the NWJCC is under review. - The JC received the Month 7 Finance Report and the Operational Performance Report. The challenging financial position was noted, and options to further reduce financial risk will be presented and discussed at the Extraordinary JC meeting on 16 December 2025. - The Committee received the following assurance reports: Quality, Safety and Outcomes Sub-Committee Planning, Performance and Finance Sub-Committee Hosted Audit, Risk and Assurance Committee. - The Committee received the following reports for information: Individual Patient Funding Request Panel Report Welsh Kidney Network.
Appendices	None.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /	Effective
	Efficient; Equitable; Person-centred;

Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality 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.

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	16/12/2025
Statws Cyhoeddi / Publication Status	Open/Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Assurance and Risk Officer, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Huw George, Chief Commissioner, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Huw George, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	December 2025	Noted

6. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer Members of the Joint Committee with a summary of the key issues considered by the NHS Wales Joint Commissioning Committee (JC) at its extraordinary public meeting on 16 December 2025.

Key highlights from the meeting are reported in Section 3.

7. PURPOSE

The Purpose and Role of the JC is set out in Paragraphs 2.18 and 2.20 of the NWJCC [Standing Orders \(SOs\)](#).

8. HIGHLIGHT REPORT

(Links to reports highlighted [December 2025 - NHS Wales Joint Commissioning Committee](#)).

Status	Update
Alert / Escalate	Care Home Framework Members received a paper providing additional information on the benefits, both financial and non-financial, of investment into the NWJCC Care Home Framework. It was noted that several iterations of the paper had been discussed at previous JC and Collaborative Commissioning Leadership Group (CCLG) meetings. Members noted the deadline for the Framework, due to expire in March 2026 and that a resolution was required. There was support for Option 4 as a sustainable, once for Wales solution on behalf of all Health Boards, maximising economies of scale and reducing duplication. Members approved the release of funding to support delivery of Option 4 as a spend to save opportunity noting the risks associated with not approving the recommendation. It was agreed that assurance would need to be provided regarding the improvement in outcomes, the ambition to generate savings and contain costs to be delivered. As a result, it was further agreed that the NWJCC will monitor savings to ensure that the benefits derived exceed the funding to be provided, working with the NHS Wales Finance Working Group with oversight provided by the CCLG. Regular updates will then be reported to the JC. 2025/26 Specialised Commissioning Financial Recovery - Managing Activity Members received a paper providing further financial detail, detail of risks and a plan of action for the three areas of opportunity to support an improvement in this year's financial position, that had been agreed at the JC meeting on 25 November 2025. The areas included: - Reducing elective activity through the management of activity for English provider contracts during Quarter 4. - To find mitigating Savings through: - Early cessation of the Salford Obesity Surgery Contract - Understanding Local Health Boards pass through costs, identifying any efficiency opportunities. A Quality Impact Assessment of undertaking the actions was included and would continue to be refined subject to approval.

Status	Update
	It was noted that the above actions to improve the end of year deficit position could be taken forward immediately if a decision was taken at today's meeting, recognising however that the greater financial benefit would be realised in 2026-27. Welsh Government is sighted on the financial position of the JC and the expectation is on improvement wherever possible. Members approved moving forward with the proposed workplan with progress reports to be shared at future JC meetings.
Advise	There were no matters to be raised.
Assure	There were no matters for assurance.
Inform	There were no matters for information.
Appendices	None.

9. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
	No - Not Applicable

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	
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Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	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 <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	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.	

10. RECOMMENDATIONS

The Health Board is asked to:

Note the highlights

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	NHS Wales Shared Services Partnership Committee (NWSSP) Update Report – November 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 14th November 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 January 2026. The assurance report from this meeting will be reported to the Board once made available.

Argymhelliad / Recommendation

The Board is asked to RECEIVE this update report on NHS Wales Shared Services Partnership Committee activity.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities 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 Termiau: 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
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper No does not meet requirements
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Choose an item.

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Services Partnership Committee
Chaired by	Professor Tracy Myhill OBE, NWSSP Chair
Lead Executive	Neil Frow OBE, Managing Director, NWSSP
Author and Contact Details	Roxann Davies, Corporate Services Manager and James Quance, Assistant Director of Corporate Services
Date of Meeting	14 November 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, in addition to routine duties, approvals, and providing support to NWSSP, which included: • Autumn Development Day - Attended and contributed to the Autumn Committee Development Day and expressed appreciation to those who attended the worthwhile event. • Chairs' Meeting - Participated in the October Chairs' meeting, which included an introduction and discussion with the new Director General Health Social Care and Early Years, Jacqueline Totterdale. • Engagement with NHS Leadership - Met with the new Chair of Velindre University NHS Trust, Sara Mosley, on multiple occasions for introductory discussions. • NHS Confederation Event - Attended the NHS Confederation Dinner, engaging with colleagues and stakeholders. • NWSSP Audit Committee - Attended the NWSSP Audit Committee meeting held on 7 November 2025. The Committee NOTED the Chair's Report.	
Managing Director Update - The Managing Director presented his report, which included the following updates: • Chair Tenure - NF was pleased to report that TM has agreed to continue as Chair of the Committee for a further twelve months. The Welsh Government Governance and Accountability Review outcome is still awaited, and current arrangements remain in place under the Director General's direction. • Welsh Risk Pool - Discussions are ongoing with Welsh Government and Chief Executive Officers (CEOs) regarding financial pressures and high-value cases, with a course of action agreed for further engagement. A presentation was delivered to CEOs by AR and Mark Harris (Director of Legal & Risk Services and Welsh Risk Pool). Excluding the Welsh Risk Pool, NWSSP is forecasting a positive financial position and expects to achieve break-even, with potential financial distribution back to organisations. • Transforming Access to Medicines Programme (TrAMS) - The IP5 Radiopharmacy build is nearing completion of construction phase, with production	

anticipated from April 2026. The South East Hub Full Business Case (FBC) is in development following agreement on scope, with detailed design work underway. Alternative sites are being considered for West Wales, and discussions with Betsi Cadwaladr University Health Board (BCUHB) on the North Wales Hub have been positive, with additional project management support planned. NF also praised the successful Medicines and Healthcare products Regulatory Agency (MHRA) inspection at IP5 for Pharmacy services.

- **Vaccination Programmes** - Vaccination programmes continue successfully, with nearly one million influenza vaccines delivered and 400,000 COVID doses distributed. NF commended the teams for their ongoing efforts.
- **Other Matters** - The overarching report highlighted progress made in Laundry Services, Primary Care and Medical Examiner Services, as well as Personal Protective Equipment, Accommodation and Decarbonisation. Senior Leadership events and Awards and Recognition were summarised, with NF confirming that he attended the More Than Just Words event, promoting Welsh language initiatives. Further, NF congratulated the NWSSP Payroll Services Team on winning the Shared Services Forum UK Future Vision Award for Team of the Year. NF was also pleased to confirm retention of NWSSP's organisational accreditation to the Cabinet Office's Customer Service Excellence standard, for a third consecutive year.

The Committee **NOTED** and **DISCUSSED** the Managing Director's Report.

Presentation

2026-2029 Integrated Medium-Term Plan (IMTP) Progress Update - The Committee received an update on the development of the NWSSP IMTP for 2026–2029.

As a statutory requirement, the IMTP will be produced in line with Welsh Government guidance and financial allocations, which are expected by the end of November 2025. The plan remains iterative and shaped by Cabinet Secretary current priorities, including waiting lists, patient flow, women's health, prevention, community services and digital transformation. NWSSP's role is to support Health Boards in delivering their plans and ensure alignment through divisional objectives.

The planning process builds on previous work and reflects Welsh Government priorities. Divisional plans have been submitted and are undergoing scrutiny for financial viability and resource capacity. The aim is to present a draft IMTP to the Committee in January 2026, with final delivery by March 2026. A refreshed Digital Strategy is also being developed by the new Chief Digital Officer.

A successful Committee Development Day in October 2025 informed the direction of travel, and ongoing quarterly reviews with organisations are reinforcing alignment and identifying local priorities. Staff engagement remains central, with divisional plans developed from the bottom up and input sought from the Local Partnership Forum, the Equality, Diversity & Inclusion Group and Peer Networks. Five emerging themes have been identified, insofar as digital transformation and innovation, workforce development and culture, operational efficiency, sustainability and decarbonisation, and partnership engagement. The Committee was advised that timelines are on track and that the team is working to deliver a robust plan by March 2026.

The Committee **NOTED** the update and endorsed the approach to IMTP development, recognising the strong engagement process and alignment with National priorities.

Items for Approval

NWSSP Strategy Map Refresh for 2026-2029 - The Committee received the Strategy Map for approval and were informed that it was reviewed following the Committee Development Day to ensure alignment with current and future organisational priorities. Feedback from Committee Members and staff informed refinements to strategic objectives and outcomes. The mission statement, "*Delivering Value, Innovation and Excellence through Partnership*," was confirmed as fit for purpose. Strategic objectives have been updated reflect emerging priorities, including a new objective, Our Partners, focussing on partnership and co-production across NHS Wales. Updated outcome definitions will strengthen performance reporting and provide a clear framework for NWSSP's contribution to NHS Wales priorities, underpinning the next IMTP cycle.

The Committee **APPROVED** the NWSSP Strategy Map Refresh for 2026-2029.

Extension to the Service Level Agreement (SLA) for the Services supporting the National Influenza Immunisation Programme – The Committee received an update that the current flu vaccination programme is 97% complete, equating to 885,000 vaccines delivered to approximately 1,800 sites across Wales. Welsh Government has requested NWSSP to run the same programme for 2026–27. The Committee received a proposal to extend to the existing SLA to enable this, noting that a purchase order would need to be signed by Velindre University NHS Trust within the next few weeks to secure manufacturing slots. The supply contract has already been extended for 12 months within the existing contract terms.

The Committee **APPROVED** the extension to the SLA for the services supporting the National Influenza Immunisation Programme and the procurement of next seasons vaccine. Further, the Committee **NOTED** Velindre's position to note the item.

Revised Stockholding Requirements for Personal Protective Equipment (PPE) and Hygiene Consumable Products – The Committee received the revised stockholding requirements, for approval. The proposed extension formalises Welsh Government's direction, via the Cabinet Secretary, for NWSSP to maintain a national stockpile of PPE and hygiene consumables. NWSSP is sourcing PPE nationally and internationally and has commenced deliveries to achieve the mandated stock levels. These levels are based on demand during the peak of the second COVID wave, with a minimum of 12 weeks' stock in hand for each product. Certain items, such as aprons, gloves, and Type IIR masks, are now considered business as usual and that NWSSP will rotate stock to minimise expiry-related write-offs.

The Committee **APPROVED** the Revised Stockholding Requirements for Personal Protective Equipment (PPE) and Hygiene Consumable Products, as set out in the Change Control Notice.

Fleet Modernisation and Optimisation Programme Business Case (PBC) – The Committee received the PBC for approval, which enables progression to the next stage of governance, which involves noting by the Velindre Trust Board. The PBC sets out a 10-year fleet replacement strategy split into two five-year programmes. NWSSP currently operates 306 vehicles, of which 198 are owned and 108 leased; 40 vehicles are fully electric, while 266 are diesel or petrol. The fleet covers approximately 4 million miles annually across NHS Wales services. The first five-year phase proposes replacing 124 vehicles, with the strategy considering cost, carbon reduction, air quality improvements, and noise reduction. An optimisation review will run in parallel to assess fleet mix, routing, load capacity, and specialist requirements such as cold-chain capability for vaccination

programmes. Annual business justification cases will follow to procure vehicles in line with the approved programme.

The Committee **APPROVED** the Fleet Modernisation and Optimisation Programme Business Case.

Service Level Agreement (SLA) for the Provision of Commercial Medicines Contracting relating to Specialised Medicines – The Committee received the SLA for approval, which was designed to formalise the collaborative arrangements between the Medicines Value Unit (MVU) and the NHS Wales Joint Commissioning Committee (NWJCC) for specialised medicines contracting, for a two-year term. The SLA introduces a structured governance framework to clarify roles, responsibilities, timelines and deliverables.

The Committee **APPROVED** the SLA for the Provision of Commercial Medicines Contracting relating to Specialised Medicines.

Local Partnership Forum and Sub-Groups Terms of Reference – The Committee received the updated Terms of Reference for the Local Partnership Forum and its sub-groups, for approval. The refresh includes strengthened provisions around speaking up safely and a restructured approach to recruitment and retention, with the former sub-group now renamed as the Attraction and Retention Sub-group. A dedicated sub-group for policy review has also been introduced to ensure systematic oversight of workforce policies. The revisions received positive feedback and endorsement from the Local Partnership Forum.

The Committee **APPROVED** the Local Partnership Forum and Sub-Groups Terms of Reference.

Locum Hub Wales Contract Briefing Report – The Committee received the Locum Hub Wales contract, for approval. The proposal is to extend the contract for two years on a 1+1 basis, allowing time for a full review of the scheme's scope before considering any recommissioning. There is no funding risk, as the programme is fully funded by Welsh Government with direct allocation to NWSSP. Due to the cumulative value of the extension, Velindre Trust Board approval will be required under the Scheme of Delegation.

The Committee **APPROVED** the contract extension for GP Locum Hub Wales, on a 1+1 basis.

Items for Noting and Discussion

Future NHS Workforce Solution - Electronic Staff Record (ESR) Transformation Programme – The Committee received an update on the new NHS Workforce Solution, noting that the programme has moved from planning to mobilisation, at a significant pace.

The award of the £1.2 billion contract to Infosys to deliver the replacement for the ESR system and outlined key activities underway, including identification of early adopters and design workshops. Governance arrangements will involve NWSSP working with NHS Business Services Authority (NHSBSA) and Infosys to ensure a consistent approach, with reporting through this Committee, the NHSBSA Transformation Board, and Welsh Government. A programme management structure and overarching steering group will be established, supported by task-and-finish groups focused on readiness and business change. Funding discussions with Welsh Government are ongoing to address increased costs under the new contract. ESR audits will commence in January 2026, with formal action plans for organisations to ensure foundational readiness. Additional work includes

developing an executive briefing pack for Boards to support local communications. NWSSP will work with Welsh Government to confirm IMTP planning assumptions on costings and fundings arrangements to NHS organisations. Regular updates will be provided to the Committee and through peer-groups.

The Committee **NOTED** the update provided in relation to the Future NHS Workforce Solution – ESR Transformation Programme.

NWSSP Duty of Quality (DoQ) Update – The Committee was informed that NWSSP has successfully achieved re-accreditation for Customer Service Excellence for the third consecutive year across the organisation. The ‘always on’ reporting mechanism continues and staff engagement remains a key feature, to ensure updates are accessible and meaningful. The Committee receives DoQ updates on a six-monthly basis, with an Annual Report submitted for approval and subsequently published as a separate chapter in the Velindre Trust’s Duty of Quality update.

The Committee **NOTED** the NWSSP Duty of Quality Update.

Finance, Performance, People, Programme and Governance Updates

Finance Report – The Committee noted the financial position as at 30 September 2025, confirming a year-to-date surplus of £3.1m, driven by vacancies and underspend in health protection allocation. The forecast remains for a breakeven position by year-end, supported by continued review of expenditure and identification of savings opportunities. Capital expenditure to date stands at £1.9m against an annual limit of £9.4m, with successful funding secured for the next phase of work on the South East Wales TrAMS Full Business Case and further bids submitted for digital and estates schemes. Payment performance and new KPIs remain strong, with improvements noted in invoice processing. The Welsh Risk Pool forecast has risen sharply, creating significant financial pressure across NHS Wales and posing ongoing volatility that will impact next year’s planning cycle.

People and Organisational Development Report – The Committee received the latest workforce update to 31 October 2025, which highlighted stable sickness absence trends, turnover has reduced, and compliance for mandatory training and PADR is among the highest in NHS Wales. Progress continues on recruitment, retention, wellbeing, and diversity initiatives, including the launch of the Equality Diversity and Inclusion dashboard and promotion of the Work in Confidence platform. Preparations are underway for the NHS Wales staff survey and recognition awards. NWSSP also achieved national recognition at the ENEI Awards, receiving Highly Commended for Wellbeing and Belonging at Work.

Performance Information Report – The Committee received the report detailing the Key Performance Indicators (KPIs) from June to September 2025. The report confirmed that the majority of KPIs were met in September, with continued delivery against stretch targets and NWSSP having generated £58 million in professional influence benefits as at 30 September 2025. A review of performance targets is underway as part of IMTP development. There were no areas of concern to be brought to the Committee’s attention.

Outcome Measures Report – The Committee received the report focused on outcomes aligned to NWSSP’s strategic objectives across services, people and value. NWSSP continues to demonstrate progress in evidencing impact and the overarching report detailed high levels of customer satisfaction, strong employee engagement, and positive impact across procurement, decarbonisation and foundational economy, with 44% of procurement spend retained within Wales.

Integrated Medium-Term Plan (IMTP) Quarter 2 of 2025-26 Update Report – The Committee received the latest update in respect of progress made against NWSSP’s IMTP. The overarching report confirmed that 85% of objectives are on track, with targeted actions in place for off-track items. Performance remains stable, with 104 actions on track and six completed. Areas of challenge are being supported or deferred, where necessary.

Transformation Management Office (TMO) Update Report – The Committee received an update on the work of the TMO. The overarching report summarised the breadth of transformation activity across NWSSP and national programmes, indicating a stable position with 18 projects, 2 programmes and 5 initiatives currently being tracked. Of which, 2 are red, 7 are amber and 16 are green-rated projects. Overall, the portfolio demonstrates consistent delivery momentum across a diverse range of transformation and service improvement programmes, with 92% of projects rated green or amber and several nearing completion.

NWSSP Corporate Risk Register – The Committee received the latest Risk Register update, which was reported as stable and continues to be scrutinised regularly at each Senior Leadership Group meeting. The latest position identifies 17 risks for action, comprising six red, 11 amber and one yellow-rated risk. In addition, four risks are recorded for monitoring, including one amber and three yellow. The overarching report also outlines six emerging risks currently under consideration. Internal Audit has recently provided reasonable assurance on risk management processes.

NWSSP Management Letter 2024-25 – The Committee received the Management Letter for 2024-25, which was prepared by Audit Wales and considered by the NWSSP Audit Committee on 7 November 2025. Positive assurance was provided to NHS external audit teams on the activities of NWSSP for accounts opinion purpose with no recommendations made, for the third consecutive year. Appreciation was expressed to the Finance team and all divisions for their contribution in achieving this outcome. Committee Members acknowledged the significance of this outcome and welcomed the assurance provided.

Nationally Hosted NHS IT Systems Report 2024-25 – The Committee received the report prepared by Audit Wales, which was considered by the NWSSP Audit Committee on 7 November 2025. The report is positive and highlights the complexity of digital systems across NHS Wales and the need for continuous annual improvements. It notes close collaboration with Digital Health and Care Wales (DHCW) and a systems-based approach, emphasising the importance of maintaining robust controls, given ongoing cyber security risks. Audit actions will be addressed and monitored through the NWSSP Audit Committee and NWSSP Senior Leadership Group. Committee Members welcomed the assurance provided, noting it gives confidence to both the Committee and the NWSSP Audit Committee. Progress on IT key controls was commended, particularly given the backdrop of cyber threats.

The Committee **DISCUSSED** and **NOTED** the above Reports.

Part B - Private

The Committee received the NHS Wales Energy Sourcing Decision for 2026/27 and **APPROVED** the Welsh Energy Group’s proposal in respect of the All Wales electricity source, to remain with Zero Carbon for Business.

In addition, the Committee received the Draft Welsh Energy Group Minutes of the meeting held on 3 November 2025, for information.

Matters requiring Board/Committee level consideration and/or approval	
The Board is asked to NOTE the work of the Shared Services Partnership Committee.	
Date of next meeting	Tuesday 22 January 2026, 10.00am to 12.00pm

**Agenda Item**

9.2.5

Aneurin Bevan University Health Board**Highlight Report from the South East Wales Regional Joint Committee**

Dyddiad y Cyfarfod / Date of Meeting	28/01/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	C Dawson-Morris, Director South East Wales Regional Collaborative
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Rani Dash, Director of Corporate Governance (ABUHB)
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Nicola Prygodzicz, Chief Executive (ABUHB)

Pwrpas yr Adroddiad / Report Purpose	For Noting & Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
N/A		

Acronyms / Glossary of Terms	
SEWRJC	South East Wales Regional Joint Committee



1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the SEWRJC at its meeting on 19 November 2025.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The SEWRJC aims to enhance collaboration, reduce inequalities, and promote sustainable healthcare services across the regional footprint and represents a significant step toward integrated regional health governance through collaborative leadership and shared accountability among the constituent health boards and associate members.

3. Highlight Report

Alert / Escalate	No items identified for escalation to Boards on this occasion.
Advise	Appointment of the SEWRJC Chair - A nomination for Chair was sought from the three health boards and as a result J Morgan, Chair of Cwm Taf Morgannwg University Health Board was nominated and subsequently accepted the appointment of Chair to the South East Wales Regional Joint Committee (SEWRJC). Current Work Programme Updates - A comprehensive update on ongoing regional programmes was provided to the SEWRJC, including orthopaedics, diagnostics, ophthalmology, stroke, and cancer services, highlighting progress, challenges, and plans for service delivery and capacity building across South-East Wales. Organisational Development Partner Procurement Specification - The SEWRJC supported the proposal to procure an Organisational Development Partner to facilitate the SEWRJC work, co-design operational processes, support executive teams, and engage with clinical leaders to enhance regional service delivery. The need to ensure value for money and anticipated impact was emphasised.
Assure	Terms of Reference - The SEWRJC endorsed the changes to the Terms of Reference, suggested by the Cabinet Secretary and from those raised in the meeting for onwards approval at the three health boards. Please see Appendix 1 where changes are highlighted in red.



Inform	FUTURE WORK PROGRAMME The plans to formalise the future work programme was outlined noting a focus on delivery of existing initiatives, developing shared narratives, and identifying collective opportunities, with further details to be brought to the next meeting.
Appendices	Updated Terms of Reference for Approval (Appendix 1)

3. Assessment

Objectives / Strategy	
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: Whilst this committee primarily relates to healthcare services, it's success can potentially impact on all areas of the Wellbeing of Future Generations Act - A Prosperous Wales, A Resilient Wales, A More Equal Wales, A Wales of Cohesive Communities, A Wales of Vibrant Culture & Thriving Welsh Language, A Globally Responsible Wales
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective If more than one applies please list below: There is the potential for the work of the committee to impact on all the enablers of quality, namely – Culture & Valuing People, Data to Knowledge, and Leadership, Learning, Improvement & Research.
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Equitable If more than one applies please list below: Beyond a stated focus on equity there is the potential for the work of this committee to impact on all quality domains – Effective, Efficient, Person centred, Timely, Safe.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce If more than one applies please list below: As above there is the potential for the work of the committee to impact on the effectiveness of all elements of environmental sustainability, so to also include Reuse, Refine, Repurpose, Recycle

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: QIAs will form part of the work of the RJC work programme as the establishment of the committee in and of itself does not presuppose any action or changes
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below: As above
Cyfreithiol / Legal	Yes (Include further detail below)	
	There is the potential to require legal advice in future relating to the form and nature of the RJC and Health Board delegations	
Enw da / Reputational	Yes (Include further detail below)	
	There is a risk to the reputation of the Health Board should this committee not be formed due to the lost opportunity and Welsh Government expectation	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	There is a requirement to resource the committee in terms of programmes of work and this will need to be drawn from existing resources dedicated to regional activities and a reduction in duplication between health boards	

4. Recommendation

4.1 The Board is asked to:

- to **NOTE** the highlights outlined in section 3 of this report.
- **APPROVE** the updates made to the Terms of Reference at Appendix 1.

SOUTH-EAST WALES REGIONAL JOINT COMMITTEE (RJC)

TERMS OF REFERENCE & OPERATING ARRANGEMENTS

Introduction	1. On 2 April 2025, the Cabinet Secretary for Health and Social Care directed Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board to establish a Regional Joint Committee (RJC) to exercise the facilitation and oversight of regional planning to drive effective collaboration and regional working. This direction is given pursuant to the Welsh Ministers' power in section 12(3) of the National Health Service (Wales) Act 2006. 2. For the purpose of these terms of reference, the three organisations comprising the RJC will be referred to as the health boards. 3. To enhance collaboration in integrated care, representatives from Powys Teaching Health Board and Velindre University NHS Trust will be Associate Members of the RJC. 4. Additionally, a Welsh Government Official is to receive a standing invitation to observe all meetings of the Committee. This will usually be a member of the Health, Social Care, and Early Years Executive Directors Team. This will provide the Cabinet Secretary with confidence that there is an appropriate level of oversight and assurance from the Welsh Government in place. 5. The RJC is expected to bring greater focus on: • regional planning and delivery of service models. • improved outcomes and a reduction in inequalities in access. • potential for service transformation, including new workforce models. • establishing new relationships and/or resetting existing relationships. • exploring regional solutions to advance sustainable service provision • providing coordinated support to the health boards.
Status	6. The RJC is to be established under the powers vested in Welsh Ministers under Section 12 of the National Health (Wales) Act 2006 which allows: (1) Welsh Ministers to direct a Local Health Board to exercise in relation to its area: (a) functions which were transferred to the National Assembly of Wales (now Welsh Government following the Government of Wales Act 2006) by the Health Authorities (Transfer of Functions, Staff, Property, Rights and Liabilities and Abolition) (Wales) Order 2003 (S.I. 2003/813 (W.98)), (b) such other of their functions relating to the health service as are specified in the direction. (2) The functions which may be specified in directions under subsection (1) include functions under enactments relating to mental health and care homes. (3) The Welsh Ministers may give directions to a Local Health Board about its exercise of any functions.

Accountability, Responsibility and Authority	7. The RJC is established by, and ultimately accountable to, the Boards of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB. 8. As a joint committee of the three Health Boards, the RJC is not a separate legal entity from each of the LHBs. 9. The RJC shall report to each Board on its activities, to which it is formally accountable in respect of the exercise of the functions carried out on their behalf. 10. The three Health Boards remain accountable for planning, securing and delivering health services to their respective populations with respective Chairs ultimately accountable to the Cabinet Secretary for Health and Social Care. 11. Each Health Board has delegated authority to the RJC for the exercise of certain functions, as set out within these Terms of Reference. 12. These RJC Terms of Reference form a schedule of each Health Board's own Standing Orders and have effect as if incorporated within them. 13. Where Health Boards have delegated functions to the RJC, each Health Board shall be bound by the decisions of the Joint Committee in accordance with the Schedule of Powers delegated to the RJC (Appendix A).
Purpose of the RJC	14. The RJC has been established to: (a) Create a step change in the effectiveness of arrangements to collaborate across the regional footprint in the interests of our shared population, marking a change in the way we work collectively as health boards. (b) Provide collective leadership for the regional planning, commissioning, and delivery of services for all populations which receive services provided by the three health boards, considering the service challenges, financial challenges and population health needs of all three organisations. (c) Establish a regional approach to the development of clinical services planning, aligned to regional population health needs assessments, to develop and deliver sustainable services in terms of achieving quality and outcome measures, workforce and financial sustainability. (d) Identify priorities for the three health boards, where a regional approach will deliver benefit. (e) Explore how the benefits of a regional health economy are harnessed to best serve the south-east Wales population of over 1.5million. (f) Reduce unwarranted variation and inequality in health outcomes, access to services and experience at a regional population level. (g) Be cognisant of the wider environment of health services in Wales, including the needs of those who use health services in the south-east Wales region but are from populations which are outside of the responsibility of the three health boards.

Objectives of the RJC

15. In-line with delegated levels of authority and accountability (**Appendix A**), the RJC will specifically:
- Develop a regional programme of work, aligned to individual Health Board plans, **Welsh Government priorities and any Ministerial Directions**, to ensure the benefits of a regional health economy for a population of over 1.5million are realised.
 - Review baseline activity, based on individual Health Board clinical services plans, focusing on cost efficiencies, quality, and service fragility.
 - Develop and oversee an approach to prioritisation of capital programmes which underpin the regional health economy approach.
 - Consider and prioritise the regional projects included within the regional programme of work, approving Business Cases and identifying and agreeing to any further projects to be included in the regional programme.
 - Seek assurance that projects deliver against their outcomes and timescales, and deliver against the quality measures and programme benefits, as identified in their PIDs and or Business Cases.
 - Provide a vehicle to progress work programmes within the remit of the RJC without unnecessary recourse elsewhere to ensure pace.
 - Seek assurance that integrated impact assessments are undertaken of all planned service change programmes and embedded in the ways of working of the RJC.
 - Develop, implement and evaluate the required governance framework to deliver the regional programme of work, underpinning the RJC.
 - Consider any audit and review related activity relevant to the work of the RJC to inform learning and improvement.

Partnership Principles

16. As a strategic partnership of the three Health Boards in the region, the RJC will adopt and embed the following four partnership principles into its business and operating arrangements. The RJC will be:
- A partnership with a system focus which seeks to collectively agree the outcomes it wants for its combined population.
 - A partnership that is a system enabler.
 - A low bureaucracy, high trust partnership.
 - A partnership of constructive behaviors.



Chairing Arrangements	17. The Chair of the RJC will be drawn from one of the Chairs of the three health boards and this position will rotate amongst the three chairs on an annual basis at the meeting of the RJC in April of each year. The RJC will be established in October 2025 and the first appointed Chair will serve until March 2027. 18. The other two health board Chairs will jointly become vice chairs of the RJC and will agree who deputises and presides at a meeting in the absence of the Chair.
Membership	19. The RJC shall have the following members drawn from the three health boards, as follows: • Chairs of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB (3) • Vice Chairs, or 1 nominated Independent Member, of each of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB (3) • Chief Executives of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB (3) • 1 nominated Executive Director from each of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB (3) 20. With the permission of the Chair of the RJC, the members of the RJC set out above may nominate a substitute, equivalent Board Member (as defined above) to attend a meeting that they are unable to attend. The substitute may speak and vote on their behalf. The decision of the Chair regarding the authorisation of nominated substitutes is final.
Associate Membership	21. The RJC shall have the following associate members, attending meetings on an ex-officio basis, without voting rights: a) A nominated Board Member of Powys Teaching Health Board (1) b) A nominated Board Member of Velindre University NHS Trust (1) 22. With the permission of the Chair of the RJC, the associate members of the RJC set out above may nominate a substitute to attend a meeting that they are unable to attend. The substitute may speak on their behalf. The decision of the Chair regarding the authorisation of nominated substitutes is final.

In Attendance	23. At the discretion of the Chair of the RJC, the RJC may invite others to attend meetings, where this would assist it in its role and in the discharge of its duties. This may include, but is not limited to: a) Employees of the three Health Boards as appropriate. b) The Senior Responsible Officers of RJC programmes. c) Representatives from the Health and Care system, including NHS Bodies and Local Authorities. d) Representatives from the Voluntary, Community and Social Enterprise sector. e) Representatives of Llais. 24. The RJC will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the RJC (whether directly or through the activities of bodies such as Llais) and to demonstrate openness and transparency in the conduct of business. 25. A Welsh Government Official will receive a standing invitation to observe all meetings of the RJC.
Accountable Officers	26. Chief Executives of Health Boards are designated Accountable Officers, in-line with Managing Welsh Public Money, and hold several personal responsibilities. Accountable Officers have a personal responsibility for: propriety and regularity of the public finances delegated to them; affordability and sustainability; value for money; management of opportunity and risk; learning from feedback; and accounting accurately. 27. The Chief Executive, as the Accountable Officer (Accounting Officer), of each respective Health Board is included within the membership of the RJC to ensure any decisions delegated from Boards to the RJC do not undermine the personal responsibilities Accountable Officers hold. 28. Accountable Officers will need to be cognisant of their responsibilities, as set out within Managing Welsh Public Money (MWPM) and their respective Accountable Officer Memorandums, ensuring principles are applied to decision making, including: a) MWPM 3.8.5 – “There are sensitivities about the role of the Accounting Officer in a public body which is governed by an independent board, e.g. a charity or a company. The Accounting Officer, who will normally be a member of the board, must take care that his or her personal responsibilities do not conflict with his or her duties as a board member. In particular, the Accounting Officer should vote against any proposal which appears to cause such a conflict; it is not sufficient to abstain.” b) MWPM 3.8.6 – “Moreover, if the chair or board of such a public body is minded to instruct its Accounting Officer to carry out a course inconsistent with the standards in box 3.1, then the Accounting Officer should make his or her reservations clear, preferably in writing....”

**Working with
Llais (Citizen
Body for Health
and Social Care)**

29. In exercising its responsibilities, the RJC shall ensure arrangements are in place to engage and co-operate with representatives of Llais as appropriate.
30. Part 4 of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1) (the 2020 Act) places a range of duties on Local Health Boards and Trusts in relation to the engagement and involvement of Llais in their operations, which are extended to the activities of the RJC.
31. The RJC will ensure it is clear who will assume responsibility for engaging and co-operating with Llais when planning, developing, considering proposals for service change, in-line with delegated levels of authority.

**Delegated
Functions and
Powers**

32. When exercising any Delegated Functions, the RJC will ensure that it acts in accordance with, and that its decisions are informed by, the relevant policies and procedures which have been developed by the three health boards to support those functions and to inform the commissioning, provision and delivery of any relevant services.
33. Within the framework approved by each Health Board and set out within these RJC Terms of Reference, and subject to any directions that may be given by the Welsh Ministers; the RJC may make arrangements for certain functions to be carried out on its behalf, so that regional planning and delivery may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the RJC must set out clearly the terms and conditions upon which any delegation is made.
34. The RJC's determination of those matters that it will retain, and those that will be delegated to others shall be set out in **Appendix A**:
- a) Schedule of matters reserved for the RJC; and a
 - b) Scheme of delegation to joint sub-Committees and others;
- all of which must be formally adopted by the RJC and approved by Health Boards as a schedule to their own Standing Orders.

**Sub-
Committees,
Groups and
Panels**

35. The RJC may and, where approved by the LHB Boards jointly, or directed by Welsh Ministers, must appoint joint sub-Committees of the RJC either to undertake specific functions on the RJC's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).
36. This may also extend to:
- a) Programme and Project Governance – Established to provide a framework for managing and controlling programmes and projects.
 - b) Expert Panels – Established to review and make technical recommendations on specific subjects which generally consist of experts with relevant knowledge and experience within a particular field.
 - c) Advisory Groups – Established to provide advice over an issue/range of subject matters which generally consists of an external chair and internal and/or external stakeholders to make recommendations on a specific issue.

37. The RJC shall determine a governance structure that meets its own advisory and assurance needs and in doing so the needs of the three Health Boards. These would be set out within agreed Terms of Reference and Operating Arrangements, agreed by the RJC.

Meetings

Scheduling meetings

38. The RJC will ordinarily meet quarterly, and, as a minimum, shall meet on three occasions each year. Additional meetings may be convened on an exceptional basis at the discretion of the Chair.
39. The three Health Boards may ask the RJC to convene further meetings to discuss issues on which they want RJC advice, subject to the agreement of the Chair.

Quoracy

40. In order for a meeting to be quorate there must be at least six members in attendance, which shall include:
- a) An Independent Member (Chair or Vice Chair) and an Executive member (CEO or other executive) from each of the three health boards.
41. If any member of the RJC has been disqualified from participating in an item on the agenda, because of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum. Nominated deputies who have been authorised by the Chair shall count towards quorum.
42. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Voting

43. The RJC will ordinarily reach conclusions by consensus. If this is not possible, the Chair may call a vote. Only members of the RJC Committee (or nominated substitute as set out in section 20) may vote; each Member is allowed one vote. The result of the vote will be recorded in minutes
44. Where there is no consensus and the likelihood of no consensus at a subsequent meeting, the Chair of the RJC will refer the decision to each Board of the three respective Health Boards for further consideration. If the same decision is not made by each of the three Health Boards, the dispute process (**Appendix B**) will be enacted.
45. Should a decision be referred to the three respective Health Boards as set out in section 44, the outcome of all three decisions will be reported to the next meeting of the RJC and recorded in minutes.

Papers and notice

46. A minimum of seven clear days' notice of all meetings is required, which

shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least five clear working days ahead of the meeting.

DRAFT

47. On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances the Chair will give as much notice as possible to members. Urgent papers shall be permitted in exceptional circumstances at the discretion of the Chair.

Virtual attendance

48. It is for the Chair to decide whether the RJC will meet virtually. Where a meeting is not held virtually, the Chair may nevertheless agree that individual members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such a meeting. How a person has attended a meeting shall be specified in the meeting minutes.

Recordings of meetings

49. Except with the permission of the Chair, no person admitted to a meeting of the RJC shall be permitted to record the proceedings in any manner whatsoever, other than in writing.

Minutes

50. The minutes of meetings will be formally taken in the form of key points of debate, actions and decisions and a draft copy circulated to the members of the RJC together with the action log as soon after the meeting as practicable. The minutes shall be submitted for agreement at the next meeting.

Governance support

51. Governance Advice and Secretariat support for the RJC will be provided by the organisation from which the Chair is elected and will therefore rotate between the three Health Boards on an annual basis.

Interpretation

52. Where there is doubt as to the applicability or interpretation of the RJC's terms of reference and operating arrangements, the Chair of the RJC, with advice from the nominated Governance Advisor, shall have the final say, provided that the decision does not conflict with rights, liabilities or duties as prescribed by law.

Confidential information

53. Where confidential information is presented to the RJC all attendees will ensure that they treat that information appropriately considering any confidentiality requirements and information governance principles.

Openness and Transparency

54. As far as is practicably possible and appropriate, the RJC will meet in public to promote openness and transparency. A public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on each Health Boards website, where the papers supporting the public part of the agenda will be available.

	55. There will be occasions when some of the RJC's business is more appropriately considered in private session; this is to ensure that any business considered is not prejudicial to public interest, commercial sensitivities and data protection. 56. The final decision on whether business should be discussed in private or public session shall be made by the RJC Chair, having taken advice from the nominated Governance Advisor.
Conflicts of interest	57. Conflicts of interest will be managed in accordance with relevant policies and procedures and shall be consistent with the three health boards' respective statutory duties and applicable national guidance. 58. Where individual RJC members identify an interest in relation to any aspect of RJC business set out in the meeting agenda, that member must declare an interest at the start of the meeting. RJC members should seek advice from the Chair before the start of the meeting if they are in any doubt as to whether they should declare an interest at the meeting. 59. All declarations of interest made at a meeting must be recorded in the Joint Committees minutes. 60. It is the responsibility of the Chair, on behalf of the RJC, to determine the action to be taken in response to a declaration of interest declared. Where the Joint Committee Chair declares a personal interest, any decision on the action to be taken shall be made the Vice-Chair designated for that meeting.
Disputes	61. Where a dispute arises between the three health boards, which is connected to the operation of the RJC and its work, this shall be resolved in accordance with the dispute resolution procedure at Appendix B.
Behaviours and Conduct	62. Members will be expected to behave and conduct business in accordance with: a) The policies, procedures and governance documents that apply to their respective Health Board. b) Any collectively developed procedures or codes. c) The Values and Standards of Behaviour Framework of NHS Wales. d) The Nolan Principles e) Agreed partnership principles. 63. Members must demonstrably consider equality diversity and inclusion implications of the decisions they make. 64. Within the constraints of these Terms of Reference, RJC Members will act in the best interests of the population of the south-east Wales region, rather than representing the individual interests of an individual health board.

Reporting Arrangements	65. A copy of the meeting minutes of each meeting of the RJC, along with a summary report, shall be shared with the three Health Boards for information and assurance. The report shall set out matters discussed and pertinent issues, together with any recommendations and any matters which require disclosure, escalation, action or approval. 66. There will be regular joint reporting through existing accountability meetings between the three health board Chairs and the Cabinet Secretary for Health and Social Care.
Review	67. The RJC will review its effectiveness at least annually on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference. The outcome of this will be included within the standing report to the three Health Boards set out in 65. 68. These terms of reference, including membership and chairing arrangements, will be reviewed at least annually and more frequently if required. 69. Any proposed amendments to these terms of reference will be submitted to the three Health Boards for approval.

SOUTH-EAST WALES REGIONAL JOINT COMMITTEE (RJC)

SCHEME OF DELEGATION AND RESERVATION OF POWERS

The tables below set out a Framework of Reservation and Delegations anticipated in respect of RJC business.

Unless explicitly set out within the RJC's Terms of Reference and this Framework, everything is retained by the three Health Boards respectively. Where Health Boards have delegated functions to the RJC, each Health Board shall be bound by the decisions of the Joint Committee in accordance with the Schedule of Powers delegated to the RJC

This Framework will be kept under active review and, where appropriate, will be revised to take account of developments, review findings or other changes.

A. MATTERS RELATING TO THE RJC, RESERVED FOR HEALTH BOARDS		
REF.	AREA	MATTER
A1.	Operating Arrangements	Approve the Joint Committee's Terms of Reference and Operating Arrangements (the Governance Framework for the RJC)
A2.	Strategy & Planning	Approve the annual priorities and programme of work for regional developments, as recommended by the RJC
A3.	Strategy & Planning	Approve a Regional Commissioning Strategy, if recommended by the RJC, for inclusion in Health Board Integrated Medium-Term Plans
A4.	Strategy & Planning	Approve the overarching financial commitment and financial framework required to enable delivery of the priorities set for the RJC (A2 and A3)
A5.	Strategy & Planning	Approve Capital and Revenue Business Cases (prior to WG approval if required), within the framework of: • The agreed annual priorities and programme of work for regional developments (A2) • The agreed Regional Commissioning Strategy (A3) • The overarching financial commitment and financial framework required to enable delivery of the priorities set for the RJC (A4)
A6.	Strategy & Planning	Approve the commencement of formal engagement and consultation on significant service change proposals
A7.	Strategy & Planning	Approve significant service change proposals for implementation

B. MATTERS RELATING TO THE RJC, DELEGATED FROM HEALTH BOARDS AND RESERVED FOR THE JOINT COMMITTEE		
REF.	AREA	MATTER
B1.	Operating Arrangements	Develop, vary, and amend the Joint Committee's Terms of Reference and Operating Arrangements (the Governance Framework for the RJC) for Health Board approval
B2.	Operating Arrangements	Develop and Approve the Terms of Reference and Operating Arrangements for the following which are deemed necessary to support the RJC in the exercise of its functions:

		• Programme and Project Governance – Established to provide a framework for managing and controlling programmes and projects. • Expert Panels – Established to review and make technical recommendations on specific subjects which generally consist of experts with relevant knowledge and experience within a particular field. • Advisory Groups – Established to provide advice over an issue/range of subject matters which generally consists of an external chair and internal and/or external stakeholders to make recommendations on a specific issue.
B3.	Strategy & Planning	Develop and approve, prior to Health Board approval, the annual priorities and programme of work for regional developments, in line with the RJC's purpose and responsibilities
B4.	Strategy & Planning	Develop and approve, prior to Health Board approval, a Regional Commissioning Strategy, for inclusion in Health Board Integrated Medium-Term Plans, where it is required
B5.	Strategy & Planning	Determine, for Health Board approval, the required financial commitment and financial framework to enable delivery of the priorities set for the RJC (A2 and A3)
B6.	Strategy & Planning	Approve Capital and Revenue Business Cases (prior to WG approval if required), within the framework of: • The agreed annual priorities and programme of work for regional developments (B3) • The agreed Regional Commissioning Strategy (B4) • The overarching financial commitment and financial framework required to enable delivery of the priorities set for the RJC (B5)
B6.	Strategy & Planning	Develop significant service change proposals which relate to regional developments, for Health Board approval
B7.	Strategy & Planning	Develop arrangements for the commencement of formal engagement and consultation on service change proposals, for Health Board approval
B8.	Performance & Assurance	Receive reports from Senior Responsible Officers on progress and performance in the delivery of the RJC's priorities and programme of work, and approve action required, including improvement plans where required
B9.	Performance & Assurance	Receive assurance reports from the RJC's sub-Committees and groups on the delivery of those delegated programmes of work
B10.	Performance & Assurance	Receive audit and review reports related to the work of the RJC (in addition to consideration through Health Boards)

C. MATTERS RELATING TO THE RJC, DELEGATED FROM THE JOINT COMMITTEE TO SUB-COMMITTEES, GROUPS AND OTHERS

REF.	AREA	MATTER
		<i>To be determined upon establishment of the RJC</i>

SOUTH-EAST WALES REGIONAL JOINT COMMITTEE (RJC)**PROCESS FOR DISPUTES AND ARBITRATION**

1. In accordance with the Terms of Reference for the RJC, Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board (the Health Boards) will seek to work cooperatively with each other as constituent members of the RJC and with the RJC as a whole. Where there is an impasse which cannot be resolved by means of conciliation between appropriate individuals, then as a last resort the following process should be followed.
2. In the event of any dispute between Health Boards relating to RJC business, all parties involved in the dispute must try to reach an agreement. This will involve meeting to discuss and trying to resolve the issues. All reasonable efforts must be made before escalating any disputed issues.
3. If a dispute cannot be resolved in accordance with the provisions of paragraph 2, the respective Health Board Chief Executive should have a further meeting with the two other Chief Executives of the RJC to determine if the matter can be resolved in-line with the partnership principles agreed within the RJC's Terms of Reference.
4. If a dispute cannot be resolved in accordance with the provisions of paragraph 3, the respective Health Board Chair should have a further meeting with the two other Health Board Chairs to determine if the matter can be resolved in-line with the partnership principles agreed within the RJC's Terms of Reference. The Health Board Chairs may wish to engage their respective wider Boards on this matter.
5. If a dispute still cannot be resolved in accordance with the provisions of paragraph 5, it shall be referred to the Welsh Government Director General for Health and Social Services and ultimately onwards to the Cabinet Secretary for Health and Social Services for resolution.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Governance Matters: Summary of Board Business held In-Committee
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Naomi Murtagh, Board Business Manager

Pwrpas yr Adroddiad Purpose of the Report

Er Gwybodaeth/For Information

The purpose of this report is to share a summary of the formal discussion of the Board at its private meeting held in November 2025, and to report any key decisions taken, in-line with good governance principles and requirements set out in the Health Board's Standing Orders.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

In accordance with its Standing Orders, Aneurin Bevan University Health Board conducts as much of its formal business in public as is possible (Section 7.5). There may, however, be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary [Director of Corporate Governance]) will schedule these issues accordingly and require that any observers withdraw from the meeting. This is sometimes known as a 'Private/Confidential Board meeting' or an 'In-Committee Board meeting.' The legal basis by which observers would be asked to withdraw from such meetings, is as set out within the *Public Bodies (Admission to Meetings) Act 1960, section 1 (2)*.

In circumstances where the Board meets in a private formal session, it shall formally report any decisions taken to the next meeting of the Board in public session.

Aneurin Bevan University Health Board is committed to carrying out its business openly and transparently, in a manner that encourages the active engagement of its citizens, community partners and other stakeholders.

The purpose of this report is to share a summary of formal discussion held by the Board at its private meeting held in November 2025 and to report any key decisions taken.

Cefndir / Background

Summary of Discussions

Regional Planning: Diagnostics FBC

The Board was presented with the Llantrisant Health Park (LHP) Diagnostics Full Business Case (FBC). The FBC represents phase one of the LHP development, focusing on the establishment of a new diagnostics facility and service. It was noted that the Board had previously considered the Outline Business Case (OBC), and that there had been no material changes since that stage

It was acknowledged that the project remained subject to affordability, the provision of additional resources. The development of the workforce plans and operational model will follow as part of implementation. The Board discussed the importance of balancing improved productivity and efficiency with financial constraints, especially given the uncertain financial outlook for the next three years.

The Board **NOTED** the FBC and **SUPPORTED** the submission of the Diagnostics Full Business Case of the Llantrisant Health Park development to Welsh Government, noting the need for further work to develop service pathways, engagement with communities, the development of a sustainable workforce plan and the ongoing development of operational model, the affordability of the scheme and the provision of additional resources to support the project.

Digital Community Programme Business Case

The Board was presented with the Digital Community Programme Business Case. The business case set out the proposal for the replacement of the current Mental Health and Learning Disabilities electronic patient records system, in response to the end-of-life status of the Welsh Community care Information System (WCCIS) and the forthcoming end of the national contract in March 2027.

The business case detailed three options:

- Option 1: Do nothing, which would involve a return to alternative digital and paper-based processes, introducing significant risks to service delivery.
- Option 2: Do minimum, a managed return to alternative digital solutions, which would be less risky than Option 1 but still carried notable risks.
- Option 3: The preferred option, to procure and implement the preferred solution, which offered significant benefits including improved referral processes, administrative and clinical time savings, enhanced data quality and compliance, and better staff and patient experience.

The Board noted that the funding position was consistent across all Health Boards, with Welsh Government providing only one year of funding at this stage.

The Board **ENDORSED** the allocation of the requisite financial resources to support the successful delivery of the Digital Community Programme, as set out in the business case.

Asesiad / Assessment

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

Argymhelliad / Recommendation

The Board is requested to note this report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	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 Termiau: Glossary of Terms:	None

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper No does not meet requirements
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. Not applicable to this report