Aneurin Bevan University Health Board Public Board

Wednesday 18 November 2026, 09:30 - 17:00

Conference Centre, St Cadoc's Hospital

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

PB 20261118_Board Consent Agenda.pdf (3 pages)

1.1. Welcome and Introductions

Chair

1.2. Apologies for Absence for Noting

Chair

1.3. Declarations of Interest for Noting

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 6) that Board Members wish to bring forward to the Main agenda for discussion

Chair

09:30 - 09:30
0 min

3. CHAIR & CEO UPDATES

3.1. Update from the Chair

Chair

3.2. Update from the Chief Executive

Chief Executive

09:30 - 09:30
0 min

4. PERFORMANCE & DELIVERY

4.1. Priority Programme Review: Prevention

Director of Public Health

PB 20261118 Agenda Item 4.1 Prevention Programme Deep Dive.pdf (9 pages)
PB 20261118 Agenda Item 4.1 Prevention Programme Deep Dive Appendix A.pdf (38 pages)

4.2. Priority Programme Review: Mental Health

Chief Operating Officer

PB 20261118 Agenda Item 4.2 Priority Programme Review - Mental Health.pdf (7 pages)

PB 20261118 Agenda Item 4.2 Priority Programme Review - Mental Health Appendix A.pdf (35 pages)

4.3. 2026/27 Performance Reporting

Executive Leads

a. Integrated Performance Report

b. Financial Performance Report, Month 06

PB 20261118 Agenda Item 4.3 Integrated Performance Report.pdf (11 pages)
PB 20261118 Agenda Item 4.3 Integrated Performance Report Appendix A.pdf (84 pages)
PB 20261118 Agenda Item 4.3 Integrated Performance Report Appendix B.pdf (19 pages)
PB 20261118 Agenda Item 4.3b Financial Performance Report, Month 06.pdf (17 pages)
PB 20261118 Agenda Item 4.3b Financial Performance Report, Month 06 Appendix A.pdf (56 pages)

4.4. Value Based Healthcare Annual Report

Director of Finance & Procurement

PB 20261118 Agenda Item 4.4 Value Based Healthcare Annual Report.pdf (5 pages)
PB 20261118 Agenda Item 4.4 Value Based Healthcare Annual Report Appendix A.pdf (31 pages)
PB 20261118 Agenda Item 4.4 Value Based Healthcare Annual Report Appendix B.pdf (18 pages)

4.5. Annual Putting Things Right (PTR) Report

Director of Nursing

PB 20261118 Agenda Item 4.5 Annual Putting Things Right (PTR) Report.pdf (9 pages)
PB 20261118 Agenda Item 4.5 Annual Putting Things Right (PTR) Report Appendix A.pdf (27 pages)

4.6. Public Services Ombudsman for Wales Annual Letter

Director of Nursing

PB 20261118 Agenda Item 4.6 Public Services Ombudsman for Wales Annual Letter.pdf (5 pages)
PB 20261118 Agenda Item 4.6 Public Services Ombudsman for Wales Annual Letter Appendix A.pdf (14 pages)
PB 20261118 Agenda Item 4.6 Public Services Ombudsman for Wales Annual Letter Appendix B.pdf (4 pages)

4.7. Nurse Staffing Levels (Wales) Act – Annual Assurance Report

Director of Nursing

PB 20261118 Agenda Item 4.7 Nurse Staffing Levels (Wales) Act Annual Assurance Report.pdf (12 pages)
PB 20261118 Agenda Item 4.7 Nurse Staffing Levels (Wales) Act Annual Assurance Report Appendix 1a.pdf (2 pages)
PB 20261118 Agenda Item 4.7 Nurse Staffing Levels (Wales) Act Annual Assurance Report Appendix 1b.pdf (2 pages)
PB 20261118 Agenda Item 4.7 Nurse Staffing Levels (Wales) Act Annual Assurance Report Appendix 1c.pdf (1 pages)

4.8. Women’s Health Hub Update

Director of Public Health

PB 20261118 Agenda Item 4.8 Women’s Health Hub Update.pdf (10 pages)
PB 20261118 Agenda Item 4.8 Women’s Health Hub Update Appendix A.pdf (17 pages)

4.9. Trade Union Partnership Forum Annual Report 2025-2026

Trade Union Representative

PB 20261118 Agenda Item 4.9 Trade Union Partnership Forum Annual Report 2025-2026.pdf (3 pages)
PB 20261118 Agenda Item 4.9 Trade Union Partnership Forum Annual Report 2025-2026 Appendix A.pdf (11 pages)

09:30 - 09:30
0 min

5. ASSURANCE MATTERS

5.1. Key Matters from Committees of the Board

Committee Chairs

PB 20261118 Agenda Item 5.1 Key Matters from Committees of the Board.pdf (23 pages)

5.2. Strategic Risk Report, November 2026

Chief Executive

PB 20261118 Agenda Item 5.2 Strategic Risk Report, November 2026.pdf (10 pages)
PB 20261118 Agenda Item 5.2 Strategic Risk Report, November 2026 Appendix A.pdf (12 pages)
PB 20261118 Agenda Item 5.2 Strategic Risk Report, November 2026 Appendix B.pdf (46 pages)

5.3. Report from Llais, Gwent Region

Regional Director, Llais

PB 20261118 Agenda Item 5.3 Report from Llais, Gwent Region.pdf (12 pages)

09:30 - 09:30
0 min

6. CONSENT AGENDA

6.1. FOR APPROVAL

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

Chair

28th September 2026

PB 20261118 Agenda Item 6.1.1 Draft Minutes of the Public Board Meeting held on 28 September 2026.pdf (16 pages)

6.1.2. Infection Prevention Assurance Statement

Director of Nursing

PB 20261118 Agenda Item 6.1.2 Infection Prevention Assurance Statement.pdf (4 pages)

6.1.3. Report on Sealed Documents and Chair’s Actions

Chair

PB 20261118 Agenda Item 6.1.3 Governance Matters.pdf (4 pages)

6.2. FOR NOTING

6.2.1. Board Action Log with Updates

Chair

PB 20261118 Agenda Item 6.2.1 Board Action Log.pdf (1 pages)

6.2.2. Executive Committee Chair’s report

Chief Executive

PB 20261118 Agenda Item 6.2.2 Executive Committee Chair’s report.pdf (12 pages)

6.2.3. Strategic Partnership Updates

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

a. Regional Partnership Board

PB 20261118 Agenda Item 6.2.3 Regional Partnership Board.pdf (5 pages)

6.2.4. An overview of Joint and Partnership Committee Activity

Chief Executive

a. NHS Wales Joint Commissioning Committee

b. NHS Wales Shared Services Partnership Committee

- PB 20261118 Agenda Item 6.2.4a Joint Commissioning Committee Appendix A.pdf (6 pages)
- PB 20261118 Agenda Item 6.2.4b NHS Wales Shared Services Partnership Committee.pdf (3 pages)
- PB 20261118 Agenda Item 6.2.4b NHS Wales Shared Services Partnership Committee Appendix A.pdf (6 pages)
- PB 20261118 Agenda Item 6.2.4a Joint Commissioning Committee.pdf (4 pages)

6.2.5. Summary of Board Business held In-Committee

Director of Corporate Governance

- PB 20261118 Agenda Item 6.2.5 Summary of Board Business held In Committee September 2026.pdf (4 pages)

09:30 - 09:30
0 min

7. OTHER MATTERS

7.1. Any Other Business

7.2. Date of the Next Meetings

20th January 2027

09:30 - 09:30
0 min

8. PRIVATE/IN COMMITTEE SESSION

Motion to Exclude Members of the Public and the Press

There may be circumstances where it would not be in the public interest to discuss a matter in public. In such cases the Chair shall move the following motion to exclude members of the public and the press from the meeting: "Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest."

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960

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

AGENDA	
Date and Time	**Wednesday 18th November 2026 at 09:30**
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 6) that Board Members wish to bring forward to the Main agenda for discussion		Chair
3	**CHAIR & CEO UPDATES**		
3.1	Update from the Chair	Oral	Chair
3.2	Update from the Chief Executive	Oral	Chief Executive
4	**PERFORMANCE & DELIVERY**		
4.1	Priority Programme Review: Prevention	Attachment	Director of Public Health
4.2	Priority Programme Review: Mental Health	Attachment	Chief Operating Officer
4.3	2026/27 Performance Reporting: a. Integrated Performance Report b. Financial Performance Report, Month 06	Attachment	Executive Leads
4.4	Value Based Healthcare Annual Report	Attachment	Director of Finance & Procurement



4.5	Annual Putting Things Right (PTR) Report	Attachment	Director of Nursing
4.6	Public Services Ombudsman for Wales Annual Letter	Attachment	Director of Nursing
4.7	Nurse Staffing Levels (Wales) Act – Annual Assurance Report	Attachment	Director of Nursing
4.8	Women's Health Hub Update	Attachment	Director of Public Health
4.9	Trade Union Partnership Forum Annual Report 2025-2026	Attachment	Trade Union Representative
5	**ASSURANCE MATTERS**		
5.1	Key Matters from Committees of the Board	Attachment	Committee Chairs
5.2	Strategic Risk Report, November 2026	Attachment	Chief Executive
5.3	Report from Llais, Gwent Region	Attachment	Regional Director, Llais
	CONSENT AGENDA		
6.1	**FOR APPROVAL**		
6.1.1	Draft Minutes of the Health Board Meeting, held on: • 28th September 2026	Attachment	Chair
6.1.2	Infection Prevention Assurance Statement	Attachment	Director of Nursing
6.1.3	Report on Sealed Documents and Chair's Actions	Attachment	Chair
6.2	**FOR NOTING**		
6.2.1	Board Action Log with Updates	Attachment	Chair
6.2.2	Executive Committee Chair's report	Attachment	Chief Executive
6.2.3	Strategic Partnership Updates: a) Regional Partnership Board	Attachment	Director of Strategy, Planning and Partnerships & Director of Public Health



6.2.4	An overview of Joint and Partnership Committee Activity: a. NHS Wales Joint Commissioning Committee b. NHS Wales Shared Services Partnership Committee	Attachment	Chief Executive
6.2.5	Summary of Board Business held In-Committee	Attachment	Director of Corporate Governance
7	**OTHER MATTERS**		
7.1	Any Other Business		
7.2	Date of the Next Meetings: • 20th January 2027		
8	**PRIVATE/IN COMMITTEE SESSION**		
	Motion to Exclude Members of the Public and the Press There may be circumstances where it would not be in the public interest to discuss a matter in public. In such cases the Chair shall move the following motion to exclude members of the public and the press from the meeting: "Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest." *Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960*		



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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	18 November 2026
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Prevention Programme Deep Dive
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Professor Tracy Daszkiewicz, Executive Director for Public Health
SWYDDOG ADRODD: **REPORTING OFFICER:**	Professor Tracy Daszkiewicz, Executive Director for Public Health

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 Prevention Deep Dive provides an overview of the Prevention Programme which is one of the key Transformation Programmes in the Health Board's Annual Plan 2026/27. It sets out progress against strategic priorities, key achievements across individual workstreams, governance arrangements, principal risks, and priorities for 2027/28.

Board oversight and support will be essential to undertake the organisational culture change required to achieve the Prevention ambition.

The Board is asked to:

- **Review** and consider the contents of the Prevention Programme Deep Dive November 2026
- **Note** progress in the development of the Prevention Transformational Change Programme including roles and responsibilities, governance and accountability structures
- **Note** key achievements and indicative priorities for 2027/28

Cefndir / Background

Everyone deserves to live a long, healthy, and fulfilling life, no matter who they are or where they live. This isn't currently the case in Gwent, and the Prevention

Programme has been formed in recognition of the significant need for focussed, collective action across Aneurin Bevan University Health Board to address this.

The Prevention Programme will direct the delivery of prevention-based interventions across the Health Board and work alongside our communities and partners to better protect and promote the health and wellbeing of everyone in Gwent. This Deep Dive:

- Describes how the Prevention Programme Board will achieve population health gain and reduce inequalities in outcomes through the delivery of transformational change across the Health Board.

- Provides an overview of the impact of existing work to protect and promote the health and wellbeing of people in Gwent.

Right now, in various communities across Gwent, people are not living as long as they should and our communities are living significant years of their lives in poor health.

- Rates of premature mortality in all areas of Gwent, apart from Monmouthshire, are higher than the Welsh average. With 1 in 3 deaths in Gwent between 2018–2022 occurring prematurely.

- The difference in healthy life expectancy between the least and most deprived communities is 12.8 years for males and 20.5 years for females, the widest gap of any Health Board area in Wales.

As well as the direct impact on the health and wellbeing of people living in Gwent, these outcomes are also leading to sustained pressure within the health and care system. Current services and resources across public services in Gwent cannot hope to meet this increasing demand, keep pace with complexity or serve our population to the standards we expect unless we do more to prevent demand rising further.

It is for these reasons that a Prevention Transformation Programme has been created and the Prevention Programme Board has been formed.

Asesiad / Assessment

The Role of the Prevention Programme Board

The Prevention Programme is one of six Transformation Programmes within the Health Board's strategic change portfolio. The Programme is led by the Executive Director of Public Health, Professor Tracy Daszkiewicz.

However, it is not the only Programme where a prevention and a public health lens must be applied. Our collective ambition will only be met by ensuring population health gain and a commitment to address inequalities in outcomes cuts across all of our Transformation and Enabling Programmes.

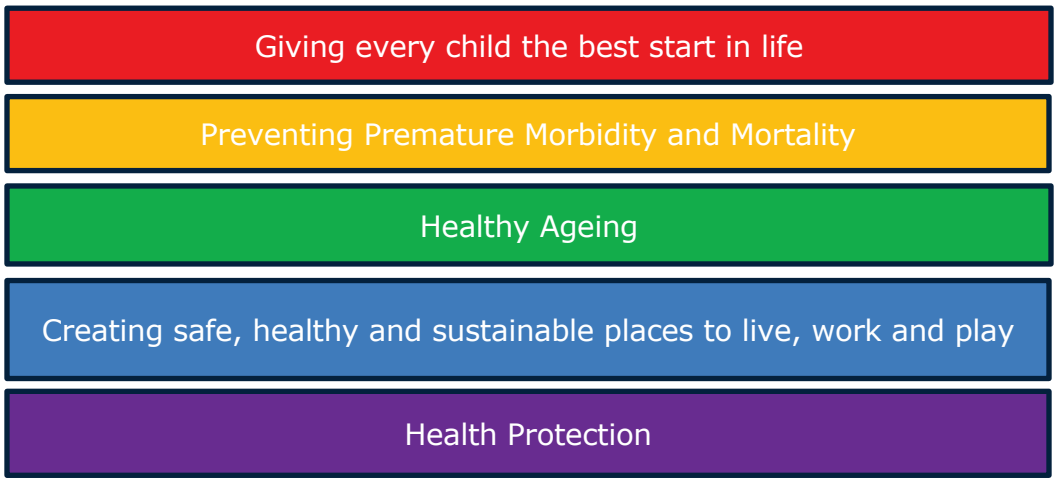
Building a healthier, fairer, safer and stronger Gwent for all

To ensure we succeed in our ambition our approach will move beyond disease specific approaches creating a comprehensive programme of work that:

- Takes a **life course approach** – with action to promote and protect health and wellbeing starting early and being sustained throughout people's lives.
- Addresses the **wider determinants of health** – the everyday conditions that shape our opportunity to have a long, healthy and happy life.
- Adopts the principle of **proportionate universalism** in all our work - with action to promote and protect health and wellbeing delivered across all our communities at a scale and intensity that can be adjusted as required to the level of need within specific communities and population groups.
- Embeds **primary, secondary and tertiary prevention** throughout our response to improving population health and reducing inequalities.

Implementation model

Rather than organising its efforts around specific condition-based outcomes the work of the Prevention Programme will be built around the following five thematic workstreams:



These workstreams are informed by a life course approach and address the wider determinants of health through a focus on sustainable communities and places and a healthy standard of living for all. This will ensure that the common drivers of premature mortality, inequalities in health and wellbeing and demand across health and social care are prioritised, while ensuring effective coordination of our efforts and the efficient use of resources.

The Programme has identified three Health Board roles and responsibilities in delivering transformational change and a system wide shift to prevention at scale. These roles and responsibilities have informed the Programme Boards implementation model:

Delivering health promoting and protecting services and interventions

Informed by evidence-based health promoting and protecting interventions across the life course the Prevention Board will lead the direct delivery of preventative activities and influence and enable prevention-based interventions to be led and delivered through the five additional transformation programmes.

Acting as an exemplar anchor institution

Gwent 35 sets out the Health Board's potential as an anchor institution by using its employment, purchasing, estate, environmental and civic influence to improve health, reduce inequalities and increase wellbeing. The Prevention Programme will oversee the process of turning this potential into coordinated action.

Providing system leadership to create the conditions for good health through action on the wider determinates of health

The Health Board has an important role in convening and contributing to partnerships aimed at promoting and protecting health and wellbeing. The Prevention Programme Board will also provide a mechanism to ensure partners perspectives and insights inform the development of the Prevention Programme through inclusion of representatives from partner agencies in the membership of the Board.

Health and Wellbeing Outcomes

The Prevention Programme Board will lead, direct and enable action across the system to improve population health and wellbeing. It will have succeeded in its objectives if it leads to improvements in six key population health and wellbeing outcomes:

- A reduction in the gap in healthy life expectancy between our most and least deprived communities
- More years of life lived in good health
- Fewer people developing preventable disease
- Earlier identification and improved control of priority health conditions
- Improved health, wellbeing and school readiness outcomes across early childhood
- More people feeling safe and connected in their communities

Progress towards these population health and wellbeing outcomes with be monitored through a Prevention Programme Performance Framework which will ensure a clear line of sight connecting long-term population outcomes with intermediate changes in risk, equity, system impact and programme delivery. This framework will be built around a series of agreed priority workstream dashboards and informed by the performance measures and milestones identified within the Better Health and Better Lives pillars of the Health Boards IMTP.

The final framework will also identify wider measures where gaps currently exist to ensure our progress is understood based on an approach that measures what we value, rather than simply valuing what we can currently measure.

Key achievements and next steps

While the Prevention Programme is newly formed, work to improve the health and wellbeing of our population is already underway, the Prevention Programme will strengthen organisational oversight of prevention focussed activity and provide greater assurance that delivery is progressing at pace and delivering meaningful change.

The Deep Dive paper provides a comprehensive overview of key achievements to date alongside indicative priorities for 2027/28.

Examples of progress highlighted in the paper include:

- **Development and delivery of early child development interventions:** Targeted interventions to support early child development have been delivered to families living in poverty and families with babies at risk of speech language and communication challenges.

- **Improvements in Healthy Child Wales Programme (Phases 1 & 2):** Increases across all contacts (birth to 3.5 years) as part of HCWP phase 1 and home visits resumed. Increase in flu vaccination for ages 4-7 years.

- **Implementation of the hypertension case finding local supplementary service:** 57/68 GP practices were commissioned to deliver the service with 13,707 eligible patients contacted and 250 previously undiagnosed cases identified.

- **Delivery of level 2 weight management support:** Offering both a digital and a face-to- face programme and supporting a total of 4,512 adults registered with the service. A bespoke Healthy Pregnancy programme has supported 559 pregnant people with a BMI over 30.

- **Development of the Gwent Suicide Prevention and Self-Harm Framework:** Led the production of a Gwent Suicide and Self-Harm Framework and delivery plan in collaboration with multiagency partners. This has led to initiation of task and finish groups addressing high-risk populations and development of a suicide prevention pilot in collaboration with 111 Press 2.

- **Delivery of the Gwent Warm Homes Programme**: Working in partnership with three local authorities and their housing providers to link data, the programme has contacted 3,800 households targeting people with cardiovascular conditions currently residing in a cold home. 125 homes have received wrap around support, 97 retrofit applications were completed and 16 ECO installs were undertaken.

- **Publishing the Gwent Violence Against Women, Domestic Abuse and Sexual Violence Joint Strategic Needs Assessment**: Working in partnership with the Gwent VAWDASV Board, the JSNA provides the most comprehensive picture to date of the harms caused by VAWDASV in our communities and the evidence-based action needed to address them.

- **Bring a health and wellbeing lens to the production of Local Development Plans:** Working with Blaenau Gwent and Torfaen to identify opportunities to ensure local development plans maximise their potential to improve population health and reduce inequalities through a focus on the wider determinants of health and the creation of healthy places.

- **Development of infectious disease elimination plans:** Gwent Hepatitis B and C elimination plan and Gwent TB elimination plans have been developed

providing a structured approach to protecting our communities from infectious disease.

- **Development of the Vaccine Equity Strategic Framework:** Enabling a targeted approach to addressing vaccine inequity across our communities. This includes delivery of vaccine outreach activity using the Nye BeVAN, a mobile outreach unit which travels across the Gwent region to deliver amongst other things, seasonal vaccinations directly into communities to those who may face accessibility barriers.

Governance and Accountability

The Prevention Programme Board will provide strategic direction, oversight, coordination and assurance across the Health Boards prevention portfolio. This will result in prevention and equity becoming fully embedded within organisational culture, decision-making, service redesign, commissioning and resource allocation.

The Programme will be accountable to the Executive Committee and the Partnerships, Population Health & Planning Committee in line with mechanisms for monitoring progress against Gwent 35 and delivery of the IMTP. The Programme Board will provide assurance of progress and impact through these mechanisms drawing on evidence of improvements in:

- Prevention Programme Performance Framework outcomes and workstream dashboards
- Integration of primary, secondary and tertiary prevention into community and clinical care pathways, including the outcome of reverse-pathway reviews to identify opportunities for earlier intervention;
- The implementation of needs led, evidence-based responses to prevention through Place Based Care models;
- Increased action to address the wider determinants of health through system leadership and direct health board investment
- The application of prevention and equity considerations in the Health Boards employment, commissioning, purchasing, estate, environmental and civic influence decisions

Embedding Governance and Delivery – Prevention Programme Forward Look

The inaugural meeting of the Prevention Programme Board took place on 8th October 2026 and focussed on refining the purpose and scope of the programme and agreeing the terms of reference. Over the remainder of 2026/27 the Programme Board will:

- Develop the Prevention Programme's purpose, scope and system priorities ensuring they are informed by potential for impact, delivery plans reflect the scale of cross-organisational action required, and any potential duplication across the wider transformational change programme is resolved.

- Consider the Prevention Board's approach to interfacing with the five other transformation programmes to ensure opportunities to act are optimised and shared risks identified and mitigated.
- Ensure the Prevention Programme's Delivery Plan is aligned to the Health Boards IMTP and Annual Plan.
- Develop the Prevention Programmes performance framework setting out the indicators and reporting expectations across population, intermediate, system and process measures.

Conclusion

The Prevention Programme Deep Dive has set out the Health Boards ambition and approach for enabling everyone in Gwent to live a long, healthy and happy life, no matter who they are or where they live. By 2035 fewer people across Gwent will have their lives limited by avoidable ill health and every community will have a fairer opportunity to live a long, healthy and happy life.

Achieving this will require a cultural shift across the Health Board and a fundamental change to our ways of working and approaches to prioritising investment. The consequences of inaction are significant, for the people of Gwent who will continue to unnecessarily and unfairly miss out on years of life lived in good health, and for the health board and its partners. Without a significant shift in focus towards enabling prevention at scale our services will continue to experience unsustainable levels of demand.

It is essential to create the conditions for better health and wellbeing, with stronger local capacity embedded within a sustainable system that intervenes before poor health becomes established. By investing in prevention, working alongside our communities and in partnership with the third sector and broader public services we can build a healthier, fairer, safer and stronger Gwent where current and future generations are able to thrive.

Prevention Programme Deep Dive November 2026



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Argymhelliad / Recommendation

Board is asked to:

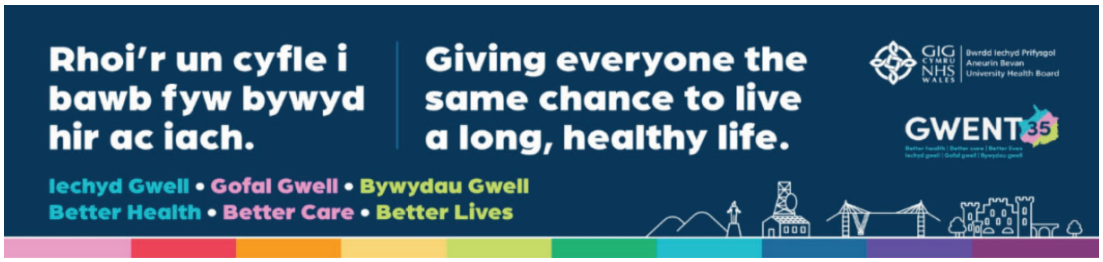
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Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 2. Safe Care 3. Effective Care Choose an item.
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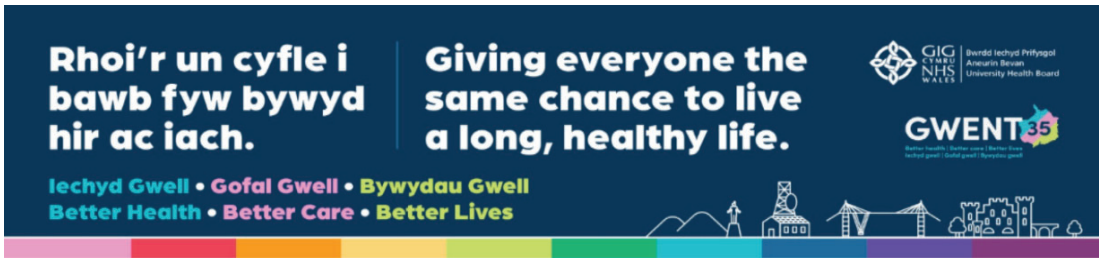
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Gwent Joint Strategic Assessment https://abuhb.nhs.wales/health-advice/gwent-joint-strategic-assessment/
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
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Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	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

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



Prevention Programme Deep Dive November 2026



1. Introduction

Everyone deserves to live a long, healthy, and fulfilling life, no matter who they are or where they live. This isn't currently the case in Gwent, and the Prevention Programme has been formed in recognition of the significant need for focussed, collective action across Aneurin Bevan University Health Board to address this. The Prevention Programme will direct the delivery of prevention-based interventions across the Health Board and work alongside our communities and partners to better protect and promote the health and wellbeing of everyone in Gwent.

While the Prevention Programme is newly formed, work to improve the health and wellbeing of our population is already underway. The Prevention Programme will strengthen organisational oversight of prevention focussed activity and provide greater assurance that delivery is progressing at pace and delivering meaningful change.

This Deep Dive:

- Describes how the Prevention Programme Board will achieve population health gain and reduce inequalities in outcomes through the delivery of transformational change across the Health Board.

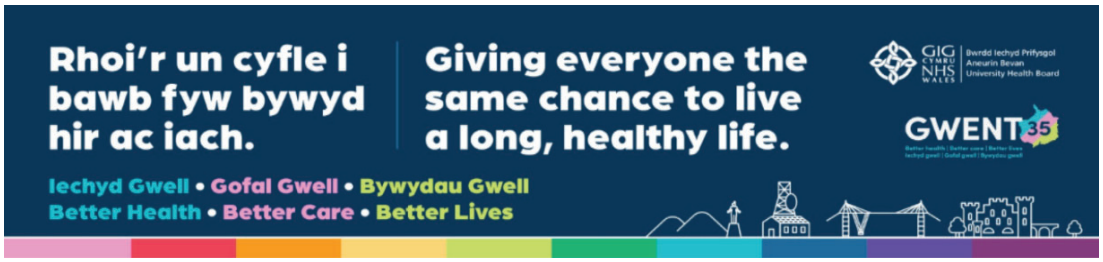
- Provides an overview of the impact of existing work to protect and promote the health and wellbeing of people in Gwent.

2. Gwent's Population Health Challenge

Right now, in various communities across Gwent, people are not living as long as they should and our communities are living significant years of their lives in poor health.

When viewed through a clinical lens this premature morbidity and mortality is driven by high rates of cardiovascular disease, cancer and diabetes. Addressing this requires action to improve early identification of disease, proactive identification of risk factors and person-centred support at a population level to reduce smoking rates, alcohol consumption and rates of obesity.

As a Marmot region we know that wider factors lie behind these clinical outcomes and health behaviours, because our health and wellbeing is shaped by the places we grow, live, work and play.



We also know that these wider factors - like access to fair work, feeling safe in our communities, or the opportunity to live in a safe warm home, are not distributed equally. Not everyone in Gwent has the same opportunity to experience a long, healthy and happy life. This results in the unfair inequalities in outcomes we see in our communities. These inequalities mean:

- A baby born today in the least deprived areas of Gwent can expect to live 6.4 years longer than a baby born in one of our most deprived areas.
- A woman living in the most deprived parts Newport will, on average live only 45 years of her life in good health.
- One in five adults in Torfaen and Blaenau Gwent report having multiple long-term conditions.
- Rates of premature mortality in all areas of Gwent, apart from Monmouthshire, are higher than the Welsh average. With 1 in 3 deaths in Gwent between 2018–2022 occurring prematurely.
- Health inclusion groups face significant inequalities, for example among identified premature deaths of adults experiencing homelessness in England and Wales (2025), mean age at death was 47.3 years for males and 43.2 years for females. Men accounted for 85.5% of 974 deaths recorded.
- The difference in healthy life expectancy between the least and most deprived communities is 12.8 years for males and 20.5 years for females, the widest gap of any Health Board area in Wales.

As well as the direct impact on the health and wellbeing of people living in Gwent, these outcomes are also leading to sustained pressure within the health and care system. Current services and resources across public services in Gwent cannot hope to meet this increasing demand, keep pace with complexity or serve our population to the standards we expect unless we do more to prevent demand rising further.

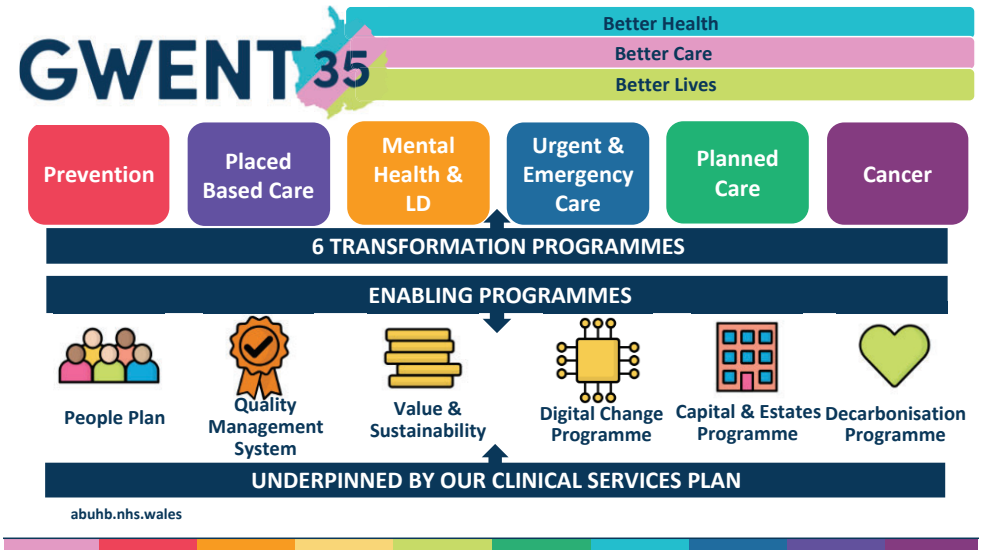
It is for these reasons that a Prevention Transformation Programme has been created and the Prevention Programme Board has been formed.

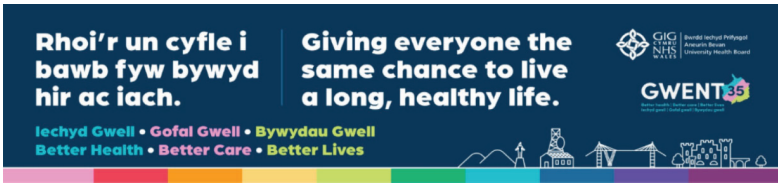
3. The Role of the Prevention Programme Board

The Prevention Programme is one of six Transformation Programmes within the Health Board's strategic change portfolio. The Programme is led by the Executive Director of Public Health, Professor Tracy Daszkiewicz.

However, it is not the only Programme where a prevention and a public health lens must be applied. Our collective ambition will only be met by ensuring population health gain and a commitment to address inequalities in outcomes cuts across all of our Transformation and Enabling Programmes.

Figure 1: Gwent 35 and Aneurin Beavan University Health Board's Transformational Change Portfolio

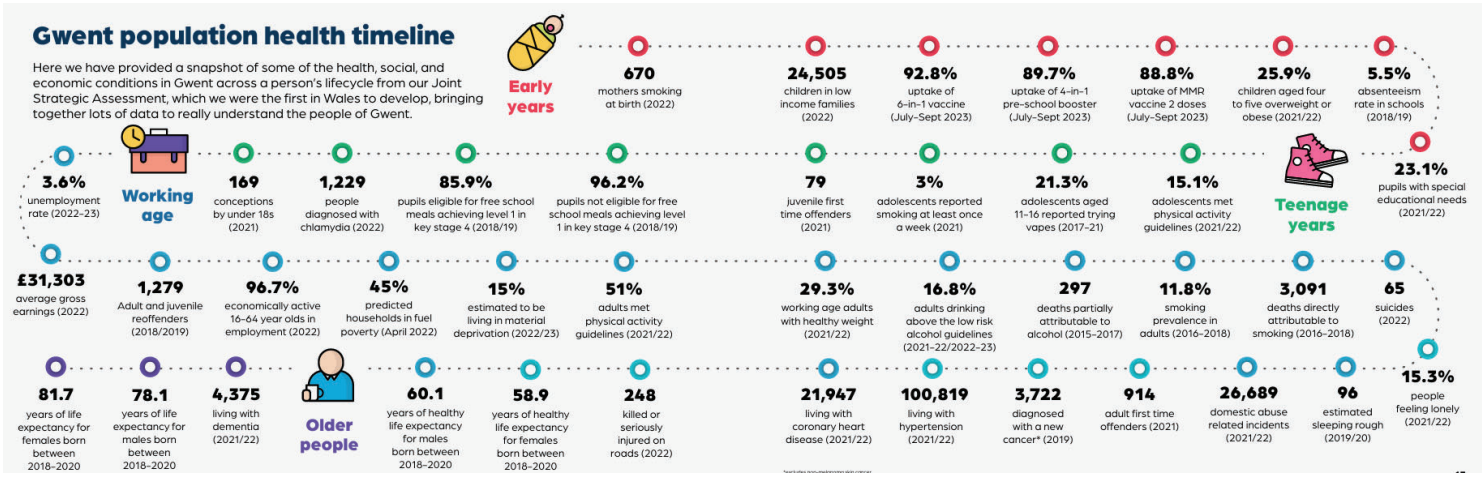


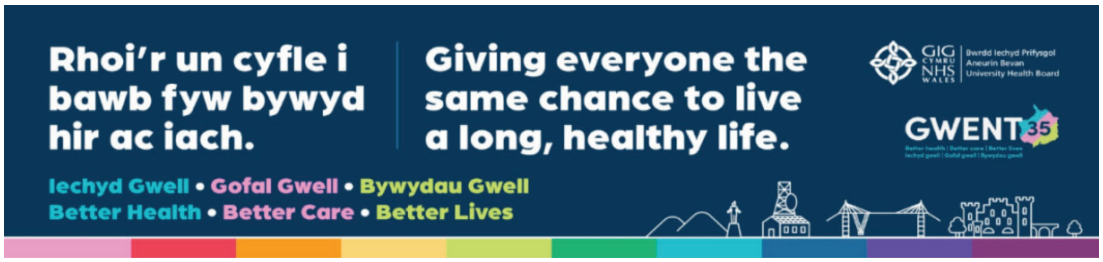


3.1 Building a healthier, fairer, safer and stronger Gwent for all

As can be seen from the Gwent population health timeline from Gwent 35 (figure 2, below) the risk of poor health, premature illness and mortality accumulate throughout people's lives. This means successful action to improve population health won't be achieved through a single intervention at one point in time.

Figure 2: The Gwent Population Health Timeline





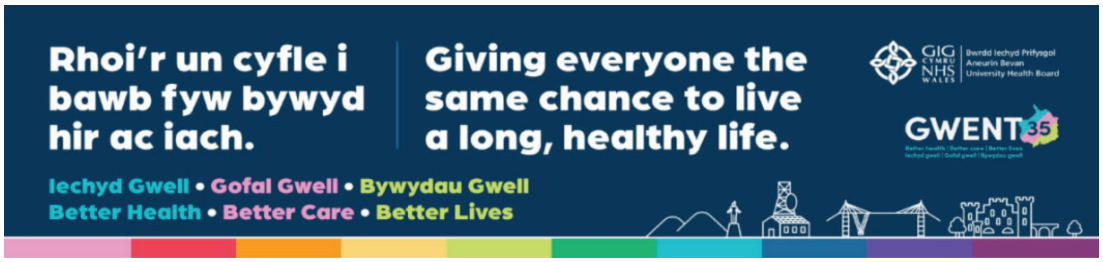
To succeed in our ambition, we must therefore take a **life course approach** – with action to promote and protect health and wellbeing starting early and being sustained throughout people's lives.

Our collective action must also address the **wider determinants of health** – the everyday conditions that shape our opportunity to have a long, healthy and happy life. These factors account for around 80% of what shapes people's health and wellbeing, and explain why health and social care services alone will not deliver the transformational change required to reduce the significant and entrenched inequalities we see across Gwent. As Professor Sir Michael Marmot, author of Building a Fairer Gwent has asked '*Why treat people and send them back to the conditions that made them sick?*'

To ensure that everyone in Gwent feels the benefit of the work of the Prevention Programme and inequalities are reduced we must adopt the principle of **proportionate universalism** in all our work – with action to promote and protect health and wellbeing delivered across all our communities at a scale and intensity that can be adjusted as required to the level of need within specific communities and population groups.

Our approach to prevention must also be comprehensive and layered, embedding **primary, secondary and tertiary prevention** throughout our response to improving population health and reducing inequalities.

Layered Model of Prevention		
Prevention Focus	**Objective**	**Population**
Primary	Prevent illness or injury occurring	Currently healthy individuals
Secondary	Reduce the impact of illness or injury through early detection and treatment	People experiencing illness or risk factors for illness/ injury
Tertiary	Reduce the impact of illness or injury by effectively managing long-term conditions and restoring function	People with ongoing illness or disability.



3.2 Health and Wellbeing Outcomes

By bringing a coordinated approach to directing the provision of prevention focused services and tackling the wider determinants of health the Prevention Programme Board will lead, direct and enable action across the system to improve population health and wellbeing. It will have succeeded in its objectives if it leads to improvements in **six key population health and wellbeing outcomes**:

- A reduction in the gap in healthy life expectancy between our most and least deprived communities
- More years of life lived in good health
- Fewer people developing preventable disease
- Earlier identification and improved control of priority health conditions
- Improved health, wellbeing and school readiness outcomes across early childhood
- More people feeling safe and connected in their communities

Progress towards these population level outcomes will be monitored by the Programme Board through the development of a series of measures and metrics aligned to intermediate outcomes, system measures and programme delivery measures (Table 1, below), and supplemented by workstream specific programme delivery measures.

This tiered approach to the development of a Prevention Programme Performance Framework will ensure a clear line of sight connecting long-term population outcomes with intermediate changes in risk, equity, system impact and programme delivery.

This framework will be built around a series of agreed priority workstream dashboards and informed by the performance measures and milestones identified within the Better Health and Better Lives pillars of the Health Boards IMTP. These dashboards will build on existing approaches to monitoring progress to ensure current good practice is built on, and duplication of reporting requirements is minimised (appendix 1).

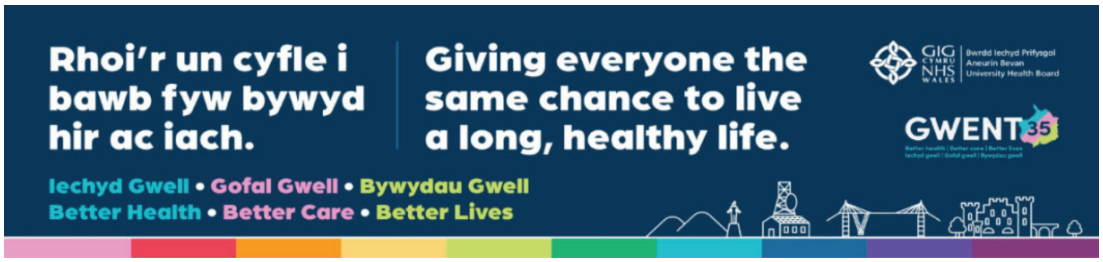
The final framework will also identify wider measures where gaps currently exist, including service-based outcome (rather than process) measures and measures based on community insights. This will ensure our progress is

understood based on an approach that measures what we value, rather than simply valuing what we can currently measure.

Table 1: Monitoring Progress and Impact across the Prevention Programme Board Workstreams

Intermediate outcomes	Reduction in the prevalence of conditions that drive premature mortality (CVD, Cancer, Diabetes).
	Reduction in the prevalence of risk factors for conditions that drive premature mortality (smoking, alcohol, healthy weight).
	Reduced inequalities in the prevalence of disease and risk factors for diseases that drive premature mortality.
	Reduction in mortality rates from suicide.
	Reduction in rates of homelessness.
	Increase in school readiness and reduced inequalities in school readiness.
System measures	Increase in scale of preventative activity across all transformation programme workstreams.
	Increase from baseline spend on prevention-based interventions (including implementation of the 0.5% shift).
	Evidence of application of proportionate universalism across prevention-based interventions.
	Decrease in demand across health and care system.
Programme delivery measures	Increase in the uptake of health protecting and promoting interventions across Prevention Programme workstreams (inc. vaccinations/ screening/ behaviour change support).
	Equitable access and uptake of health protecting and promoting interventions across Prevention Programme workstreams (inc. vaccinations/ screening/ behaviour change support).
	Improved service associated outcomes for our population and increased equity in service outcomes.

Taken together these progress measures will provide assurance to the system that our collective action is having the intended impact.



4. Delivering transformational change

Prevention is a fundamental component of achieving sustainable improvements in population health and wellbeing across Gwent.

Health outcomes are influenced by a broad range of factors, including health behaviours, environmental and social and economic factors. Improving outcomes therefore requires coordinated action across health, local government, third sector and community partners. Delivering the transformational change required to achieve the prevention programmes six population health and wellbeing outcomes will require a fundamental shift in our ways of working. Enabling these shifts will lead to a system wide focus on creating health in partnership with our communities, through sustainably funded action that embeds prevention across all our work, informed by the principles of health equity and proportionate universalism.

Table 2: Eight Shifts of the Prevention Transformation Programme

From	To
Treating illness after it occurs	Creating health and acting earlier
Separate disease programmes	Integrated, life-course and place-based action
Equal offers irrespective of need	Proportionate universalism
Short-term project funding	Sustained preventative investment
Counting activity	Measuring population and equity outcomes
Prevention owned by Public Health	Prevention owned across every service and partnership
Prevention as an additional programme	Prevention as a test of every strategy, pathway and investment decision
Community engagement after design	Community power and co-production from the outset

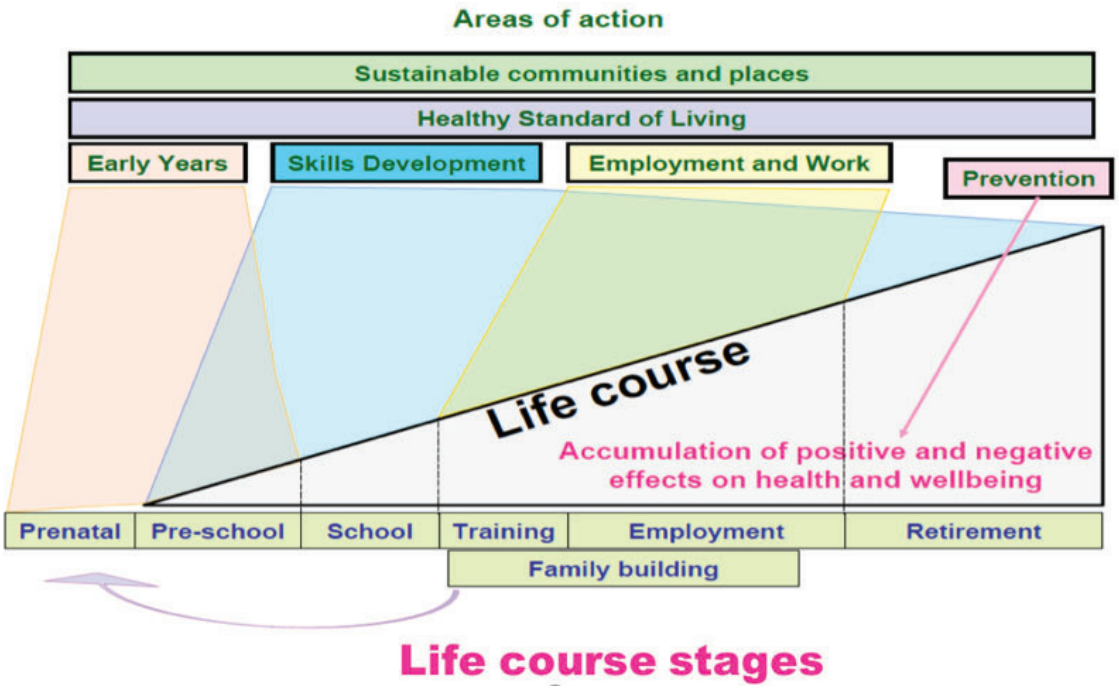
4.1 Organising Principles

Rather than organising its efforts around specific condition-based workstreams the work of the Prevention Programme will be built around a series of five thematic workstreams informed by a life course approach and addressing the wider determinants of health through a focus on sustainable communities and places and a healthy standard of living for all. These workstreams will cover:

Workstream	Focus
Giving Every Child the Best Start in Life	Enabling optimal health, wellbeing and development during pregnancy, infancy and childhood to ensure every child in Gwent has the opportunity to live a longer, happier and heathier life.
Preventing Premature Morbidity and Mortality	Action to reduce preventable premature mortality with a focus on cancer, cardiovascular disease, diabetes, suicide prevention, gender-based health inequalities and the needs of health inclusion groups.
Healthy Ageing	Action to enable more people to maintain key functional abilities for health and wellbeing in older age and to live independently for longer.
Creating safe, healthy and sustainable places to live, work and play	Strengthening action on the wider determinants of health across the Health Board by connecting opportunities to improve the conditions in which people live, work and play into care pathways and optimising our role as an anchor institution.
Health Protection	Action to prevent the harms caused by preventable infectious diseases through action to increase vaccination uptake, prevent sexually transmitted infections and elimination of priority bloodborne viruses and TB.

This will ensure that the common drivers of premature mortality, inequalities in health and wellbeing and demand across health and social care are prioritised, while ensuring effective coordination of our efforts and the efficient use of resources.

Figure 3: Areas for action through a life course approach to health and wellbeing



This proactive approach to the delivery of health promoting and protecting interventions at scale from the early years to the end of life will enable more people in Gwent to start well, grow well, live well, age well and, in time, die well.

A comprehensive overview of whole population, universal and life stage specific prevention and early intervention based action across the life course is presented in appendix 2.

4.2 Implementation Model

The Prevention Programme will utilise and interface with existing governance structures and partnership arrangements to build a comprehensive programme of work aligned to **three Health Board roles and responsibilities** in enabling population health gain through a focus on prevention:

Delivering health promoting and protecting services and interventions

Informed by the key health promoting and protecting interventions identified across the life course the Prevention Board will lead the direct delivery of preventative activities and influence and enable prevention-based interventions to be led and delivered through the five additional transformation programmes. For example, the Prevention Board will provide the evidence, outcomes, standards and priorities to enable delivery of a prevention led approach to the implementation of Place Based Care.

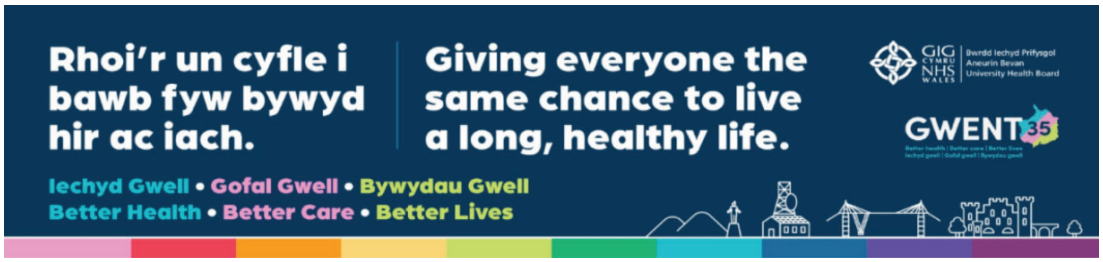
Acting as an exemplar anchor institution

Gwent 35 sets out the Health Board's potential as an anchor institution by using its employment, purchasing, estate, environmental and civic influence to improve health, reduce inequalities and increase wellbeing. By working with partners and communities, it can contribute to the social, economic and environmental conditions that enable good health.

Providing system leadership to create the conditions for good health through action on the wider determinates of health

The Health Board has an important role in convening and contributing to partnerships aimed at promoting and protecting health and wellbeing. The Programme will interface with and support these partnerships both through existing governance arrangements such as the Public Services Board and Regional Partnership Board, as well as through thematic partnerships.

The Prevention Programme Board will also provide a mechanism to ensure partners perspectives and insights inform the development of the Prevention Programme through inclusion of representatives from partner agencies in the membership of the Board.



5. Prevention Programme Workstreams - Achievements and Priorities

While the Prevention Transformation Programme is newly formed, work on supporting and delivering prevention focussed interventions across the life course is already underway within the Health Board and provides a strong foundation for the Programme Board to build on.

Key achievements from work to date aligned to the five proposed workstreams that will sit within the Prevention Programme are highlighted below alongside priorities for the remainder of 26/27, as set out in the Annual Plan and indicative priorities for 2027/28. Further work to strengthen indicative priorities will take place as part of the IMTP development process, ensuring activity aligns to both structural and system leadership priorities and community support and service delivery priorities.

5.1 Giving Every Child the Best Start in Life

Inequalities in the early years and childhood are significant contributors to inequalities in adulthood, impacting health, wellbeing, education and employment outcomes. Supporting optimal health, wellbeing and development during pregnancy, infancy and childhood is key to achieving our ambition to enable everyone in Gwent to live a long, happy and healthy life and reduce inequalities.

Work to support babies, children and young people to get the best start in life is well developed in Gwent. The Health Board has a role in both direct delivery of prevention focussed interventions and providing system leadership to a collective partnership-based approach through Gwent's response to implementing the recommendations of *Building a Fairer Gwent*.

Key achievements include:

Development of the Regional Best Start in Life (BSiL) Delivery Plan: Setting out the six priorities and associated actions informed by where the evidence base indicates we can make a significant impact on outcomes for babies, children and their families.

Development and delivery of early child development interventions: Targeted interventions to support early child development have been delivered to families living in poverty and families with babies at risk of speech language and communication challenges.

Antenatal and postnatal quality improvement work: Has led to development of an agreed data set to enable improvements in the targeting and accessibility of the Gwent antenatal programme for key population groups; the introduction of mandatory Making Every Contact Count (MECC) training for maternity and neonatal staff to enable them to have supportive and non-stigmatising behaviour change conversations with families and; delivery of post-birth contraception training for midwives to improve timely access to contraception following birth.

Improvements in Healthy Child Wales Programme (Phases 1 & 2): Increases across all contacts (birth to 3.5 years) as part of HCWP phase 1 and home visits resumed. Increase in flu vaccination for ages 4-7 years.

Next steps:

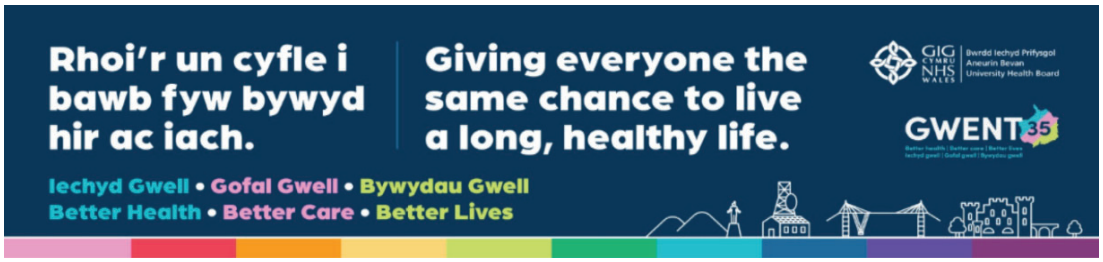
Delivery Priorities - 2026/27 Annual Plan (IMTP)

2026/27 Annual Plan Priorities for Q3 & Q4
Support to Health Visiting to implement MECC into family conversations
Increase breastfeeding uptake through pump loan scheme, peer support & delivery of improvement plan
Support care leavers into employment & training opportunities through implementation of the corporate parenting charter
Implement updated approach for maternity smoking cessation;
Monitor progress in implementing BSiL delivery plan and ACES & Trauma informed approaches report recommendations

Priorities for 2027/28:

Continue to develop the Best Start in Life system in Gwent: Lead the delivery of the Gwent Best Start in Life Delivery Plan on behalf of the Public Services Board.

Publish the Best Start in Life (5-11) Joint Strategic Needs Assessment: Building on work undertaken in 2025/26 to produce the BSiL (0-4) JSNA we will bring together families and partners across Gwent to



develop a shared evidence base on the needs of children aged 5 to 11 years, enabling the identification of inequalities and service gaps and supporting coordinated action to improve outcomes.

Grow the Gwent Best Start in Life Community of Practice: Providing a forum for partners across the region to come together and support the development of a stronger and more effective early years system in Gwent to enable improved outcomes for babies, children and young people.

5.2 Preventing Premature Morbidity and Mortality

Action on preventable premature morbidity and mortality is essential for ensuring more people in Gwent are able to lead longer, healthier lives and inequalities in healthy life expectancy are reduced. It is unacceptable that currently in Gwent 1 in 3 deaths occur prematurely.

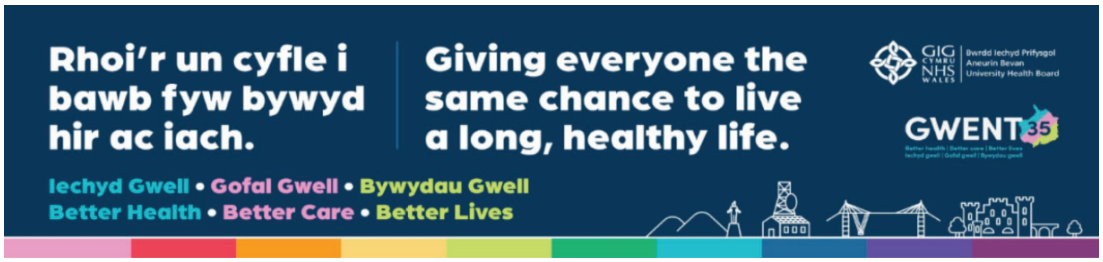
Coordinated action to prevent premature mortality will ensure we improve the effectiveness and efficiency of our work to reduce the burden of ill health associated with the primary clinical drivers of preventable premature deaths. In Gwent this means action on cancer, cardiovascular disease and diabetes. Action to reduce preventable premature mortality in Gwent will also require a focus on suicide prevention, health inclusion and women's health to ensure we are taking action to address inequalities in the experience of preventable premature deaths that have been identified.

Key achievements include:

Implementation of the hypertension case finding local supplementary service: 57/68 GP practices were commissioned to deliver the service with 13,707 eligible patients contacted and 250 previously undiagnosed cases identified.

Delivery of level 2 weight management support: Offering both a digital and a face-to- face programme and supporting a total of 4,512 adults registered with the service. A bespoke Healthy Pregnancy programme has supported 559 pregnant people with a BMI over 30.

Strengthened prevention focus within the Cancer Transformation Programme: Working in collaboration with the Cancer Transformation programme a Reducing Cancer Inequalities Board Prevention Working Group has been formed with a focus on reducing smoking prevalence, skin



cancer prevention, and increasing uptake of HPV vaccination and cervical and bowel screening.

Development of the Gwent Suicide Prevention and Self-Harm Framework: Led the production of a Gwent Suicide and Self-Harm Framework and delivery plan in collaboration with multiagency partners. This has led to initiation of task and finish groups addressing high-risk populations and development of a suicide prevention pilot in collaboration with 111 Press 2.

Next steps:

Delivery Priorities - 2026/27 Annual Plan (IMTP)

2026/27 Annual Plan Priorities for Q3 & Q4
Commence delivery framework for Diabetes & CVD unified model
Roll out CVD risk factor model across 68 GP Practices
Deliver Heart Health event for World Heart Day
Continue delivery of diabetes delivery framework
Continue delivery of Nicotine Control Alliance workplan & implement actions from Part 2 of Nicotine Discovery Report
Identify gap in weight management service provision & develop action plan to support patients with diabetes
Continue to develop population health management proof of concept with 4 GP practices, refining reports & cohorts based on observation & feedback
Scope expansion of women's health to next priority area
Continued development and engagement across our communities on Melo supporting mental wellbeing
Continued delivery of Try Dry Local project

Priorities for 2027/28:

Developing a Gwent Premature Mortality Framework: Setting out our strategic approach to improving prevention and early identification of the diseases driving premature mortality and inequalities in life expectancy across Gwent.

Lead work to oversee and coordinate **delivery of the Gwent Suicide Prevention and Self-harm Framework** delivery plan in collaboration with partners.

Implementing and embedding the Inclusion Health Steering Group and Network Action Plans: to improve multi-agency partnership working

across Gwent; deliver interventions to support inclusion health groups; and develop a culture of co-production with people with lived experience.

Publishing the Gwent Drugs and Alcohol Strategic Framework: co-produced with the Area Planning Board and people with lived experience. The Framework will have a clear focus on primary prevention of the risk factors for substance use, alongside early intervention, treatment, recovery, and reconnection.

Develop and launch 'Live Well for Longer' Campaign: A high impact communications campaign providing our communities with single trusted source of supportive information to help them to live well for longer and reduce inequalities.

Implement a phased approach to strengthening the application of prevention and public health approaches across wider transformation programme: To enable evidence-based interventions designed to promote and protect health to be led and delivered through the five wider transformation programmes in collaboration with the Prevention Programme.

5.3 Healthy Ageing

The foundations for living well in later life are built throughout life. This is particularly important in Gwent, where average healthy life expectancy is below 65 years for both men and women across all local authority areas. Many people are experiencing poorer health before they reach what has traditionally been considered "older age". Healthy ageing is not just about older people. It is about creating the conditions for health and wellbeing throughout life, so that people can 'add more life to their years', rather than just more years to their life.

While notable activity is underway across the Health Board to support healthy ageing, particularly in relation to falls prevention and frailty we do not currently have a single shared vision for a comprehensive public health approach to healthy ageing.

Next steps:

Delivery Priorities - 2026/27 Annual Plan (IMTP)

2026/27 Annual Plan Priorities for Q3 & Q4
Develop a falls prevention programme with partners

Priorities for 2027/28

Develop a Healthy Ageing Strategic Framework – setting out a holistic public health approach to healthy ageing that addresses the unique challenges experienced by communities in Gwent.

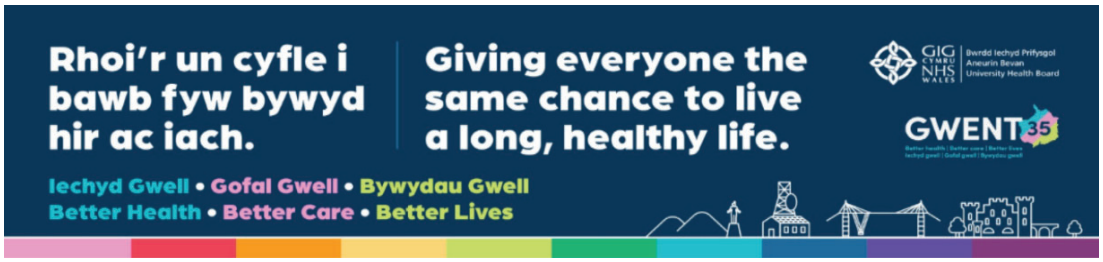
Enable a healthy ageing lens to be applied through Place Based Care: Develop the 'Green' prevention pathway as part of the development of the Health Boards Older People's Pathway, enabling the implementation of evidence based healthy ageing strategies through Integrated Service Partnership Boards.

5.4 Creating safe, healthy and sustainable places to live, work and play

As a Marmot Place, we know the important role that the places we grow, live, work and play have on health and wellbeing through factors like access to fair work, feeling safe in our communities, and the opportunity to live in a safe, warm home. These factors are the wider determinants of health - the causes of the causes of the ill health and premature mortality seen in Gwent. Action to address them must form a core element of the Prevention Programme Boards work.

Key achievements include:

Delivery of the Gwent Warm Homes Programme: Working in partnership with three local authorities and their housing providers to link data, the programme has contacted 3,800 households targeting people with cardiovascular conditions currently residing in a cold home. 125 homes have received wrap around support, 97 retrofit applications were completed and 16 ECO installs were undertaken.



Publishing the Gwent Violence Against Women, Domestic Abuse and Sexual Violence Joint Strategic Needs Assessment: Working in partnership with the Gwent VAWDASV Board, the JSNA provides the most comprehensive picture to date of the harms caused by VAWDASV in our communities and the evidence-based action needed to address them.

Bring a health and wellbeing lens to the production of Local Development Plans: Working with Blaenau Gwent and Torfaen to identify opportunities to ensure local development plans maximise their potential to improve population health and reduce inequalities through a focus on the wider determinants of health and the creation of healthy places.

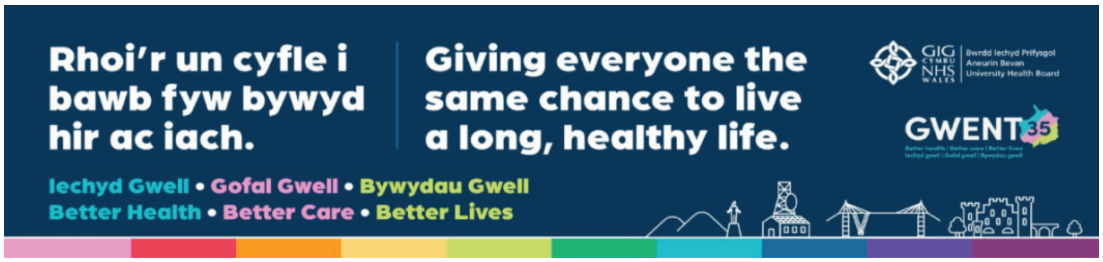
Next steps:

Delivery Priorities - 2026/27 Annual Plan (IMTP)

2026/27 Annual Plan Priorities for Q3 & Q4
Enhance health through the built environment in planning processes & integrated collaboration across Gwent
Ongoing work alongside partner organisations to identify, connect & mobilise the existing strengths within communities to enable them to thrive.
Finalise & deliver 2026 offering for Warmer Home Support and evalute success of incorporating primary care data into Warner Homes cohort identification
Finalise Housing & Health assessment & benchmarking with partners
Development of 2027 VAWDASV strategy, aligned to national strategy
Continue delivery of Serious Violence Duty within Gwent
Develop & begin to implement an alcohol licencing triage & response system and launch alcohol licensing risk matrix

Priorities for 2027/28:

Embed our Integrated Wellbeing Networks and ensure their sustainability post the Regional Integrated Fund: The IWN network plays a critical role in connecting prevention and early intervention activity within our communities through a place-based approach. Further strengthening their role and impact offers opportunities across multiple transformation programme areas.



Further expand the Gwent Warm Homes Programme: ensuring more households in Gwent experience the health benefits of living in a warm home, while maintaining our focus on prioritising communities and population groups at greatest risk of poor health related to their housing circumstances.

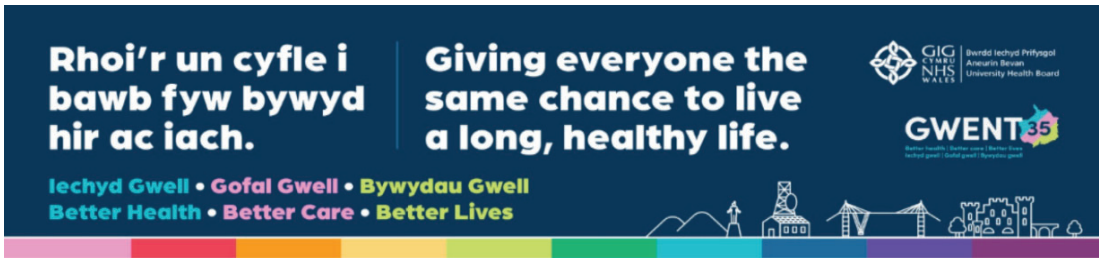
Supporting development of a Regional VAWDASV Strategy for Gwent: Providing a shared evidence-based approach across Gwent to ensuring that the harms caused by VAWDASV are prevented and mitigated when they do occur.

Increase awareness of HB staff of their role in violence prevention: Through the provision of learning and development support across the workforce informed by evaluation of the pilot intervention delivered by Our Voice, Our Journey in 26/27**.**

Continue to build and strengthen partnerships for prevention with Local Authorities : Further strengthening existing working relationships to ensure public health leadership is aligned to supporting, enabling and amplifying the health and wellbeing impacts of the work Local Authorities are doing every day with communities in Gwent.

Ensure processes are in place to meet our statutory duties for the implementation of Health Impact Assessment across the Health Board: Ensuring we meet our statutory duties and that strategic decisions systematically consider impacts on population health and health inequalities.

Describe ABUHB's role as an anchor institution and identify priorities for future action: There is significant potential for the Health Board to strengthen its role as an anchor institution by using its employment, purchasing, estate, environmental and civic influence to improve population health, reduce inequalities and strengthen community wellbeing. As part of the next phase of the development of the Prevention Programme proposals will be developed to enhance the Health Boards role and impact as an anchor institution.



5.5 Health protection

The importance of a strong and effective health protection system was highlighted during the COVID-19 pandemic and maintaining a focus on protecting our communities from preventable infectious disease is key to helping communities to live long, healthy and happy lives. Preventing infectious disease protects individual wellbeing but also plays an important role in protecting the most vulnerable in our communities. It also supports the delivery of health and social care through enhanced workforce resilience.

Key achievements include:

Development of infectious disease elimination plans: Gwent Hepatitis B and C elimination plan and Gwent TB elimination plans have been developed providing a structured approach to protecting our communities from infectious disease.

Development of the Vaccine Equity Strategic Framework: Enabling a targeted approach to addressing vaccine inequity across our communities, including delivery of vaccine outreach activity using the Nye Bevan.

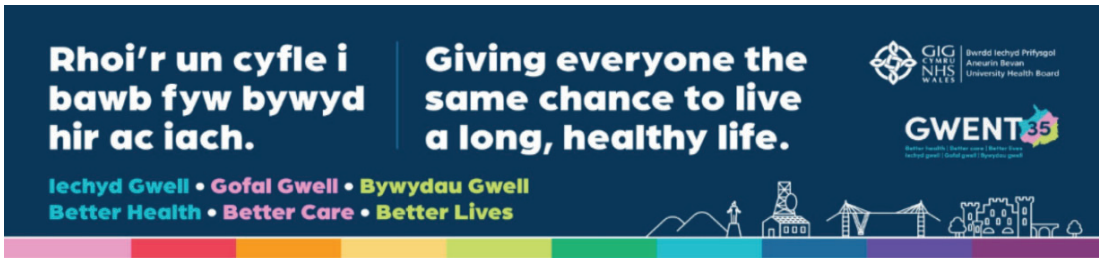
Next steps:

Delivery Priorities - 2026/27 Annual Plan (IMTP)

2026/27 Annual Plan Priorities for Q3 & Q4
Continued delivery of vaccination equity action plan & staff vaccination programme
Implement needle exchange mobile -part of Hepatitis B&C elimination plan
Evaluate pilot latent TB case finding service & agree approach for 27/28
Progress local HIV action plan for Gwent
Continue delivery of STI action plan and apply for the All Wales C-Card Accreditation
Full implementation & embedding of Public Health Response plan

Priorities for 2027/28:

Ensure the Health Board and wider health protection system are prepared to respond to and recover from public health incidents: Through the Gwent Health Protection Partnership and supporting the implementation of the Health Boards preparedness plan.



Review and refresh the Gwent HIV action plan: Ensuring that plans are developed, funded and delivering at the scale required to ensure zero transmission by 2030.

Deliver on the Vaccine Equity Framework action plan: enabling an increase in vaccination uptake across communities in Gwent and progress towards our ambition of herd immunity to protecting the most vulnerable residents in our community.

Implement the e-Card scheme: increasing access to, and use of condoms enabling a reduction in sexually transmitted infections and unintended pregnancies.

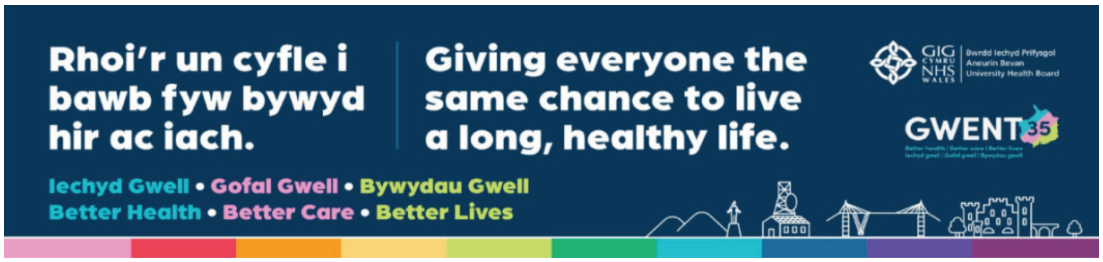
6. Governance and Accountability

The Prevention Programme Board will provide strategic oversight, coordination and assurance across the Health Boards prevention portfolio.

It will set the strategic direction for prevention across the Health Board, with accountability for ensuring a prevention lens is applied and amplified across all Transformational Change Programmes and the enabling functions of Gwent 35. This will result in prevention and equity becoming fully embedded within organisational culture, decision-making, service redesign, commissioning and resource allocation.

The Prevention Transformational Change Programme will be led by the Executive Director of Public Health and Strategic Partnerships and accountable to the Health Boards Partnerships, Population Health & Planning Committee and the Executive Committee in line with mechanisms for monitoring progress against Gwent 35 and delivery of the IMTP. The Prevention Programme Board will provide assurance of progress and impact through these mechanisms drawing on evidence of improvements in:

- Prevention Programme Performance Framework outcomes and workstream dashboards
- Integration of primary, secondary and tertiary prevention into community and clinical care pathways, including the outcome of reverse-pathway reviews to identify opportunities for earlier intervention;
- The implementation of needs led, evidence-based responses to prevention through Place Based Care models;



- Increased action to address the wider determinants of health through system leadership and direct health board investment
- The application of prevention and equity considerations in the Health Boards employment, commissioning, purchasing, estate, environmental and civic influence decisions

6.1 Embedding Governance and Delivery – Prevention Programme Forward Look

The inaugural meeting of the Prevention Programme Board took place on 8th October 2026 and focussed on refining the purpose and scope of the programme and agreeing the terms of reference. Over the remainder of 2026/27 the Programme Board will:

- Develop the Prevention Programme's purpose, scope and system priorities, ensuring they are informed by potential for impact, delivery plans reflect the scale of cross-organisational action required, and any potential duplication across the wider transformational change programme is resolved.
- Consider the Prevention Boards approach to interfacing with the five other transformation programmes to ensure opportunities to act are optimised and shared risks identified and mitigated.
- Ensure the Prevention Programme Delivery Plan is aligned to the Health Boards IMTP and Annual Plan.
- Develop the Prevention Programmes performance framework setting out the indicators and reporting expectations across population, intermediate, system and process measures.

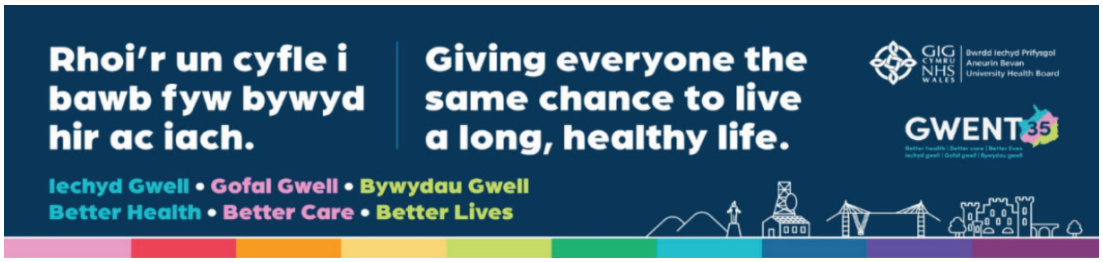
7. Key Risks and Mitigations

The cultural change required across the Health Board to achieve the ambition set out in Gwent 35 and to be delivered through the Prevention Programme should not be underestimated. However, the consequences of inaction are significant. Without the required commitment, resource and investment to deliver the ambition set out for the Prevention Programme we will continue to see lost potential across out communities and increasing and unsustainable pressures across the health and social care system.

Due to the scale of change required the Prevention Programme has identified a number of strategic risks that could prevent intended outcomes

being achieved. The table below outlines these risks, their potential impact and mitigating actions. The risk register will be kept under frequent review while the programme forms and the programmes delivery plan is developed.

Key Risk	Potential impact	Mitigation
Population engagement	Reduction in programme impact	Strengthen community engagement, co-production and targeted communication campaign
Fragmented ownership	Unclear accountability and variable delivery.	Single programme structure and RAID management, quarterly programme review.
Whole system data maturity	Limited ability to evidence outcomes and equity.	Data dictionary, linked datasets, cohort evaluation, QA and baseline sign-off.
Primary-care capacity	Risk to delivery across 68 practices and high-risk cohorts.	Phased implementation, health coaches, protected training, digital support and practice-level feedback.
Workforce capability	Variable prevention and behaviour-change skills.	MECC, brief intervention, health coaching and population-health capability plan.
Partnership complexity	Decision making process and governance structure.	Clarify delegated authority of ISPBs, shared outcomes and escalation routes.
Financial pressure	Short-term operational recovery may displace prevention investment.	Explicit prevention impact in prioritisation and QIA; benefits tracking over multiple years.



8. Conclusion

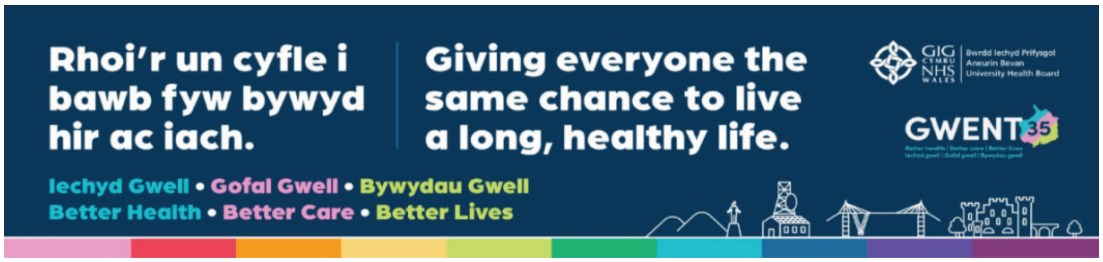
The Prevention Programme Deep Dive has set out the Health Boards ambition and contribution it will make to enabling everyone in Gwent to live a long, healthy and happy life, no matter who they are or where they live. While prevention activity is underway, the Prevention Transformation Programme provides the mechanism to strengthen this and deliver the shift to prevention set out across our strategic plans.

By 2035 fewer people across Gwent will have their lives limited by avoidable ill health and every community will have a fairer opportunity to live a long, healthy and happy life.

Achieving this will require a cultural shift across the Health Board and a fundamental change to our ways of working and approaches to prioritising investment. The Prevention Programme provides a mechanism to facilitate this change by setting the strategic direction for prevention across the life course and shaping prevention-based activity across the Health Boards transformational change programmes and enabling functions. By providing evidence for action at scale and agreeing the outcomes, standards and priorities that will enable wider programmes to evidence their impact the Programme Board will ensure the coordination of our collective action creates the conditions for everyone in Gwent to thrive.

The consequences of inaction are significant, for the people of Gwent who will continue to unnecessarily and unfairly miss out on years of life lived in good health, and for the health board and its partners. Without a significant shift in focus towards enabling prevention at scale our services will continue to experience unsustainable levels of demand.

It is essential to create the conditions for better health and wellbeing, with stronger local capacity embedded within a sustainable system that intervenes before poor health becomes established. By investing in prevention, working alongside our communities and in partnership with the third sector and broader public services we can build a healthier, fairer, safer and stronger Gwent where current and future generations are able to thrive.

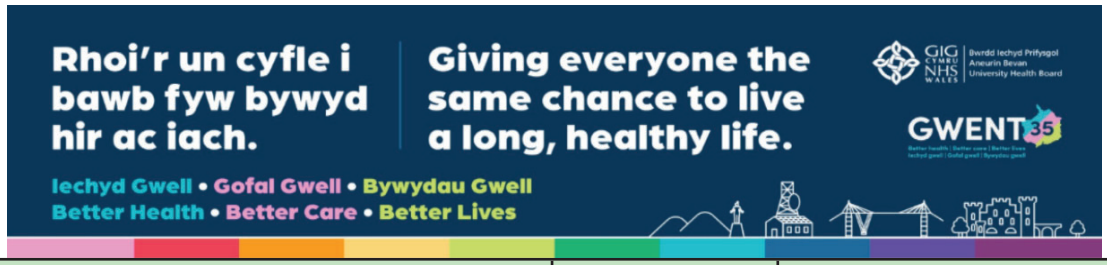


Appendix 1: Key Commitments and Outcome Measures in 2026/27

The Prevention Programme Performance Framework will ensure a clear line of sight connecting long-term population outcomes with intermediate changes in risk, equity, system impact and programme delivery. This framework will be built around a series of agreed priority workstream dashboards and informed by the performance measures and milestones identified within the Better Health and Better Lives pillars of the Health Boards IMTP 2026/27 (table 3). In addition to building on existing measures these dashboards will also identify wider measures where gaps currently exist, including service-based outcome measures and community insights. These dashboards will build on existing approaches to monitoring progress to ensure current good practice is built on, and duplication of reporting requirements is minimised. An example of how these dashboards are currently being developed is presented below (table 4) for work associated with diabetes prevention and treatment.

Table 3: Current Prevention-based measures and baseline performance identified within the IMTP

Measure	Baseline	2026/27 Commitments
Children fully vaccinated by age 5	85.3%	90% by Q4; national target 95%
HPV first dose by age 15	66.7%	80% by Q4; national target 90%
Influenza vaccine uptake, age 65+	73.8%	75%
RSV uptake among those turning 75	55%	65%; national target 70%
Adult smokers making a supported quit attempt	4.5%	5%; national target 7.5%
CO-validated four-week quit rate	20.5%	40%
Children at a healthy weight	75.1% (2023/24)	76%



Diabetes: all eight NICE care processes	44.3%	50%; national expectation 80%
Diabetes: foot surveillance	66.4%	80%
Diabetes: urine albumin recorded	66.0%	80%
CVD risk programme attendance	No baseline	3,125 per quarter
People diagnosed through CVD risk programme	No baseline	312 per quarter
Level 2 weight-management starts	No baseline	1,500 per quarter
Participants losing >5% weight	No baseline	450 per quarter
High-risk/frailty cohort with proactive care plan	No baseline	90% by Q4
Number of visits to the Melo Website	33,844	48,000

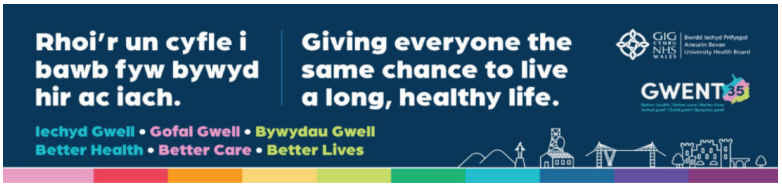


Table 4: Current Prevention Programme Board Reporting for Preventable Premature Mortality

Prevention Programme Board Reporting

Reporting will be aligned to IMTP delivery, Marmot principles and population health, this will be achieved through four standard measures for ever priority.

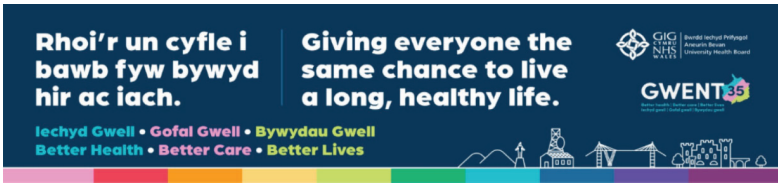
Delivery Measure	Example
Activity	Number of patients screened, referred or treated
Outcome	Reduction in risk factors, admissions, complications or mortality
Equity	Uptake by deprivation quintile, ethnicity and geography
Value	Cost avoidance, productivity gain or return on investment

Diabetes Strategic Delivery Dashboard

Reporting position: September 2026
Strategic purpose: To provide leadership, direction and oversight for diabetes prevention and care across Gwent, aligned with the Health Board's strategy and the Welsh Government Quality Statement for Diabetes.

Delivery against purpose

Overall delivery	Outcomes evidence	Principal concern	Executive attention required
		Funding and workforce constraints, alongside limited reported outcome data	Confirm ownership, funding decisions, benefits realisation and a consistent performance dataset



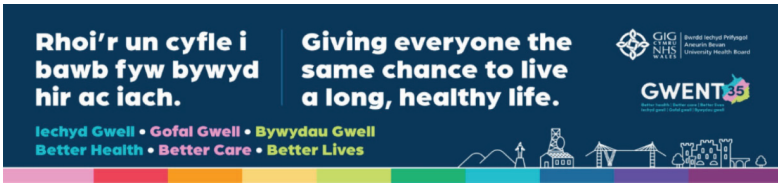
Overall Programme Assurance

There is a substantial portfolio of diabetes activity, but the evidence currently available describes projects and milestones more clearly than it demonstrates measurable population outcomes. Board assurance should therefore remain **Amber** until ownership, trajectories, benefits realisation, equity measures and sustainability arrangements are consistently reported.

Prevention Board Delivery Dashboard: Diabetes

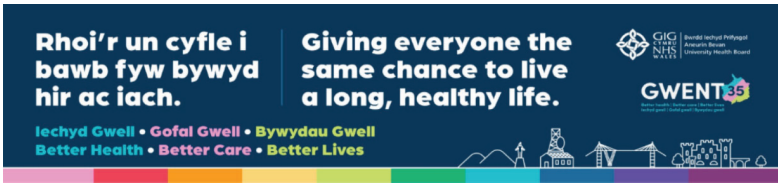
Strategic priority	Key activity and milestone	Current delivery position	RAG	Proposed headline measure	Executive action / decision
Prevent Type 2 diabetes	Diabetes Prevention Programme expansion across Gwent NCNs	Expansion was reported for Caerphilly and Blaenau Gwent, with Newport included in the planned programme. Staffing constraints were subsequently identified as a barrier to further expansion.	□	Referrals, uptake, completion and progression to diabetes, reported by place and deprivation	Agree a funded and deliverable expansion trajectory, including workforce requirements and an exit or sustainability plan
Improve the eight care processes	Urine ACR pilot and foot-check improvement activity	Urine ACR pilot ended in March 2026. Foot-check pilot completion was scheduled for October 2026. The available information does not report improvement in uptake of all eight care processes.	□	Percentage receiving all eight care processes, with individual process-level variation	Require a baseline, trajectory, named owner for each process and recovery action where performance is below plan
Support diabetes remission	Type 2 Diabetes Remission Programme pilot	Pilot ended in March 2025. The available information does not specify	□	Eligible referrals, programme completion	Review evaluation evidence and decide whether to stop,

		evaluation results, continuation arrangements or scale-up decisions.		and remission at agreed follow-up points	sustain or scale the intervention
Improve inpatient care	Diabetes Inpatient Care and Education, DICE	Project ran from August 2023 to March 2026. No benefits-realisation information is provided in the available material.	□	Diabetes-related inpatient harm, length of stay and patient experience	Confirm which improvements have been sustained following project closure and identify operational ownership
Reduce long-term complications	Cardio-Renal VBHC project	Project ran from August 2023 to March 2026. The source does not report resulting clinical outcomes or ongoing delivery arrangements.	□	Renal and cardiovascular risk management, complications and admissions	Complete benefits-realisation reporting and confirm the ongoing pathway and accountable lead
Improve Type 1 diabetes technology access	Five-year Hybrid Closed Loop implementation plan	Business case accepted, funding to be identified.	◍	Eligible population, access rate, waiting time and variation by population group	Escalate the funding gap and agree a prioritised implementation trajectory
Strengthen education and self-management	XPERT, MyDESMOND and SEREN programmes	The programmes are identified as components of the strategic work, but the available information does not specify uptake, reach, completion or outcomes. National funding removed for MyDesmond	□	Uptake, completion, patient-reported benefit and equitable access	Establish a consolidated education dashboard and identify gaps in reach and participation



Key Risks and Controls

Risk	Potential consequence	Required control	Proposed accountable route
Insufficient funding for Hybrid Closed Loop implementation	Continued failure to achieve planned milestones	Costed recovery plan and explicit investment decision	Diabetes Strategic Group to escalate through the agreed programme governance route
Workforce constraints affecting prevention activity	Unequal or delayed programme expansion	Workforce plan linked to geographical rollout	Programme lead with operational and workforce support
Projects ending without reported benefits realisation	Activity is completed without demonstrating sustained impact	Benefits-realisation review for DICE, Cardio-Renal, remission and Urine ACR work	Named project sponsors and service owners
Limited population and equity reporting	Inequalities may remain hidden behind aggregate activity	Report uptake and outcomes by deprivation, geography and relevant population characteristics	Diabetes intelligence and programme leads
Unclear ownership of performance measures	Weak accountability and slow corrective action	Assign one named owner and reporting frequency to each measure	Diabetes Strategic Group chair



Cardiovascular Disease Delivery Dashboard

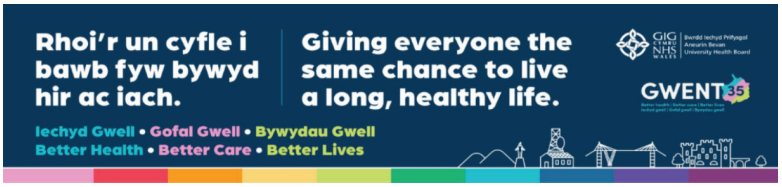
Reporting position: August 2026
Strategic purpose: To oversee strategic planning and delivery for heart conditions, integrate prevention across the pathway and support development of the Health Board's local delivery plan.

Delivery against purpose

Overall delivery	Outcomes evidence	Principal concern	Executive attention required
		Incomplete GP data returns, additional diagnostic demand and sustainability following the end of temporary funding	Strengthen practice participation, evaluate prevention services and agree sustainable diagnostic and treatment capacity

Overall Programme Assurance

The prevention programme is generating identifiable clinical findings, and diagnostic capacity has increased. However, incomplete practice reporting, relatively limited attendance, additional ECHO demand and the end of temporary treatment funding create material delivery and sustainability risks. Board assurance should remain **Amber**, with the treatment pathway rated **Red** until a sustainable whole-pathway recovery plan is agreed



Prevention Board Delivery Dashboard: CVD

Strategic priority	Key activity and milestone	Current delivery position	RAG	Proposed headline measure	Executive action / decision
Earlier risk identification	Hypertension Case Finding Service	The service was launched, with monitoring, evaluation and an evaluation report identified within the programme milestones.	□	People assessed, new hypertension diagnoses and proportion entering treatment	Confirm evaluation timetable and translate findings into commissioning and service decisions
Manage multiple CVD risk factors	CVD Risk Factor Management Service	Forty-four GP practices had signed the contract, but only 20 had submitted data at the time of the July 2026 update. Those returns covered 1,975 invitations and 716 attendances, an attendance rate of 36.3%.	□	Practice reporting coverage, invitations, uptake, new diagnoses and treatment initiation	Secure complete and timely data returns and establish an improvement trajectory for attendance
Demonstrate early prevention outcomes	Multifactorial assessment including lipids and HbA1c	Submitted data identified 92 cases of pre-diabetes, 68 of hypercholesterolaemia, 18 of hypertension, two of Type 2 diabetes and two of atrial fibrillation.	□	Detection rate, onward referral, treatment initiation and risk reduction	Track whether newly identified patients receive intervention and achieve improved clinical outcomes
Develop a staff prevention offer	CVD risk-factor management offer for Health Board staff	Development of a staff offer was included in the programme milestones. The July update stated that the emerging service data	□	Staff reach, uptake, risks identified and follow-up completed	Subject the proposal to an evidence, equality, resource and delivery assessment

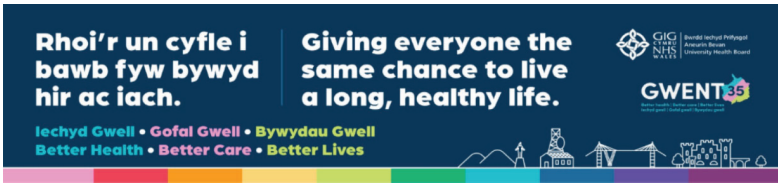
		supported a proposed Health Check offer using point-of-care lipids and HbA1c testing.			
Improve access to diagnosis	Echocardiography capacity	Capacity was reported as increased to approximately 1,300 per month and embedded as business as usual.	□	Diagnostic waiting time, activity, backlog and equity of access	Maintain surveillance to ensure additional activity produces sustained waiting-time improvement
Respond to additional diagnostic demand	Business case for further ECHO capacity	Additional demand of approximately 300 interventions per month was reported, and a business case had been written.	□	Demand-capacity gap and waiting-list trajectory	Determine the business case and agree a sustainable capacity response
Improve early heart-failure diagnosis	Collaborative pathway with Health Inclusion Service	Development of a pathway for earlier diagnosis was identified as an activity. The source does not specify completion or impact.	□	Earlier diagnosis, late presentation and access among underserved populations	Agree the pathway, implementation milestones, target population and evaluation measures
Provide timely treatment	External support to address 27-week waits	External providers were used for new-patient referrals. The update reported that this shifted pressure to follow-up and diagnostic services, and that funding ended in March 2026.	▨	New and follow-up waits, diagnostics demand and sustainable capacity	Require a whole-pathway recovery plan rather than isolated additional activity

Support recovery and living well	Cardiac rehabilitation for heart-failure patients and BHF QR-code pilot	Heart-failure cardiac rehabilitation had started. A BHF and cardiac rehabilitation QR-code pilot was also identified to support patient activation.	□	Referral, uptake, completion and patient-reported outcomes	Evaluate whether participation and completion improve, including variation by place and deprivation
Address psychological needs	Post-cardiac-arrest psychological support	Establishment of a working group for patients and families was identified, but no implementation or outcome information was reported	□	Access, waiting time, experience and psychological outcomes	Confirm the service model, accountable owner and implementation date

Key risks and controls

Risk	Potential consequence	Required control	Proposed accountable route
Incomplete GP practice reporting	Service impact cannot be reliably assessed	Practice-level reporting plan, standard dataset and exception reporting	CVD Risk Factor Management Service lead
Low reported attendance	Prevention benefits may not be realised and inequalities may widen	Analyse non-attendance and test targeted, place-based engagement	CVD Strategic Group with primary care partners
Diagnostic demand exceeds available capacity	Longer waits and delayed diagnosis	Whole-pathway demand and capacity plan	Cardiology and planning leads
Temporary interventions shift pressure elsewhere	Improvement in one pathway segment creates deterioration in another	End-to-end pathway measures covering new, diagnostic and follow-up demand	Cardiology Directorate

Activity not linked to treatment and outcomes	New diagnoses are counted without demonstrating health improvement	Track onward referral, intervention, control and longer-term outcome	Clinical and analytical leads
Insufficient equity analysis	Unequal reach or outcomes remain unidentified	Stratify service use and outcomes by place, deprivation and relevant population groups	Public Health and intelligence leads



Appendix 2: Whole population, universal and life stage specific interventions across the life course

Life stage				
Preconception to Birth	**Early Years 0-5**	**School Age 5-18**	**Adulthood 18-65**	**Older Adults 65 and Over**
• High quality antenatal care • Antenatal screening • Vaccination for influenza, pertussis and RSV • Perinatal mental health support • Smoking cessation, alcohol and substance use and weight management • Trauma-informed continuity of care provided for pregnant women experiencing or at risk of homelessness • AWDPP for women with gestational diabetes • Post-natal check • Post-birth contraception	• Healthy Child Wales programme • Newborn screening • Breastfeeding • Bonding and emotional attachment • 6 to 8-week baby check • Routine pre-school vaccination schedule • Home safety and accident prevention • Design to Smile daily toothbrushing, oral heath packs, fluoride varnish, early dental checks • Parenting support to promote language development, social and emotional development and positive play • Home visits to monitor developmental milestones, growth and language development • Early assessment and pathways for audiology, speech, language, communication assessments	• School entry review • School-age vaccinations against HPV, MenACWY, 3-in-1 teenage booster • Seasonal influenza vaccination • Catch-up pre-schools and missed vaccinations • Health assessments for children with complex needs • Public health and school nursing support for whole school approach to emotional and mental wellbeing • Child-centred support for care experienced children • Child and adolescent mental health support services • Support at key transition points for children with additional learning needs or disabilities, children with physical and mental healthcare needs, care experienced children, young carers and young people involved in the criminal justice system. • Sexual and reproductive health • Selective vaccinations for at risk children (e.g. BCG) • Outreach healthcare support for children in temporary accommodation and gypsy Roma and traveller communities • Physical and psycho-social support for young carers • Family intervention for children affected by parental substance misuse or mental health problems	• Influenza vaccination for under 65s in clinical risk groups • Selective vaccination for at risk groups • Cancer screening - breast, bowel, cervical • Early cancer detection through help-seeking behaviours, red flag pathways and safety netting • Social prescribing for people experiencing loneliness and social isolation • Pathways for person center support for employment, debt advice and housing • CVD risk factor identification and management • All Wales Diabetes Prevention programme • Optimal clinical management of CVD, Diabetes, Respiratory Disease and CKD • Diabetic eye screening (if appropriate) • MDT working for "rising risk" groups • High quality health literacy and self-care resources • Structured self-management programmes for people with long-term conditions • Equitable healthcare provision in HMP Usk/Prescoed and people with experience of the criminal justice system including micro-elimination of Hep B and C, HIV and TB • Ask and Act with clear pathways into specialist DVA services • Robust DASH, MARAC and IDVA arrangements • Equitable access to sexual and reproductive health services • TB and BBV elimination particularly for underserved groups	• Social connectedness • Influenza, COVID-19, RSV, shingles and pneumococcal vaccination. • Falls prevention and bone health • Physical activity and nutrition programmes to maintain independence and limit functional decline • Sensory and dental health • Pathways to services which promote financial security and warm homes • Long-term condition management including polypharmacy reviews • Frailty identification with streamlined access to rapid response and reablement services • IP&C in residential settings • Care home interventions for falls prevention, hydration, nutrition, mobility support, pressure damage and continence care • Care home MDT in-reach including speech and language therapy, dental, dietetics, optometry and medication reviews • Advanced / Future Care Planning •



Whole population interventions across the life course

- **Anchor institution:** maximise health impact of employment, procurement and commissioning, capital and estates, environmental sustainability and regional partnership working with other anchor institutions.
- **Address wider determinants:** enable staff, patients and residents to access to safe and suitable housing, warm homes, benefits advice, employment support alongside collaborative working with local authority and other partners in areas such as early years and education, housing and homelessness, inclusion health, sustainable transport, environmental regulation, serious violence, alcohol licensing and healthy spatial planning.
- **Safe and connected communities:** Utilise asset-based approaches in collaboration with communities, third sector and statutory partners to enable and support the development of strong social ties and connections in places and communities, improve public safety, and enhance community well-being through inclusive local programming and shared spaces.
- **Suicide prevention and self-harm:** whole system partnership working to enable risk factor reduction, including debt and unemployment support, restricting access to means, supporting people in crisis, providing bereavement and postvention support, promotion of good media practice.
- **Mental health support:** provide open access across the life course including perinatal mental health, parental, children and young people, working age and older adults. Co-occurring needs addressed through integrated mental health, substance use, and physical health support.
- **Social prescribing**: provide holistic support for physical, mental and social wellbeing guided by 'what matters' to people.
- **Make Every Contact Count:** ensure the millions of day-to-day interactions with the public each year are used as an opportunity for shared decision making and a person-centred approach to behaviour change.
- **Inclusion health services:** for people experiencing homelessness, asylum seekers and refugees, sex workers and gypsy, Roma and traveler communities
- **Addiction and dependency:** support prevention and early intervention, and provide equitable access to services for alcohol and substance misuse, smoking, vaping and gambling.
- **Sexual health and contraception:** enable access for young people, working age adults and plan postnatal contraception starting in pregnancy.
- **Health protection:** prevent, control and respond to outbreaks of infectious diseases
- **Safeguarding**

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	18 November 2026
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Mental Health and Learning Disabilities Programme Deep Dive
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Louise Turner, Divisional Director for Mental Health & LD Paul Rice, General Manager for Mental Health & LD Kate Fitzgerald, Head of Transformation & Delivery

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 Mental Health and Learning Disabilities (MH&LD) Deep Dive provides a comprehensive overview of the MH&LD Programme, including progress against strategic priorities, key achievements across individual workstreams, governance arrangements, principal risks, and alignment with both the Health Board's Estates Strategy and the national Mental Health and Wellbeing Strategy and Clinical Plan (2025-2035).

The report highlights the significant programme of transformation currently underway and sets out the priorities for 2027/28. As one of the Health Board's key transformation programmes, 2027/28 will represent a pivotal year for the Mental Health and Learning Disabilities Programme, with a number of workstreams progressing into implementation following extensive service design, engagement and model development.

Continued Executive oversight and support will be essential to maintain pace, manage dependencies and enable the large-scale service changes required to deliver sustainable, integrated and recovery-focused models of care aligned to national policy and the future needs of the population of Gwent.

The Board is asked to:

- **Note** the progress achieved across the MH&LD workstreams, including the successful testing of new integrated, place-based models of care ahead of wider transformation.
- **Note** the strategic context and national policy alignment of the MH&LD Programme and its pivotal role in delivering the Health Board's transformation ambitions.
- **Note** the delivery priorities for 2027/28, including the transition from service design into implementation across a number of major workstreams.

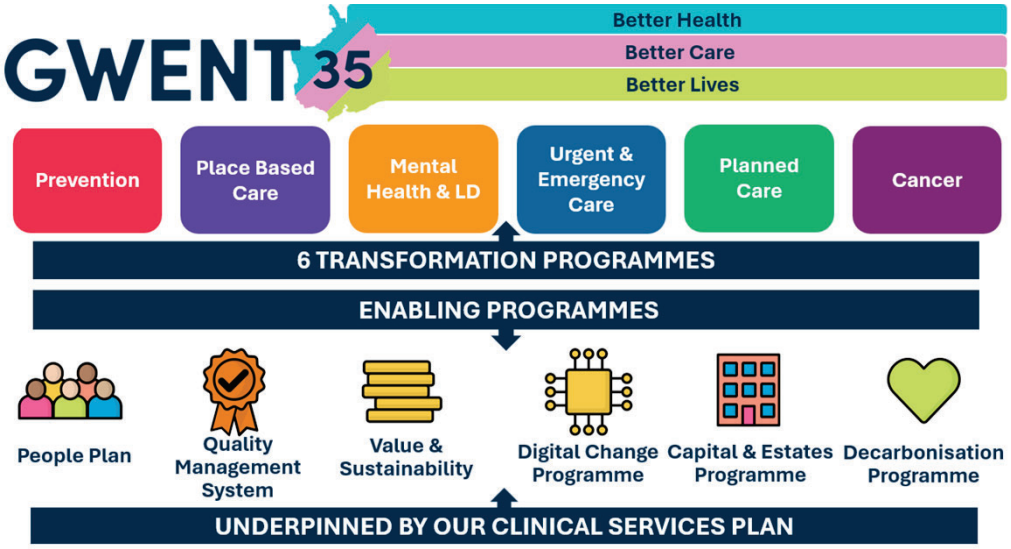
Cefndir / Background

Mental Health and Learning Disabilities is a key component of the Health Board's strategy to improve population health, reduce inequalities and deliver coordinated, person-centred care closer to home. The Health Board's Annual Plan 2026/27 identifies transformation of Mental Health and Learning Disabilities services as a key vehicle for delivering the ambitions of Gwent 2035 and national priorities, including the Welsh Government Mental Health and Wellbeing Strategy (2025-2035) and the NHS Wales Clinical Plan.

As such, the programme will form a significant component of the Health Board's transformation agenda over the coming years, supporting the redesign and delivery of sustainable, integrated and recovery-focused models of care that improve outcomes, experience and access for the population of Gwent, while creating opportunities to rationalise the estate and improve efficiency through sustainable workforce models.

As agreed through the Annual Planning and Delivery Framework approved by the Board in May 2026, the Mental Health and Learning Disabilities Programme is one of the Health Board's six strategic priority programmes, with Executive oversight provided by the Chief Operating Officer.

Diagram 1: Health Board Priority Programmes



Asesiad / Assessment

The attached report provides an overview of progress across the five Mental Health and Learning Disabilities workstreams

Diagram 2: Mental Health & LD Workstreams

Access & Urgent Primary Care	Open Access	Adult Mental Health	Older Adult Mental Health	Specialist Services & LD
• Crisis Front Door • Professional Line	• Earlier Intervention • 19 Hills Pilot • Needs Led Conversation	• Community Transformation • Improved Flow • Inpatient Stabilisation	• One Team Model • Dementia Co-Location • Central Referral and Booking System	• Ty Lafant • Ty Skirrid • Rehabilitation Pathway

Good progress has been made during 2026/27 across all five workstreams. Key achievements include:

- Implemented and evaluated the Mental Health 111 Press 2 Crisis Front Door, strengthening urgent mental health access and crisis pathways.
- Delivered Open Access demonstrator projects in Newport and Caerphilly, testing new approaches to prevention, early intervention and community support.
- Agreed the preferred Integrated Community Mental Health Model for Adult Mental Health and established a Project Board and six workstreams to support delivery.
- Progressed Adult Mental Health inpatient stabilisation and developed proposals for an Admissions and Recovery Ward Model.

- Completed an options appraisal and identified a preferred model for Older Adult Mental Health Services, including development of the FAST model.
- Completed a Learning Disability service options appraisal and secured Welsh Government funding to test enhanced community crisis support.
- Commissioned a review of the Rehabilitation Pathway to inform the future model of care.
- Undertaken the first PACE review across Adult and Older Adult Mental Health wards to identify opportunities to improve patient flow and discharge processes.
- Progressed key digital enablers, including preparation for the migration from Welsh Community Care Information System to RIO Electronic Patient Record and deployment of Robotic Process Automation to significantly improve referral processing times.

Overall, 2026/27 has focused on testing innovative models of care, agreeing future service designs and establishing the strategic, workforce, digital and estate foundations required to support large-scale implementation from 2027/28 onwards. This work has laid the foundations for delivery of the Welsh Government Mental Health and Wellbeing Strategy (2025-2035) and the NHS Wales Clinical Plan, which require Health Boards to deliver a 'no wrong door' approach, improve timely access to assessment and support, expand community-based and recovery-focused models of care, and progress estate transformation to ensure infrastructure is aligned to future service models and population need.

Whilst good progress has been made across all workstreams, delivery continues to be influenced by workforce, estate, financial and wider system challenges, requiring robust governance, strong partnership working and continued Executive oversight to maintain momentum and deliver transformational change at pace.

Argymhelliad / Recommendation

The Board is asked to:

- **Note** the progress achieved across the MH&LD workstreams, including the successful testing of new integrated, place-based models of care ahead of wider transformation.
- **Note** the strategic context and national policy alignment of the MH&LD Programme and its pivotal role in delivering the Health Board's transformation ambitions.
- **Note** the delivery priorities for 2027/28, including the transition from service design into implementation across a number of major workstreams.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	SRR001 SRR002 SRR005 SRR006 SRR007
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3.2 Communicating Effectively 4. Dignified Care 5. Timely Care
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. All
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. All
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff 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 Improve patient experience by ensuring services are senstivie to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	FAST Focused Acute Support Team PACE Patient Activity Care and Experience
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. All

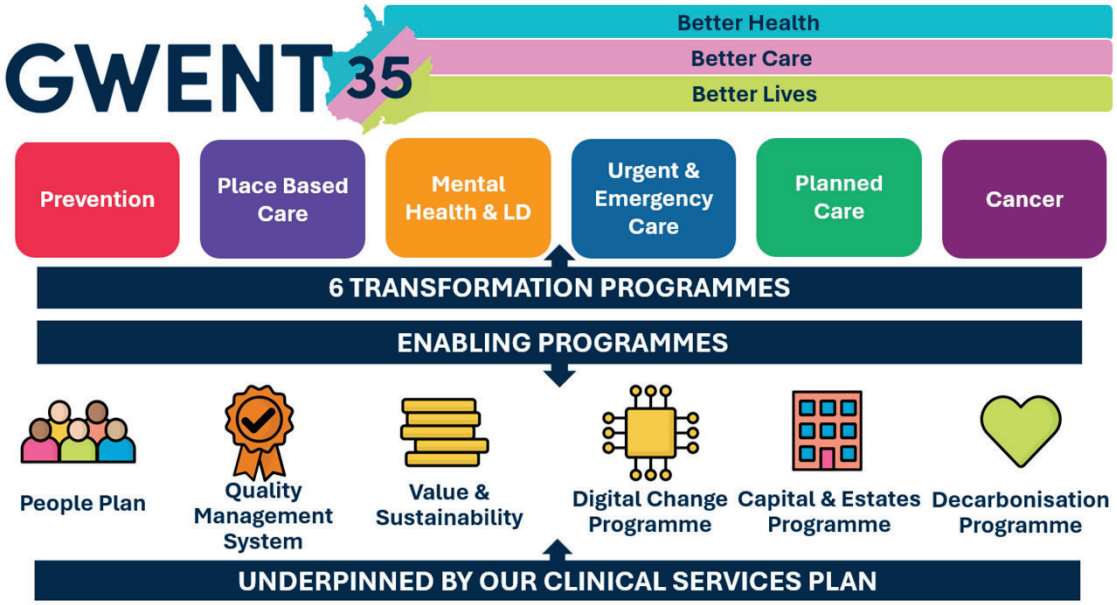
https://futuregenerations.wales/about-us/future-generations-act/	

Mental Health & Learning Disabilities Programme Deep Dive

1. Introduction

The Mental Health and Learning Disabilities (MH&LD) Programme is one of six strategic transformation and delivery programmes within the Health Board. The programme is led by the Chief Operating Officer Leanne Watkins supported by Louise Turner, Divisional Director for MH&LD, Paul Rice, General Manager for MH&LD, Amy Buckley, Divisional Nurse for MH&LD, Divya Sakhuja, Assistant Divisional Director for MH&LD and MH&LD Clinical Directors, together, they provide strategic leadership, operational oversight and clinical direction for the programme, ensuring delivery of key transformation priorities, service improvement initiatives and Annual Plan commitments across mental health and learning disability services, aligned to national policy.

Diagram 1: Health Board Transformation Programmes



MH&LD services are a key enabler of the Health Board's strategic objectives of Better Health, Better Care and Better Lives, and play a central role in delivering the ambitions of the Gwent 35 Strategy. The programme supports a shift from reactive, hospital-based services towards preventative, person-centred and community-focused models of care, promoting wellbeing, early intervention, recovery and independence. This approach is aligned to the national Mental Health and Wellbeing Strategy (2025–2035) and national Clinical Plan, with a focus on delivering integrated, place-based services that enable people to access the right support, in the right place, at the right time.

Through the development of integrated, place-based models, the programme works in partnership with Local Authorities, Primary Care, the Third Sector, housing providers, Welsh Government and wider system partners to strengthen community resilience and improve outcomes for individuals and communities.

The aims of the programme are to improve access to timely support, reduce inequalities and ensure people receive the right care, in the right place, at the right time. There are strong interdependencies with wider Health Board transformation priorities, including Urgent and Emergency Care and Place Based Care recognising the important role mental health services play in supporting prevention, sustainable system-wide improvement, reducing demand on acute services and delivering better population outcomes across Gwent.

This report outlines the scope of the MH&LD Programme, progress against key priorities, objectives for the next reporting period, primary risks, and alignment with the Health Board's Estates Strategy.

2. Background

The **programme objectives** included:

- Improving access to timely care and support.
- Strengthening prevention, early intervention and recovery.
- Delivering sustainable community-based models of care.
- Reducing inequalities and improving outcomes.
- Minimising avoidable admissions and out-of-area placements.
- Working with Local Authorities and wider partners to deliver integrated care closer to home.
- Ensuring services remain sustainable within available workforce, financial and estate resources.

The programme commitments are summarised in Appendix One, which provides a concise ***'Programme on a Page'*** setting out the key priorities, milestones, intended benefits and risks. Progress against these commitments is monitored through the Mental Health and Learning Disabilities Strategic Change Board, which provides oversight of delivery, ensuring the programme remains on track to achieve its intended outcomes.

National and Local Data Trends

Demand for Mental Health and Learning Disability services continues to increase both nationally and locally, placing significant pressure on existing service models. Globally, mental ill-health is one of the leading causes of disability, affecting more than one billion people worldwide, while demand for support continues to grow faster than capacity.

Across the UK, the prevalence of common mental health disorders is estimated at 22.6%, and in Wales approximately 493,000 adults, around 16% of the adult population, experience a common mental health disorder. Demand is being driven not only by increasing prevalence but also by an ageing population, rising levels of physical and mental health multimorbidity, increasing social complexity, and persistent health inequalities associated with deprivation and poverty.

Within **Aneurin Bevan University Health Board**, these national trends are reflected in sustained high levels of demand across services over recent years. Since April 2023, 111 Press 2 has received an average of 3,700 calls per month, the Psychological Health Practitioner Service has received approximately 1,100 referrals per month, and Adult Mental Health Services have received around 4,300 referrals per month. Services are experiencing rising clinical complexity, multimorbidity, social need and workforce constraints. Collectively, these factors are placing significant pressure on existing service models and reinforce the need to transform care, with a greater focus on prevention, early intervention, community-based support, reducing inequalities and improving outcomes in line with the Mental Health and Wellbeing Strategy for Wales.

The **Mental Health and Learning Disabilities National Dashboard** provides oversight of performance against key national measures and supports benchmarking across Wales. Performance continues to be monitored through established governance arrangements to identify areas of good practice and those requiring improvement.

Appendix Two provides a detailed summary of performance against the national **Mental Health and Learning Disabilities dashboard** measures, highlighting current performance, key trends and areas of focus. Overall, the Health Board continues to demonstrate strong performance against Mental Health Measure Part 1 standards, with assessment and intervention waiting times consistently exceeding national targets and comparing favourably with other Welsh Health Boards. Workforce capacity

within Primary Mental Health Support Services also remains above the Welsh average. However, performance remains below the required standard in Mental Health Measure Part 2 compliance, Psychological Therapies waiting times and elements of Crisis Resolution Home Treatment performance. These areas remain priorities for improvement and are subject to ongoing scrutiny through Divisional and performance governance arrangements

Diagram 2: Mental Health Dashboard 13th October 2026

Last 12 Months Performance - ABUHB

Performance Metric	Service	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 26	Jul 26	Aug 26
Part 1 Ref:	Adult	1,284	1,284	1,189	1,074	1,117	1,226	1,254	1,136	1,082	1,273	1,302	1,147
	Older Adult	95	106	90	83	84	99	117	75	80	82	53	64
Part 1A (80%):	Adult	90.6%	93.1%	86.2%	93.5%	85.7%	87.0%	87.0%	81.3%	86.6%	91.5%	88.5%	94.5%
	Older Adult	86.1%	91.3%	92.9%	90.0%	86.4%	72.4%	82.4%	65.7%	78.9%	96.8%	87.9%	90.0%
Part 1B (80%):	Adult	90.1%	94.4%	94.3%	92.9%	95.5%	95.9%	94.0%	88.4%	93.4%	94.5%	97.4%	93.9%
	Older Adult	92.1%	90.2%	87.9%	96.8%	86.2%	95.1%	90.9%	97.5%	88.2%	92.9%	88.6%	94.4%
Part 2 (90%):	Adult	93.5%	91.2%	90.8%	91.4%	89.4%	90.0%	90.0%	85.3%	86.1%	85.0%	82.4%	78.0%
	Older Adult	100.0%	100.0%	95.5%	90.5%	98.3%	92.5%	95.5%	85.9%	84.5%	84.1%	86.3%	80.9%
Part 3 (100%):	Adult	100.0%	100.0%			100.0%			100.0%	100.0%	100.0%	100.0%	
	Older Adult	100.0%	100.0%	100.0%		100.0%		100.0%	100.0%	100.0%			
Psychological Therapies (80%):	All	54.0%	52.6%	51.9%	48.8%	47.0%	46.1%	46.9%	47.8%	55.1%	47.7%	52.5%	51.3%

3. Strategic Alignment

The Health Board's MH&LD Transformation Programme is aligned with national policy, A Healthier Wales, and Welsh Government priorities for mental health and wellbeing. Central to this is the Welsh Government, Mental Health and Wellbeing Strategy (2025-2035) and the Suicide Prevention and Self-Harm Strategy (2025-2035). The Mental Health and Wellbeing Strategy provides the long-term framework for improving mental health outcomes across Wales. The strategy promotes a whole-system approach, recognising that mental health and wellbeing are influenced by a range of social, economic and environmental factors and require coordinated action across health, social care, local government, education, housing and the third sector.

The vision is for a Wales where people are supported to achieve and maintain good mental health and wellbeing, have timely access to support when needed, and can live fulfilling lives free from discrimination and inequality.

Key requirements for Health Boards include:

- Provide **same-day open access** support
- Expand **community-based and recovery-focused models of care**.

- Reduce reliance on inpatient services through **alternatives to admission**.
- Strengthen **mental health crisis and urgent care pathways**, including NHS 111 Mental Health.
- Develop **integrated pathways** with local authorities, Regional Partnership Boards and third-sector partners.
- Embed **trauma-informed practice** across services.
- Reduce **health inequalities** and improve access for underserved groups.
- Deliver **workforce, digital and estate transformation** to support the new model of care.
- Implement **flexible stepped-care approaches** to ensure people receive the right support at the right time.

The Welsh Government, Suicide Prevention and Self-harm Strategy aims to lower suicide and self-harm rates, improve crisis support and back people bereaved by suicide. A three-year delivery plan underpins both strategies; the Health Board are working with partner organisations to collectively deliver the intended outcomes.

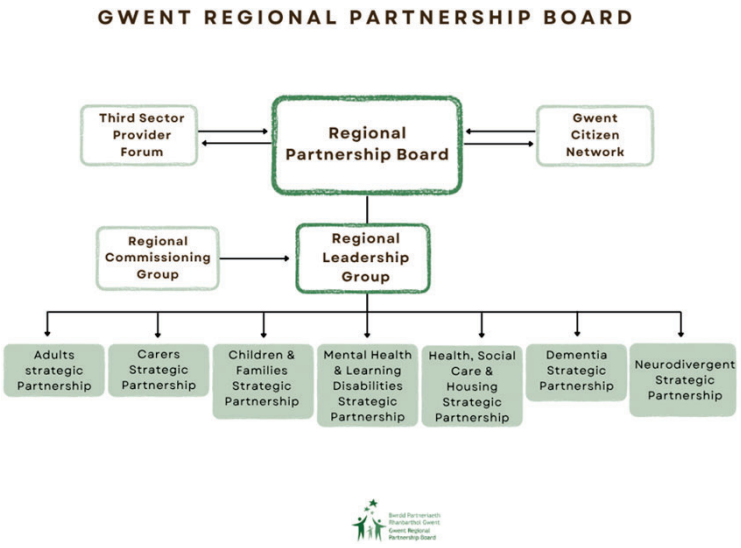
In May 2026, the **NHS Wales Leadership Board** commissioned the development of a nationally agreed Adult Mental Health Model of Care and an all-Wales inpatient bed plan in response to two key challenges: community mental health models are no longer consistently meeting population needs, and much of the current inpatient estate is no longer fit for purpose. The work aims to identify the latest clinical evidence and best practice to strengthen community-based services, reduce reliance on inpatient care, and improve outcomes and experience for people accessing mental health services.

An update was presented by NHS P&I to the Board on 2nd November 2026, setting out the case for change and proposed future direction for Open Access Adult Mental Health Services. The session sought Board members' views on the emerging model and the Adult Mental Health **National Clinical Plan**, including the opportunities to improve access, consistency, and outcomes for people requiring mental health support. The work also considers the clinical and financial feasibility of the proposed model and assesses local risks, challenges, and implementation considerations. A draft national plan is scheduled for consideration by the Board in January 2027, alongside arrangements for executive leadership and oversight of delivery (Appendix Three).

In September 2026, the Welsh Government launched the **Learning Disability Transformation Programme (2026-2029)**, a three-year programme that will act as the primary vehicle for system-wide change through Regional Partnership Boards. The programme aims to improve outcomes for people with learning disabilities by strengthening community-based support, reducing reliance on hospital care, promoting independence, and improving access to housing, specialist services and data-driven planning. The programme aligns closely with the Integrated Community Care Strategy (ICCS), supporting earlier intervention, integrated models of care, improved access to information and advice, and the development of effective alternatives to inpatient care.

Regionally, the **Gwent Regional Partnership Board** integrates health, social care and community service across Gwent with emotional wellbeing and mental health designated as a core strategic priority under the Social Services and Well Being Act (2014). The Mental Health and Learning Disabilities Strategic Partnership is one of six integrated sub-partnerships, chaired by the Divisional Director for MH&LD. The partnership reports directly to the Regional Partnership Board and provides oversight of the Regional Integration Fund, service delivery and local area plan for mental health. As a core partner within the Regional Partnership Board, the Health Board plays a leading role in shaping and delivering the regional mental health agenda, working collaboratively with Local Authorities and wider partners to develop integrated, community-based models of care.

Diagram 3: Gwent Regional Partnership Board Governance Structure



Gwent Strategy 35 Our Ten-Year Strategy (2025-2035), Better Health, Better Care, Better Lives

Mental Health and Wellbeing is recognised throughout the Health Board's 10-Year Strategy as a key enabler of achieving Better Health, Better Care and Better Lives. The programme supports delivery of the strategy through a strong focus on prevention, early intervention, reducing inequalities and enabling people to remain well and independent within their communities, thereby contributing significantly to the Better Care ambitions of the Health Board. The strategy identifies the need to shift from reactive models of care towards community-based, person-centred approaches that promote wellbeing, independence and recovery.

The strategy highlights increasing population need, health inequalities, loneliness, domestic abuse and wider social determinants of health as significant factors affecting mental wellbeing across Gwent. In response, the Health Board commits to ensuring services are in place to support mental health and wellbeing, with a particular focus on children and young people, prevention, community support and improving access to timely care.

4. Health Board's Annual Plan 2026/27

The MH&LD Programme provides the mechanism for delivering the key commitments and priorities outlined within the Health Board's Annual Plan. Progress against these commitments, including delivery against key milestones and programme objectives, is detailed within this report.

Area	Commitment
Inpatient Services	• Evaluate learning from the reduction in beds at Ty Lafant and incorporate findings into future service planning. • Progress the co-location of Older Adult Mental Health inpatient wards to support a more sustainable and resilient service model. • Consider the future use of the Adult Rehabilitation Ward at Maindiff Court Community Hospital as community-based models of care are developed and implemented. • Agree the strategic estate direction required to support the future inpatient Models of Care and wider service transformation.

Community Services	• Agree estate principles to support community-based Models of Care. • Progress Adult Community Rehabilitation Service.
Open Access	• Progress delivery of the Open Access model in line with the Open Access Steering Group and Welsh Government direction set out within the Mental Health and Wellbeing Strategy. • Progress the commissioning of third sector partners to support implementation of the Open Access model, strengthening early intervention, prevention and community-based support.
Alternative Accommodation	• Complete the assessment of need for Learning Disability Services. • Complete the assessment of need for Adult Mental Health Services.
Enablers	• Progress ward accreditation and engagement with the National Safety Programme to support quality improvement, patient safety and service excellence. • Prepare for implementation of the replacement Electronic Patient Record system. • Explore opportunities for robotic process automation and digital solutions to support early triage and screening, enabling more timely signposting to the most appropriate service, intervention or support.

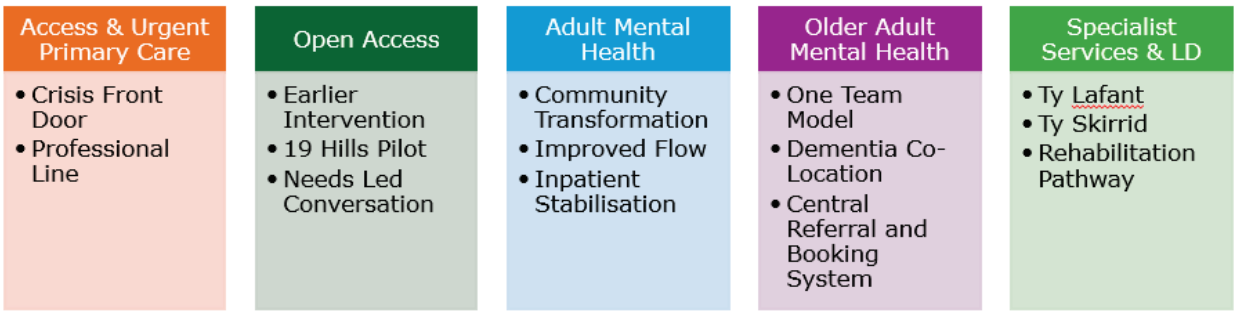
5. Governance and Accountability

The MH&LD Programme is overseen through the monthly **Strategic Change Board**, chaired by the Chief Operating Officer, which provides oversight of progress, risks, interdependencies and key decisions. Each workstream is led by a Clinical Director and supported by the Divisional Director, Divisional Nurse and General Manager, ensuring strong clinical and operational leadership. The programme is closely aligned with the Gwent Regional Partnership Board and works in partnership with Local Authorities, the third sector and wider system partners to support integrated, community-based models of care. Progress is monitored through established governance arrangements, with oversight provided by the Executive Committee and annual reporting to the Board.

6. Workstreams

The MH&LD Programme is comprised five key workstreams, which collectively support delivery of the programme's objectives and transformation priorities. The scope, focus and key achievements for 2026/27 of each workstream are outlined below.

Diagram 4: MH&LD Programme Workstreams



Workstream One – Access & Urgent Primary Care

The workstream continues to focus on improving access to mental health and wellbeing support, strengthening urgent care pathways and enhancing Primary Care Mental Health Support Services (PCMHSS). Key developments include the continued development of front-door pathways to support more coordinated access, triage and clinical decision-making. Together, these developments aim to improve timely access to support, **strengthen crisis response** and ensure individuals receive the right care, at the right time, in the most appropriate setting.

Significant progress has been made in advancing a more coordinated front-door approach to mental health services, with Open Access principles and strengthening links between primary care, community mental health services and wider mental health pathways.

Crisis Front Door/Professional Line

The Crisis Front Door pilot through Mental Health 111 Press 2 continues to demonstrate the benefits of a dedicated urgent mental health access route, improving responsiveness and strengthening links between crisis services, urgent care and Community Mental Health Teams. Workforce modelling has progressed to support the development of a sustainable long-term operating model, alongside work to address the digital infrastructure requirements necessary for future implementation.

Urgent assessments continue to be booked centrally through the 111 service, supported by regular audits and joint forums between 111 and Crisis/ Community Mental Health Teams (CMHT) to resolve operational issues. The professional line continues to direct individuals to the most appropriate mental health services, reducing unnecessary presentations to Emergency Departments and Medical Assessment Units. Joint working with the Emergency Department has also supported the development and strengthening of front-door mental health pathways, improving access to timely mental health assessment and support.

The team is exploring a small-scale pilot to test alternative approaches to urgent assessments and CMHT activity outside the current 111 crisis model. This remains at an early stage, with completion of the formal evaluation identified as the immediate priority to inform any future service changes.

The formal crisis evaluation is expected shortly and will be presented to the Strategic Change Board. Power BI data is being used to analyse demand patterns and support workforce planning, although workforce pressures remain. Early feedback suggests that around two-thirds of service users experience a significant reduction in need following an initial telephone intervention, while GPs and other professionals continue to utilise the service as a key access point for mental health advice and support.

Collectively, these developments have strengthened understanding of demand, capacity and service utilisation, informed future workforce and operating model design, improved access to urgent mental health support and laid the foundations for a more integrated, responsive and sustainable access model across mental health services.

Key Achievements 2026/27:

- Continued development of the **111 Press 2**, aligned to Open Access principles.
- Implementation and ongoing development of the **Mental Health 111 Press 2 Crisis Front Door model**.
- **Strengthened integration** between urgent care, crisis services and Community Mental Health Teams.
- Centralised urgent assessment booking through **NHS 111 Press 2**, supported by regular audit and review.
- Progressed **workforce modelling** to support a sustainable future urgent care model.

- Continued delivery of the **Professional Line**, improving access to specialist advice and service navigation.
- Formal **crisis evaluation** to be presented at the Strategic Change Board.
- **Improved links** between primary care, community services, the Emergency Department and wider mental health pathways.

Workstream Two – Open Access

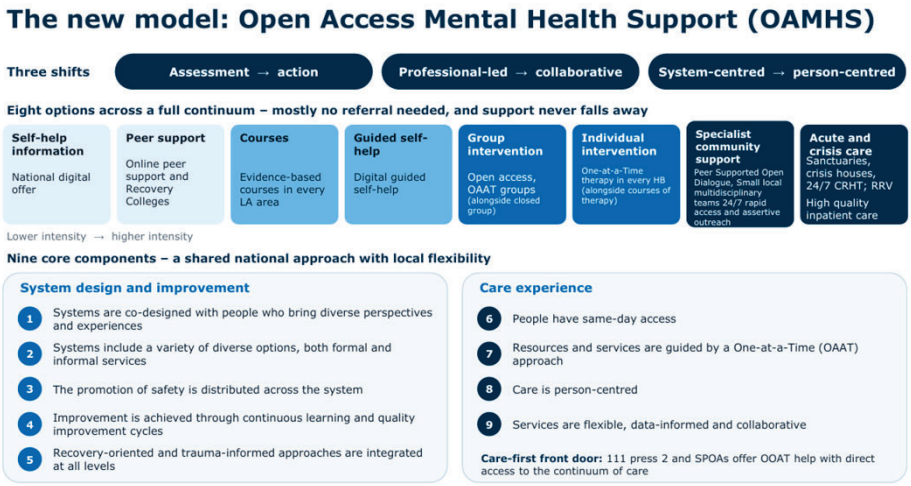
The Mental Health and Wellbeing Strategy (2025-2035), vision statement 4 states:

There are seamless mental health services – person centred needs led and guided to the right support first time, without delay. Health Boards are asked to develop a new approach to delivering early intervention care, worth a view to introducing same day open access across Wales.

Open Access is a key component of the transformation programme, testing new approaches to prevention, early intervention and access to support through a number of Demonstrator projects that are testing opportunities and evaluating effectiveness of this method. It is a key enabler of the National Clinical Plan, supporting the principle that people can access help through multiple routes without the need for referral and that support should not be lost between services.

The Health Board is delivering Open Access through four Demonstrator Projects including **Psychological Health Practitioner** (PHP) service, pilot delivery in Newport and Caerphilly and **Peer-Open Dialogue** in Blaenau Gwent. The programme has tested needs-led conversations, One At A Time (OAAT) approaches, same-day engagement and increased use of community-based support, generating valuable learning to inform the future operating model and wider rollout across the Health Board.

Diagram 5: National Clinical Plan: New Model OAMHS



Caerphilly Open Access Demonstrator Project

The Caerphilly Open Access demonstrator commenced in **June 2026** and includes testing a rapid engagement model based on needs-led conversations, One At A Time (OAAT) principles and earlier intervention following demographic-only referral, with early results demonstrating improved access, strong engagement and reduced demand for further assessment. Progress to date:

- 152 referrals received, with 69% progressing to a booked Open Access appointment.
- Referrals registered within one day and patients contacted within four days of GP referral, demonstrating improved access and responsiveness.
- 82% attendance rate achieved, indicating strong engagement with the redesigned pathway.
- 46% of contacts were resolved through the Open Access approach, reducing the need for further assessment or intervention.
- Positive early evidence of improved access, pathway efficiency and service transformation.
- Learning from the demonstrator is helping to inform the future Open Access operating model and wider rollout across the Health Board

19 Hills Newport Demonstrator Project

The Open Access programme commenced in **January 2026** and aims to build awareness, engagement and readiness for wider implementation of Open Access principles across the Division and with system partners, supporting a shift towards earlier intervention, needs-led conversations and more flexible access to support.

- Open Access sessional clinics established at 19 Hills, Newport, operating twice weekly.
- Expanded data collection to include walk-in clinics, corridor conversations and use of information resources.
- Strengthened partnership working and community engagement.
- Increased promotion and awareness activity with support from lived and living experience partners.
- 44 contacts supported through walk-in appointments and informal engagement opportunities.
- 80% of contacts supported without requiring referral into specialist mental health services.
- More than 1,263 information resources, leaflets and support materials accessed by the community.

Psychological Health Practitioner Demonstrator Project

The Psychological Health Practitioner Demonstrator Project aims to support people who are waiting for treatment using a One-At-A-Time (OAAT) approach. OAAT is a fundamental element of the Open Access model and provides people with timely psychoeducation, coping strategies, emotional support and safety planning while they are awaiting planned therapy.

- Whole service received training in OAAT approaches.
- PHP 'pace setter group' trialling OAAT approach with clients and developing systems to support this.
- Targeted patient feedback from clients regarding OAAT experiences to build PHP confidence.
- Assessment will include number of patients that no longer require more formal interventions, reduction in deterioration of conditions and improved experiences whilst waiting for treatment.

Peer-Open Dialogue (POD) Demonstrator Project

The Peer-Open Dialogue is being trialled in Blaenau Gwent Community Mental Health Team and considers how POD contributes to service user experience, workforce practice and service delivery.

The demonstrator is characterised by:

- Early meaningful conversations
- Network based meetings
- Collaborative decision-making.
- Peer Practitioner Involvement
- Recovery-focussed support
- Family and social network participation (where appropriate)
- Shared understanding before action

The pilot is aligned with OAAT principles. The inclusion of the POD Demonstrator broadens the learning generated through the Open Access programme beyond access arrangements alone. Whilst much of the national discussion regarding Open Access has focused on how people enter services, POD provides an opportunity to explore what happens once contact has been made and how meaningful conversations can themselves become a vehicle for support, recovery and shared understanding.

Key Achievements 2026/2027:

- Successfully piloted two Open Access demonstrator sites in **Caerphilly** and **Newport**, testing new approaches to prevention, early intervention and access to support.
- Shifted practice from **referral and allocation processes** towards earlier conversations, shared decision-making, strengths-based support and matched care approaches.
- Enabled **earlier access to expertise** and support, ensuring interventions are proportionate to individual need.
- Demonstrated that **meaningful outcomes** can often be achieved through timely conversations, practical support, community connections and navigation rather than formal pathway progression.
- **Generated learning** to support the application of One At A Time (OAAT) approaches across wider therapy and occupational therapy pathways.
- Reduced pressure of **repeat presentations** to GPs and secondary mental health services.

Workstream Three – Adult Mental Health

The Adult Mental Health workstream is a key enabler of large-scale transformation across Mental Health services, aligned to the National Clinical Plan, driving the **redesign and modernisation of community and inpatient models of care** to deliver sustainable, person-centred services that meet current and future population needs.

Diagram 6: Principles Underpinning New Service Models



Redesign of Community Services

Community services are the initial focus of the transformation programme, as a **strengthened and sustainable community model** is essential to improving patient flow, reducing reliance on inpatient services and supporting the delivery of care closer to home.

The Directorate is committed to delivering large-scale transformational change to improve outcomes, experience and sustainability across mental health services. This commitment is reflected in their **service statement**:

"Our Integrated Community Mental Health Service will provide seamless, recovery-focused care through one multidisciplinary team. We will work flexibly around the needs of individuals, offering both core and enhanced support without organisational barriers. By combining the strengths of

community mental health, assertive outreach and home treatment services, we will help people access the right support at the right time, remain connected to their communities, and achieve the best possible recovery outcomes."

Key Principles

The vision for future community mental health services has been developed collaboratively through a series of workshops during 2025/26. The following principles will underpin the future operating model:

1. One Integrated Team
Community Mental Health Team, Assertive Outreach Team and Hospital Treatment Team services working as a single locality-based team, with specialist skills deployed flexibly according to individual need.

2. Core and Enhanced Levels of Support
Individuals remain within the same team and move between levels of support rather than transferring between different services, improving continuity of care and patient experience.

3. Care Closer to Home
Delivering more assessment, treatment and support within community settings, reducing reliance on inpatient care where appropriate.

4. Recovery-Focused Care
Providing person-centred support that promotes recovery, independence and wellbeing.

The anticipated benefits for patients, staff and the wider system have been mapped and are illustrated. The anticipated benefits for patients, staff and the wider system have been mapped and are illustrated in Diagram 6.

A Project Board has been established on 22nd October to oversee delivery of the integrated community model, with associated workstreams created to progress key elements of the transformation programme. Workstream Chairs, Senior Leadership Team representatives and dedicated administrative support have been identified to provide clear governance and accountability. The preferred model is the development of **one integrated locality-based team**, bringing together existing community

mental health services to provide seamless, flexible and person-centred care based on individual need.

Diagram 7: Adult Mental Health Transformation Benefits

Inpatient Stabilisation and Remodelling

For Patients	For Staff	For the System
•Tell their story once •Faster access to support •Continuity of relationships •Fewer handovers •Better crisis prevention •More personalised care	•Reduced duplication •More collaborative decision-making •Better use of specialist skills •Shared responsibility for risk •Improved workforce wellbeing •Greater flexibility to respond to demand	•Improved patient flow •Reduced waiting times •Better capacity management •More efficient use of resources •Consistent model across boroughs •Improved outcomes and experience

The inpatient services have been experiencing high levels of acuity for some time, and the current focus is on stabilisation of the services. This work includes:

- **Reducing sickness absence and improving staff wellbeing** through targeted HR support, with progress monitored through weekly 'Sunny Skies' oversight and monthly performance meetings.
- **Implementing the Divisional Observation Policy** to support safer staffing and reduce variable pay expenditure.
- **Strengthening roster management** through enhanced oversight and performance review arrangements.
- **Improving inpatient flow** through ongoing review, supported by a PACE Deep Dive in October to identify further improvement opportunities and inform future service models.
- **Developing an evidence-based Complex Emotional Needs Pathway** to reduce avoidable admissions, with approval scheduled through the Divisional QPS process.
- **Introducing a new Illicit Substances SOP** to strengthen governance and safety within inpatient services.
- **Enhancing medical cover across inpatient services**, addressing service resilience concerns in Caerphilly.

- **Rolling out Safewards training for ward managers** to support therapeutic ward environments and improve patient and staff experience.

This stabilisation period also provides an opportunity for the transformation of community services to progress, recognising that a strengthened and sustainable community model is a key enabler for the future remodelling of inpatient services and the delivery of improved patient flow across the mental health system.

Previous work to remodel inpatient services has included stakeholder engagement, multidisciplinary workshops and options appraisal activity to determine the most appropriate future model of care. The preferred option is a move away from the current configuration of four acute inpatient wards to an Admissions and Recovery Ward Model.

As part of the inpatient service stabilisation programme, a milestone plan will be developed outlining the proposed options and phased delivery approach for service change. The plan will be presented to the Strategic Change Board in December 2026 to ensure pace of delivery, robust governance and ongoing Executive oversight of the programme.

Key Achievements 2026/27:

- **Community Service Model** – Listening groups and the final design workshop have been completed, providing agreement on the preferred future model. A Project Board and supporting workstreams have been established, with Chairs, Senior Leadership Team representatives and administrative support identified to support programme delivery.
- **Psychiatric Intensive Care Unit (PICU) Enhanced Engagement Review** completed, with recommendations identified to support service improvement.
- **Review of Psychologically Informed Ward Models** completed and a preferred approach identified; implementation has been paused pending the roll-out of the Safer Wards programme.
- **Ward Stabilisation Programme** progressing with additional bed capacity removed, focused on improving safety, patient flow, workforce resilience and service performance across inpatient services.

- **Review of previous Options Appraisals** undertaken to validate earlier findings and inform future planning to commence for the inpatient model of care May 2027.
- **Development of an Admissions and Recovery Ward Pilot** to commence early 2027, including consideration of delivery requirements, implementation phases and evaluation measures.
- A project plan is provided in **Appendix Four**, setting out the key milestones, deliverables and timelines for the delivery of the workstream.

Workstream Four – Old Adult Mental Health

Co-Location of Dementia Inpatient Services

The Older Adults Mental Health Model of Care workstream presents a significant opportunity to transform services through the co-location of dementia inpatient services, creating a more sustainable, integrated and high-quality model of care. The development of a **Dementia Centre of Excellence** offers the opportunity to consolidate inpatient services onto a single site, strengthening specialist expertise, enhancing multidisciplinary working and improving the overall patient and carer experience.

Diagram 8: Models of Care Aims



The workstream aims to improve patient outcomes, strengthen collaboration across mental health, physical health and therapy services, and ensure patients receive care in the most appropriate setting, closer to

home wherever possible. Alongside the inpatient redesign, the development of enhanced community services, including the **Focused Acute Support Team (FAST)**, will support a shift towards community-based care, reducing avoidable admissions and enabling more people to remain safely in their own homes, care homes or supported living environments.

Current Inpatient Service Configuration

The current Older Adult Mental Health inpatient model comprises three dementia assessment units operating across multiple sites within the Health Board:

- Annwylfan Ward, Ysbyty Ystrad Fawr – 18 commissioned beds, currently capped at 16 beds.
- Cedar Parc Ward, Ysbyty'r Tri Chwm – 14 commissioned beds, currently capped at 8 beds.
- Sycamore Ward, St Woolos Hospital – 14 commissioned beds.

This provides a total of 44 commissioned dementia assessment beds, although operational workforce and service pressures currently mean that only 38 beds are available for use.

The current multi-site model presents a number of challenges in maintaining a sustainable workforce, delivering consistent multidisciplinary support, and optimising the use of estate and clinical resources. The proposed co-location of dementia inpatient services provides an opportunity to develop a more sustainable, efficient and high-quality service, improving patient outcomes while making best use of workforce and clinical expertise.

Proposed Service Change

An options appraisal has been undertaken in October 2026 to evaluate the potential co-location of all dementia inpatient services at **St Woolos Hospital**. The appraisal considers how a single-site model could support the development of a Dementia Centre of Excellence, creating a more resilient, sustainable and integrated service. The proposed approach aims to maximise the use of workforce, clinical expertise and resources, strengthen multidisciplinary working, improve patient and carer experience, and deliver efficient, effective and equitable care for older adults with dementia across Gwent.

A number of options for the future configuration of services at St Woolos Hospital were considered.

Option	Proposal
Option 1	Co-location of the three dementia inpatient wards on a permanent basis, creating a consolidated 39-bed service.
Option 2	Co-location of the three dementia inpatient wards alongside implementation of the FAST service, creating a 35-bed model (two 14-bed wards and one 7-bed assessment ward), with the aim of reducing to 30 beds within 12 months once the community service model is established.
Option 3	Co-location of the three dementia inpatient wards into two dementia wards, supported by the implementation of the FAST service, creating a 30-bed model comprising two 15-bed wards.

Following completion of the options appraisal and identification of a preferred option, through a robust and evidence-based assessment process, informed by engagement with key stakeholders, a detail proposal will be developed for consideration by **the Executive Committee and Board in January 2027** to seek approval to proceed with the preferred service change.

The proposal will set out the workforce, financial and estate implications and will be informed by engagement with staff, Llais and Trade Union Partners (TUPs). The change process will be managed in line with previous Health Board service change programmes and will be supported by a comprehensive staff communication and engagement plan to ensure ongoing involvement and feedback throughout implementation.

Key Achievements 2026/2027:

- Completion of a comprehensive **options appraisal** for the future configuration of Older Adult Mental Health services, detailed proposal to be developed for consideration by the Executive Committee and Board in January 2027 to seek approval to progress the preferred option.
- Development of the **Focused Acute Support Team (FAST) model**, drawing on evidence-based community care approaches to

provide intensive support closer to home and reduce avoidable hospital admissions.

- Completion of **workforce modelling and service redesign workshops** to support a sustainable future model of care across inpatient and community services, no additional medical, nursing or therapy resource is required for the proposed centralisation, with co-location expected to improve efficiency and utilisation of resource.
- Identification of a **preferred co-location model** for dementia inpatient services at St Woolos Hospital, aligned with the future estates plan for the site and capital requirements.
- **Engagement** with Llais, staff and wider system partners to ensure the future model of care is informed by stakeholder feedback.
- Data analysis of **occupancy levels** shows consistently high demand for inpatient services, although overtime demand has been contained within the capped capacity, highlighting the need to deliver a sustainable model of care through strengthened community-based, while maintaining sufficient inpatient capacity to meet future demand.
- Implementation of a **centralised Referral and Booking Centre** at St Cadoc's Hospital in October 2026, including co-location of staff, recruitment to vacant posts, standardisation of nurse job plans and clinic templates to support service improvement and efficiency.
- Implementation of **nursing standardised clinics models** in parallel to the booking centre.
- Borough community teams working towards a **"one team model"** to be in place across all five localities by early 2027.
- Progressing the relocation of **Electro-Convulsive Therapy** services from Maindiff Court Hospital to the Ty Siriol Unit. Final service plans have been completed and are awaiting confirmation of capital and revenue costings. The move will align ECT provision with Hafan Deg (Older Adult Mental Health) Ward and Talygarn (Adult Mental Health) Ward, supporting improved clinical integration and patient pathways.

Workstream Five– Specialist Services including Learning Disabilities

The workstream focuses on two key areas: the Learning Disability Service and the Forensic Rehabilitation Service.

Inpatient Learning Disabilities Services

The current model includes **Ty Lafant**, an Acute Assessment and Treatment Unit for adults with complex learning disability and mental health needs. The service is provided within a seven-bed facility located on the Grange University Hospital site.

To support the development of the future model of care, an options appraisal was undertaken in July 2026 to determine the optimal service model to meet the needs of the Gwent population. The appraisal was informed by evidence, best practice and stakeholder engagement, with the aim of improving patient outcomes, maximising the use of available resources and ensuring the sustainability of services for the future.

The preferred option identified through the July 2026 **options appraisal for Ty Lafant** was to reduce inpatient capacity to two beds and enhance community provision through the existing Intensive Community Support Team. However, since the options appraisals was undertaken the occupancy has recently increased from three to four patients.

There are currently **five Intensive Community Support Teams** operating across Gwent. In line with the proposed reduction in inpatient beds at Ty Lafant and a shift towards a more sustainable community-based model of care, a proposal is being developed to consolidate these into a single Integrated Intensive Community Support Team. A bid to Welsh Government has been successful in securing funding for four Healthcare Support Workers and a Project Lead to pilot an enhanced community crisis support model through to March 2027, the learning from which will inform the longer-term service model.

Since the options appraisal was completed, occupancy at Ty Lafant has increased from three to four patients. As a result, the **service is reassessing whether the preferred option** to reduce inpatient capacity to two beds, supported by enhanced community provision, remains safe and sustainable before implementation.

An **engagement exercise** has been undertaken, including a staff drop-in session held on 14th October 2026. In addition, Llais meets regularly with the Division to help ensure that the delivery of the new model of care remains patient-centred, reflects the views and experiences of service users and carers, and informs the ongoing development and implementation of the proposed changes.

Forensic Rehabilitation Pathway

The workstream aims to review the entire rehabilitation pathway, including inpatient and community to develop a sustainable model of care. The current inpatient rehabilitation facilities within the pathway are:

- Ty Skirrid, Maindiff Court – 12 beds.
- Pillmawr Ward, St Cadoc's Hospital – 3 beds.
- Belle Vue Ward, St Cadoc's Hospital – 6 beds.

The service provides specialist inpatient rehabilitation for adults with complex and enduring mental health needs who require a period of intensive assessment, treatment and recovery.

Progress to Date

- **Three project meetings** have been held, with fortnightly meetings continuing.
- Stakeholder analysis and **project governance arrangements** have been completed.
- Development of the **core rehabilitation service** offer has commenced.
- Review of the current pathway, **evidence base** and service data is underway.
- Early consideration is being given to the **future balance of inpatient and community rehabilitation services**, the opportunity to co-located services on to one site.
- **No final recommendations or service model** have been agreed at this stage, aim to complete the review by April 2027.

Key Achievements 2026/27

- Completion of a comprehensive **options appraisal** for the future configuration of Learning Disabilities services, detailed proposal to be developed for consideration by the Executive Committee and Board to seek approval to progress the preferred option, timescale to be agreed.
- Secured **Welsh Government funding** for four Healthcare Support Workers and a Project Lead to pilot an enhanced community crisis support model through to March 2027, providing an opportunity to test the approach and inform the development of the longer-term service model.
- Commissioned a **review of the rehabilitation pathway** to design the optimal future model of care, informed by evidence, best

practice, the review will consider the appropriate balance between inpatient and community-based rehabilitation services, including opportunities to strengthen community provision and co-locate inpatient services where appropriate. The review is expected to be completed by April 2027.

7. Patient Activity Care and Experience

A three-day **Patient Activity, Care and Experience (PACE) event** was undertaken across all Adult and Older Adult Mental Health inpatient wards between 7th and 9th October 2026. This was the first PACE event undertaken within the Mental Health and Learning Disabilities Division and provided a valuable opportunity to undertake a comprehensive multidisciplinary **review of every inpatient across the nine wards**. The review involved clinical teams, operational managers and senior leaders working collaboratively to understand reasons for admission, assess patient pathways, discharge arrangements, barriers to flow and opportunities to improve patient outcomes and capacity across the system.

The event identified a **range of opportunities to support alternatives to admission, improve patient flow, reduce delays and strengthen discharge planning**, whilst also highlighting the commitment of staff and the strength of multidisciplinary working across services. Building on the success of the event, a further PACE review is planned for Spring 2027, with wider participation from Local Authority and partner organisations to support a whole-system approach to improving patient outcomes and flow through inpatient services.

Key Themes from the PACE Event

- **Admission avoidance opportunities**: Evidence of effective admission avoidance, but further opportunities exist to strengthen community-based alternatives and crisis support services.
- **Delayed discharges impacting flow**: Delays were frequently linked to social care processes, commissioning arrangements, housing issues, and availability of placements, resulting in extended lengths of stay.
- **Placement instability**: Care home and community placement breakdowns were a significant contributor to admissions and delayed discharge pathways.

- **Early discharge planning**: The importance of commencing discharge planning from the point of admission and maintaining a clear expected discharge date throughout the inpatient stay.
- **Clarity of purpose for admission**: Need for more consistent documentation of admission objectives, treatment goals and discharge criteria.
- **Community pathway development**: Opportunities to strengthen community services to reduce avoidable admissions and support earlier discharge.
- **Partnership working**: Improved collaboration required between health, local authority, housing, commissioning and third-sector partners to address system-wide barriers.
- **Patient records and pathway documentation**: Opportunities identified to improve the quality and consistency of care planning, documentation and pathway tracking.
- **Workforce pressures**: Staffing challenges remain a significant operational issue, with workforce-related matters accounting for 46% of out-of-hours escalations.
- **Strength of MDT working**: Strong multidisciplinary team working, patient-centred care and staff commitment were consistently identified across inpatient services.
- **Quality Improvement opportunities**: Ward-based improvement initiatives and ongoing PACE reviews will be required to support sustained improvements in patient flow, experience and outcomes.

The event concluded that further improvements in patient flow and outcomes will require stronger partnership working with local authorities, housing services, commissioning teams and community providers, alongside enhanced community support models and multidisciplinary input. An action plan is being developed focusing on key improvement themes, supported by ward-based quality improvement initiatives and future PACE reviews to maintain momentum and monitor progress.

8. Enablers

A number of key enablers were identified within the Health Board's Annual Plan 2026/27 as critical to the successful delivery of the MH&LD Programme. These enablers support the programme's ability to deliver sustainable transformation and realise benefits across services. Progress against each of the key enablers has continued during the reporting period and is summarised below.

Enabler	Progress to Date
Ward accreditation and engagement with the National Safety Programme to support quality improvement, patient safety and service excellence	Division continues to strengthen quality assurance through its inpatient accreditation programme, with two areas achieving silver accreditation and four achieving Bronze. Improvement plans remain in place to support all remaining wards towards accreditation. Key patient safety improvements include implementation of the All-Wales Safe Discharge Standards, full compliance with the Ligature Reduction Programme, rollout of Person-Centred Safety Planning across inpatient, community and crisis services, implementation of Safewards (model designed to reduce patient conflict and staff containment (such as physical restraint or seclusion) across all inpatient wards, and sustained compliance with ReQoL (Recovering Quality of Life) outcome measure reporting.
Prepare for implementation of the replacement Electronic Patient Record system	Transition from WCCIS to the Rio patient record system is planned for March 2027, with work progressing in partnership with DDaT and Local Authority colleagues. Mitigation plans are being developed ahead of go-live to manage risks, support service continuity and ensure a smooth transition to the new system
Explore opportunities for robotic process automation (RPA) and digital solutions to support early triage and screening, enabling more timely signposting to the most appropriate service, intervention or support	Implementation of RPA (Robotic Process Automation) in October 2025 within the Primary Care Mental Health Support Service has transformed referral processing, reducing turnaround times from up to 30 days under the previous

	manual process to approximately 0.5 days, achieving 95% compliance against the RTT target for processing referrals within 28 days

9. Health Board Estates Strategy

Mental Health and Learning Disabilities is a key priority within the Health Board's Estates Strategy and is aligned with the direction set out in the **Mental Health and Wellbeing Strategy (2025-2035) and the National Clinical Plan**. This reflects the recognised need to improve the quality, suitability and sustainability of existing facilities. Through the Mental Health Transformation Programme, **new models of care** are being developed to inform future service design and estate requirements, with an increased emphasis on community-based provision, open access arrangements and alternatives to inpatient care. This work will help shape the future configuration and utilisation of the mental health estate.

Over the next two years, **estate redesign will be shaped by three key priorities**: reducing the Learning Disability inpatient footprint through a more community-focused model of care, consolidating Older Adult Mental Health services to improve quality and sustainability, and exploring the future potential to support modern, integrated service delivery. Collectively, these developments will establish a clear and sustainable long-term plan for the St Cadoc's Hospital site, ensuring the estate is aligned to future service needs and strategic priorities.

10. Risks

The key programme risks, issues and mitigating actions are summarised:

Risk	Issue	Mitigation
Scale and pace of change	Breadth and complexity of the transformation programme may place pressure on operational services, workforce capacity and programme delivery timescales	Phased approach implantation, clear governance arrangements, prioritisation of key milestones and regular oversight through programme governance structures

Insufficient transformation resource to support delivery of the programme	Scale and complexity of the programme requires dedicated programme management, limited transformation resource or capability may impact on the pace, quality and delivery of changes	Dedicated transformation resource is in place to support programme delivery, governance and stakeholder engagement, progress and delivery are monitored through the Strategic Change Board
Estates dependency	Delivery of the preferred estates option is dependent on available and suitable accommodation, outcome of the national clinical review of adult acute mental health services may also influence future estate requirements	Ongoing engagement with estates to ensure alignment with the Health Board estates strategy and infrastructure requirements and emerging requirements from the national clinical plan
Workforce capacity and workforce availability	Recruitment and retention challenges may impact delivery of service redesign and implementation of new care models	Ongoing workforce planning, recruitment to vacancies, workforce modelling and redesign workshops to inform a sustainable future workforce model.
Finance risk	Delivery of the preferred model may require investment in community services, implementation costs and transitional funding, with anticipated benefits dependent on successful reduction in demand for inpatient care	Robust financial modelling will be undertaken as part of the options appraisals, with a phased implementation approach, review of demand and capacity and workforce requirements
Stakeholder support for service change	Service reconfiguration proposals may generate concern amongst staff,	Comprehensive engagement and consultation with Llais,

	service users, carers and partners	service users, carers, staff, local authorities and wider stakeholders throughout the development process
Delivery of preferred model of care	Delays in approvals or implementation could impact programme timescales and benefit realisation	Robust programme governance, detailed implementation planning, regular progress monitoring and Executive and Board oversight
Demand exceeds capacity	High occupancy levels across inpatient services may limit flexibility during transition to new models of care	Phased implementation of community base alternatives, including the FAST mode, alongside ongoing monitoring of demand, capacity and occupancy levels
Digital	Existing digital systems and may not fully support implementation of the future model of care, integration between Health Board and Local Authority systems could impact information sharing, care coordination, performance reporting and pathway management	Ongoing engagement with Digital and Local Authority partners to identify requirements, strengthen information-sharing arrangements
Partnership engagement	Lack of alignment across Health Board, Local Authority, primary care and third-sector partners could delay implementation and reduce benefits realisation	Continued engagement through established partnership forums and the Regional Partnership Board, co-production and regular stakeholder communication
Policy and regulatory change	Changes to Welsh Government policy, national standards, performance frameworks or regulatory	Delivery of the MH&LD Programme is aligned to the Welsh Government Mental

	requirements may alter programme priorities, delivery timescales or resource requirements	Health and Wellbeing Strategy 2025-2035

11. Delivery Priorities 2027/2028

During 2027/28, the Mental Health & Learning Disabilities Programme will move from service design into implementation, focusing on delivering **key transformational workstreams.** The priorities are outlined below and will be further developed through the annual planning process for 2027/28. Collectively, these programmes will support the shift towards more integrated, recovery-focused and community-based models of care, improving access, patient outcomes and service sustainability across Gwent.

Workstream	Priorities for 2027/28
Access & Urgent Primary Care	✓ Complete evaluation of the 111 Press 2/Crisis Front Door model and take forward the identified opportunities ✓ Implement a sustainable urgent mental health operating model working with stakeholders aligned to best practice ✓ Strengthen integration between 111 Press 2 Patient and Professional Lines, CMHTs and crisis services through enhanced operational oversight ✓ Further develop urgent mental health pathways working with the Emergency Department at GUH to improve access, navigation and patient flow
Open Access	✓ Utilise learning from the Open Access demonstrators to develop a sustainable Open Access model, supporting the principle of providing the right support, at the right time, in the right place, and on the same day where required ✓ Continue to evaluate learning from Newport and Caerphilly Demonstrator Projects to inform future neighbourhood, locality and regional delivery arrangements in line with Place-Based Care Programme, developing a 'hub and spoke' model. ✓ Develop proposals for a potential Torfaen demonstrator to test a more integrated Open Access

	model across neighbourhood, locality and regional levels ✓ Embed Psychological Health Practitioner delivery service across Gwent ✓ Develop Demonstrator Project within Psychology waiting list, with consideration of the Mental Health Measure (2010).
Adult Mental Health	✓ Undertake a review of previous options appraisals to validate earlier findings and inform future planning for the inpatient model of care ✓ Commence development of the future inpatient model of care from May 2027 ✓ Progress implementation of the integrated community mental health model, establishing one locality-based multidisciplinary team approach incorporating Community Mental Health Teams, Assertive Outreach and Hospital Treatment Teams ✓ Develop and implement the community transformation workstreams under the governance of the newly established Project Board ✓ Complete the business case and detailed implementation plan for the future community mental health model
Older Adult Mental Health	✓ Implement the preferred Older Adult Mental Health service model, including centralisation of inpatient services at St Woolos Hospital ✓ Develop and implement the Focused Acute Support Team (FAST) model as a key enabler of inpatient centralisation, aligned to best practice and supporting strengthened locality-based care, admission avoidance and care closer to home ✓ Progress development of the Dementia Centre of Excellence and wider redesign of Older Adult Mental Health services
Specialist Services & LD	✓ Agree and implement the future Learning Disability model of care, including bed reduction at Ty Lafant supported by enhanced community provision through the Intensive Community Support Team ✓ Complete service and population needs assessments to inform future service models and commissioning intentions

	✓ Develop and deliver the Rehabilitation Pathway redesign programme, supporting improved recovery, patient flow and access to the right support in the least restrictive setting

12. Conclusion

The Adult Mental Health Transformation Programme has made significant progress during 2026/27, establishing strong foundations for the delivery of the Adult Mental Health National Clinical Plan, the Health Board's Clinical Strategy and the Health Board's Estates Strategy. Considerable work has been undertaken to **develop future community and inpatient models of care**, with agreement reached on the preferred integrated community model, establishment of programme governance arrangements and creation of workstreams to support implementation.

Alongside this strategic development work, the Directorate has successfully delivered **Open Access** demonstrator projects across Gwent, generating valuable evidence to support the redesign of mental health services. Learning from these pilots has demonstrated the benefits of earlier intervention, needs-led and OAAT conversations, improved navigation, community-based support and more proportionate responses to need, whilst informing the future Gwent Open Access Operating Model.

Progress has also been made in **stabilising inpatient services**, reviewing future models of care and developing plans for an Admissions and Recovery Ward model. This work is being undertaken in parallel with community transformation, recognising that strengthened community services are a critical enabler for future inpatient redesign, improved patient flow and delivery of care closer to home.

As a key transformation programme for the Health Board in 2027/28, the focus will shift from **design into delivery**. Priorities will include implementation of the integrated community mental health model, progression of inpatient remodelling, delivery of the Older Adult Mental Health preferred model, development of the Rehabilitation Pathway, completion of Learning Disability population and service needs assessments, and continued expansion of Open Access approaches. Collectively, these developments will support the creation of a sustainable, integrated and recovery-focused mental health system that delivers the

right support, at the right time, in the right place, while improving outcomes for patients, staff and the wider health and social care system.

Appendix One – Programme on a Page

Programme%20on%20a%20Page%20MH

Appendix Two – Mental Health and Learning Disabilities Dashboard

MHLD%20National%20Dashboard.ppt›

Appendix Three – Adult Mental Health National Clinical Plan (Board Development Slides)

AMH_NCP_Board_Development_Session

Appendix Four – Adult Mental Health Project Plan

Project%20Plan%20Adult%20Mental%2(

GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN** **ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	18 November 2026
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Integrated Performance Report: November 2026 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 Director of Planning and Performance Paul Steynor, Head of System Planning and Performance Caroline Norris, Senior Performance Management Analyst

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 as outlined in the Annual Plan 2026/27, with performance figures including the most up-to-date, validated positions. Appendices are also included detailing the progress against both the Enabling Actions and Annual Plan Milestones, each as of Q2 26/27. The Board is asked to:

- **Note** the progress against key performance metrics as of the latest, available validated information,
- **Note** the insights into performance and the actions identified to support improvement.
- **Note** the progress against the Enabling Actions as of Q2 (included as an Appendix), and;
- **Note** the progress against the Annual Plan Milestones as of Q2 (included as an Appendix)

Cefndir / Background

The report focuses on performance against the organisation's key priorities, as set out in the Health Board's Annual Plan 2026/27. Its sections are outlined below:

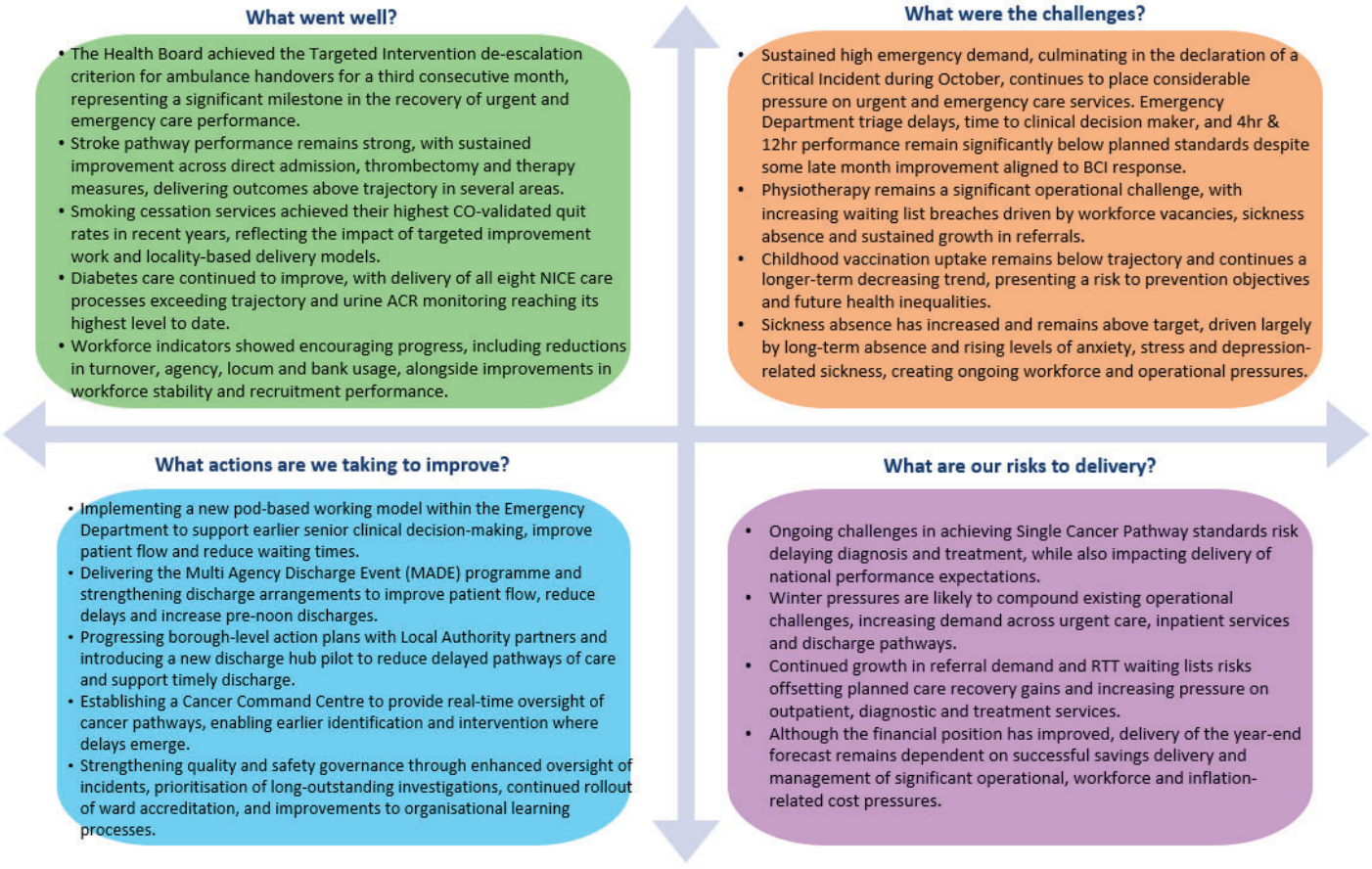
Section 1:	• Performance Summary & Ministerial Delivery Expectations

Section 2:	• Performance by Theme
	  ○ Population Health and Prevention
	  ○ Place Based Care
	  ○ Timely Access to Care – Urgent & Emergency Care
	  ○ Timely Access to Care – Cancer, Planned Care & Diagnostics
	  ○ Mental Health Access

	• Workforce
	• Quality & Patient Safety
	• Finance
Appendix 1	Enabling Actions Q2 Update
Appendix 2	Annual Plan Milestones Q2 Update

Asesiad / Assessment

Performance Summary



Population Health and Prevention

Theme	On track	Off track within tolerance	Off track	Not yet reporting in year
Population Health and Prevention	5/16	9/16	1/16	1/16

Performance across population health and prevention measures is mixed. Data for childhood vaccination uptake is still for Q1 only and so previous update remains. Seasonal influenza vaccination delivery is progressing through expanded access across primary care, community pharmacy and community clinics. Healthy Child Wales measures continue to perform strongly, with sustained achievement of national standards for six-week examinations and eight-week weight and measurement assessments.

Several prevention and long-term condition programmes are demonstrating positive outcomes. Delivery of all eight diabetes care processes continues to improve and urine ACR monitoring has reached its highest recorded level, reflecting the impact of targeted improvement initiatives. The Level Two Weight Management Service remains below planned activity levels but continues to achieve strong outcomes, with significantly more

participants achieving meaningful weight loss than planned. Smoking cessation services have recorded their highest CO-validated quit rates in recent years, while the Cardiovascular Disease Risk Factor Management Programme has identified substantial levels of previously undiagnosed risk despite lower than planned participation and practice engagement.

Place Based Care

Theme	On track	Off track within tolerance	Off track
Place Based Care	4/9	4/9	1/9

Performance across the Place Based Care theme is mixed, with continued growth in community pharmacy services and sustained delivery of care closer to home. Pharmacist Independent Prescribing Service and Common Ailment Scheme activity continue to exceed trajectory, supported by an increasing number of participating pharmacies and an expanded service offer. Optometry activity is also showing an improving trend and remains on track to achieve planned levels of activity. Reported emergency dental activity remains significantly below trajectory. However, this largely reflects the implementation of the new NHS Wales dental contract, which has shifted urgent care provision from central emergency dental services into routine practice-based appointments, increasing patient access to urgent care through primary care settings.

Community nursing activity continues to increase and palliative care referral performance remains in line with expectations, although delivery of the ministerial measure for weekend community nursing capacity remains challenging. Work within the UEC transformation programme, including development of the Navigation Hub and Single Point of Access, is intended to improve access and increase utilisation of Rapid Response services. Urgent Primary Care activity remains close to plan, although reporting beyond June continues to be affected by a data system issue.

Timely Access to Care: Urgent and Emergency Care

Theme	On track	Off track within tolerance	Off track
Timely Access to Care: Urgent & Emergency Care	7/18	4/18	7/18

Sustained high emergency demand, increased ambulance arrivals and discharge challenges created extreme pressure across the urgent and emergency care system during October, including the declaration of a Critical Incident on 20 October. Performance improved materially following the implementation of de-escalation actions. Ambulance handover delays reduced substantially during the latter part of the month and ambulance lost hours recovered quickly, providing evidence of the effectiveness of system escalation and recovery arrangements, including the Rapid Release Protocol and coordinated system-wide response. The Health Board also achieved the Targeted Intervention de-escalation criterion for ambulance handovers

for a third consecutive month, representing a significant milestone in the organisation's recovery trajectory.

Whilst system flow improved following the Critical Incident, wider urgent and emergency care performance remained challenged by historically high demand. Twelve-hour waits, triage delays, time to clinical assessment and four-hour performance all remained below planned trajectories, with performance closely linked to sustained periods of exceptional attendance levels. A number of actions have been implemented to support ongoing recovery, including the introduction of a pod-based working model within the Emergency Department to improve senior decision-making, patient flow and waiting times, alongside continued focus on discharge optimisation and whole-system flow initiatives.

Pathway of Care Delays improved during October, with reductions in both the number of delays and total days delayed, building on the gains achieved through partnership working and previous Multi-Agency Discharge Events. Stroke services continue to demonstrate encouraging performance, with sustained improvement across direct admission, thrombectomy and therapy measures, despite some deterioration in emergency department metrics during the month. Further pathway optimisation, discharge initiatives and strengthened oversight arrangements are being progressed to support continued improvement through the winter period.

Timely Access to Care: Cancer, Planned Care & Diagnostics

Theme	On track	Off track within tolerance	Off track
Timely Access to Care: Cancer, Planned Care & Diagnostics	5/19	11/19	3/19

Cancer performance continues to improve, although delivery remains below planned trajectories. Compliance with the Single Cancer Pathway improved during the reporting period and both the 62-day and 104-day backlog positions continue to reduce, indicating that recovery actions are having a positive impact. Progress is being supported by a pilot of a Cancer Command Centre, providing enhanced oversight and earlier intervention across key tumour pathways. However, performance against both the 62-day treatment standard and 28-day diagnostic target remains below ambition, with continued focus required on reducing pathway delays and addressing variation across tumour sites.

Planned care recovery continues to demonstrate encouraging progress, particularly in reducing the longest waits. Numbers of patients waiting over 104 weeks for treatment and over eight weeks for diagnostics have reduced significantly and are broadly in line with recovery trajectories, supported by targeted additional activity and close performance management. Performance against 52-week outpatient waits remains considerably better than trajectory, although recent increases in 26-week waits, referral volumes and delayed follow-up pathways highlight ongoing demand pressures and the need for sustained focus on pathway management and validation activity.

Audiology continues to perform well against trajectory and several therapy services are maintaining strong performance, however, physiotherapy remains a significant area of concern, with workforce vacancies, sickness absence and sustained referral growth contributing to growing waiting list pressures. Theatre productivity measures also remain below expected levels, with utilisation, late starts and early finishes continuing to impact the efficient use of surgical capacity. In response, the Health Board has strengthened governance through the Theatres Optimisation Programme and re-established the Theatre Utilisation Group to drive improvements in productivity and maximise available capacity.

Mental Health

Theme	On track	Off track within tolerance	Off track
Mental Health Access	7/10	2/10	1/10

Mental health performance remains strong across the majority of core access standards. Adult and CAMHS assessment and intervention measures continue to exceed national targets, reflecting sustained service delivery despite ongoing demand pressures. Performance against Adult Part 2 standards dipped during the period but improved following targeted recovery actions, while the Health Board has maintained zero Out of Area Placement bed days year to date, avoiding both patient experience impacts and additional costs associated with external placements. Specialist CAMHS Choice Assessment performance also remains consistently above the national standard.

Psychological therapies performance has shown gradual improvement through the year to date but remains below trajectory. Recovery plans continue to focus on improving access, reducing waiting times and maximising available capacity to ensure patients receive timely and appropriate interventions. While progress is being made, delivery against the year-end ambition remains challenging and will require continued focus throughout the remainder of the year.

Neurodevelopmental services remain the principal area of challenge within Mental Health. Although current performance remains below trajectory, significant investment has been secured to support recovery and long-term sustainability, including additional clinical and administrative capacity, targeted RTT recovery initiatives and the introduction of digital tools to improve waiting list management and performance oversight. These measures are intended to stabilise the service and accelerate progress towards recovery targets over the coming months.

Workforce & Culture

Overall staffing levels remain stable and there is evidence of improvement across several workforce sustainability measures. Nursing and Midwifery staffing has reached its highest level in the last 12 months, turnover has reduced to 8.75%, and workforce stability remains strong. Recruitment performance continues to exceed the All-Wales target, while reductions in bank, agency, locum and medical agency utilisation

demonstrate progress in reducing reliance on variable pay and improving workforce efficiency. Consultant and SAS job planning compliance has also improved following the adoption of revised All-Wales reporting arrangements.

Sickness absence remains a significant challenge and has increased during the reporting period, driven predominantly by long-term absence and rising levels of anxiety, stress and depression-related sickness. Whilst some staff groups have reported improvements and musculoskeletal absence has reduced in recent months, overall sickness performance remains above target and continues to represent a key organisational risk. A dedicated programme of work is being progressed through the People Plan and Sickness Absence Programme to improve staff wellbeing, address the underlying causes of absence and support sustainable reductions in sickness levels.

Performance against workforce development measures continues to improve, with PADR compliance increasing and mandatory training levels remaining broadly stable, although further improvement is required to achieve organisational targets. The ongoing implementation of workforce planning, establishment control and medical workforce initiatives is expected to strengthen workforce governance, improve productivity and support delivery of the Health Board's wider operational and financial objectives.

Quality, Safety & Experience

Patient experience feedback scores reduced during September, driven largely by a greater proportion of responses from urgent care services, while demand on the Patient Advice and Liaison Service continued to increase, with communication remaining the most common reason for contact. Complaints management continues to respond positively to the introduction of Listening to People arrangements, with high levels of early resolution and a sustained reduction in formal complaints, although compliance with response times was impacted by workforce pressures during the summer period. Mortality indicators continue to demonstrate expected seasonal patterns, with overall mortality remaining relatively stable.

Patient safety performance remains an area of continued focus. Incident reporting levels remain comparable to previous years, however, a significant backlog of open incidents continues to limit the timeliness of organisational learning and assurance. Hospital-acquired pressure ulcers have reduced, reflecting improvement work in inpatient settings, although overall pressure ulcer reporting has increased and further work is underway to understand community-related trends. Falls increased during September, the latest reportable month, to levels above both Health Board and national averages, while compliance with nationally reportable incident investigations continues to improve but remains affected by workforce capacity constraints. Strengthened oversight arrangements, including daily review processes and enhanced monitoring of Duty of Candour requirements, are supporting improvements in governance and patient safety processes.

There are a number of positive indicators across quality and safety programmes. Ward accreditation continues to expand, demonstrating sustained engagement in quality improvement and clinical standards. Infection prevention and control performance remains strong, with the Health Board reporting among the lowest rates in Wales for key infections including C. difficile and E. coli, and no significant outbreaks reported during the period. Safeguarding performance remains stable, with training compliance maintained above target for Levels 1 and 2 and continued improvement in Level 3 compliance. Increased access to specialist safeguarding advice appears to be supporting earlier intervention and reducing the need for escalation through formal safeguarding processes.

Finance

The financial position at Month 6 is more favourable than planned, with the year-to-date deficit £6.2m better than plan and the forecast year-end position improving to a £33.7m deficit. This improvement is primarily driven by the early delivery of savings and reductions in anticipated Welsh Risk Pool costs, partially offset by emerging in-year cost pressures. Despite this improved position, a number of significant financial risks remain, including resident doctor rota costs, inflationary pressures, delivery of savings requirements, operational pressures associated with service demand, and uncertainty around the receipt of planned funding streams. Maintaining financial recovery will therefore require continued delivery of savings programmes, robust management of cost pressures, and close monitoring of the key assumptions underpinning the forecast position.

Appendix 1 – Q2 Enabling Actions Update

Progress against enabling actions remains positive overall, with the majority of schemes reporting either full adoption or delivery broadly in line with planned milestones. Notable achievements include continued expansion of the NHS Wales App, strong performance within the Bone Health programme, ongoing delivery of medicines optimisation savings ahead of plan, sustained progress in cyber resilience, and the maintenance of zero Out of Area Placement bed days within Mental Health services. Improvement work within diabetes care is also continuing to deliver benefits, with improved compliance against key clinical processes and further development of innovative community-based models of care.

Across urgent and emergency care, implementation of key transformation programmes continues, including the Rapid Release Protocol, Single Point of Access (SPoA), Same Day Emergency Care, acute frailty pathways and Optimal Hospital Flow initiatives. These programmes are supporting improved ambulance handover performance, enhanced community navigation and greater coordination of care for frail and older patients. Whilst progress has been made, a number of actions remain partially implemented, particularly within theatre productivity, referral optimisation and cancer

pathway transformation, where further improvement is required to achieve planned ambitions.

Workforce and value-based care programmes continue to contribute positively to organisational sustainability. Agency expenditure continues to reduce, supported by recruitment, retention and establishment control measures, while consultant job planning compliance has improved. However, challenges remain in achieving target reductions in sickness absence and delivering some workforce productivity measures. Overall, progress against enabling actions provides evidence of continued delivery against strategic improvement priorities whilst highlighting those areas requiring sustained focus during the second half of the year.

Argymhelliad / Recommendation

The Board is asked to:

- **Note** the progress against key performance metrics as of the latest, available validated information,
- **Note** the insights into performance and the actions identified to support improvement.
- **Note** the progress against the Enabling Actions as of Q2 (included as an Appendix), and;
- **Note** the progress against the Annual Plan Milestones as of Q2 (included as an Appendix)

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 2. Safe Care 3. Effective Care 5. Timely Care
Blaenoriaethau CTCI IMTP Priorities 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	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 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)**

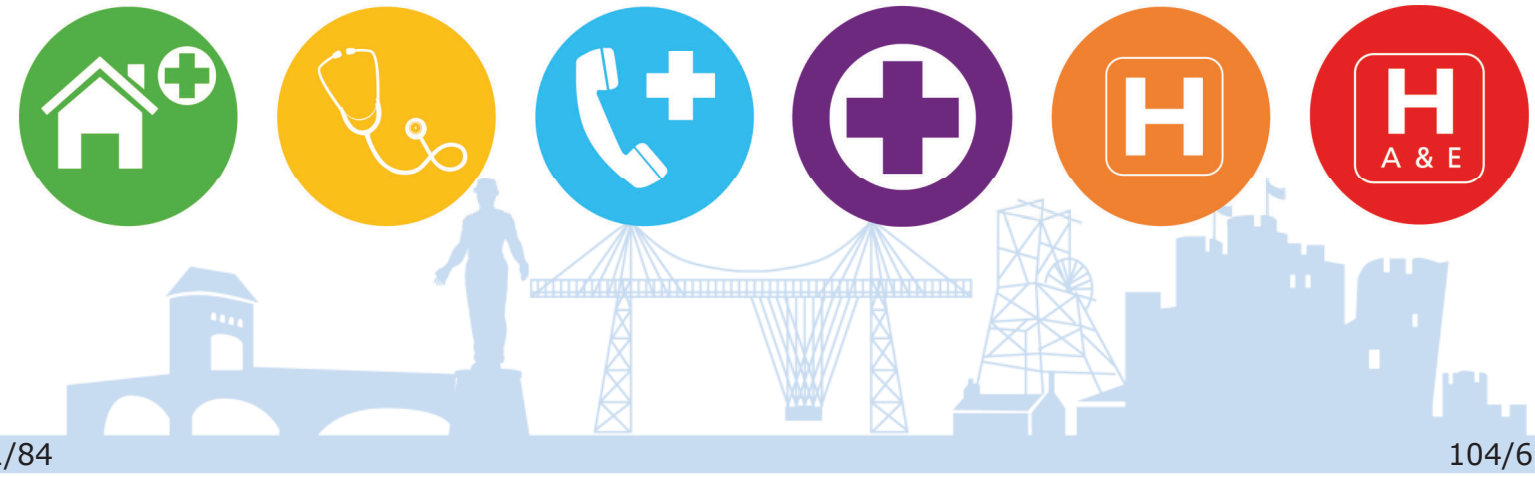
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

ABUHB BOARD

Integrated Performance Report

November 2026 Board



Section 1.1: Guidance on interpreting run charts & SPC icons

Section 1.2: Performance Summary

Section 1.3: Ministerial Delivery Expectations

The Cabinet Secretary for Health and Social Services has outlined delivery expectations across 6 themes;

- Population Health and Prevention
- Community By Design
- Women's Health
- Timely Access to Care
- Mental Health Access
- Quality and Safety

A summary of the latest performance against these measures is included for quick reference.

Section 2: Our Performance

2.1: Performance by Theme

This section provides detail of Health Board performance across the core performance measures included within the 26/27 Annual Plan, as well as progress against Annual Plan milestones (updated quarterly). These have been grouped to align with the Welsh Government themes as follows:

- Population Health and Prevention
- Place Based Care
- Timely Access to Care – Urgent & Emergency Care
- Timely Access to Care – Cancer, Planned Care & Diagnostics
- Mental Health Access

Each measure also has a flag to show which strategic aim it relates to (Better Health/Better Care/Better Lives), as per the 26/27 Annual Plan.

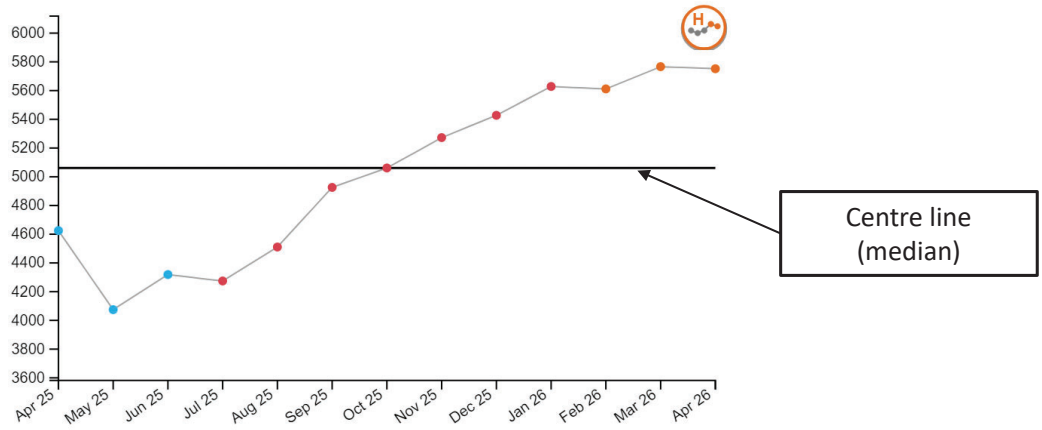
2.2: Workforce & Culture

2.3: Quality, Safety & Experience

2.4: Finance

Key

- Deteriorating trend
- Negative shift from median
- Positive shift from median
- Improving trend



A Run Chart is recommended when there are **fewer than 15 data points** to plot on a time series.

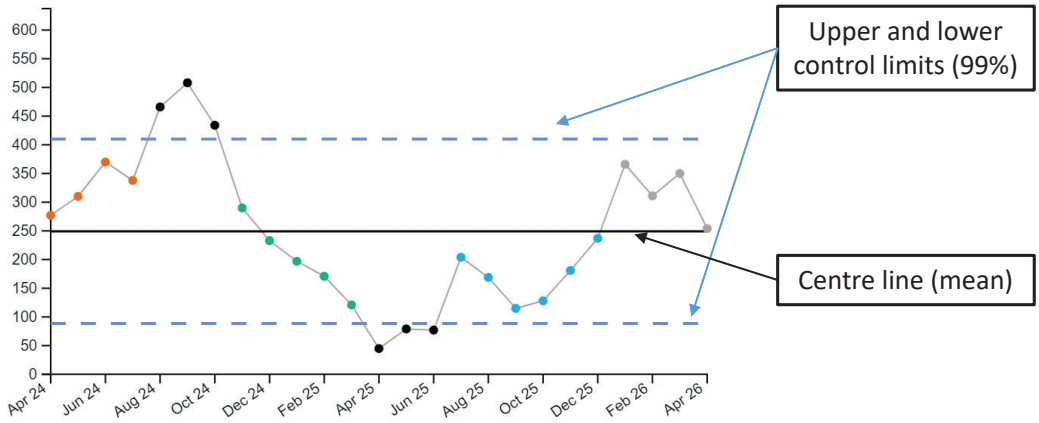
Centre reference line: the average line, represented by the median.

Six consecutive points above or below the median line (shift from median): a run of six or more values above or below the average (median) line represents a trend that should not result from natural variation in the system. The nature of the shift (positive/negative) is dependent on the direction of improvement for each individual measure.

Five consecutive points increasing or decreasing (trend): a run of five or more values showing continuous increase or decrease is a sign that something unusual is happening in the system. The nature of the trend (improving/deteriorating) is dependent on the direction of improvement for each individual measure.

Key

- Astronomical point
- Deteriorating trend
- Negative shift from mean
- Positive shift from mean
- Improving trend



A minimum of **15 data points** is recommended for a Statistical Process Control (SPC) Chart.

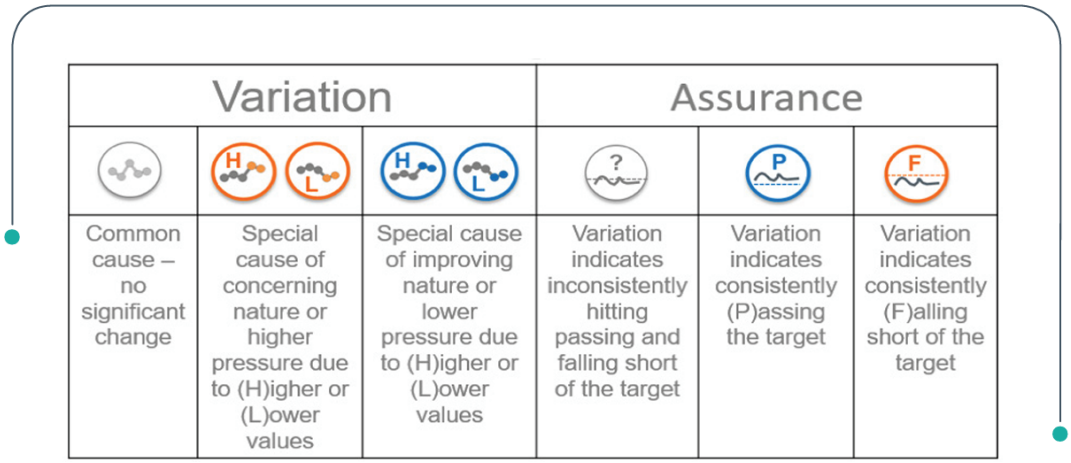
Centre reference line: the average line, represented by the mean.

Upper and lower reference lines: the process limits, also known as control limits, set to 99%.

Astronomical point: a single point outside the control limits. Whenever a data point falls outside a process limit (upper or lower) something unexpected has happened because we know that 99% of data should fall within the process limits.

Seven consecutive points above or below the mean line (shift from mean): a run of seven or more values above or below the average (mean) line represents a trend that should not result from natural variation in the system. The nature of the shift (positive/negative) is dependent on the direction of improvement for each individual measure.

Six consecutive points increasing or decreasing (trend): a run of six or more values showing continuous increase or decrease is a sign that something unusual is happening in the system. The nature of the trend (improving/deteriorating) is dependent on the direction of improvement for each individual measure.



Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation icons: **orange** indicates concerning **special cause variation** requiring action; **blue** indicates where improvement appears to lie, and grey indicates no significant change (**common cause variation**).

Assurance icons: **Blue** indicates that you would consistently expect to achieve a target. **Orange** indicates that you would consistently expect to miss the target. A grey icon tells you that sometimes the target will be met and sometimes missed due to random variation – in a RAG report this indicator would flip between red and green.

NB: Assurance icons will be available from June 2026; a minimum of two data points in 2026/27 is required to plot trajectory lines.

Section 1.2: Performance Summary

What went well?

- The Health Board achieved the Targeted Intervention de-escalation criterion for ambulance handovers for a third consecutive month, representing a significant milestone in the recovery of urgent and emergency care performance.
- Stroke pathway performance remains strong, with sustained improvement across direct admission, thrombectomy and therapy measures, delivering outcomes above trajectory in several areas.
- Smoking cessation services achieved their highest CO-validated quit rates in recent years, reflecting the impact of targeted improvement work and locality-based delivery models.
- Diabetes care continued to improve, with delivery of all eight NICE care processes exceeding trajectory and urine ACR monitoring reaching its highest level to date.
- Workforce indicators showed encouraging progress, including reductions in turnover, agency, locum and bank usage, alongside improvements in workforce stability and recruitment performance.

What were the challenges?

- Sustained high emergency demand, culminating in the declaration of a Critical Incident during October, continues to place considerable pressure on urgent and emergency care services. Emergency Department triage delays, time to clinical decision maker, and 4hr & 12hr performance remain significantly below planned standards despite some late month improvement aligned to BCI response.
- Physiotherapy remains a significant operational challenge, with increasing waiting list breaches driven by workforce vacancies, sickness absence and sustained growth in referrals.
- Childhood vaccination uptake remains below trajectory and continues a longer-term decreasing trend, presenting a risk to prevention objectives and future health inequalities.
- Sickness absence has increased and remains above target, driven largely by long-term absence and rising levels of anxiety, stress and depression-related sickness, creating ongoing workforce and operational pressures.

What actions are we taking to improve?

- Implementing a new pod-based working model within the Emergency Department to support earlier senior clinical decision-making, improve patient flow and reduce waiting times.
- Delivering the Multi Agency Discharge Event (MADE) programme and strengthening discharge arrangements to improve patient flow, reduce delays and increase pre-noon discharges.
- Progressing borough-level action plans with Local Authority partners and introducing a new discharge hub pilot to reduce delayed pathways of care and support timely discharge.
- Establishing a Cancer Command Centre to provide real-time oversight of cancer pathways, enabling earlier identification and intervention where delays emerge.
- Strengthening quality and safety governance through enhanced oversight of incidents, prioritisation of long-outstanding investigations, continued rollout of ward accreditation, and improvements to organisational learning processes.

What are our risks to delivery?

- Ongoing challenges in achieving Single Cancer Pathway standards risk delaying diagnosis and treatment, while also impacting delivery of national performance expectations.
- Winter pressures are likely to compound existing operational challenges, increasing demand across urgent care, inpatient services and discharge pathways.
- Continued growth in referral demand and RTT waiting lists risks offsetting planned care recovery gains and increasing pressure on outpatient, diagnostic and treatment services.
- Although the financial position has improved, delivery of the year-end forecast remains dependent on successful savings delivery and management of significant operational, workforce and inflation-related cost pressures.

Section 1.3: Ministerial Delivery Expectations

WG Theme	Delivery Expectation	ABUHB commitment	Meet National Standard?	In month performance against trajectory	Variance	Assurance
Population Health & Prevention	Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes.	50% Mar-27	No	48.4% Sep-26 (Q2 Trajectory: 48%)	H	F
	Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care.	Yes Mar-27	Yes	First reported Q4		
	Increase the proportion of children in Wales who are a healthy weight by halting the rise, and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged.	Yes Mar-27	Yes	Expected Q2 2028/29		
	At least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans.	90% Mar-27	Yes	Reported Q4		
Place Based Care	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.	118,223 Mar-27	Yes	52,162 Oct-26 (Q3 Trajectory: 88,667)	H	
	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.	120 Mar-27	Yes	163 Oct-26 (Oct Trajectory: 130)		?
	Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard.	3,840 Mar-27	Yes	5,455 Oct-26 (Oct Trajectory: 4,160)		?
Women's Health	Improving the quality of our maternity services by reducing perinatal mortality rates.	5.067 Mar-27	Yes	Reported Q4		
	Further expansion of the Women's Health Hub model in each health board area by March 2027 (aligned to the Women's Health Plan).	Yes Mar-27	Yes	Reported Q4		

Section 1.3: Ministerial Delivery Expectations

Theme	Delivery Expectation	ABUHB commitment	Meet National Standard	In month performance against trajectory	Variance	Assurance
Timely Access to Care	Ensure no ambulance patient handover waits over 45 minutes [All location types, GUH & eLGHs].	91 Mar-27	No	595 Oct-26 (Oct Trajectory: 281)		F
	Ensure no ambulance patient handover waits over 45 minutes [GUH ED only].	80 Mar-27	Yes	472 Oct-26 (Oct Trajectory: 248)		F
	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 .	799 Mar-27	No	1,492 Oct-26 (Oct Trajectory: 893)		F
	12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion.	75% Mar-27	No	65.4% Aug-26 (Aug Trajectory: 73.1%)		F
	Reduction in backlog of patients waiting over 62-days (SCP).	170 Mar-27	No	294 Aug-26 (Aug Trajectory: 320)		?
	Reduction in backlog of patients waiting over 104-days (SCP).	50 Mar-27	No	94 Aug-26 (Aug Trajectory: 94)		?
	Numbers of patients waiting over 104-weeks RTT (all stages).	0 Mar-27	No	310 Sep-26 (Sep Trajectory: 402)		?
	Reduction in the number of patients waiting more than 8- weeks for a specific diagnostic.	0 Mar-27	Yes	1,389 Sep-26 (Sep Trajectory: 1,375)		?

Section 1.3: Ministerial Delivery Expectations

Theme	Delivery Expectation	ABUHB commitment	Meet National Standard	In month performance against trajectory	Variance	Assurance
Mental Health Access	Implement and evaluate Open Access Mental Health Support by March 2027.	Yes Mar-27	Yes	Reported Q4		
	Improve safety in Secondary Care Mental Health services (measured through agreed Mental Health safety matrix and PROM ReQuol) by March 2027.	Yes Mar-27	Yes	Reported Q4		
	Improve Physical Health of People with long term MH problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027.	Yes Mar-27	Yes	Reported Q4		
Quality and Safety	Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate.	Programme of work to predict % Mar-27	Yes	1.35% Jun-26 (Q1 Trajectory: 1.39%)		
	Days of safe care delivered since the last never event, monitored using SPC T-Chart.	Yes Mar-27	Yes	To be implemented		
	Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027.	40% Mar-27	Yes	98% Aug-26 (Q2 Trajectory: 36.5%)		
	The clinical coding service must ensure that at least 95% of Inpatient and Day-Case episodes are fully coded within one reporting month of discharge, in line with Welsh Government delivery measures. In addition, 90% of all identified coding errors must be corrected within 35-days of identification, ensuring timely and accurate data quality improvements across all Health Boards. There must be a focus on quality of coding with an emphasis on specificity, and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year.	95% Mar-27	Yes	91.2% Aug-26 (Aug Trajectory: 91%)		

Progress Against our Annual Plan

Drivers

- Joint Strategic Assessment
- Gwent 35
- Quality
- Performance Expectations
- Financial Sustainability
- Risks

Strategic Aims

Better Health: Together we will support people to be healthy, active, & happy.

- Health Protection
- Health Improvement
- Prevention
- Babies Children & Young People

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

- Place Based Care
- Access & Sustainability
- Improving Quality & Experience
- Embedding Value & Efficiency

Better Lives: Together we will create strong, safe, & connected communities.

- Healthy Places
- Resilient & Connected Communities
- Safe Spaces
- Quality of Life

Enablers

- Quality
- Workforce & Culture
- Digital, Data & Technology
- Estates
- Finance
- Green Health
- Value, Innovation & Research

Section 2.1: Population Health and Prevention Performance Summary

Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory	Variance	Assurance
Population Health and Prevention	% children up to date with vaccinations by age 5.	90% Mar-27	84.5% Q1 26/27 (Q1 Trajectory: 87%)		
	% of children receiving HPV vaccination 1 dose by the age of 15.	80% Mar-27	71.0% Q1 26/27 (Q1 Trajectory: 72.5%)	H	
	% uptake of the influenza vaccination amongst adults aged 65 years and over	75% Mar-27	51.5% w/c 27/10/26 (Q4 Trajectory: 75%)		
	% uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old	65% Mar-27	**Reported Q4 2026/27**		
	Maintain physical examination at 6 weeks rates (Healthy Child Wales).	90% Mar-27	99.3% Jun-26 (Jun-26 Trajectory: 90%)	H	P
	Increase weight and measurement at 8 weeks rates (Healthy Child Wales).	80% Mar-27	92% Q4 25/26 (Q4 Trajectory: 80%)	H	
	Percentage of adult smokers who make a quit attempt via Smoking Cessation Services.	5% Mar-27	0.9% Q1 26/27 (Q1 Trajectory: 1.25%)		
	Percentage of adult smokers who made a quit attempt via Smoking Cessation Services who are CO-validated as quit at 4 weeks.	40% Mar-27	27.7% Q1 26/27 (Q1 Trajectory: 25%)		

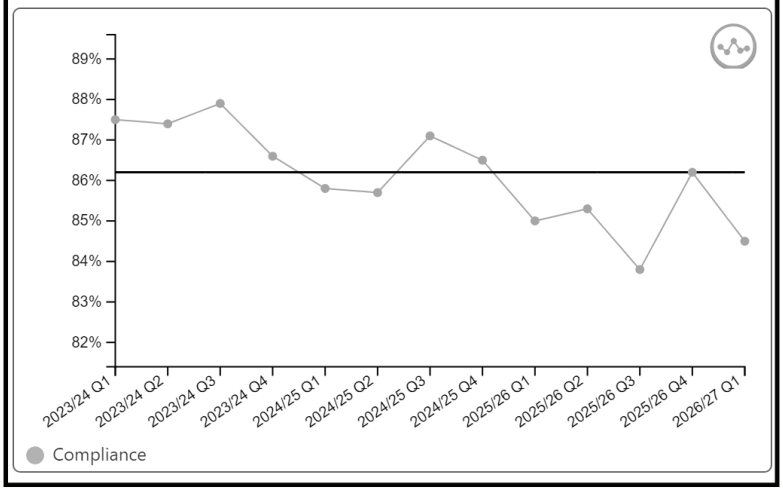
Section 2.1: Population Health and Prevention Performance Summary

Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory	Variance	Assurance
Population Health and Prevention	Uptake of eligible patients who attend cardiovascular disease risk factor management programme (CVDRFMP).	3,125 Mar-27	725 Q2 26/27 (Q2 Trajectory: 3,125)		
	Number of conditions diagnosed in patients who attended cardiovascular disease risk factor management programme (CVDRFMP)	312 Mar-27	251 Q2 26/27 (Q2 Trajectory: 312)		
	No. starting 12-week intervention with Level Two Adult Weight Management Service.	1,500 Mar-27	1,219 Q2 26/27 (Q2 Trajectory: 1,500)		
	No. with end weight recorded who accessed 8+ sessions who lost >5% weight.	450 Mar-27	597 Q1 26/27 (Q1 Trajectory: 450)		
	Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes.	50% Mar-27	48.4% Sep-26 (Q2 Trajectory: 48.0%)	H	F
	Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months.	80% Mar-27	68.1% Sep-26 (Q2 Trajectory: 73.5%)		F
	Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months.	80% Mar-27	73.2% Sep-26 (Q2 Trajectory: 74.0%)	H	F
	Number of visits to the Melo Website.	48,000 Mar-27	23,658 Sep-26 (Q2 Trajectory: 24,000)	L	

Population Health and Prevention

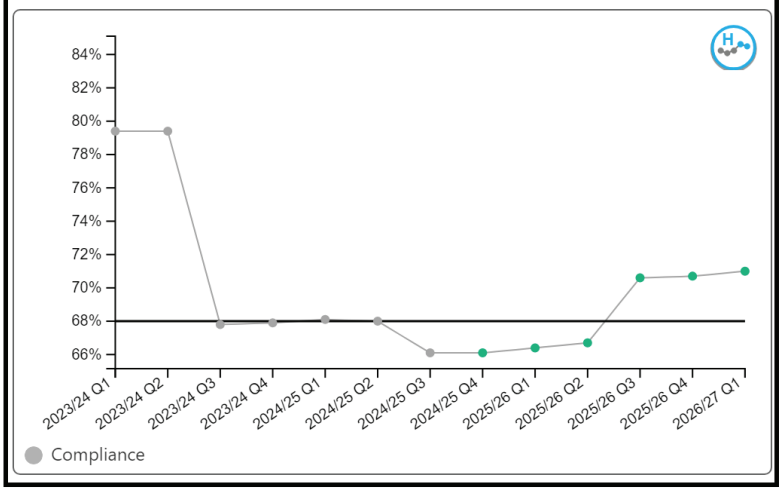
Measure: % children up to date with vaccinations by age 5
Performance: 84.5% (Q1 26/27)
Trajectory: 87.0% (Q1 26/27)
National target: 95.0%

Better Health



Measure: % of children receiving HPV vaccination 1 dose by the age of 15
Performance: 71.0% (Q1 26/27)
Trajectory: 72.5% (Q1 26/27)
National target: 90.0%

Better Health

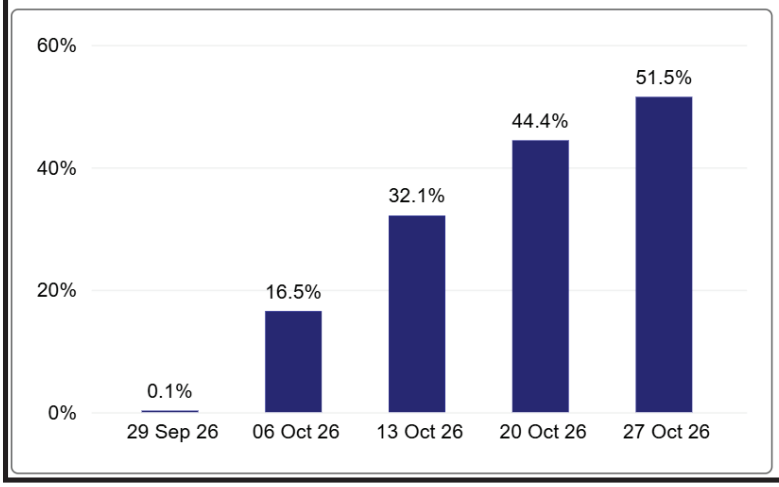


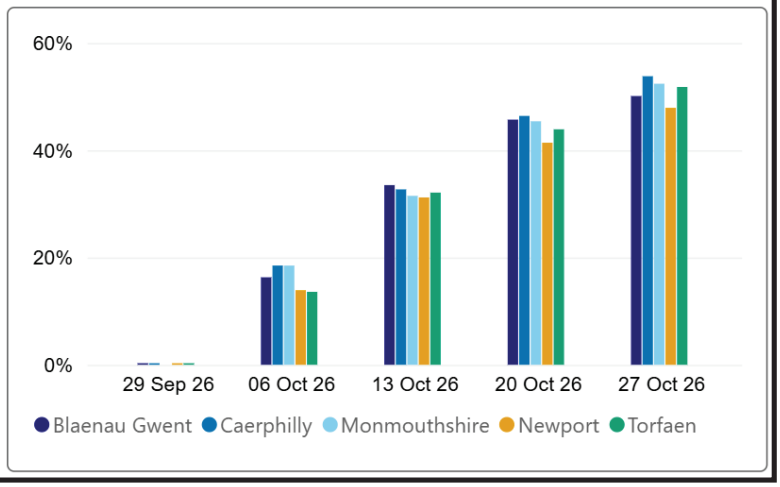
Insights and Actions

- Childhood vaccinations: Performance has reduced to 84.5% in Q1 and is currently below the IMTP trajectory of 87%. Compliance ranges by Locality, from 77% in Newport and 84% in Torfaen, to 89%+ in Monmouthshire, Caerphilly and Blaenau Gwent. Overall performance has shown an average annual reduction of just over 1% for the past three years.
- HPV: Above average performance has been maintained for the past 3 quarters, with compliance at 71% in Q1, just behind the IMTP Trajectory of 72.5%.
- Since May, Vaccination Brief Advice (VBA) sessions have been delivered to over 200 staff across a range of health, community and early years settings, supporting the recommendations of *The Big Gwent Vaccination Conversation*. The sessions aim to increase confidence in discussing vaccination by exploring vaccine history, hesitancy and evidence-based communication approaches, and will form part of the Integrated Wellbeing Network training offer from October 2026. Feedback has been overwhelmingly positive, with 95% of attendees reporting they felt better equipped to respond to questions and concerns about vaccination. The MMRV improvement pilot has commenced across six GP Practices in Newport and Torfaen to identify barriers to uptake, review vaccination processes, and develop sustainable approaches to improve coverage, reduce inequalities, and support equitable access. Targeted outreach through the Nye BeVAN has been developed to improve access for Gypsy and Traveller communities, with positive early engagement and nearly twenty children vaccinated to date.

Population Health and Prevention

Measure: % uptake of the influenza vaccination amongst adults aged 65 years and over
Performance: 51.5% (w/c 27/10/2026)
Trajectory: 75% (Q4 26/27)
National target: 75%





Insights and Actions

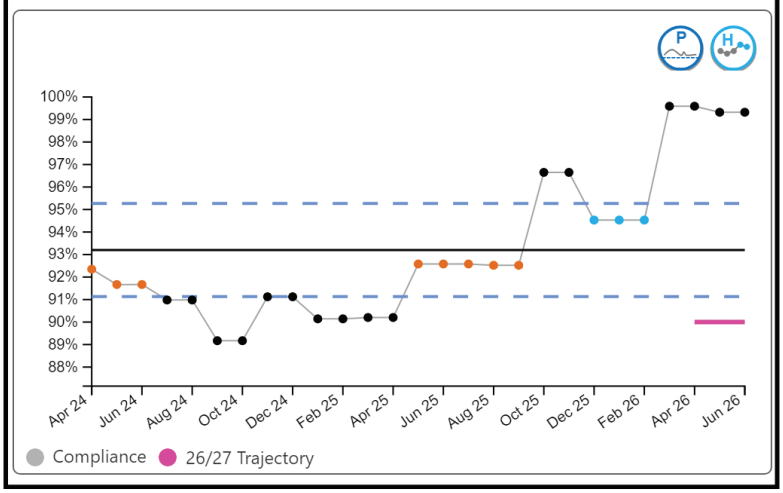
- Influenza vaccinations: Whole Health Board performance has reached 51.5% as of the week commencing 27th October. When reviewing the vaccination rates by Locality, they range from 47.9% in Newport up to 53.8% in Caerphilly.

- ABUHB is taking a proactive approach to improving flu vaccination uptake in people aged 65 and over by making vaccination easily accessible through GP practices and community pharmacies, supported by targeted call and recall activity, public awareness campaigns and partnership working across primary care. Uptake is monitored regularly to identify areas of lower coverage, enabling targeted interventions and outreach to ensure those most at risk are offered protection against flu. In addition, the Vaccination Service will be offering appointments through its vaccination centre and a programme of community vaccination clinics across ABUHB to improve access and provide patients with a range of convenient vaccination options. Eligible patients may also be offered vaccination alongside their COVID-19 vaccine where appropriate.

Population Health and Prevention

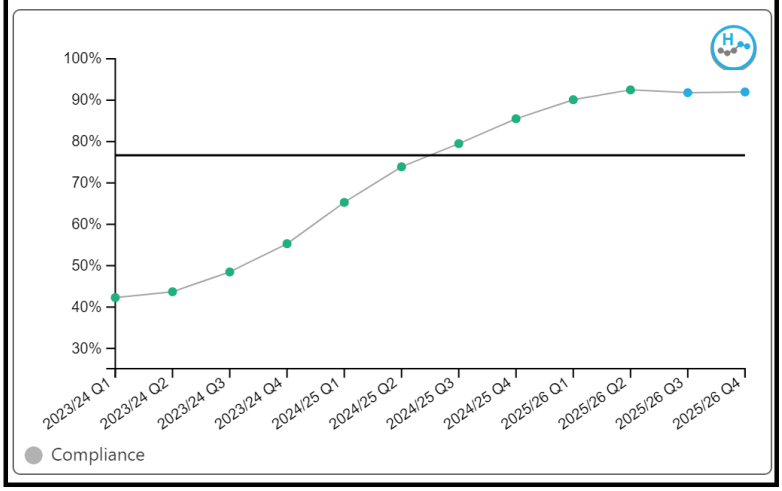
Measure: Maintain physical examination at 6 weeks rates (Healthy Child Wales)
Performance: 99.3% (June 2026)
Trajectory: 90.0% (June 2026)
National target: None

Better Health



Measure: Increase weight and measurement at 8 weeks rates (Healthy Child Wales)
Performance: 92.0% (Q4 25/26)
Trajectory: 80.0% (Q4 25/26)
National target: None

Better Health



Insights and Actions

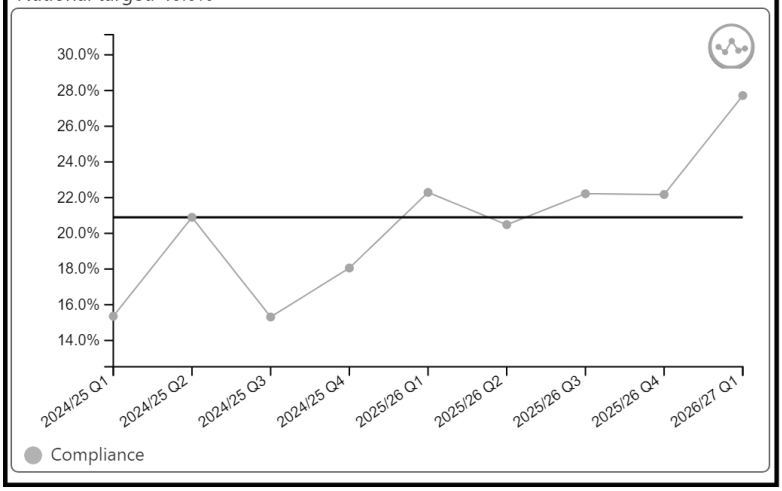
- Performance for physical examinations at 6-weeks continues to improve and has consistently achieved the national target (90%) through the course of 25/26 and into 26/27. The past 4 months have shown strong performance at over 99%, above the expected range of 91.1%-95.3%. The lower control limit remains higher than the IMTP trajectory (91.1% compared to 90%), indicating that the target is expected to be consistently achieved if the process remains stable.

- Weight and measurement at 8-weeks: Performance has been maintained above 90% throughout 25/26, following an improvement trend from 23/24 to 24/25, with Q4 performance at 92%. The 80% trajectory has been comfortably met every quarter through 25/26.

Population Health and Prevention

Measure: Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks
Performance: 27.7% (Q1 26/27)
Trajectory: 25.0% (Q1 26/27)
National target: 40.0%

Better Health



Insights and Actions

- Percentage of adult smokers who make a quit attempt via smoking cessation services will be reported on cumulatively for 26/27, as opposed to quarterly as previously, therefore a chart has not been presented for the first quarter in 26/27. The Q1 performance is at 0.9%, which is slightly below the Q1 IMTP Trajectory of 1.25%. CO validated quits have shown a marked increase from Q4 25/26 up to 27.7% (+5.5%), representing the best performance in the last 2 years and exceeding the Q1 IMTP Trajectory of 25%.
- Behaviour Change Practitioners continue to embed within their localities and strengthen relationships with Partners and Communities. A comprehensive improvement programme is underway to optimise service delivery through the review and redesign of processes, with a greater focus on supporting individuals and groups to achieve CO-validated quits at four weeks, rather than relying solely on self-reported outcomes. This is being supported through increased Community-based clinic capacity and by enabling practitioners to become fully embedded within their respective localities and place-based teams. Work is also continuing to ensure that capacity is deployed proportionately to support vulnerable populations at greatest risk of tobacco-related harm. A communications plan has been developed for promoting Help Me Quit with community groups and stakeholders as well as continuous monitoring to ensure maximal attendance at clinics. This improvement work is positively reflected in the notable increase in CO validated quits in the last year. Work is now underway to understand the reasons why self-reported quit numbers are nearly as high as CO validated quits during Q1, to ensure residents are offered the best chance of quitting smoking.

Population Health and Prevention

Measure: Uptake of eligible patients who attend cardiovascular disease risk factor management programme (CVDRFMP)
Performance: 725 (Q2 26/27)
Trajectory: 3,125 (Q2 26/27)
National target:

Financial Quarter	Practices Submitted	Eligible and Invited Patients	Patients Attended
Q1	28	3221	773
Q2	25	2660	725
Total to date	**43**	**5,881**	**1,498**

Measure: Number of conditions diagnosed in patients who attended cardiovascular disease risk factor management programme (CVDRFMP)
Performance: 251 (Q2 26/27)
Trajectory: 312 (Q2 26/27)
National target:

Financial Quarter	New HT	HC	NDH	New AF	New T2D	Total
Q1	19	104	106	2	2	233
Q2	29	122	80	0	20	251
Total to date	**48**	**226**	**186**	**2**	**22**	**484**

HT: Hypertension
HC: Hypercholesteremia
NDH: Non-Diabetic Hyperglycaemia (Pre-Diabetes)
AF: Atrial Fibrillation
T2D: Type 2 Diabetes
NB: Individual patients can be diagnosed with one or more conditions

Insights and Actions

- The Cardiovascular Disease Risk Factor Management Programme is a new Public Health initiative for 2026/27 that supports GP practices to identify patients at potential high risk of CVD and offer a multifactorial risk assessment alongside healthy lifestyle advice through Making Every Contact Count (MECC). 44 of the 68 GP practices have signed up to the programme and there have been 43 submissions received to date from participating practices. Eligible patient attendance was 773 in Q1 and 725 in Q2, representing data from 64% and 59% of participating practices respectively. Although the quarterly target of 3,125 patient attendances has not been achieved, the target was set on the basis of all 68 practices participating and submitting data. The programme has identified 233 conditions in Q1 and 251 in Q2, with most diagnoses relating to hypercholesterolaemia and non-diabetic hyperglycaemia (pre-diabetes), although existing and new diagnoses cannot currently be differentiated within EMIS.
- Programme implementation was affected by delays in the commissioning process at the start of Q1, and some practices have experienced staffing challenges which has delayed delivery. Quarterly practice engagement sessions are being run by the Public Health team, although only 14 of 43 practices are currently on track to achieve their patient invitation targets by the end of Q2. Patient uptake remains around 25% of those invited, and an F1 project is underway to better understand barriers to attendance. Feedback from practices indicates the programme is supporting more meaningful MECC conversations and enabling referrals to appropriate support services.

Population Health and Prevention

Measure: No. starting 12-week intervention with Level Two Adult Weight Management Service.
Performance: 1,219 (Q2 26/27)
Trajectory: 1,500 (Q2 26/27)
National target:

Financial Quarter	No. starting Leisure Service	No. starting Digital Service	Total Patients
Q1	209	1276	1485
Q2	412	807	1219
Total to date	**621**	**2,083**	**2,704**

Measure: No. with end weight recorded who accessed 8+ sessions who lost >5% weight.
Performance: 597 (Q1 26/27)
Trajectory: 450 (Q1 26/27)
National target:

Financial Quarter	Lost >5%: Leisure Service	Lost >5%: Digital Service	Total Patients
Q1	61	536	597

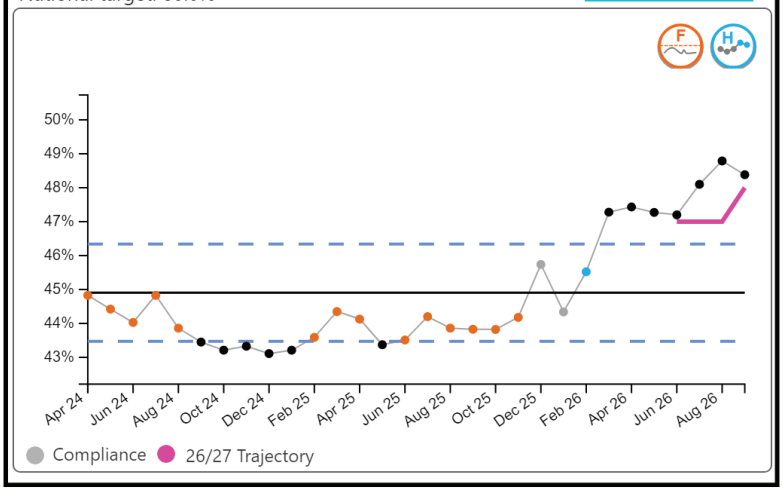
Insights and Actions

- The Level Two Adult Weight Management Service is now in its second year, building on the positive outcomes achieved in 2025/26. The service offers both digital and face-to-face 12-week programmes, providing free local support to help participants achieve sustainable weight loss through increased physical activity, improved nutrition and healthier lifestyle choices. Participants are followed up at six and twelve months to assess the longer-term sustainability of outcomes. A key development for 2026/27 has been the introduction of self-referral for the leisure-based programme, widening access beyond the previous GP referral route. A total of 1,485 patients started a 12-week intervention in Q1 and 1,219 in Q2, although activity remains below the IMTP trajectory. Despite this, 597 patients completed at least eight sessions, had an end weight recorded and achieved a weight loss of more than 5% in Q1, exceeding the IMTP target of 450. Across both programme offers, 40% of patients enrolled in Q1 achieved weight loss of over 5%. It should be noted that outcomes for the digital programme are self-reported and may therefore be influenced by lower reporting rates among those who did not lose weight. Work is ongoing to better understand barriers to outcome reporting and address the stigma associated with weight management terminology. In June 2026, Public Health Wales, supported by Life Sciences Hub Wales, secured £8 million of Innovate UK funding to support the development of innovative weight management services across Wales from 2027/28. Following the success of the service in ABUHB, the Health Board has shared its learning and expertise with Public Health Wales and fellow Health Boards to help shape how this funding is utilised nationally.

Population Health and Prevention

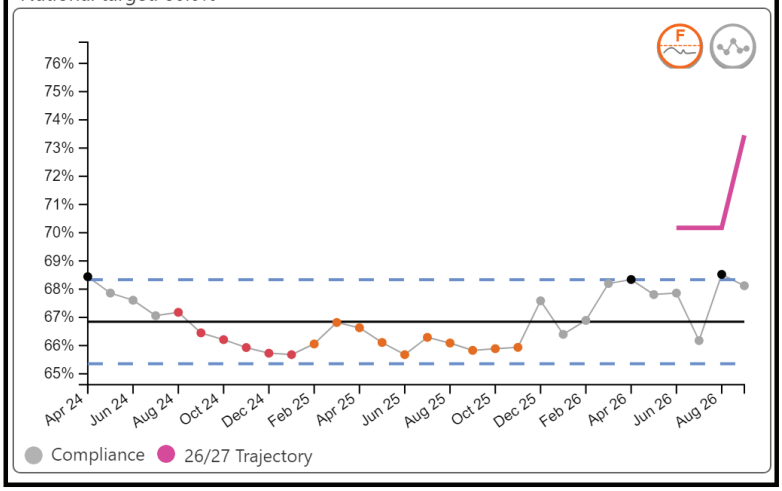
Measure: Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes
Performance: 48.4% (September 2026)
Trajectory: 48.0% (September 2026)
National target: 80.0%

Ministerial Delivery
Better Health



Measure: Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months
Performance: 68.1% (September 2026)
Trajectory: 73.5% (September 2026)
National target: 80.0%

Better Health



Insights and Actions

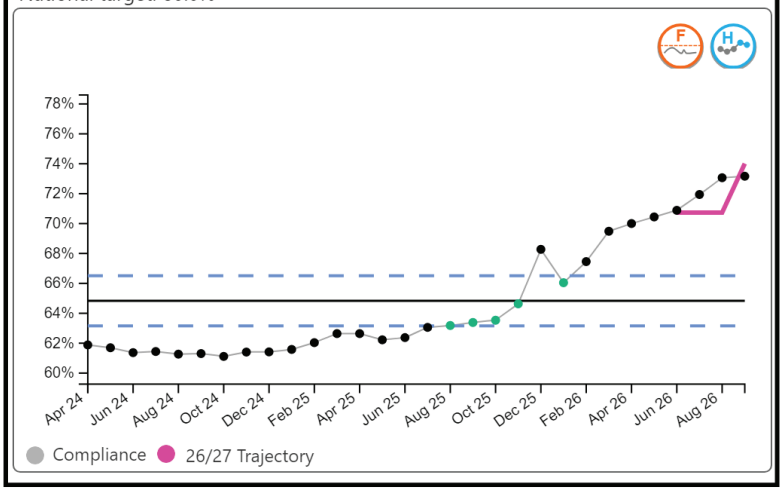
- 8 Diabetes processes: Performance continues to improve, reaching 48.4% in September 2026, compared with the expected performance range of 43.5%-46.3%. This was 0.4 percentage points above the Q2 IMTP trajectory of 48.0%.

- Diabetes foot surveillance: Performance also shows improvement, with above mean (67%+) compliance from March to date, barring a drop in July, with September performance at 68.1%, 5.4 percentage points below the Q2 IMTP trajectory of 73.5%. Closure activities have begun for the Foot Care project, with overall compliance rates increasing across the project period, and some practices reporting improvements of up to 20%; positive feedback also indicates wider adoption of VBHC patient education materials. Residual work will continue following project closure to ensure a lasting impact. Progress has also been made in scoping future interventions, including gestational diabetes post-delivery follow-ups in Primary Care, Community Pharmacy-led GLP-1 optimisation models, and improved support for young adults through analysis of ED attendances linked to DNA/CNA clinic attendances. Following project closure and recognition of positive outcomes, the Cardio-Renal (SGLT2i) project has been shortlisted for the NHS Wales Efficient Care Award.

Population Health and Prevention

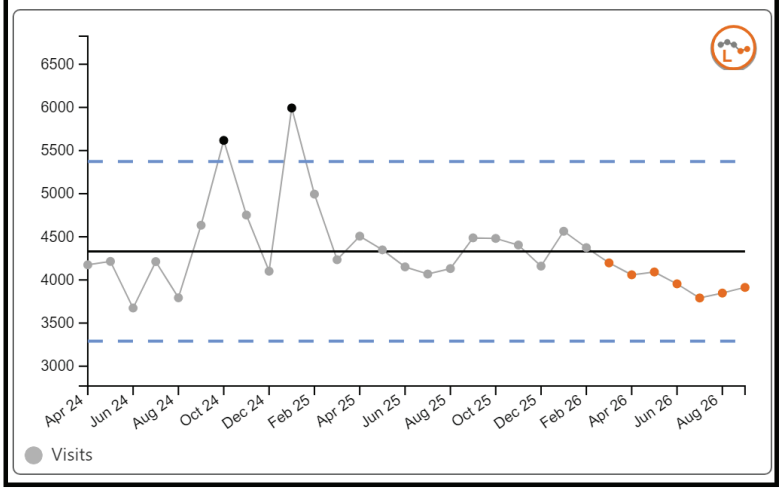
Measure: Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months
Performance: 73.2% (September 2026)
Trajectory: 74.0% (September 2026)
National target: 80.0%

Better Health



Measure: Number of visits to the Melo Website
Performance: 23,658 (September 2026)
Trajectory: 24,000 (Q2 26/27)
National target: None

Better Lives



Insights and Actions

- Diabetes uACR: Performance has shown an improvement trend since February 26, with exceptionally high performance of 67%+ achieved in the past 8 months, compared to the expected range of 63.2%-66.5%. September performance was 73.2%, the highest compliance rate to date but 0.8 percentage points below the Q2 IMTP trajectory of 74.0%. The Urine ACR project has now closed, with over half of participating practices achieving a >5% improvement in compliance at six months.
- Melo visits: The number of visits to the website has shown a consistent shift below the mean of 4,331 for the last 7 months. Cumulative visits to the end of September totalled 23,658, below the Q2 IMTP trajectory of 24,000. Capacity constraints within the Public Health team, alongside competing priorities, have limited proactive promotion of the website, potentially contributing to reduced user numbers. Work has continued to update the Melo website, with three new topics having been added since April: Smoking and Mental Wellbeing, Hoarding, and Neurodivergence. Additional web design capacity has also enabled progress in clearing a publication backlog and improving the accessibility and navigation of the 'Find Urgent Help' section. Further website enhancements are now planned over the next two quarters, focusing on pages identified through user feedback and specialist review as having opportunities for improvement.

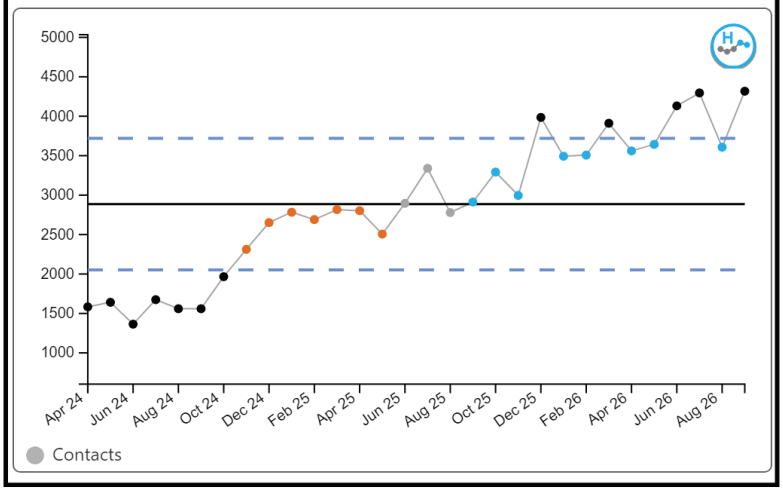
Section 2.1: Place Based Care Performance Summary

Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory	Variance	Assurance
Place Based Care	Increase in people accessing PIPs where they would have visited their GP.	45,620 Mar-27	23,556 Sep-26 (Q2 Trajectory: 22,810)		
	Maintain the number of consultations undertaken by Community Pharmacy under CAS.	99,871 Mar-27	54,592 Sep-26 (Q2 Trajectory: 49,936)		
	Maintain the number of patients accessing NHS Optometry Services.	265,118 Mar-27	114,829 Aug-26 (Q2 Trajectory: 132,559)		
	Number of patients accessing urgent emergency services - Dental.	36,173 Mar-27	6,689 Sep-26 (Q2 Trajectory: 18,087)		
	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.	118,223 Mar-27	52,162 Oct-26 (Q3 Trajectory: 88,667)		
	Maintain 95% of Palliative Care referrals assessed within 2 days.	95% Mar-27	93.1% Sep-26 (Q2 Trajectory: 93%)		
	Increase in number of accepted referrals to Rapid Response services.	5,068 Mar-27	2,571 Oct-26 (Q3 Trajectory: 3,801)		
	Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments) for over 65s.	8.5% Mar-27	7.8% Oct-26 (Q3 Trajectory: 8.5%)		
	Maintain the number of Urgent Primary Care contacts (inc. virtual).	101,746 Mar-27	25,054 Jun-26 (Q1 Trajectory: 25,437)		

Place Based Care

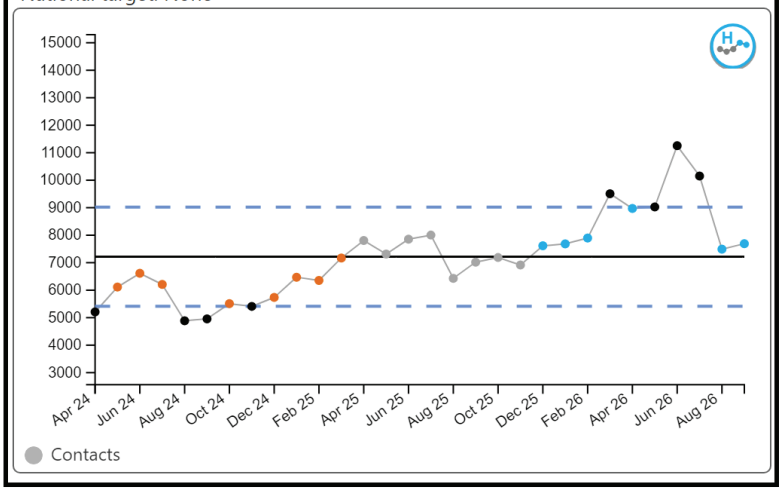
Measure: Increase in people accessing PIPs where they would have visited their GP
Performance: 23,556 (September 2026)
Trajectory: 22,810 (Q2 26/27)
National target: None

Better Care



Measure: Maintain the number of consultations undertaken by community pharmacy under CAS
Performance: 54,592 (September 2026)
Trajectory: 49,936 (Q2 26/27)
National target: None

Better Care



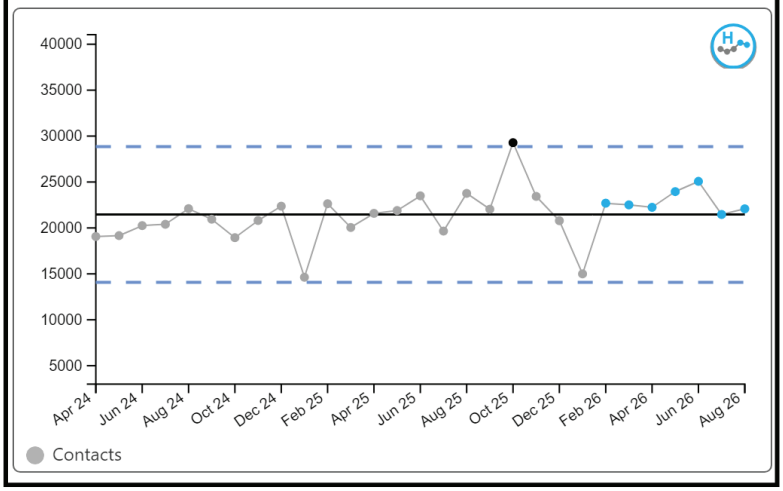
Insights and Actions

- Pharmacist Independent Prescribing Service (PIPS): PIPs consultations have now shown a consistent shift above the average (2,833) over a year, with strong performance (3,720+) for 5 of those 12 months. The number of CPS offering PIPS also continues to increase, from 68 in April up to 71 in September. Q2 performance has finished at 23,556 contacts, meeting the Q2 IMTP trajectory of 22,810.
- Common Ailment Scheme (CAS): CAS claims also show an improving trend, with consistent above-mean performance for the past 10 months. March to August performance has been excellent, with the number of claims exceeding 8,970 per month. UTI consultations in particular have increased, from 561 in April up to 876 in September. Overall performance has dropped in August and September but remains above the average at 7,216 monthly claims. Q2 performance has finished at 54,592, achieving the Q2 IMTP trajectory of 49,936 claims.
- 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.

Place Based Care

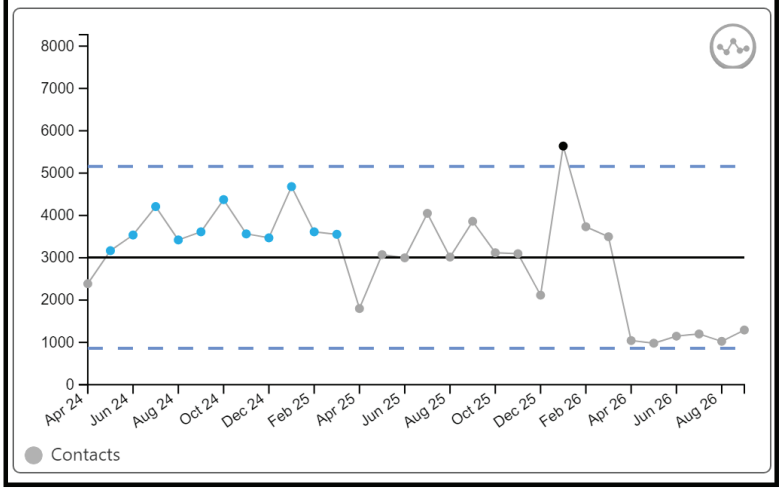
Measure: Maintain the number of patients accessing NHS Optometry Services
Performance: 114,829 (August 2026)
Trajectory: 132,559 (Q2 26/27)
National target: None

Better Care



Measure: Number of patients accessing urgent emergency services - Dental
Performance: 6,689 (September 2026)
Trajectory: 18,087 (Q2 26/27)
National target: None

Better Care



Insights and Actions

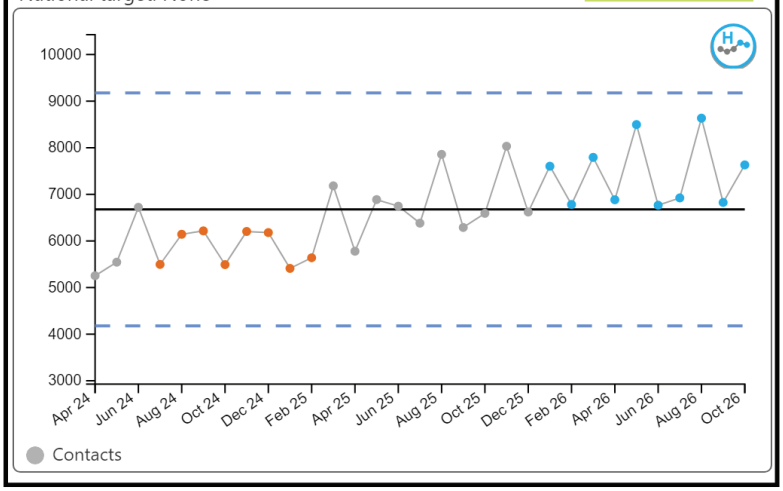
- Optometry Services: Performance shows an improving trend, with consistent above-mean performance of 21,459+ patients per month since February 26. Q2 performance to date is 114,829, which is currently on track to meet the Q2 IMTP trajectory of 132,559 contacts.

- Emergency Dental: Performance has dropped very close to the lower control limits in 2026/27, with around a 1,100 contacts a month compared to the average of over 3,000 in 2024/25 and 2025/26. This is due to implementation of the new NHS Wales dental contract, with all practices now required to see a proportion of urgent appointments. There are currently approx. 240 appointments a week available through practices compared to 60 through EDS, which has resulted in the significant reduction in performance. Subsequently, the Q2 IMTP trajectory of 18,087 hasn't been met, with Q2 performance finishing at 6,689 contacts.

Place Based Care

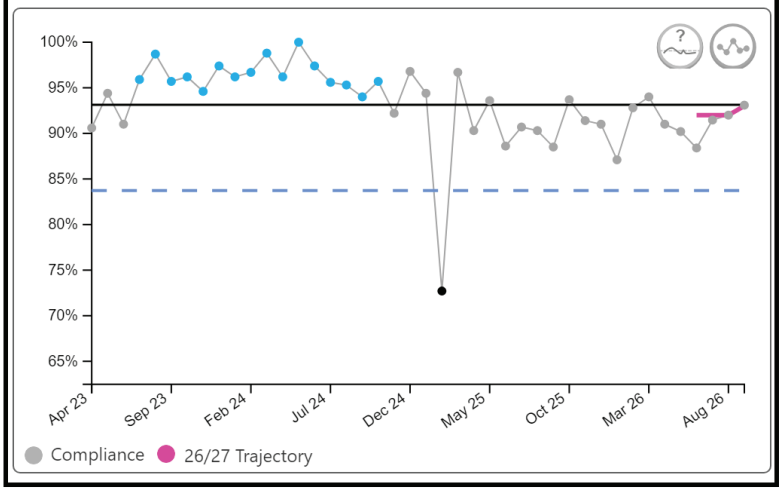
Measure: Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25
Performance: 52,162 (October 2026)
Trajectory: 88,667 (Q3 26/27)
National target: None

Ministerial Delivery
Better Lives



Measure: Maintain 95% of Palliative Care referrals assessed within 2 days
Performance: 93.1% (September 2026)
Trajectory: 93.0% (September 2026)
National target: None

Better Lives



Insights and Actions

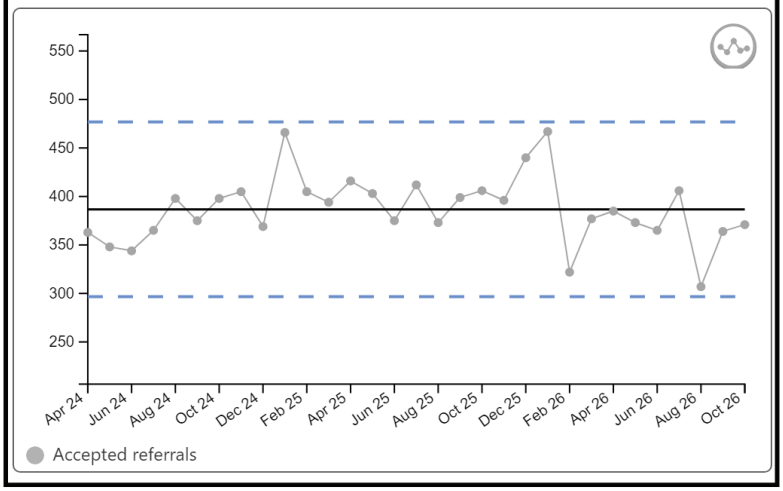
- Community Nursing: Performance is currently showing an improving trend, with above-mean capacity of 6,678 monthly contacts for the past 10 months. However, Q2 performance has finished behind the expected trajectory, with only 74% of the IMTP trajectory delivered. Ministerial expectations set out that weekend activity reaches 80% of an average weekday level. Although weekend activity as a proportion of total activity is increasing and overall contacts are trending upwards as shown in the graph, achieving the ministerial measure from a volume perspective would demand a significant shift in service delivery towards weekends. NB: Civica District Nursing data has recently become available in the data warehouse, enabling improved quality control including duplicate record removal, which has resulted in an overall reduction in the historic monthly contacts presented here.

- Palliative Care: Performance is currently showing no significant monthly change. September performance is just above the mean at 93.1% and has exceeded the Q2 IMTP trajectory.

Place Based Care

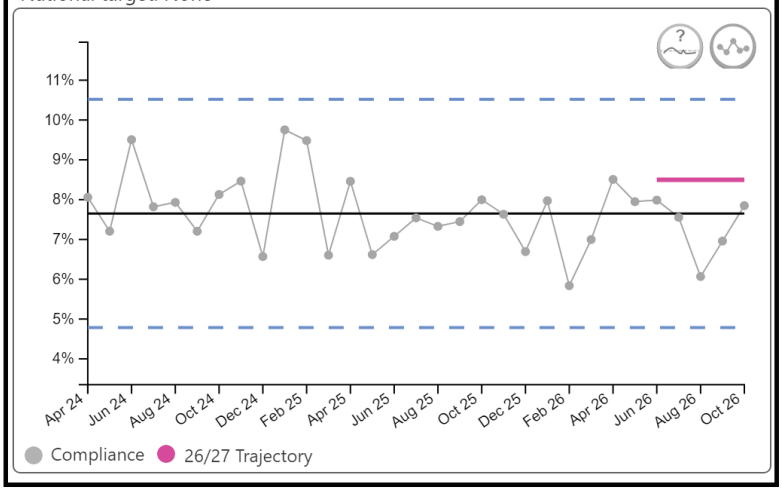
Measure: Increase in number of accepted referrals to Rapid Response services
Performance: 2,571 (October 2026)
Trajectory: 3,801 (Q3 26/27)
National target: None

Better Care



Measure: Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments) for over 65s
Performance: 7.8% (October 2026)
Trajectory: 8.5% (October 2026)
National target: None

Better Care



Insights and Actions

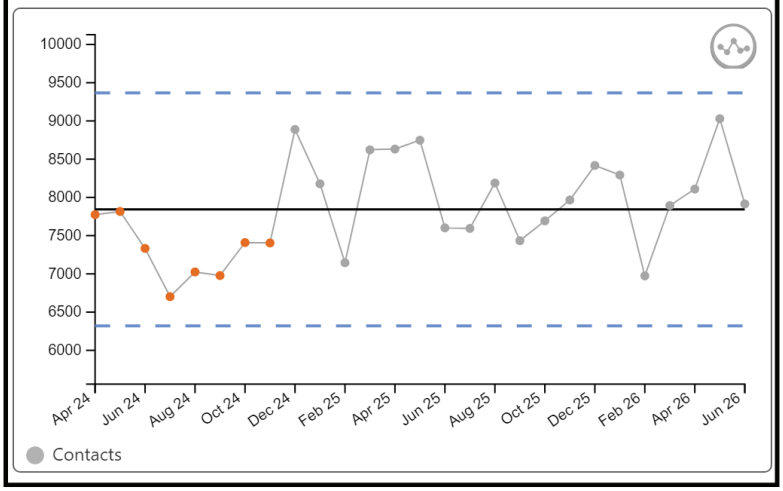
- Accepted referrals to Rapid Response: The number of accepted referrals currently shows no significant monthly change, with wide process limits indicating that performance is expected to vary between 300-480 accepted referrals per month. Q1 26/27 performance was relatively consistent at around 370 accepted referrals per month, while Q2 has shown greater variability between 300-400 per month. The total accepted referrals for Q2 was 2,177, which is around 350 fewer than the IMTP trajectory of 2,534.

- GP referrals to Rapid Response for 65+: The proportion of GP referrals made to Rapid Response for over 65s also shows no significant monthly change. Again, there are wide process limits, indicating that the proportion referred is expected to vary between 5%-11%. April performance met the Q1 IMTP trajectory of 8.5% but has been steadily reducing since, reaching a low of 6.1% in August and recovering slightly to 7% in September and 7.8% in October. As part of the UEC transformation programme (older people workstream), one of the outcomes of the Navigation Hub/Single Point of Access will be to reduce barriers for GPs to access Rapid Response Services.

Place Based Care

Measure: Maintain the number of Urgent Primary Care contacts (inc. virtual)
Performance: 25,054 (June 2026)
Trajectory: 25,437 (Q1 26/27)
National target: None

Better Care



Insights and Actions

- Urgent Primary Care (UPC): UPC contacts currently show no significant change month-on-month and exhibit a wide expected range of 6,300-9,400 contacts per month. Q1 performance finished on 25,054 contacts, around 400 contacts below the IMTP trajectory of 25,437.

NB: A data system issue is currently preventing post-June data reporting

Section 2.1: Timely Access to Care – Urgent & Emergency Care Performance Summary

Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory	Variance	Assurance
Urgent and Emergency Care	Ensure no ambulance patient handover waits over 45 minutes [All location types, GUH & eLGHs]	91 Mar-27	595 Oct-26 (Oct-26 Trajectory: 281)		F
	Ensure no ambulance patient handover waits over 45 minutes [GUH ED only]	80 Mar-27	472 Oct-26 (Oct-26 Trajectory: 248)		F
	Reduce the number of ambulance crew hours lost [All location types, GUH & eLGHs]	960 Mar-27	1,217 Oct-26 (Oct-26 Trajectory: 1,289)		F
	Reduce the number of ambulance crew hours lost [GUH ED only]	768 Mar-27	1,065 Oct-26 (Oct-26 Trajectory: 1,031)		F
	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	799 Mar-27	1,492 Oct-26 (Oct-26 Trajectory: 893)		F
	% of patients who spend less than 12 hours in all Major and Minor Emergency Care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95% Mar-27	90.9% Oct-26 (Oct-26 Trajectory: 94.5%)		F
	Reduction in time from arrival to ED triage - no waits over 60 minutes	200 Mar-27	538 Oct-26 (Oct-26 Trajectory: 200)		?
	Median time from arrival at an Emergency Department to assessment by a clinical decision maker should not exceed 60 minutes and maintained for three months.	60 Mar-27	172 Oct-26 (Oct-26 Trajectory: 80)		F
	Increase and maintain national target of the percentage of patients waiting <4-hours in ED/MIU	77% Mar-27	67.2% Oct-26 (Oct-26 Trajectory: 76%)		?

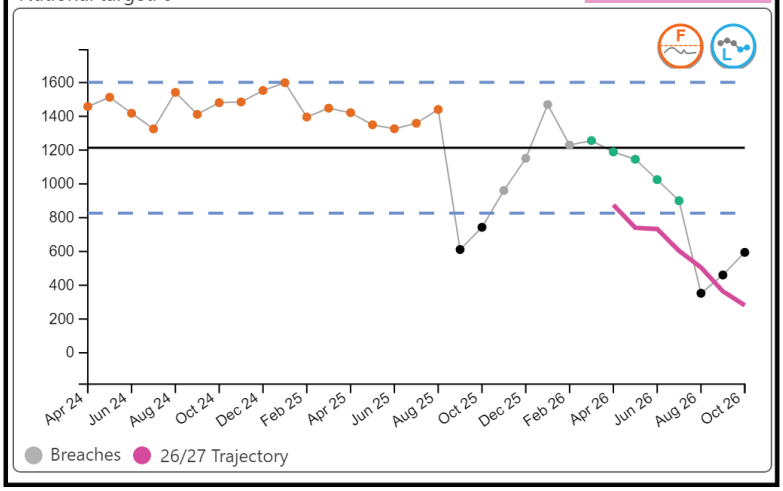
Section 2.1: Timely Access to Care – Urgent & Emergency Care Performance Summary

Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory	Variance	Assurance
Urgent and Emergency Care	Improve the percentage of pre noon Provider Spell discharges	17.1% Mar-27	16.7% Oct-26 (Oct-26 Trajectory: 16.7%)		
	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	120 Mar-27	163 Oct-26 (Oct-26 Trajectory: 130)		
	Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard	3,840 Mar-27	5,455 Oct-26 (Oct-26 Trajectory: 4,160)		
	Percentage of suspected stroke patients scanned within 20 minutes of clock start	35% Mar-27	27.4% Sep-26 (Sep-26 Trajectory: 28%)		
	% of patients directly admitted to an Acute Stroke Ward <4-hrs of clock start	23% Mar-27	39.6% Sep-26 (Sep-26 Trajectory: 21%)		
	% of unique Stroke patients given Thrombectomy (all stroke types)	6% Mar-27	12.9% Sep-26 (Sep-26 Trajectory: 5%)		
	% Assessed by OT within 24hrs	32.5% Mar-27	38.6% Sep-26 (Sep-26 Trajectory: 27.5%)		
	% Assessed by PT within 24hrs	30% Mar-27	35.7% Sep-26 (Sep-26 Trajectory: 25%)		
	% Assessed by SaLT within 72hrs	72% Mar-27	75.9% Sep-26 (Sep-26 Trajectory: 68%)		

Urgent & Emergency Care System

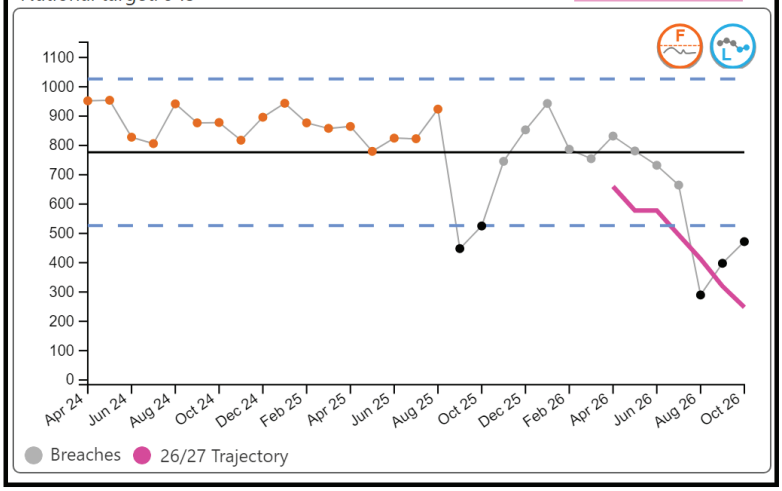
Measure: Ensure no ambulance patient handover waits over 45 minutes [All location types, GUH & eLGHs]
Performance: 595 (October 2026)
Trajectory: 281 (October 2026)
National target: 0

Ministerial Delivery
Targeted Intervention
Better Care



Measure: Ensure no ambulance patient handover waits over 45 minutes [GUH ED only]
Performance: 472 (October 2026)
Trajectory: 248 (October 2026)
National target: 943

Ministerial Delivery
Better Care



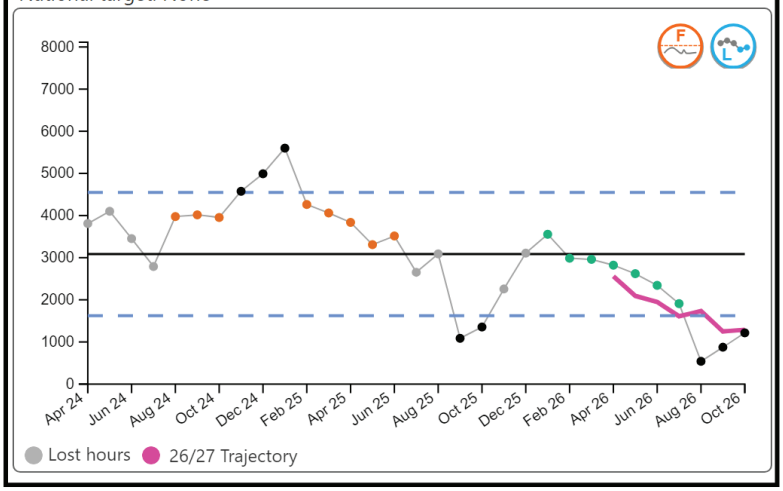
Insights and Actions

- Ambulance handovers over 45 minutes: October provided a significant test of the Rapid Release Protocol (RRP), with system pressures escalating throughout the month and culminating in the declaration of a Critical Incident on 20th October. This followed four consecutive days of ambulance handover volumes in the upper quartile for the month, elevated ED attendances, and discharge levels in the preceding week comparable to those typically seen during a Bank Holiday period. Despite these sustained pressures, handover performance improved markedly following the declaration as the system focused on de-escalation. At GUH ED, there were 352 handover breaches up to 19 October and 120 during the remaining 12 days, totalling 472. While performance remained below Annual Plan trajectories, the pace of recovery was notable both in the context of historical performance and previous periods of extreme operational pressure, demonstrating the effectiveness of the system response and the continued focus of operational teams on delivering the RRP. Handover compliance at GUH Assessment Units decreased in October but remained only marginally below the Health Board trajectory at 83.4%, while performance across the eLGHs continued to exceed 90%. Despite the operational challenges experienced during the month, October's total of 595 handover breaches across all locations means that the Targeted Intervention de-escalation criterion of fewer than 651 handover breaches, sustained for three consecutive months, has now been achieved. The separate pathway-of-care delay count was 163.

Urgent & Emergency Care System

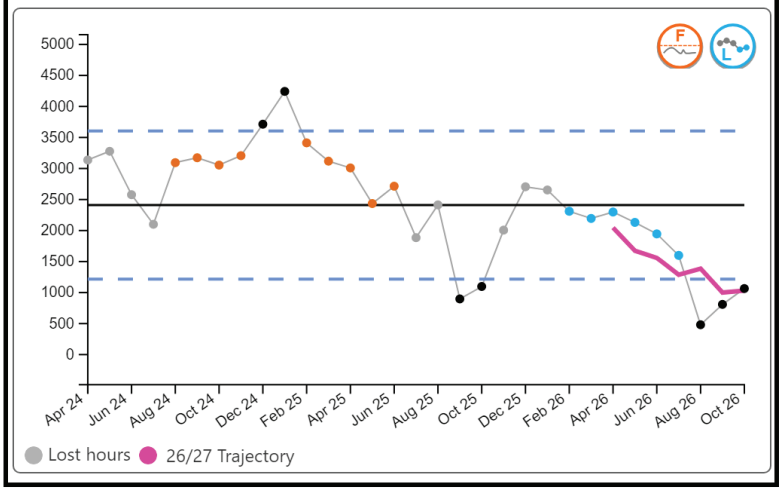
Measure: Reduce the number of ambulance crew hours lost [All location types, GUH & eLGHs]
Performance: 1,217 (October 2026)
Trajectory: 1,289 (October 2026)
National target: None

Better Care



Measure: Reduce the number of ambulance crew hours lost [GUH ED only]
Performance: 1,065 (October 2026)
Trajectory: 1,031 (October 2026)
National target: None

Better Care



Insights and Actions

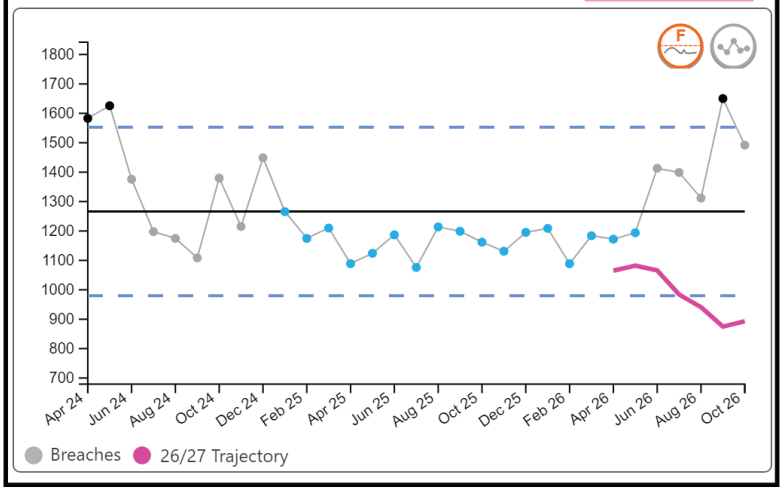
- Ambulance lost hours: Crew hours lost at GUH ED increased as system pressures intensified, reaching 136 hours on 19 October, the highest level recorded since early July. However, performance improved rapidly thereafter, with reductions in lost hours closely aligned to de-escalation actions taken across the system. In October, crew hours lost across all locations totalled 1,217 against the Annual Plan trajectory of 1,289. GUH ED recorded 1,065 against 1,031, remaining above trajectory despite historical improvement. Crew hours lost at other locations increased from 58 in September to 152 in October. This non-GUH subtotal is not directly comparable with the all-location trajectory. Collectively, these indicators demonstrate both the resilience of the system under sustained pressure and its ability to recover quickly through coordinated operational action.

Section 2.1: Timely Access to Care – Urgent & Emergency Care

Urgent & Emergency Care System

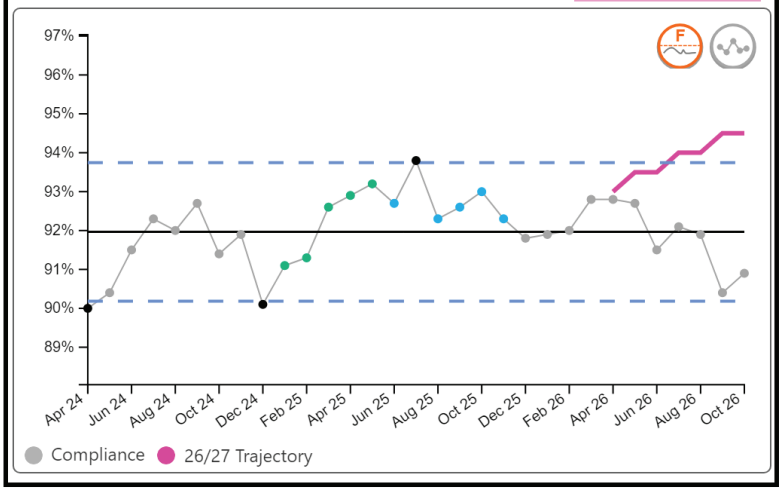
Measure: Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, building towards the national target of zero
Performance: 1,492 (October 2026)
Trajectory: 893 (October 2026)
National target: 0

Ministerial Delivery
Better Care



Measure: % of patients who spend less than 12 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge
Performance: 90.9% (October 2026)
Trajectory: 94.5% (October 2026)
National target: 93.0%

Targeted Intervention
Better Care



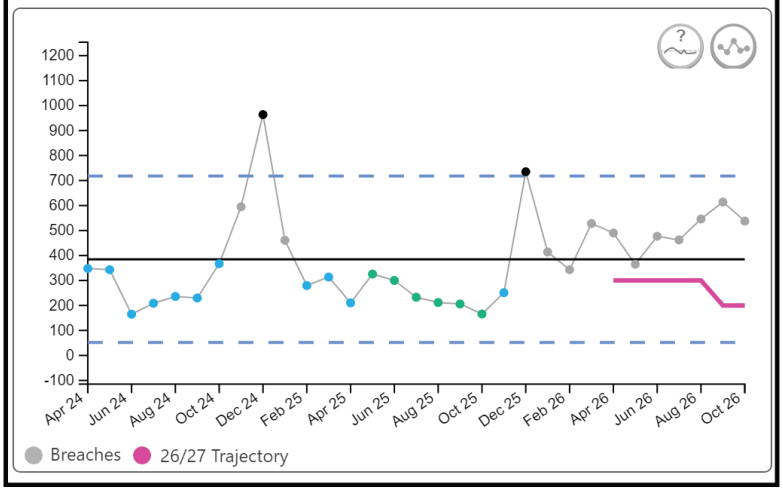
Insights and Actions

- 12hr EDMIU: Although the number of patients spending more than 12 hours in ED reduced from the September peak, they remain above the long term average. Breach volumes continued to demonstrate a clear relationship with preceding demand levels, with periods of exceptional attendance activity followed by increases in prolonged waits. The most notable example occurred between 18th and 20th October, when attendances rose from 303 on Sunday to 334 on Monday, the highest daily total recorded year-to-date, contributing to 85 and 73 breaches on the subsequent days and preceding the declaration of a Critical Incident on 20th October. Following the implementation of de-escalation measures, performance improved significantly from 23rd October onwards and was sustained through to month end. Despite a modest reduction in total October attendances at GUH ED to 6,218, compared with approximately 6,350 in each of the previous three months, overall demand remained historically high, with all but the final week of the month operating at the upper end of observed activity levels. Paediatric ED attendances remained within the higher end of the expected range, while MIU demand continued to track anticipated seasonal trends and forecast annual growth. Overall, the month's performance reinforces the strong correlation between sustained high demand and patient flow pressures, whilst also demonstrating the system's improved ability to recover following periods of acute operational challenge.

Urgent & Emergency Care System

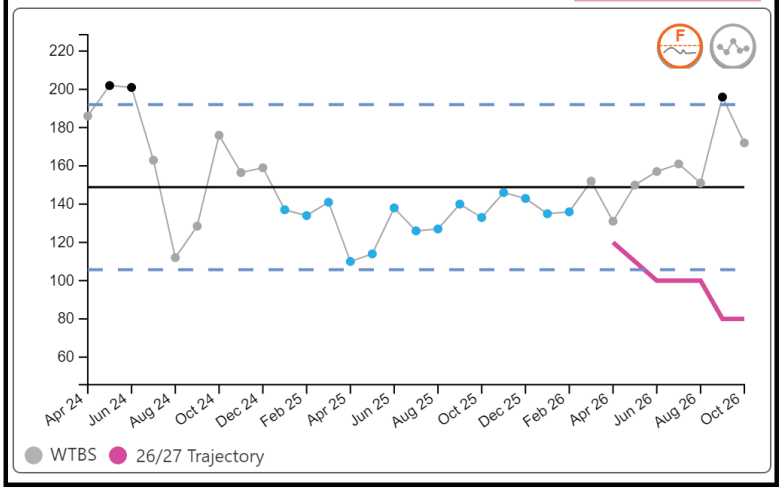
Measure: Reduction in time from arrival to ED triage - no waits over 60 minutes
Performance: 538 (October 2026)
Trajectory: 200 (October 2026)
National target: None

Better Care



Measure: Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes and maintained for three months.
Performance: 172 (October 2026)
Trajectory: 80 (October 2026)
National target: 60

Targeted Intervention
Better Care



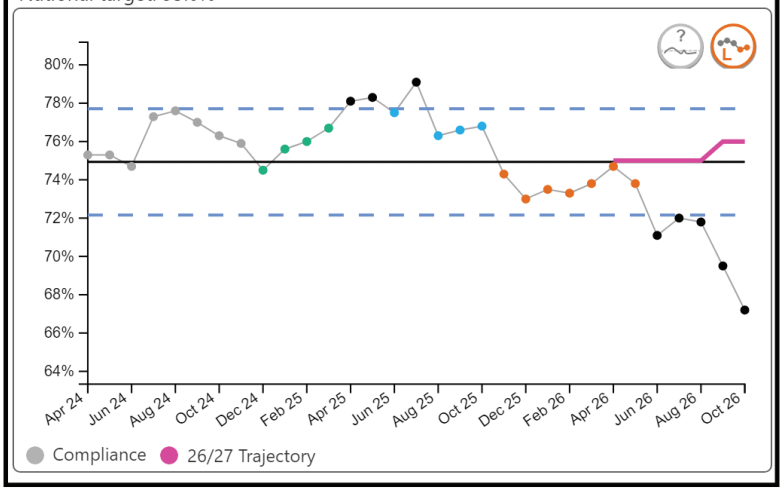
Insights and Actions

- Triage: The number of patients waiting more than 60 minutes for triage fell in October but remained elevated compared to historical norms. The median daily total was 11 breaches, although several days recorded more than 50. While some of these peaks coincided with days of exceptionally high demand, exceeding 300 attendances, the relationship was not absolute. Operational factors such as patient acuity and the impact of batched arrivals also played a significant role in performance. Assessment Care Group breaches remained the highest at 270 and were consistent with recent months, while Majors and Paediatric breaches reduced slightly compared to September, although Paediatric performance remained above historical levels.
- Wait to be seen (WTBS): There was a modest improvement in median wait to be seen (WTBS) during October, with performance remaining challenged for much of the month before improving notably from 28 October onwards. A pod-based working model pilot was introduced in late October, through two dedicated clinical pods, building on established arrangements in Paediatrics, Resus and SRATs. The expected benefits include earlier senior decision-making, faster investigations and treatment, improved patient flow and Wait to Be Seen performance, reduced non-value-added time, and enhanced support for resident clinicians. Progress, impact and evaluation will be reported through the UEC Programme Board.

Urgent & Emergency Care System

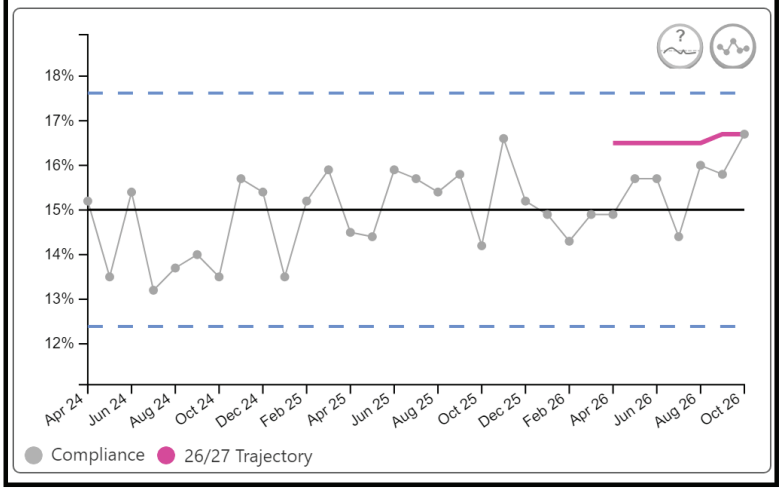
Measure: Increase and maintain national target of the percentage of patients waiting <4 hours in ED/MIU
Performance: 67.2% (October 2026)
Trajectory: 76.0% (October 2026)
National target: 95.0%

Better Care



Measure: Improve the percentage of pre noon Provider Spell discharges
Performance: 16.7% (October 2026)
Trajectory: 16.7% (October 2026)
National target: 33.0%

Better Care



Insights and Actions

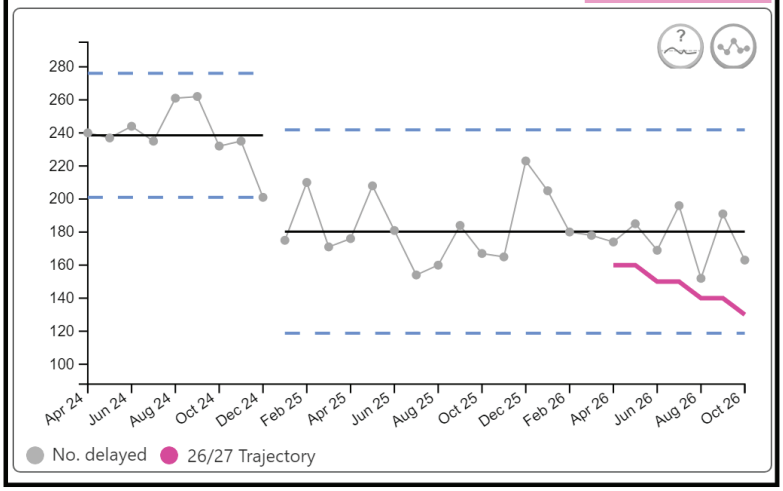
- 4hr EDMIU: Whole-system four-hour performance was 67.2% in October. Implementation of WECDS changed the treatment of Clinical Exceptions (CEs) in performance reporting, reducing reported compliance and limiting direct comparison with earlier periods. The use of CEs had already been declining over the preceding 18 months, accounting for 7% to 9% of GUH attendances between June and September, compared with more than 20% prior to April 2025. Against this backdrop, GUH 4 hour compliance reduced from 40.1% in September to 36.5% in October. Performance at NHH and YAB remained close to 100%, while YYF and RGH continued to perform consistently within the 91% to 95% range.
- Pre noon discharge performance: Pre noon discharge performance improved to 16.7% in October, the highest value since the opening of GUH and the system change this represented. RGH consolidated the improved performance in September (15.1%, up from 10.8% in August) to record 16% in October. All other sites were at the higher end of their typical ranges. Improvement in this measure will remain a key focus through the Multi Agency Discharge Event (MADE) during the first two weeks of November, with system-wide actions aimed at sustaining flow, reducing delays and supporting further performance improvement.

Section 2.1: Timely Access to Care – Urgent & Emergency Care

Urgent & Emergency Care System

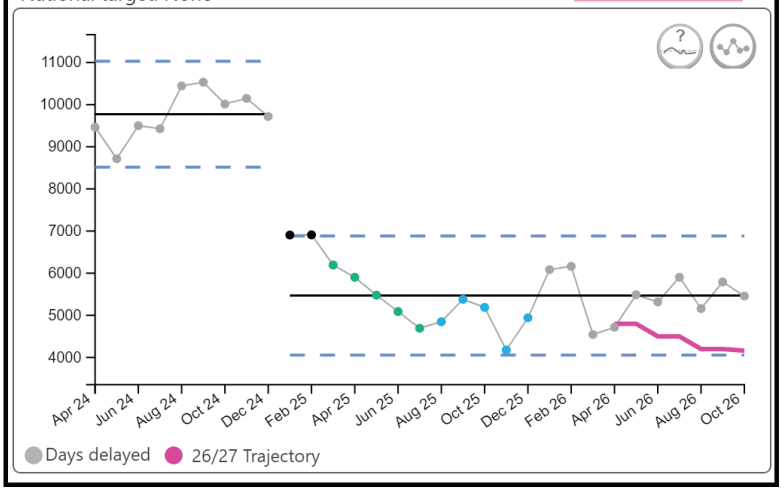
Measure: Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard
Performance: 163 (October 2026)
Trajectory: 130 (October 2026)
National target: None

Ministerial Delivery
Targeted Intervention
Better Care



Measure: Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard
Performance: 5,455 (October 2026)
Trajectory: 4,160 (October 2026)
National target: None

Ministerial Delivery
Better Care



Insights and Actions

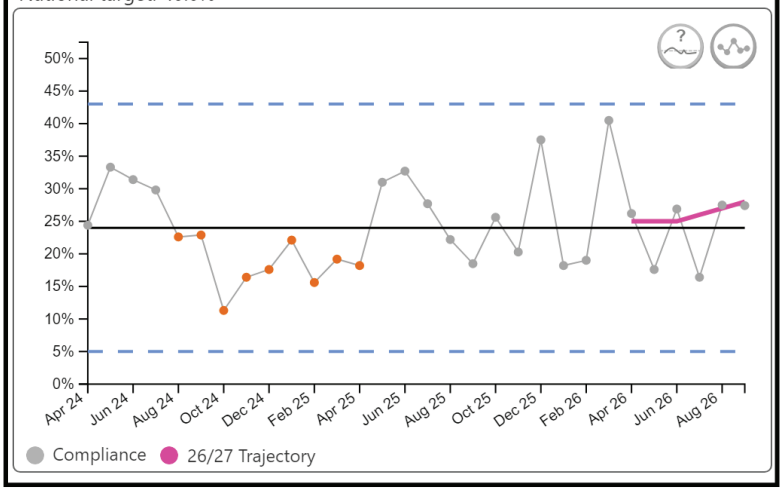
- Pathway of Care Delays (POCDs): The number of POCDs has been maintained around the mean of 180 from February 26, sustaining improvement from the 2025/26 high in December. The August position was a substantial reduction on July (-44, -22.4%) and the lowest position in the held dataset, following the Multi-Agency Discharge Event at the end of July. The September position increased above the mean but has reduced again in October to 163 (-28, -14.7%) with decreases in delays across Joint (-14), Health (-9) and Social Care (-5). POCDs by days delayed has shown more variability but has demonstrated close to mean (5,470) performance for the past 6 months. The October position has decreased to just below the mean at 5,455 days (-337, -5.8%). POCDs by volume have decreased by a greater proportion than days delayed in October, leading to an increase in the average days delayed, up to 33 days from 30 days in September. October remained above the IMTP trajectories: 163 people delayed versus 130, and 5,455 days delayed versus 4,160. Divisional reviews of POCD performance and borough action plans are being progressed with Local Authority partners, with particular focus on reluctant discharges and housing delays. Newport has had some of the highest numbers of POCDs in Gwent in recent months and a new six-month Discharge Hub pilot at RGH will seek to reduce delays by bringing post-discharge support, care coordination and further assessment into a single integrated team. A further Multi-Agency Discharge Event is also planned for the start of November.

NB: The POCD and Days delayed charts have been split from Jan-25, reflecting the sustained improvement born out of partnership working in the 50-day challenge.

Urgent & Emergency Care System

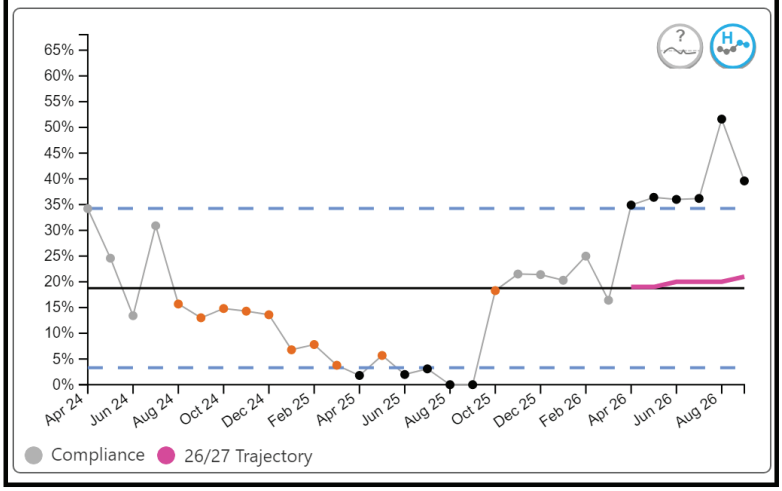
Measure: Percentage of suspected stroke patients scanned within 20 minutes of clock start
Performance: 27.4% (September 2026)
Trajectory: 28.0% (September 2026)
National target: 40.0%

Better Care



Measure: % of patients directly admitted to an acute stroke ward <4hrs of clock start
Performance: 39.6% (September 2026)
Trajectory: 21.0% (September 2026)
National target: 50.0%

Better Care



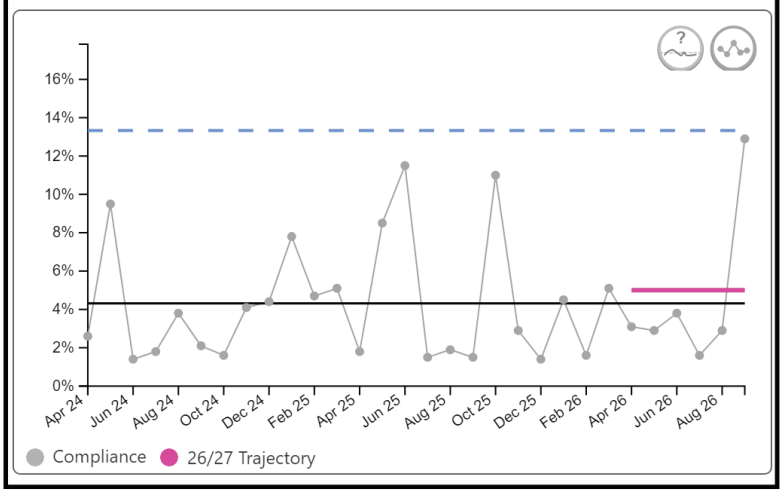
Insights and Actions

- Stroke time to scan: The percentage of patients scanned within 20 minutes of clock start has been included within the 26/27 NHS Wales Performance Framework and has been adopted by the Health Board as a core performance measure within the Annual Plan for 26/27. Year to date performance has fluctuated, however August & September achieved near identical performance, with September performance at 27.4% against the planned trajectory of 28%. A review of the CT scanning pathway and adoption of perfusion scanning is underway.
- Stroke 4 hour target: Year to date 4-hour performance remains much improved and consistent, in excess of 35% and materially above trajectory. August saw a further increase to 51.6%, resultant from better flow through the first floor. September performance was anticipated as somewhat of a litmus test, given the deterioration seen in ED wait metrics. The decrease to 39.6% is therefore expected to a degree, but remains greatly improved in the historical context. A pathway improvement workshop was held in July, identifying several opportunities to enhance performance, including reducing portering delays across the patient pathway, establishing clearer exit routes for stroke mimic patients to improve flow.

Urgent & Emergency Care System

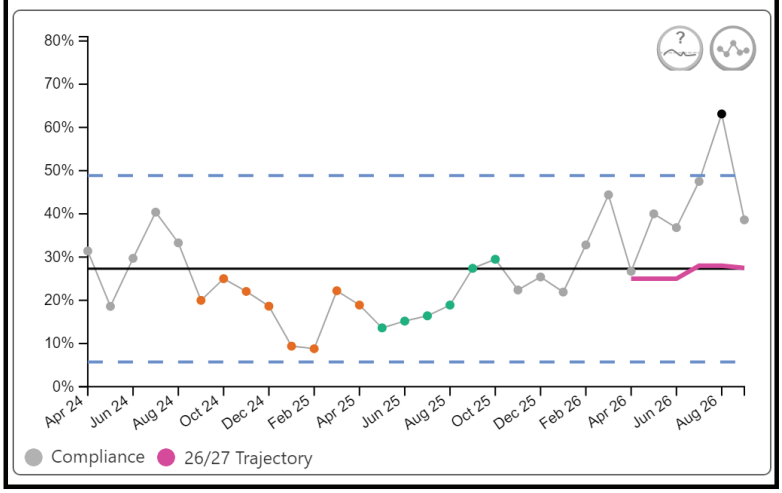
Measure: % of unique stroke patients given thrombectomy (all stroke types)
Performance: 12.9% (September 2026)
Trajectory: 5.0% (September 2026)
National target: 10.0%

Better Care



Measure: % Assessed by OT within 24hrs
Performance: 38.6% (September 2026)
Trajectory: 27.5% (September 2026)
National target: None

Better Care



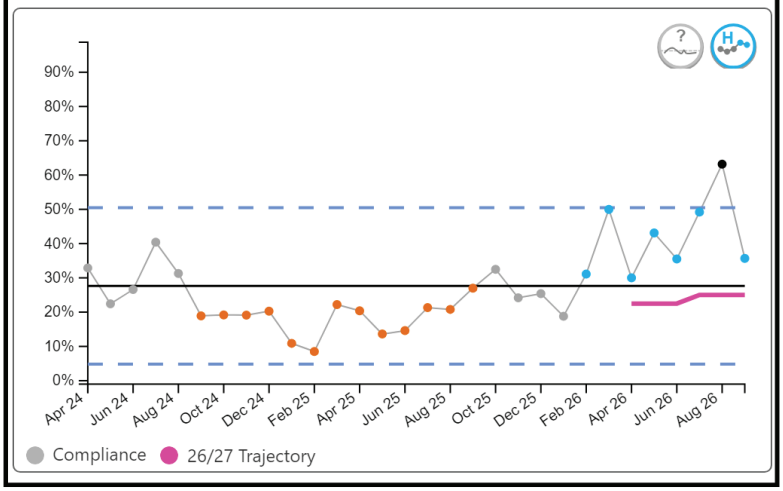
Insights and Actions

- Stroke thrombectomy: Thrombectomy rates improved to 12.9% in September. Occupational therapy assessments within 24 hours were 38.6%, above the September trajectory of 27.5%. Thrombectomy commissioning and data capture has been discussed between ABUHB and NHS P&I. NHS P&I continue to liaise with the JCC around commissioning approach and particularly hours of service provided from Southmead (NBT), an extension to which could assist in improving rates. The internal Stroke improvement plan linked to improving thrombolysis rates is underway and will have linked benefit to thrombectomy where applicable, with shared learning from other Health Boards who have introduced and significantly improved thrombolysis rates. A new Stroke Pathway Oversight Group has been established to provide strategic oversight of pathway performance, patient outcomes, and service improvement initiatives.

Urgent & Emergency Care System

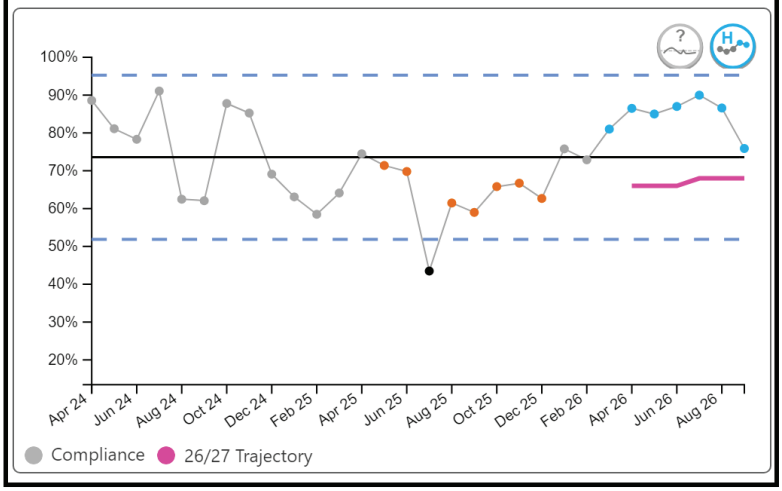
Measure: % Assessed by PT within 24hrs
Performance: 35.7% (September 2026)
Trajectory: 25.0% (September 2026)
National target: None

Better Care



Measure: % Assessed by SaLT within 72hrs
Performance: 75.9% (September 2026)
Trajectory: 68.0% (September 2026)
National target: None

Better Care



Insights and Actions

- Stroke therapies: Despite decreases in the latest month across Occupational (previous page) and Physiotherapy assessments within 24 hours, they continue to demonstrate an overall improvement trajectory. Speech & Language within 72 hours also continues to deliver elevated levels of compliance, again despite a decrease in the latest month. Work is underway with clinical teams to optimise Early Supported Discharge (ESD) pathways, including the development of direct discharge models from GUH and via YYF, alongside exploration of a dedicated Therapist model within GUH. Further opportunities include optimising length of stay within the dedicated Inpatient Rehabilitation Unit at YYF and reducing reliance on boarding within rehabilitation beds to improve patient flow and maximise rehabilitation capacity.

Section 2.1: Timely Access to Care – Cancer, Planned Care & Diagnostics Performance Summary

Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory	Variance	Assurance
Cancer, Planned Care & Diagnostics	12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	75% Mar-27	65.4% Aug-26 (Aug-26 Trajectory: 73.1%)		F
	% of urgent suspected cancer patients diagnosed within 28-days from point of suspicion	75% Mar-27	70.7% Aug-26 (Aug-26 Trajectory: 72.5%)		?
	Reduction in backlog of patients waiting over 62-days (SCP)	170 Mar-27	294 Aug-26 (Aug-26 Trajectory: 320)		?
	Reduction in backlog of patients waiting over 104-days (SCP)	50 Mar-27	94 Aug-26 (Aug-26 Trajectory: 95)		?
	Numbers of patients waiting over 104-weeks (all stages)	0 Mar-27	310 Sep-26 (Sep-26 Trajectory: 402)		?
	Reduction in the number of patients waiting more than 8-weeks for a specific diagnostic	0 Mar-27	1,389 Sep-26 (Sep-26 Trajectory: 1,375)		?
	Number of patients waiting over 52-weeks for Outpatients	3,012 Mar-27	1,503 Sep-26 (Sep-26 Trajectory: 3,021)	H	P
	Number of patients waiting over 26-weeks for Outpatients	18,306 Mar-27	16,253 Sep-26 (Sep-26 Trajectory: 15,398)	H	P
	Reduction in referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally	6,600 Mar-27	6,897 Sep-26 (Sep-26 Trajectory: 6,700)		?

Section 2.1: Timely Access to Care – Cancer, Planned Care & Diagnostics Performance Summary

Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory	Variance	Assurance
Cancer, Planned Care & Diagnostics	Monitoring of DNA rates Outpatient clinics	5% Mar-27	5.8% Sep-26 (Sep-26 Trajectory: 5%)		F
	Reduction in the number of patients waiting 100% past Outpatient follow-up target date	23,606 Mar-27	33,742 Sep-26 (Sep-26 Trajectory: 27,542)	H	F
	Increase in the rate of See On Symptom and Patient Initiated Follow-ups	15% Mar-27	12.5% Sep-26 (Sep-26 Trajectory: 14%)		?
	Number of adults waiting more than 14-weeks for all Audiology pathways	7,385 Mar-27	5,934 Sep-26 (Sep-26 Trajectory: 6,432)	H	P
	Number of children waiting more than 6-weeks for all Audiology pathways	1,762 Mar-27	1,432 Sep-26 (Sep-26 Trajectory: 1,428)	H	?
	No patient waiting more than 14-weeks for a Therapeutic assessment	830 Mar-27	813 Sep-26 (Sep-26 Trajectory: 540)	H	P

Section 2.1: Timely Access to Care – Cancer, Planned Care & Diagnostics Performance Summary

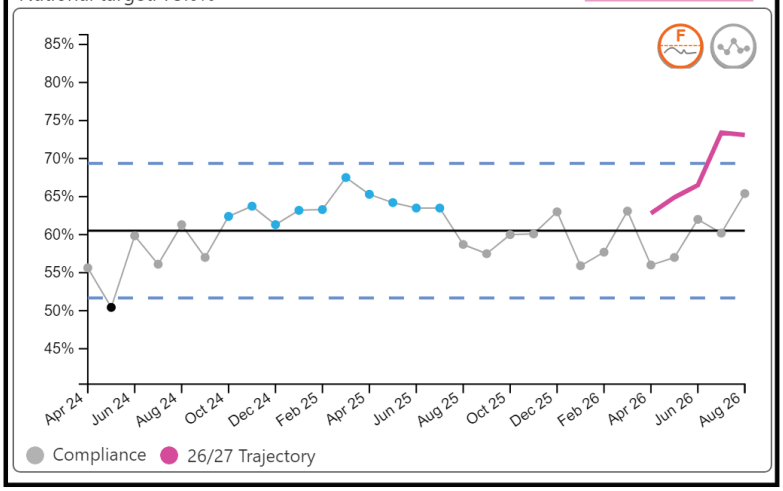
Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory	Variance	Assurance
Cancer, Planned Care & Diagnostics	Theatre Utilisation: late starts to less than 20%	25% Mar-27	40.4% Sep-26 (Sep-26 Trajectory: 32%)		F
	Theatre Utilisation: early finishes to less than 10%	15% Mar-27	27.1% Sep-26 (Sep-26 Trajectory: 20%)		F
	Theatre Utilisation: session utilisation to 85%	85% Mar-27	80.6% Sep-26 (Sep-26 Trajectory: 85%)		?
	Deliver improvements in day surgery rates, measured through BADS day case rates	80% Mar-27	76.0% Jun-26 (Jun-26 Trajectory: 78%)		?

Section 2.1: Timely Access to Care – Cancer, Planned Care & Diagnostics

Cancer

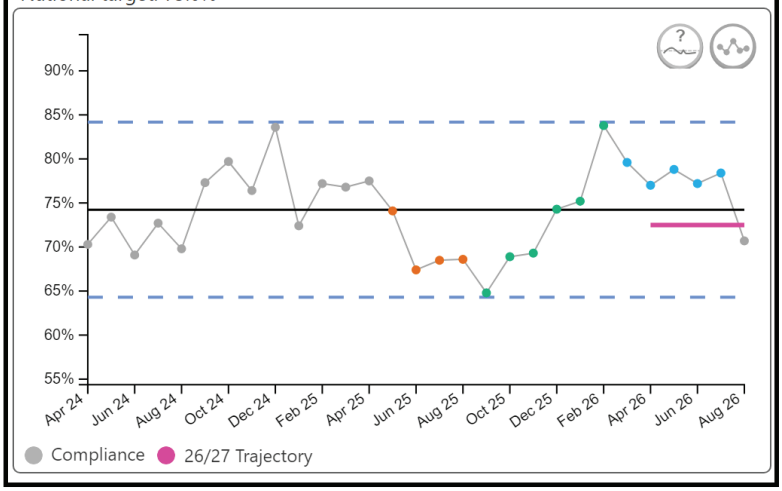
Measure: 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion
Performance: 65.4% (August 2026)
Trajectory: 73.1% (August 2026)
National target: 75.0%

Ministerial Delivery
Better Care



Measure: % of urgent suspected cancer patients diagnosed within 28 days from point of suspicion
Performance: 70.7% (August 2026)
Trajectory: 72.5% (August 2026)
National target: 75.0%

Better Care



Insights and Actions

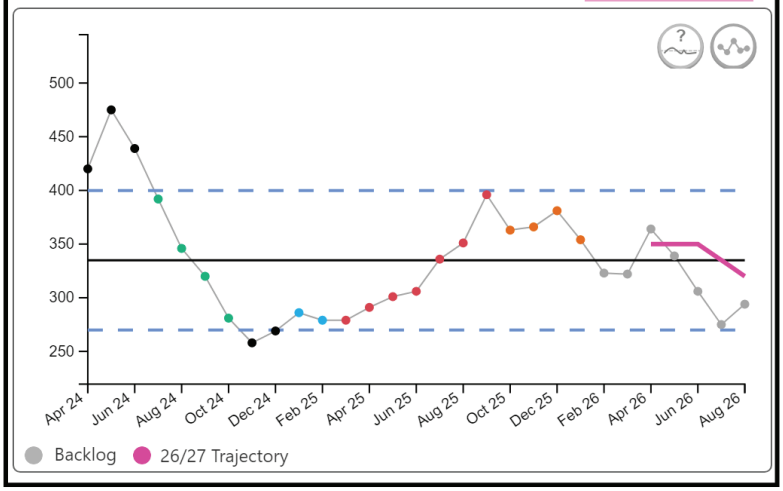
- SCP compliance: Performance has shown a notable improvement in August with compliance at 65.4% (+5.2%). The IMTP plan for August was 353 treatments, of which 95 would be breaches and 258 SCP achieved. Total treatments were as planned, but the volume of breaches was above plan (+27) leading to compliance not meeting the August IMTP trajectory of 73.1%. The majority of tumour sites showed below trajectory compliance for August, with only Head & Neck performing above trajectory, and Skin and Upper GI just under trajectory. Of note, LGI has maintained its improvement in compliance from 16% in May, up to 41%-49% from June to August. Following NHS P&I funding, the Health Board is establishing a Cancer Command Centre: a new delivery approach designed to provide a real-time operational view of cancer pathways, enabling proactive management and earlier escalation of issues. The proof-of-concept project will initially focus on prostate, bladder and colorectal services.
- 28 day diagnosis compliance: Performance has dropped to 70.7% in August, following consistent above-mean performance of around 78% from March 26. August performance is now below the IMTP trajectory of 72.5% and the national target of 75%. Notable reductions were seen in Haem (83.3%, -16.7%) and Skin (50%, -18.9%), which generally follows a seasonal trend with a reduction over the summer months and increased compliance into winter.

Section 2.1: Timely Access to Care – Cancer, Planned Care & Diagnostics

Cancer

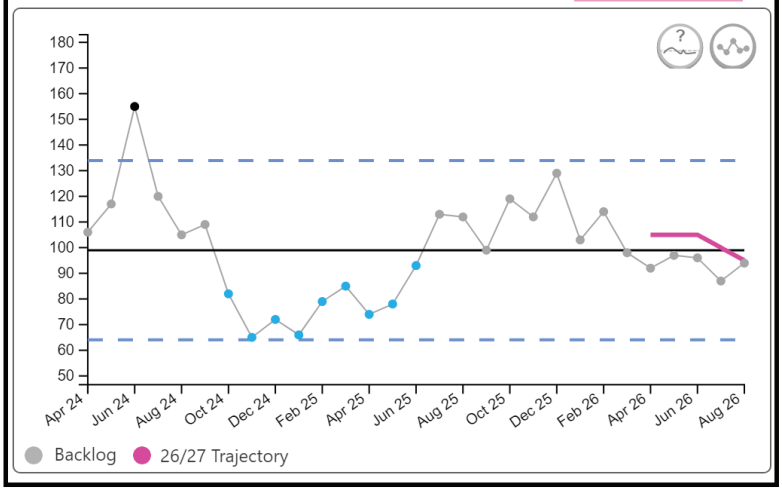
Measure: Reduction in backlog of patients waiting over 62 days (SCP)
Performance: 294 (August 2026)
Trajectory: 320 (August 2026)
National target: None

Ministerial Delivery
Better Care



Measure: Reduction in backlog of patients waiting over 104 days (SCP)
Performance: 94 (August 2026)
Trajectory: 95 (August 2026)
National target: None

Ministerial Delivery
Better Care



Insights and Actions

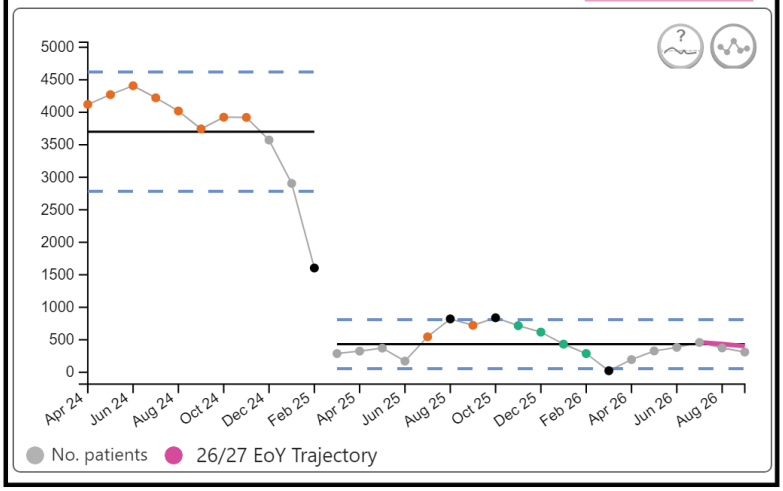
- 62-day backlog: The 62-day backlog showed a prolonged period of deterioration from February 25 until September 25, increasing by around 100 patients. This has been steadily reducing since, reaching a low of 275 in July 26. August performance has risen slightly to 294 but remains below mean and has surpassed IMTP trajectory of 320. The commitment for the 62-day backlog is to be 10% of the SCP Census, aspiring to 5% of the SCP Census. The SCP Census has mirrored the 62 day backlog trend, increasing through 25/26 reaching a high of ~3,900 in July 25, followed by a sustained reduction, maintained at around 2,800 since May 26, dropping slightly to 2,700 in August. The August backlog of 294 represents 10.9% of the total PTL. There remains a continued focus to reduce the backlog in the three tumour sites the make up over 65% of the entire 62 day backlog (Lower GI, Upper GI and Urology).

- 104-day backlog: The 104-day backlog has shown a steady decline since December 25, reducing by around 40 patients, and remaining consistently below-mean (99) for the last 6 months. August performance is 94 patients, which is just below the IMTP trajectory of 95. The commitment for the 104-day backlog is to be no more than 3% of the SCP Census, which hasn't been met in August with 3.5% of the SCP Census waiting over 104 days.

Planned Care & Diagnostics

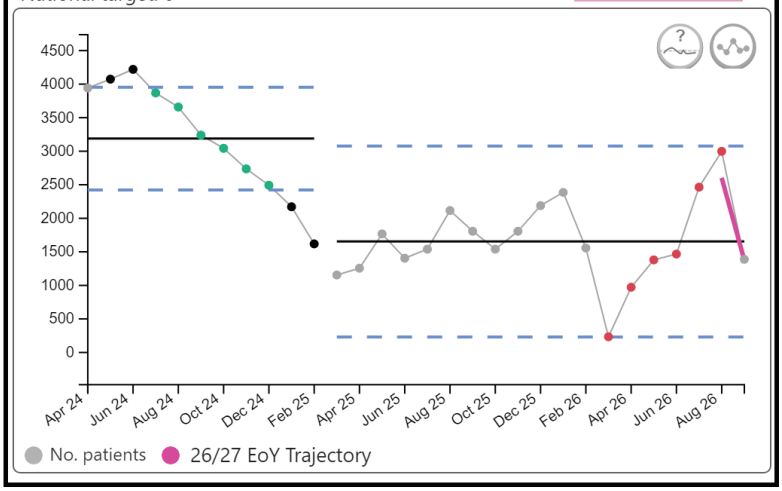
Measure: Numbers of patients waiting over 104 weeks (all stages)
Performance: 310 (September 2026)
Trajectory: 402 (September 2026)
National target: 0

Ministerial Delivery
Better Care



Measure: Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic
Performance: 1,389 (September 2026)
Trajectory: 1,375 (September 2026)
National target: 0

Ministerial Delivery
Better Care



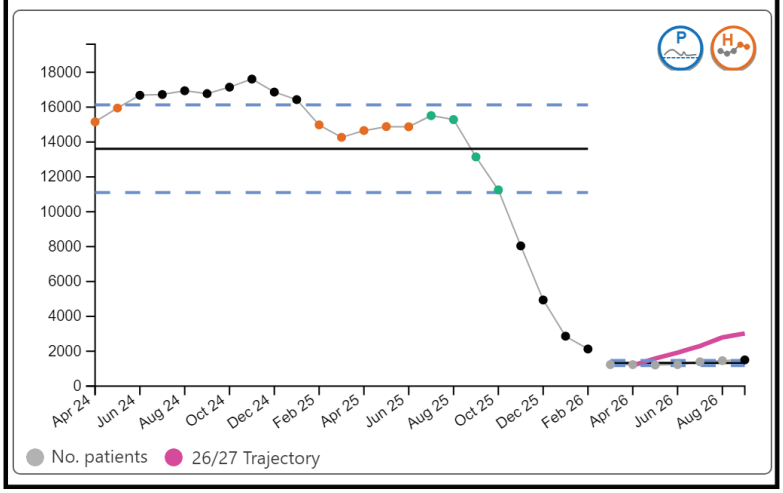
Insights and Actions

- 104 weeks RTT: The National Planned Care Recovery programme is now underway, with the Health Board receiving a level of non-recurrent funding with the goal of eliminating patients waiting more than 104 weeks for treatment by the end of 26/27. In September, 310 patients were waiting more than 104 weeks. Initial progress reflects improved treat-in-turn rates alongside core delivery and additional treatments (WLI & Backfill). Weekly assurance meetings are in place with NHS P&I to monitor progress. Delivery against the planned trajectory comes with some risk, due to the Health Board receiving proportional funding against that which was included in the proposal.
- Diagnostics: Like with 104wk waits, 8wk Diagnostics also formed a central part of the Planned Care Recovery bid. The level of additional activity undertaken in September is apparent, with patients waiting more than 8 weeks reducing by over 1,500 to 1,389, 14 above the September trajectory. Again, the aim is to deliver a zero position by the end of 26/27 and monitoring progress against plans is subject to weekly review.

Planned Care & Diagnostics

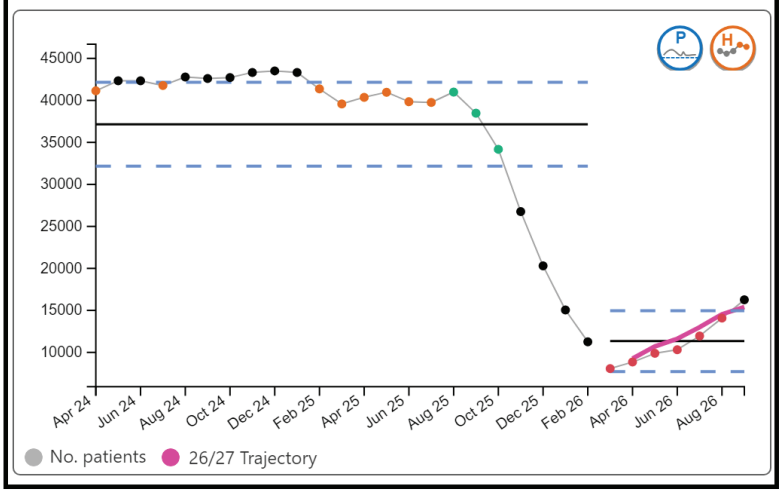
Measure: Number of patients waiting over 52 weeks for Outpatients
Performance: 1,503 (September 2026)
Trajectory: 3,021 (September 2026)
National target: 0

Better Care



Measure: Number of patients waiting over 26 weeks for Outpatients
Performance: 16,253 (September 2026)
Trajectory: 15,398 (September 2026)
National target: 0

Better Care



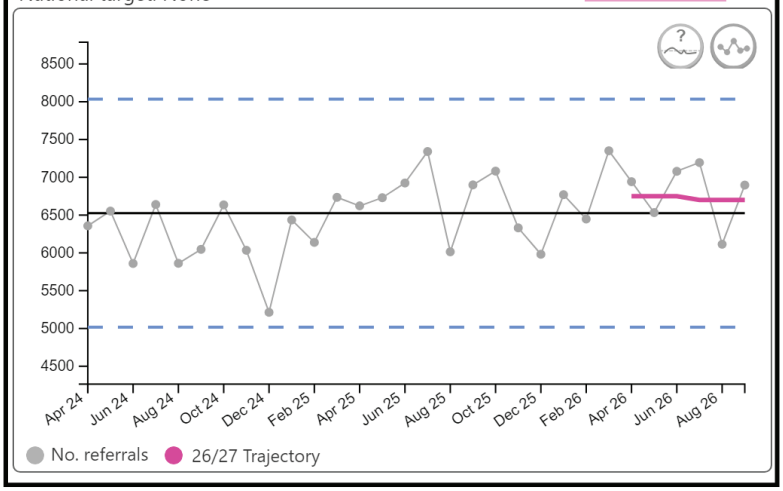
Insights and Actions

- 26 & 52 week new Outpatient: The number of patients waiting more than 52 weeks for an outpatient appointment remains largely stable through the course of the year to date and exceeds expectations. The majority of waits sit within Orthopaedics, Ophthalmology, Endocrinology and Maxillo-Facial. As of September there are a much lower numbers within General Surgery and Urology. With some assumptions having been outmoded, a reassessment is planned to cover the second half of the year. In September, 16,253 patients were waiting more than 26 weeks, 855 above trajectory, with breach volumes rising by over 2,000 for the second consecutive month. The vast majority of these were within the larger Surgical specialties.

Planned Care & Diagnostics

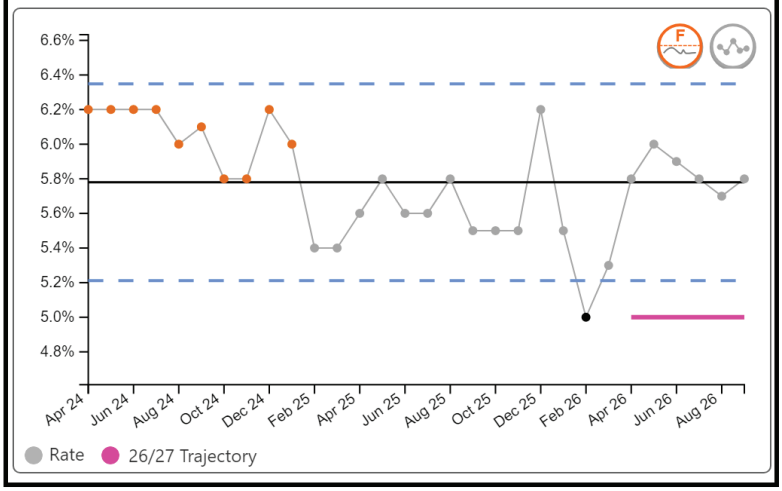
Measure: Reduction in referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally
Performance: 6,897 (September 2026)
Trajectory: 6,700 (September 2026)
National target: None

Enabling Action
Better Care



Measure: Monitoring of DNA rates Outpatient clinics
Performance: 5.8% (September 2026)
Trajectory: 5.0% (September 2026)
National target: 5.0%

Better Care



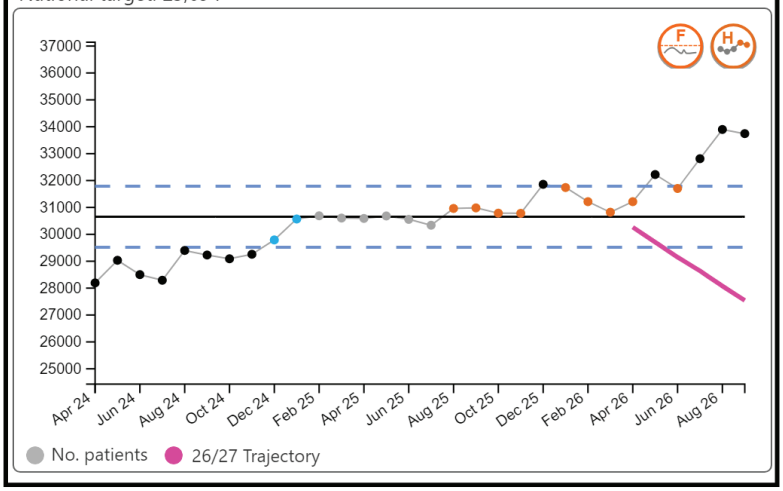
Insights and Actions

- Referral rates: A new Enabling Action for 26/27 is a reduction in Primary Care Planned Care referral rates. This rate has been on a sustained, upwards trajectory since 21/22. In September, the referral rate increased to marginally above trajectory after the August decrease. Similar August decreases occurred in the preceding two years. Separately, the RTT waiting list totalled 115,039 in August (+~14,000 from the end of 25/26 low), representing a growth rate not seen since 2020. There are several actions which seek to aid in demand management, including Health Pathways, Interface GPs and E-Advice. Work is underway to develop an intelligence-led referral optimisation programme, using linked Primary and Secondary Care data to identify unwarranted variation in referral patterns and support more effective clinical decision-making. The project will combine enhanced analytics, implementation of national requirements, greater use of Health Pathways and Advice & Guidance services, and targeted education and engagement to improve referral quality, reduce variation, and ensure patients access the most appropriate care pathway.
- DNA/CNA rates: Current rate is in line with mean performance. The monthly DNA report and Hospital Initiated Cancellation directorate report recommenced in August. Diab and Endo directorate are working with DDAT on use of AI predictor model to allow identification of patients most likely to DNA and support an intervention e.g. nurse or admin phone call (currently used in Endoscopy).

Planned Care & Diagnostics

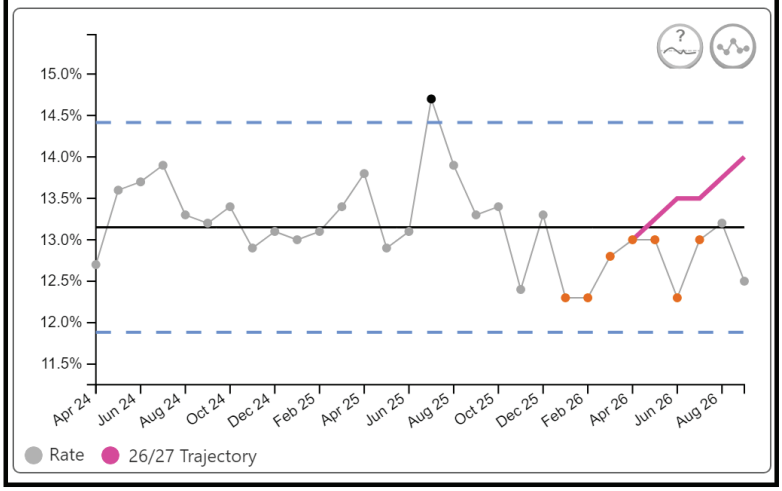
Measure: Reduction in the number of patients waiting 100% past Outpatient follow-up target date
Performance: 33,742 (September 2026)
Trajectory: 27,542 (September 2026)
National target: 23,694

Better Care



Measure: Increase in the rate of See On Symptom and Patient Initiated Follow-ups
Performance: 12.5% (September 2026)
Trajectory: 14.0% (September 2026)
National target: None

Better Care



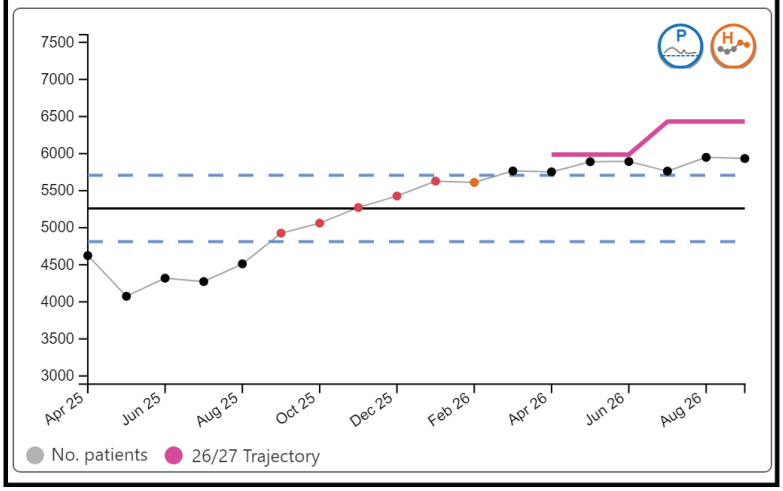
Insights and Actions

- Delayed follow-ups totalled 33,742 in September, 6,200 above trajectory. The Health Board has committed to reducing this list by 25%. Separately, SOS/PIFU performance was 12.5%, 1.5 percentage points below trajectory. A validation programme is underway to reduce delayed follow-ups and improve pathway management. A request has been submitted to link the confirmed cancer flag to follow-up waiting lists, enabling better prioritisation and visibility of cancer patient pathways. Using Planned Care Recovery funding, a task and finish group has developed a phased validation plan. The initial focus is on patients waiting over 104 weeks at treatment stage, where validation is currently removing around 5% of patients from the list. Work on other 104-week cohorts is continuing through core teams. The next priorities are those patients seen through the 26wk insourcing programme from 25/26, which is expected to improve both RTT and follow-up performance, followed by delayed follow-ups and 998/999 pathways. Validation of delayed follow-ups will include clinical review to ensure patients are transferred to more appropriate pathways, such as SOS, PIFU, discharge, or other alternatives, in line with national guidance and local protocols.

Planned Care & Diagnostics

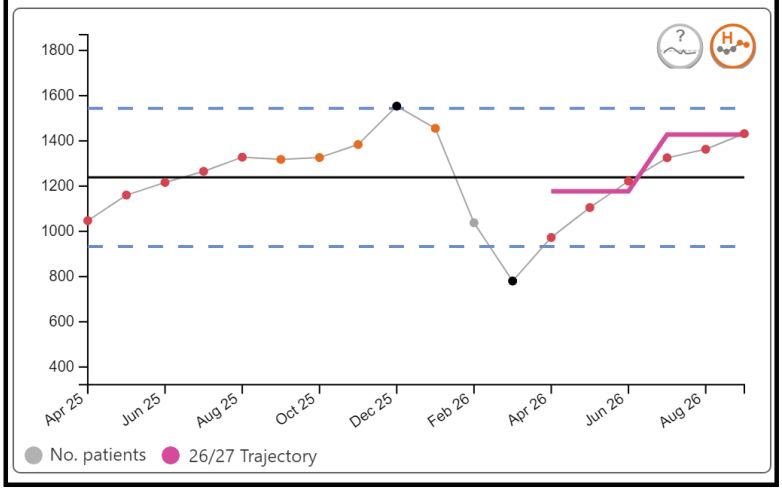
Measure: Number of adults waiting more than 14 weeks for all audiology pathways
Performance: 5,934 (September 2026)
Trajectory: 6,432 (September 2026)
National target: 0

Better Care



Measure: Number of children waiting more than 6 weeks for all audiology pathways
Performance: 1,432 (September 2026)
Trajectory: 1,428 (September 2026)
National target: 0

Better Care



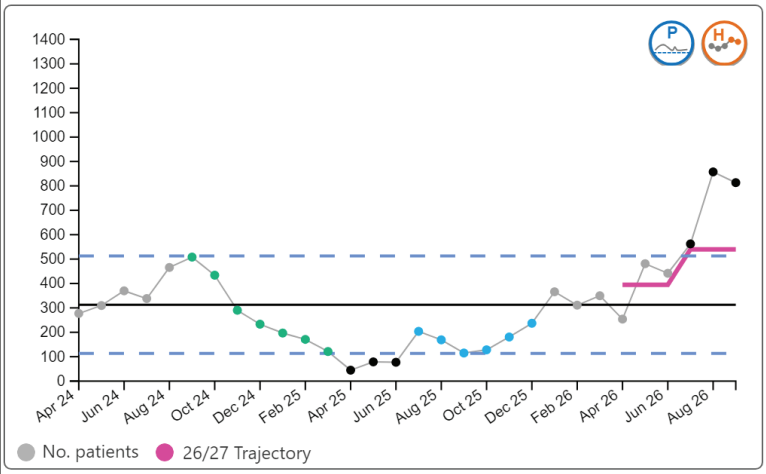
Insights and Actions

- Audiology: Adult pathway breaches were 5,934 in September, below the trajectory of 6,432. The national OP insourcing programme has placed additional demand on the Service as a result of the activity undertaken within ENT, which has front loaded the rate of demand to the Adult Hearing New (AHN) and diagnostic pathways. For Paediatric pathways, additional, end of year funding enabled a significant reduction in waiting list breaches. The cessation of this has seen paediatric breaches climb again through the first six months of the year, reaching 1,432 in September against a trajectory of 1,428. Additional funding to reduce waits across both Adult and Paediatric pathways was included in the Planned Care Recovery Plan, and has been funded through the 'Sustainability' funding stream. This will enable the service to reduce the number of patients (both adults and paediatrics) waiting beyond the standard, however the funding is non-recurrent and thus will not continue beyond the end of this financial year.

Planned Care & Diagnostics

Measure: No patient waiting more than 14 weeks for a therapeutic assessment
Performance: 813 (September 2026)
Trajectory: 540 (September 2026)
National target: 0

Better Care



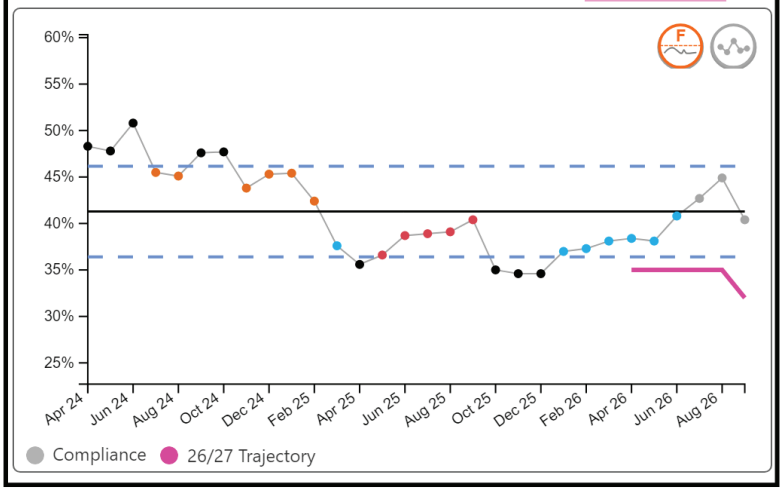
Insights and Actions

- Therapies: Therapies performance remains mixed across services. Dietetics continues to perform better than plan despite a small increase in breaches, with year-to-date performance significantly ahead of trajectory, although capacity pressures persist in paediatrics and gastroenterology. Occupational Therapy maintained zero breaches despite substantial workforce absence, supported by strong performance in advice-at-first-contact and ongoing work to manage increasing demand from direct parental access. Physiotherapy remains the main area of concern, with 683 of the total 813 therapy breaches, driven by rising referral volumes, workforce vacancies, sickness absence and capacity diverted to support RTT recovery, particularly within MSK, Neuro and Urology services. Podiatry maintained full compliance with no breaches, while Speech and Language Therapy reduced both waiting lists and breaches during September, although children's services continue to face workforce-related capacity constraints. Overall, while several services are maintaining or improving performance, sustained demand growth and workforce pressures continue to present risks, particularly for Physiotherapy and specific specialist therapy pathways.

Planned Care & Diagnostics

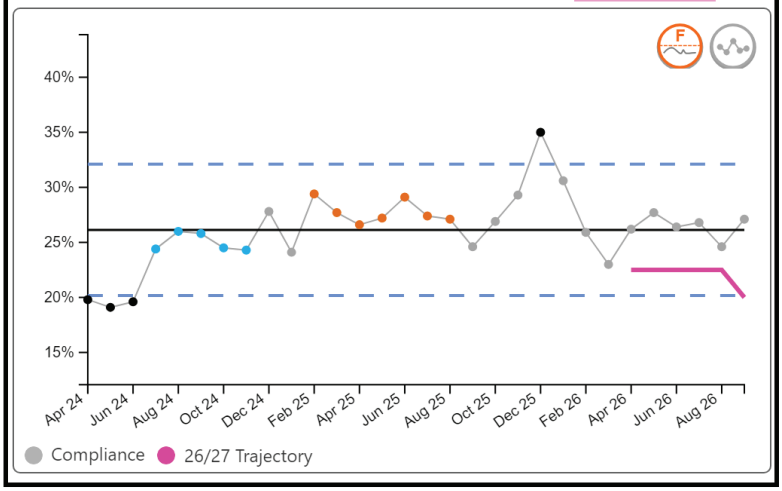
Measure: Theatre Utilisation: late starts to less than 20%
Performance: 40.4% (September 2026)
Trajectory: 32.0% (September 2026)
National target: 20.0%

Enabling Action
Better Care



Measure: Theatre Utilisation: early finishes to less than 10%
Performance: 27.1% (September 2026)
Trajectory: 20.0% (September 2026)
National target: 10.0%

Enabling Action
Better Care



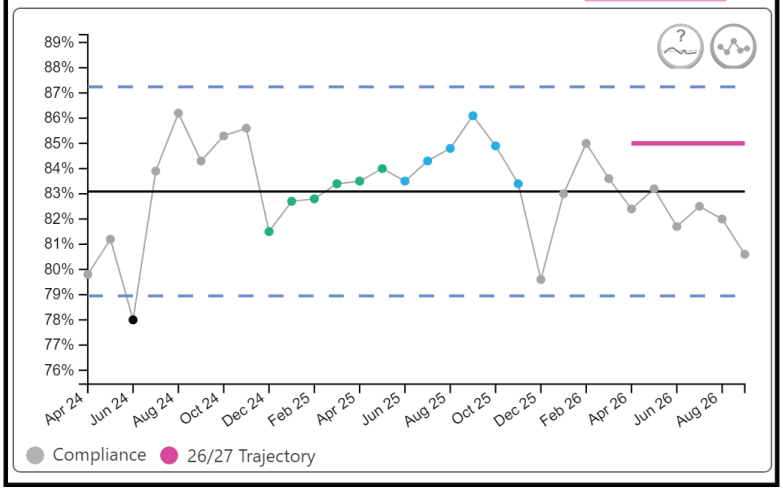
Insights and Actions

- In September, late starts were 40.4% against a trajectory of 32%, while early finishes were 27.1% against 20%. Late starts improved below the chart mean, but both measures remained above trajectory.
- The Theatres Optimisation Programme (TOP) was refreshed in May, reinforcing Theatre Services as a key Health Board priority. The programme adopts a whole-system approach to improve theatre productivity and performance through workstreams focused on workforce, theatre efficiency, right procedure/right place, and surgical hub accreditation. A key objective is the development of a simplified, consistent set of KPIs and performance measures to support decision-making and track improvement. In October, the Theatres Utilisation Group (TUG) will be reformed to drive operational improvements, initially focusing on short-notice cancellations, late starts, procedures per list, early finishes, utilisation and BADS day-case rates, with additional productivity metrics currently under development. Key actions over the coming period include preparations for the Surgical Hub Accreditation visit at YYF in October, progressing estate works at NHH to enable the pacing room to be converted into a treatment room from November, and identifying suitable procedures that can be relocated into the new space.

Planned Care & Diagnostics

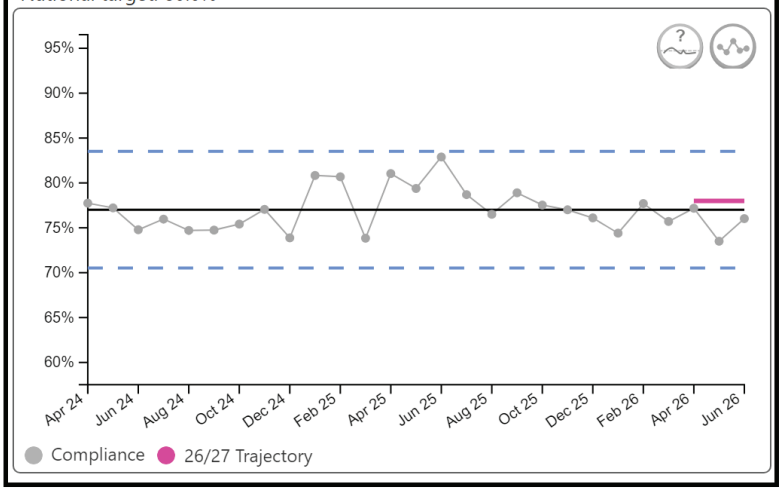
Measure: Theatre Utilisation: session utilisation to 85%
Performance: 80.6% (September 2026)
Trajectory: 85.0% (September 2026)
National target: 85.0%

Enabling Action
Better Care



Measure: Deliver improvements in day surgery rates, measured through BADS day case rates
Performance: 76.0% (June 2026)
Trajectory: 78.0% (June 2026)
National target: 80.0%

Better Care



Insights and Actions

- Session utilisation: September session utilisation was 80.6% against the national standard of 85%. Effective utilisation will be a key focus of the Theatres Optimisation Programme Group, as well as the reformed Theatres Utilisation Group (TUG). As the name suggests this metric will be central to TUG, drilling down at Theatre level to understand variation and the reasons for late starts/early finishes/lower utilisation.

- British Association of Day Surgery (BADS) rates: The June BADS rate was 76%, below the 78% trajectory and 80% national standard. Through the annual planning process for 26/27, the treatment demand and capacity plans indicate that Day Case treatments are set to increase by 7.7% (set in the context of an overall treatment increase of 2.7%). In the Plan the Health Board has committed to attaining the 80% standard by the end of the year. Validated day case rates are subject to lag, so the June result is separate from the September theatre measures.

Section 2.1: Mental Health Access Performance Summary

Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory	Variance	Assurance
Mental Health Access	Maintain Adults Part 1a to national target (assessment completed within 28-days)	80% Mar-27	95.7% Sep-26 (Sep-26 Trajectory: 80%)		?
	Maintain Adults Part 1b to national target (interventions completed within 28-days)	80% Mar-27	94.8% Sep-26 (Sep-26 Trajectory: 80%)		P
	Maintain Adults Part 2 rates (number of individuals with a valid care and treatment plan)	90% Mar-27	86.2% Sep-26 (Sep-26 Trajectory: 90%)		?
	Maintain rate of psychological therapy received within 26-weeks	62% Mar-27	53.8% Sep-26 (Sep-26 Trajectory: 58%)		F
	Implement actions to deliver a material reduction in the number of out-of-area placements in 2026/27, and associated costs.	0 Mar-27	0 Sep-26 (Q2 Trajectory: 0)		?
	Maintain 80% compliance of SCAMHS Choice Assessments within 28-days from referral	80% Mar-27	93.7% Sep-26 (Sep-26 Trajectory: 80%)		P
	Maintain CAMHS Part 1a national target compliance (assessment completed within 28-days)	80% Mar-27	94.8% Sep-26 (Sep-26 Trajectory: 80%)		P
	Maintain CAMHS Part 1b national target compliance (intervention completed within 28-days)	80% Mar-27	96.9% Sep-26 (Sep-26 Trajectory: 80%)		?
	Maintain CAMHS Part 2 national target compliance	90% Mar-27	90.4% Sep-26 (Sep-26 Trajectory: 90%)		?

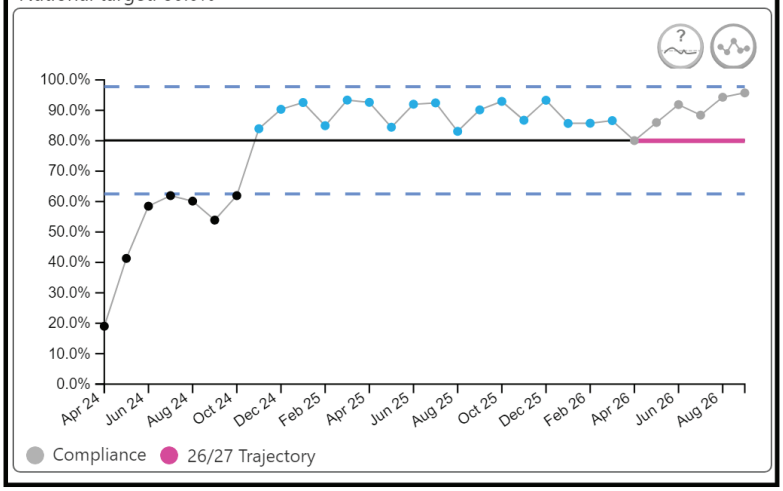
Section 2.1: Mental Health Access Performance Summary

Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory	Variance	Assurance
Mental Health Access	Improvement in Neurodevelopment waiting times compliance	**80%** Mar-27	**43.8%** Sep-26 (Sep-26 Trajectory: 53%)		

Mental Health

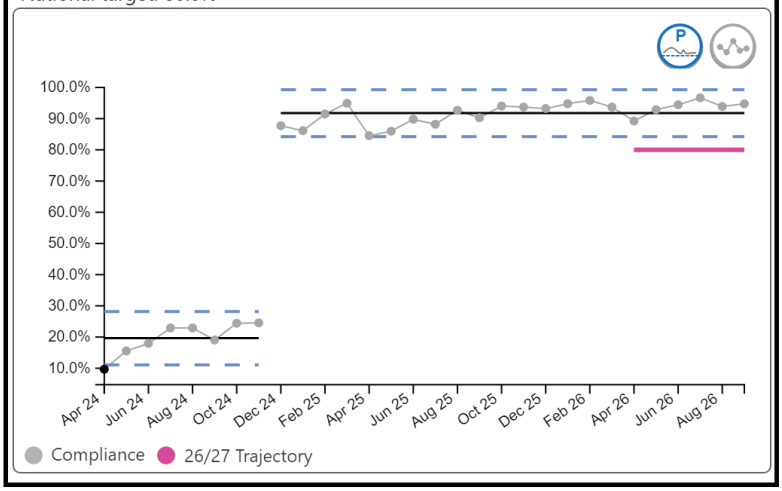
Measure: Maintain Adults Part 1a to national target (assessment completed within 28 days)
Performance: 95.7% (September 2026)
Trajectory: 80.0% (September 2026)
National target: 80.0%

Better Care



Measure: Maintain Adults Part 1b to national target (interventions completed within 28 days)
Performance: 94.8% (September 2026)
Trajectory: 80.0% (September 2026)
National target: 80.0%

Better Care



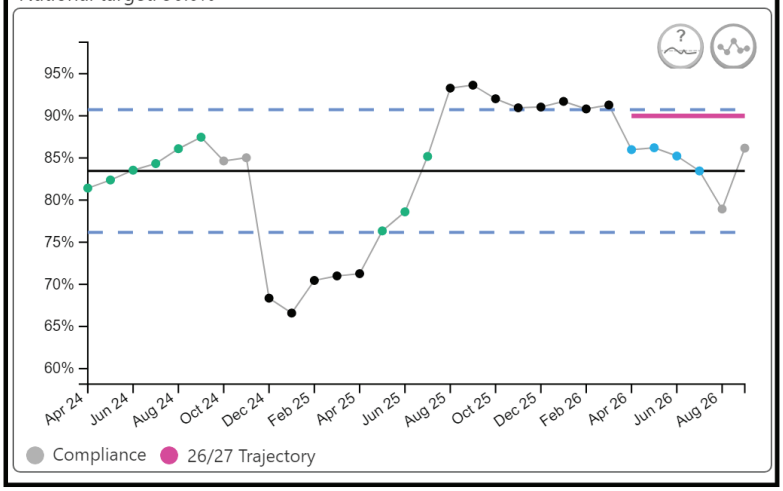
Insights and Actions

- Adults 1a & 1b: Delivery remains strong against these measures, with the Service balancing both demand and capacity to ensure continued compliance with the national standard through the entirety of 2025/26 and into 2026/27. The SPC chart for Part 1b has had a process break inserted from December 2024 to reflect the change in performance since this time, following the extensive data cleansing work and service improvements that were delivered.

Mental Health

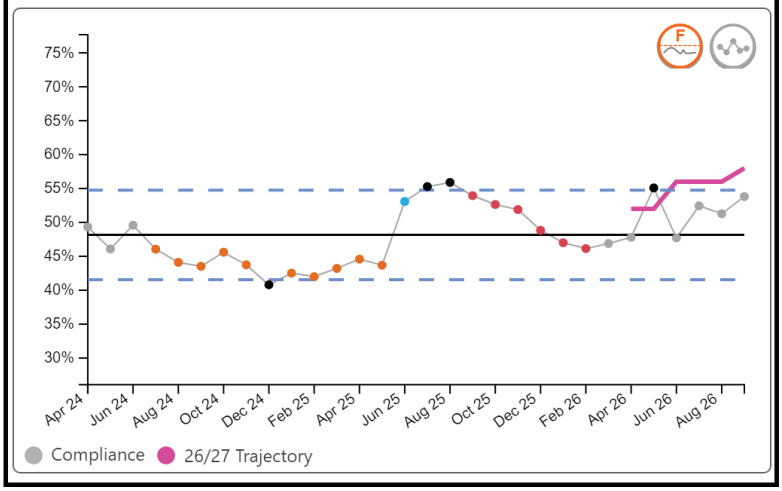
Measure: Maintain Adults Part 2 rates (number of individuals with a valid care and treatment plan)
Performance: 86.2% (September 2026)
Trajectory: 90.0% (September 2026)
National target: 90.0%

Better Care



Measure: Maintain rate of psychological therapy received within 26 weeks
Performance: 53.8% (September 2026)
Trajectory: 58.0% (September 2026)
National target: 80.0%

Better Care



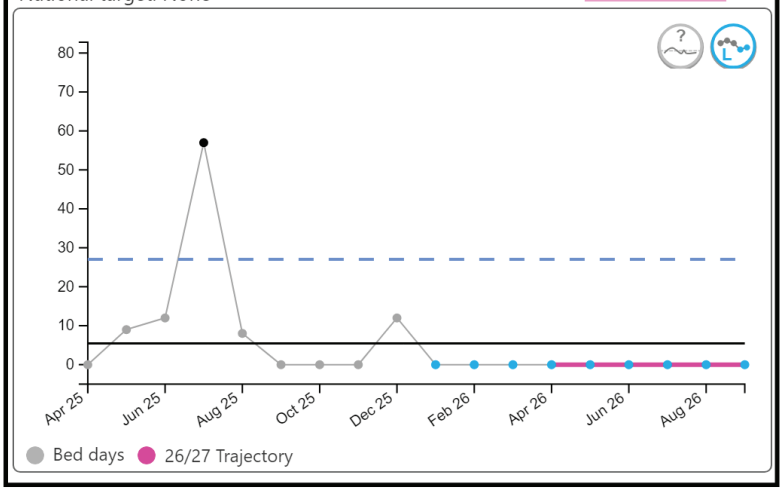
Insights and Actions

- Adults Part 2: Part 2 performance decreased below the mean in August. The Division commenced targeted work to improve compliance. September performance was 86.2%, 3.8 % below the 90% target.
- Psychological Therapies: September performance was 53.8%, 4.2 % below the Annual Plan trajectory of 58%. The Divisional recovery plan for 26/27 aims to improve performance to 62% by year end. Aneurin Bevan UHB continues to focus on improving psychological therapies performance through ongoing work to enhance access, reduce waiting times and strengthen the delivery of timely, effective interventions. This includes improving pathways, making best use of available capacity, and supporting services to ensure patients receive the right care at the right time. While challenges remain, sustained improvement efforts are helping to optimise patient experience and outcomes across psychological therapies services.

Mental Health

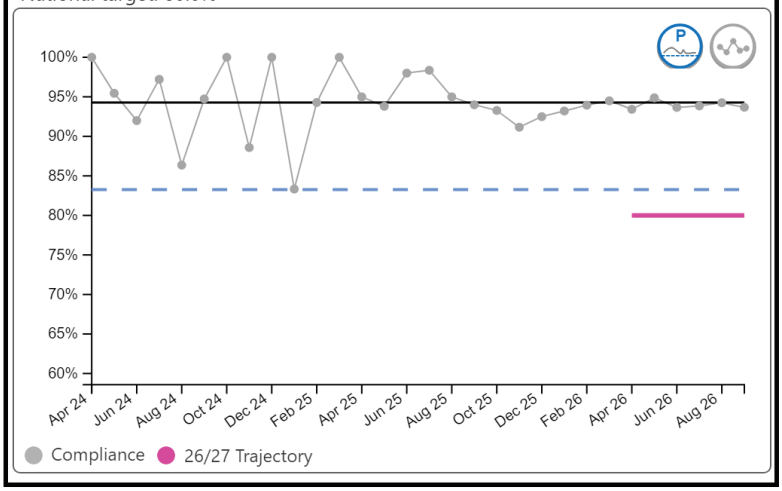
Measure: Implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs.
Performance: 0 (September 2026)
Trajectory: 0 (Q2 26/27)
National target: None

Enabling Action
Better Care



Measure: Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral
Performance: 93.7% (September 2026)
Trajectory: 80.0% (September 2026)
National target: 80.0%

Better Care



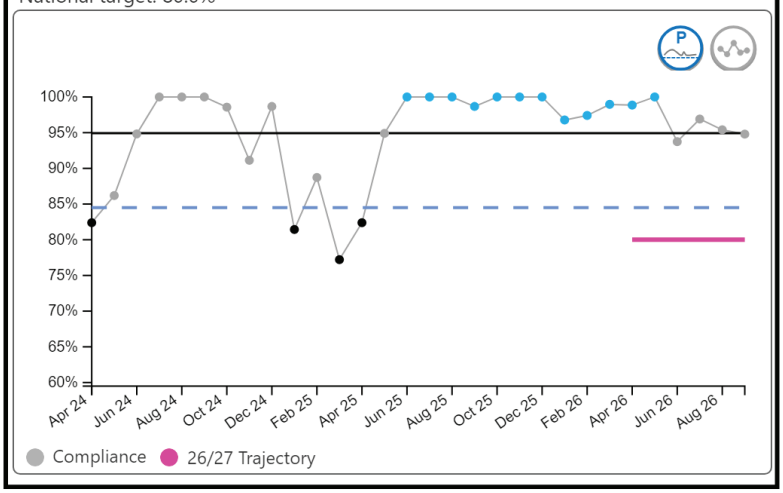
Insights and Actions

- Out of Area Placements (OAPs): A new Enabling Action for 26/27 and included in the Annual Plan as a core performance measure, the national directive is to reduce placements and the costs associated with them. OAPs can have a significant negative impact on mental health patients by separating them from their families, support networks, and local services, which are often critical to recovery. They can also lead to poorer patient experience, disruption to continuity of care, and increased lengths of stay, while creating additional financial pressures. The national reporting format was formalised after the submission of the plan, and the measurement is by bed days rather than the number of individual placements. Placement categories in scope of the reporting are: Adult & Adult PICU, and Older Adult and Older Adult PICU. In 25/26 the Health Board commissioned 98 bed days of OAPs with just four individual months of the year incurring them, at a total cost of £86,450. The 26/27 ambition in the plan is to deliver to zero bed days and thus cost, and as of September this remains on track.
- Specialist CAMHS Choice Assessments: No issues, performance continues to track well above national standard of 80%.

Mental Health

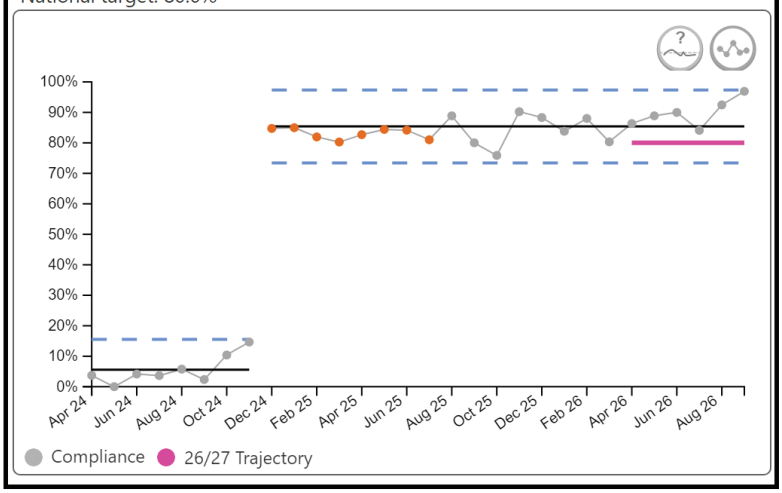
Measure: Maintain CAMHS Part 1a national target compliance (assessment completed within 28 days)
Performance: 94.8% (September 2026)
Trajectory: 80.0% (September 2026)
National target: 80.0%

Better Care



Measure: Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days)
Performance: 96.9% (September 2026)
Trajectory: 80.0% (September 2026)
National target: 80.0%

Better Care



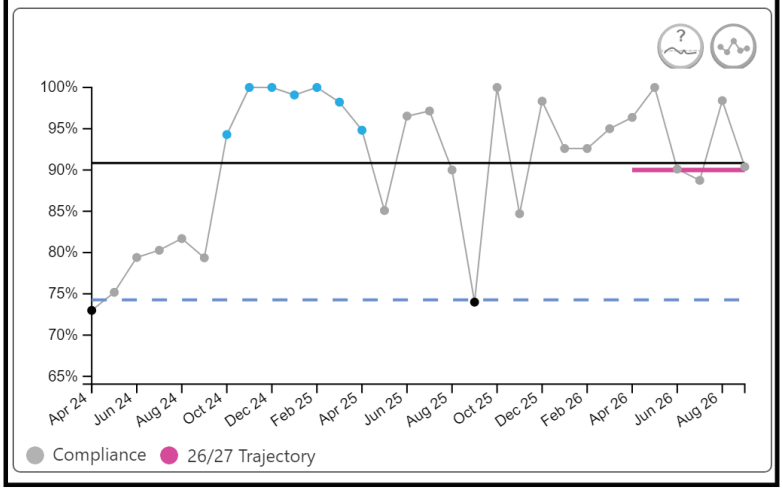
Insights and Actions

- CAMHS 1a & 1b: Like with Adults, strong delivery has been maintained for these measures, with the service balancing both demand and capacity to ensure continued compliance with the national standard, with 1a having met the national standard for the entirety of 2025/26 and continued in to 2026/27. The SPC chart for Part 1b has had a process break inserted from December 2024 to reflect the change in performance since this time.

Mental Health

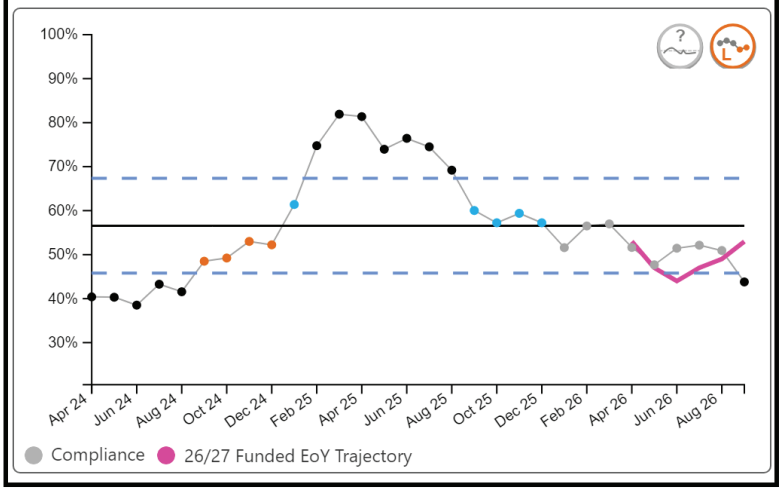
Measure: Maintain CAMHS Part 2 national target compliance
Performance: 90.4% (September 2026)
Trajectory: 90.0% (September 2026)
National target: 90.0%

Better Care



Measure: Improvement in Neurodevelopment waiting times compliance
Performance: 43.8% (September 2026)
Trajectory: 53.0% (September 2026)
National target: 80.0%

Better Care



Insights and Actions

- CAMHS Part 2: Performance remains above the national standard, despite the decrease in the latest month.
- CAMHS ND: Following a period of extensive challenge within the Service, whereby it has prioritised keeping the longest waits under 52-weeks at the cost of the <26-week compliance measure, NDIP funding of £568,536 has been secured for 2026/27 to support CAMHS Neurodevelopmental (ND) Referral to Treatment Time (RTT) recovery and service sustainability. This includes £281,706 to address existing staffing funding shortfalls, ensuring current service capacity can be maintained, and £187,512 to establish additional workforce capacity, including 3.1 WTE Band 6 Practitioners, 2.0 WTE Band 4 Support Workers and 1.0 WTE Band 4 Administrative Assistant. A further £95,318 has been allocated to fund additional staff hours, increasing clinical delivery and supporting RTT recovery. This allocation also includes £4,000 for the CHRONOS AI pilot, which will support service efficiencies, improve waiting list management, and strengthen RTT performance monitoring and reporting. Collectively, this investment will help stabilise the service, expand capacity, and accelerate progress towards achieving RTT recovery targets. As of September, performance is below the planned end of year trajectory.

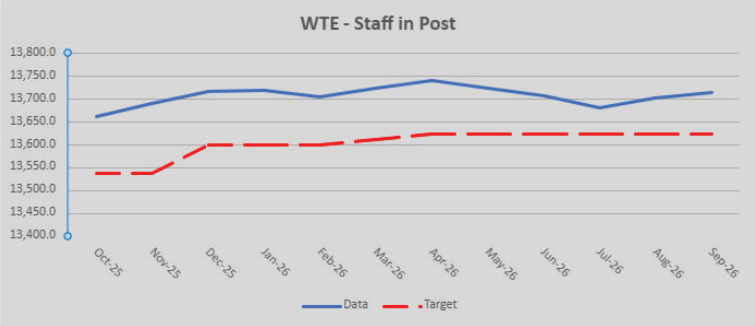
Quadruple Aim 4 | Workforce & Culture

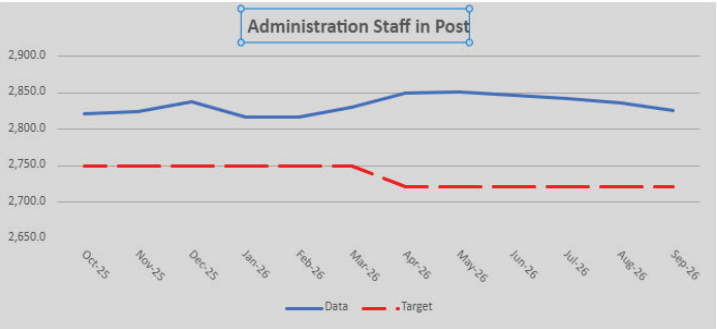
The Health Board's People Plan, 2025 -2030 supports our purpose and ambition by putting people at the heart of everything we do; creating the conditions for them to thrive, and enabling us to deliver outstanding, compassionate care while tackling health inequalities and building healthier futures for all.
A key part of our revised plan will be ensuring our people have the skills, confidence, and opportunities to support our communities in living healthier lives, embedding prevention as a core part of how we work and strengthening our role in reducing inequalities for future generation.

Reporting Period end of September 2026



Staff in Post





Performance Summary

Staff in post as of end of September 2026 totalled 13716 wte which is relatively the same as the start of the financial year against an identified staffing establishment of 13,970 wte demonstrating a degree of stability against previous growth trends. The administration staff in post has continued a month on month decrease although remains slightly higher than the forecast trajectory in due transfer in of managed practices and data cleansing of staff coding. The Establishment Control Project has now been completed for non medical staff and will become a more prominent feature, providing greater assurance regarding workforce establishment and financial data and trajectory monitoring.

Changes by staff group since 1 April 2026:

Medical and Dental staffing was showing a decreasing trend during Quarter 1; however, staffing levels have since increased and have returned to previously reported levels.

Nursing and Midwifery staffing in September reached its highest level of the past 12 months. This reflects the impact of over-recruitment to support student streamlining and workforce sustainability.

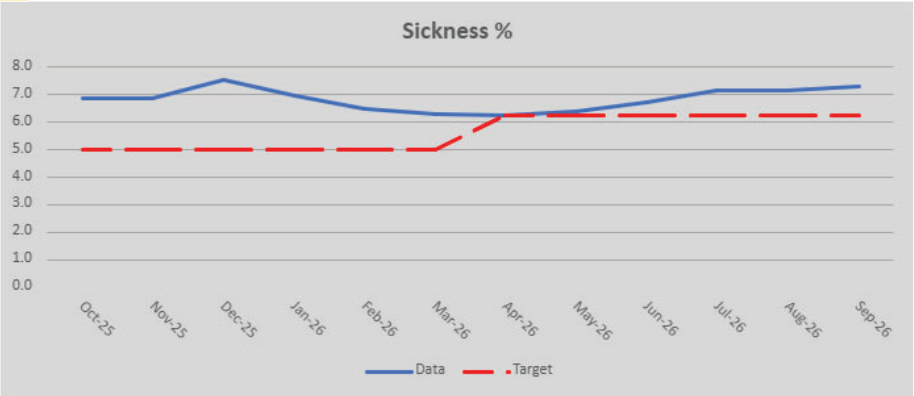
Administration and Clerical staffing reduced by 22 wte during Quarter 2 and has continued to show a downward trajectory since the beginning of Quarter 1.

Estates and Ancillary staffing has increased by 17.7 wte reflecting recruitment to vacancies.

Other workforce staff groups remained consistent.

The targets in graph reflect the IMTP for 26/27 as it stands to date and updated to reflect the resubmission of the plan to Welsh Government.

Sickness Enabling Action



Performance Summary

Sickness absence has increased from 6.25% at the start of Quarter 1 to 7.28% (998.52 WTE). The increase is likely to be multifactorial; however, it coincided with a period of extreme hot weather, the summer school holiday period and the commencement of the seasonal cold, cough and flu infections, all of which may have adversely impacted staff wellbeing and attendance levels. Whilst five divisions have reported increases in sickness absence, five divisions have also demonstrated reductions, indicating variation in performance across the Health Board.

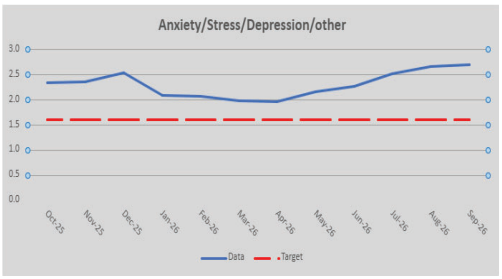
Long-term sickness continues to account for the majority of absence at 68% and has remained relatively stable over the last quarter. In contrast, short-term sickness has increased from 2.19% to 2.34%, contributing to the overall rise in absence levels. The target of 6.25% was established as part of the 2026/27 IMTP performance framework.

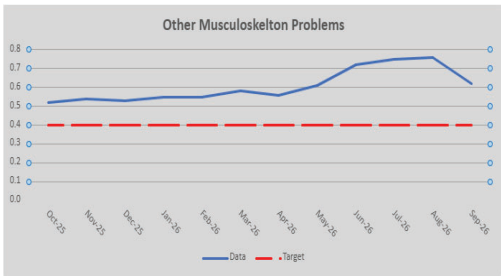
Key staff group observations since June 2026 include:

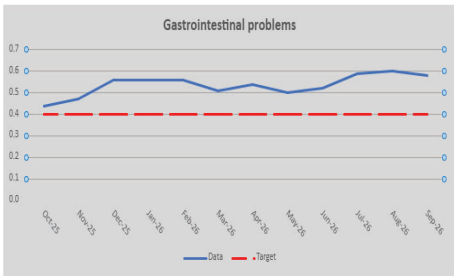
- Additional Clinical Services (HCSWs): 9.89%, a reduction from 10.21%.
- Estates and Ancillary: 9.34%, a reduction from 9.97%.
- Nursing and Midwifery: 8.02%, an increase from 6.43%.

Sickness absence remains a key organisational priority. A dedicated project plan is being developed in partnership with Trade Union colleagues alongside delivery of the People Plan (2025-2030). This work will focus on addressing the main causes of absence, improving staff health and wellbeing, and supporting a sustainable reduction in sickness absence across the Health Board. The target shown within the graph was established as part of the 2026/27 IMTP performance framework.

Top Sickness Reasons Enabling Action







Performance Summary

Anxiety, Stress and Depression continues to be the leading cause of sickness absence, accounting for 37.7% of all absence. The sickness rate attributable to this category has increased steadily from 1.97% in April 2026 to 2.71%, remaining significantly above the target of 1.6%.

Musculoskeletal Problems remain the second highest reason for sickness absence, accounting for 8.8% of all absence. Although rates increased during the first quarter, there has been a positive downward trend in recent months, reducing from 0.72% at the end of Quarter 1 to 0.62%. Despite this improvement, the rate remains above the target of 0.4%.

Gastrointestinal Problems are the third most common reason for sickness absence, accounting for 7.9% of all absence. The sickness rate attributable to gastrointestinal conditions has remained relatively stable over the last quarter at 0.58%; however, this continues to exceed the target of 0.4%.

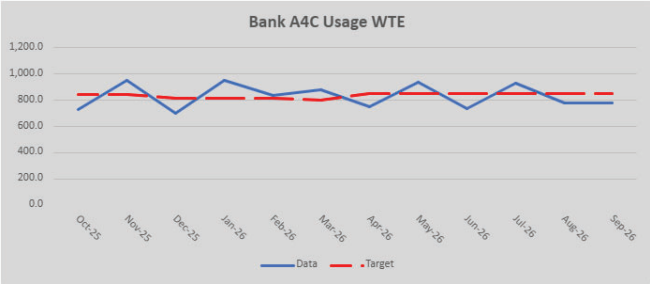
Overall, whilst some improvement has been seen in musculoskeletal-related absence, the continued increase in anxiety, stress and depression-related absence remains the key driver of sickness levels and an area of ongoing focus for the Health Board.

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.

The target in each graph was set as part of the IMTP 2026/27.

The Sickness Absence Programme, developed in partnership with Trade Union colleagues, comprised four key workstreams aimed at reducing sickness absence across the organisation. These focused on data and analytics, training and development, research and best practice, and a dedicated workstream addressing stress, anxiety and depression.

Variable Pay Bank Enabling Action



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

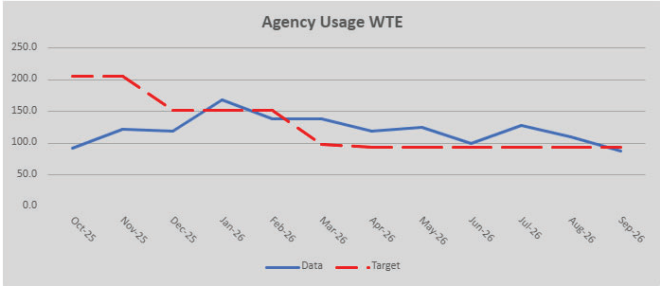
In September, bank usage was lower than the year end target at 779 wte a decrease in the last quarter and shows a fluctuating pattern.

At the end of September 26 the three highest users were HCSW (51%), 401 wte, a decrease from 511.16 wte recorded in previous quarter. Nursing & Midwifery (32%), 249 wte a decrease from 272.9 wte reported at the end of the last quarter and Facilities 99.9 wte similar to the end of the 1st quarter

The highest reason for usage is Vacancies has reduced from 253.06.wte to 228 wte) (28%).

The target in graph was set as part of the IMTP 2026/27 performance targets

Variable Pay Agency Enabling Action



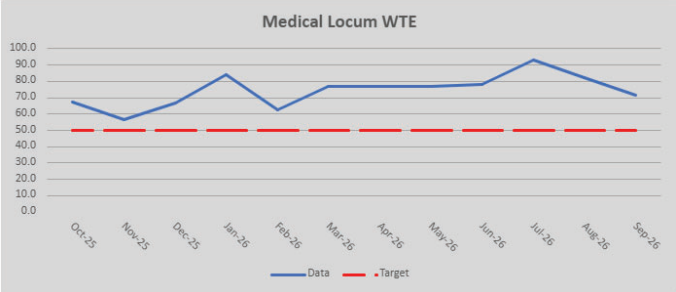
Performance Summary
Agency usage has decreased again in the last quarter from 127.35 wte to 87.5 wte

In September 26 agency reduced for HCSW (12%) to 10.56 wte and also for nursing and midwifery to 76.95 wte. The top three reasons for Agency usage are Sickness at 27.5 wte (31%) and Vacancies 18.55wte (22%), Enhanced Care/extra capacity 26.3 wte (30%)

The target in graph was set as part of the IMTP 2026/27 performance targets This approach aligns with our broader goals of zero agency contract for specific staff groups and MDS enabling actions.

Variable Pay Medical Locum

Enabling Action



Performance Summary

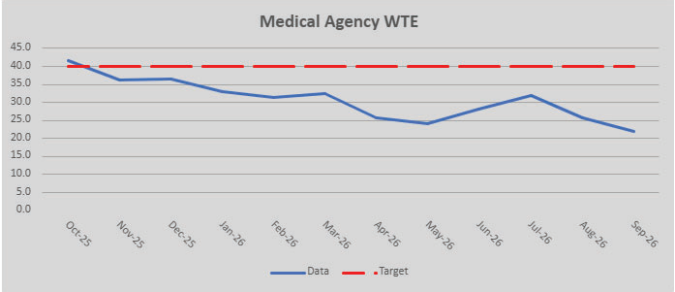
Locum usage has reduced significantly over the last quarter, decreasing from 93.18 WTE to 71.71 WTE, representing the lowest level reported since April 2026. Vacancies remain the primary driver of temporary medical staffing requirements, accounting for 52.42 WTE (56%) of combined locum and agency usage. Despite this, the overall reduction in temporary staffing demonstrates positive progress in reducing reliance on variable pay. Workforce productivity pressures and increasing service demand continue to contribute to the requirement for temporary medical staffing.

Work is continuing on the development of a Medical Workforce Strategy and the implementation of medical e-systems to strengthen workforce planning, improve deployment and support further reductions in variable pay expenditure.

The target shown within the graph was established as part of the 2026/27 IMTP performance framework

Variable Pay Medical Agency

Enabling Action



Performance Summary

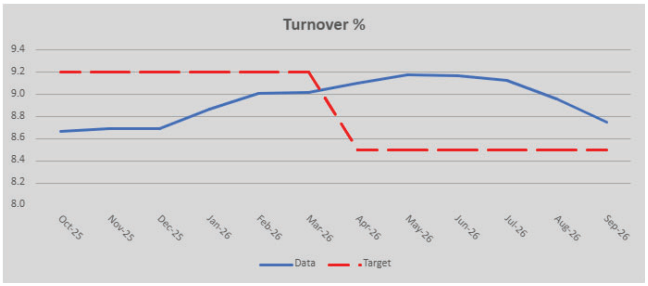
Medical agency usage has continued to reduce, decreasing from 40.0wte to 22.02wte over the last two reporting quarters, demonstrating sustained progress in reducing reliance on agency staffing.

Direct Engagement (DE) rates have also improved, increasing from 81% in July 2026 to 88%, reflecting greater utilisation of lower-cost staffing arrangements. The current financial year cost avoidance attributed to DE is £520, 952.00.

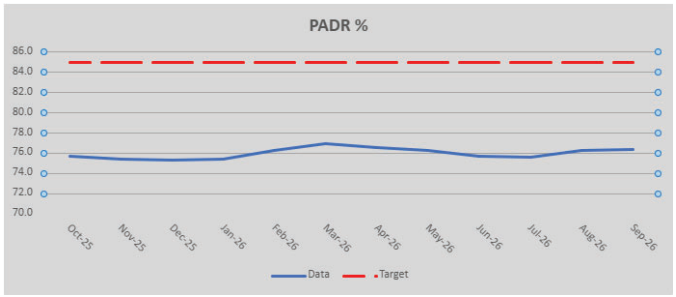
Supporting this improvement, work is progressing on the development of a Medical Workforce Strategy and the implementation of medical e-systems to strengthen workforce planning, rostering and deployment.

The target shown within the graph was established as part of the 2026/27 IMTP performance framework.

Turnover



PADR



Performance Summary

Turnover has continued to improve over the last quarter, reducing from 9.13% to 8.75%, and is now comparable to the rate reported at the same point last year. Nursing and Midwifery has seen a notable reduction in turnover, decreasing from 6.98% to 5.90%, demonstrating improved workforce retention within the staff group. Estates and Ancillary Services continue to report the highest turnover rate at 12.72%.

The Health Board's stability rate remains strong at 92.18%, with 14,599 staff retained, reflecting sustained workforce stability across the organisation. Continued focus on retention initiatives and workforce planning will be important to maintain this positive position and address areas experiencing higher levels of turnover. The target shown within the graph was established as part of the 2026/27 IMTP performance framework

Performance Summary

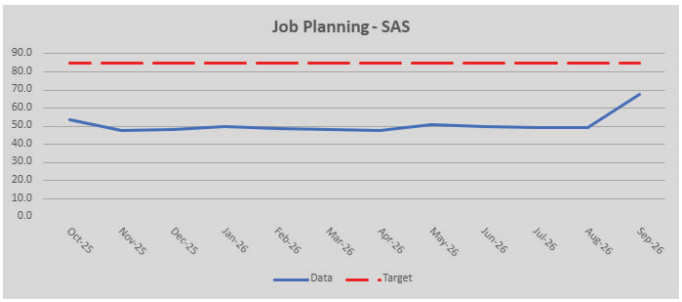
PADR compliance has improved from 75.73% to 76.35%.

A further review of PADR compliance demonstrates a positive position, with 84.58% of staff having received a PADR review within the last 15 months.

Work continue towards achieving 85% All Wales target through divisional reporting, renewed tools and training for managers.

Job Planning Enabling Action





Performance Summary

Job Planning - Job planning compliance for the consultant workforce has increased to 63.5% from the 55.1.4% reported at the start of the first quarter. A key factor is job plans falling out of the 12 month compliance period and ongoing complexities being worked through with directorates.
An All-Wales agreement has been reached to report job planning compliance over a 15-month period, subject to agreed conditions. Following updates to the reporting system, the Health Board's reported position changed from 31 August to reflect this revised approach which has resulted in improved performance reporting.
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.
Deep dives with divisional management have been undertaken to review compliance levels, action plans and support required.

The target in graph was set as part of the IMTP performance framework for 2026/27.

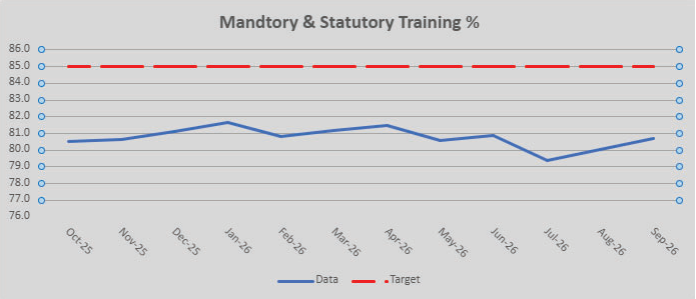
Performance Summary

Job Planning – Job planning compliance is current 67.4% which has increased as a result of an All-Wales agreement to report job planning compliance over a 15-month period instead of 12 months, subject to agreed conditions. Following updates to the reporting system, the Health Board's reported position changed from 31 August to reflect this revised approach.

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.

The target in graph was set as part of the IMTP performance framework 2026/27.

Mandatory Training



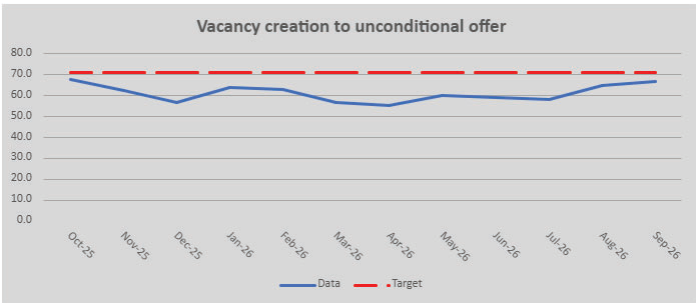
Performance Summary

Mandatory & Statutory Training has remained stable at level at circa 80.68 % and following a decrease in the first quarter has steadily improved to average levels. There are 4 Divisions/Corporate Services that have reached/higher than the target of 85% with general improving rates across most other divisions

As previously reported, new statutory and mandatory courses have created some variation to the previous benchmarking reporting rates.

A national review of Statutory and Mandatory training has commenced, facilitated by HEIW.

Time to Hire



Performance Summary

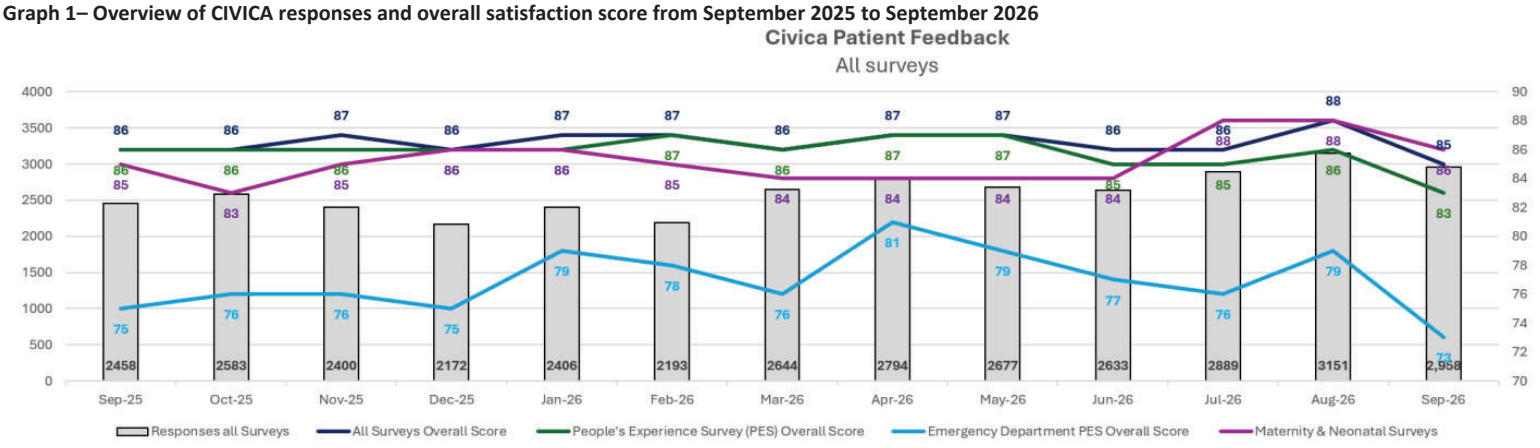
The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date is 71 days and the Health Board continues to improve and exceed the target at 66.4 days.

This target will continue to be stretched further to reduce the time to hire and optimise recruitment start dates.


6 Pillars of Quality
1
Patient and Staff Feedback, Complaints, Concerns & Compliments
2
Patient Safety
3
Clinical Effectiveness
4
Health, Safety, Security and Compliance
5
Infection Prevention and Control
6
Safeguarding

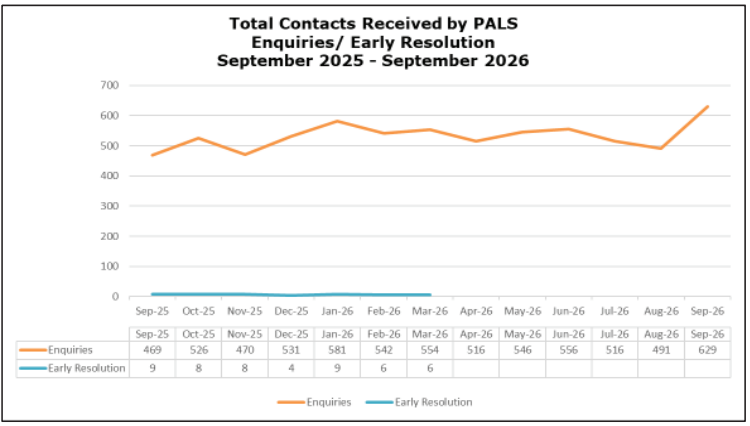
Pillar 1 Patient and staff feedback, concerns, complaints and compliments- Patient Experience CIVICA

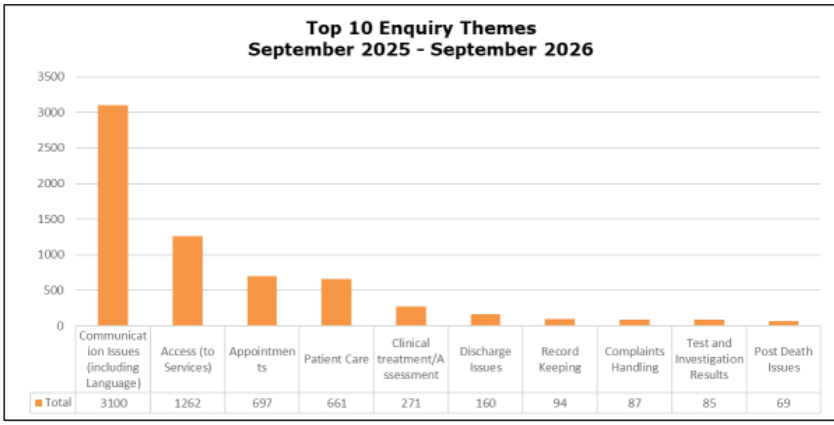
Graph 1– Overview of CIVICA responses and overall satisfaction score from September 2025 to September 2026



Definition	Analysis	Implications
CIVICA is the Health Board's digital platform for collecting real-time feedback from patients, families and carers across participating services. It captures survey responses, demographic information, overall experience and free-text comments to support service improvement and organisational learning. The information displayed was correct as of 05 October 2026.	The overall scores displayed above are based on the average of all questions across the survey. As opposed to just basing it on the score given to "How would you rate your overall experience?". There has been a notable drop in the score in September, to the lowest level since the inception of the Patient Experience Survey. Largely fuelled by a decline in responses from Urgent Care. It should be noted that more responses from Urgent Care and less responses from Primary Care were observed in September which will have contributed to the overall decline in scores.	The Health Board collect ~70% of their responses from text message surveys which are collected largely from Urgent Care attendances. This significantly skews the overall Health Board position as it disproportionately collects responses from lower scoring areas. A paper is being prepared for the Executive Committee to consider which explores this issue in more detail and provides options on how to rebalance the disparity.

Pillar 1 Patient and staff feedback, concerns, complaints and compliments- Patient Advice & Liaison Service (PALS) (Sept 25-Sept 26)

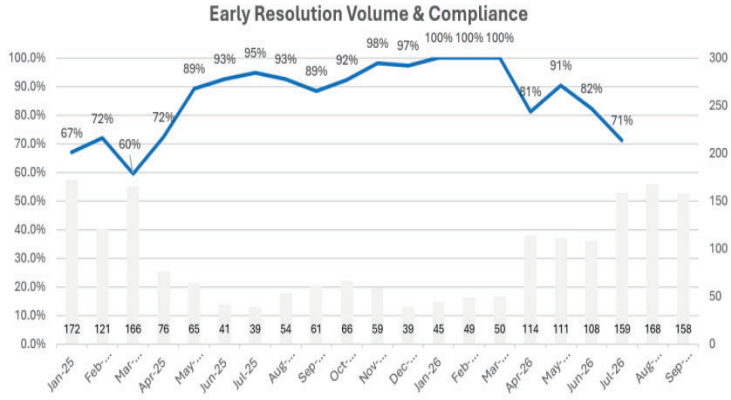




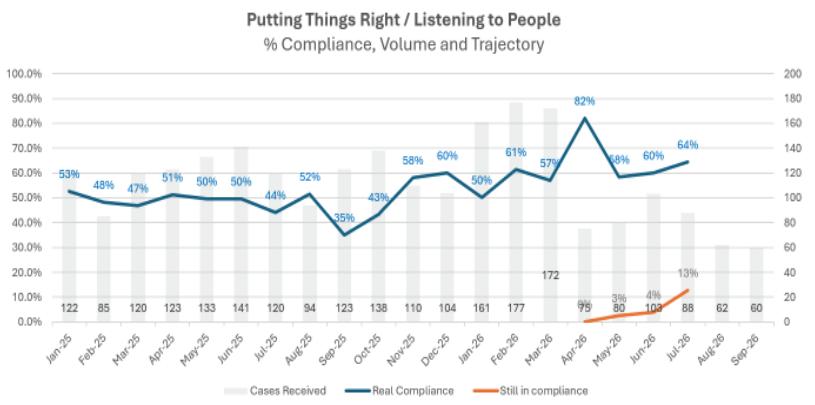
Definition	Analysis	Implications
PALS captures feedback, concerns, enquiries and requests for support from patients, families and carers across the Health Board. The service provides information, advice, signposting, problem-solving and informal early resolution where appropriate. Activity is recorded in RLDatix and reported using a rolling 13-month period.	The number of enquiries received by the PALS team has been steadily increasing, August 2026 saw a decline but September saw the most contact from patients and their families on record with 629 enquiries received. This represents a 34% increase compared to the same month in 2025. Communication issues continues to be the single biggest theme for the reason people contact the PALS team, making up ~40% of all enquiries. Access to services has historically been the second most common theme but has seen a notable decline (~40%) over the first half of 2026/27. Patient care has however increased from ~20 enquiries per month in 2025/26 to ~100 per month throughout 2026/27.	The data suggests that further improvements in patient communication, service accessibility and outpatient appointment management could help improve patient experience, reduce avoidable demand on PALS, complaints teams and front line services.

Pillar 1 Patient and staff feedback, concerns, complaints and compliments- Putting Things Right / Listening to People

Graph 1- Early Resolution Performance



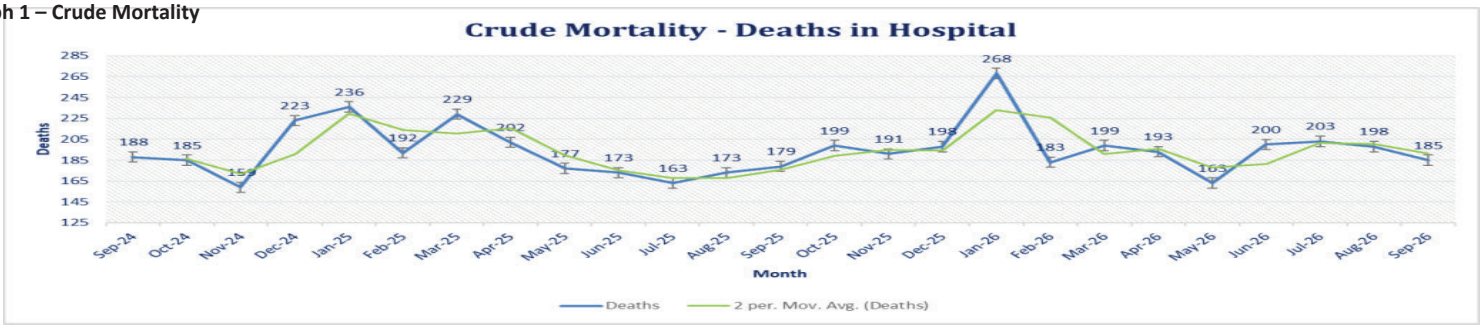
Graph 2 – Formal Complaints Performance



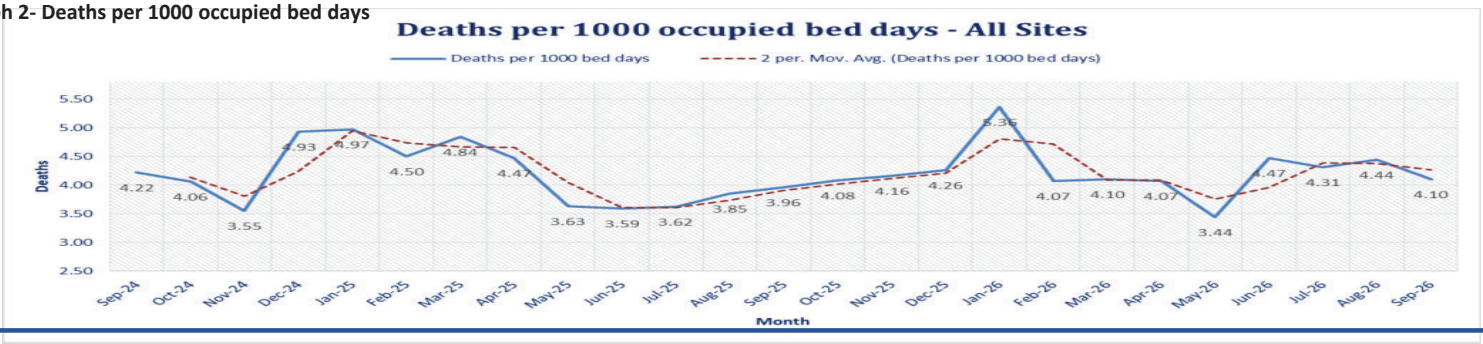
Definition	Analysis	Implications
Information displayed was correct as of 10 October 2026 and extracted from RL Datix.	Graph 1 shows the number of Early Resolution complaints has significantly increased following the change in regulations and the additional time now allocated to resolving (from 2 working days to 10). Unfortunately, the compliance did drop below the 75% Welsh Government target for cases received in July, this was exacerbated by workforce constraints during the summer. The number of formal complaints (graph 2) has maintained at approximately 50% lower under LtP (from April 2026) when compared to Putting Things Right. The compliance has shown a general upwards direction over the past year. For cases received in July 2026 at the time of reporting (10 October) 64% are completed in compliance with a further 13% of cases still open but in compliance, this gives a potential of 77%.	The Ministerial Priority for 40% of suitable complaints to be managed through Early Resolution was introduced alongside the regulation changes, the table above shows ABUHBs performance alongside other Health Boards. In the first 5 months of LtP regulations we have averaged 87% of suitable cases being managed under Early Resolution processes, the highest rate across similar Health Boards in Wales.

Pillar 2 – Patient Safety Including Incident Reporting - Mortality

Graph 1 – Crude Mortality

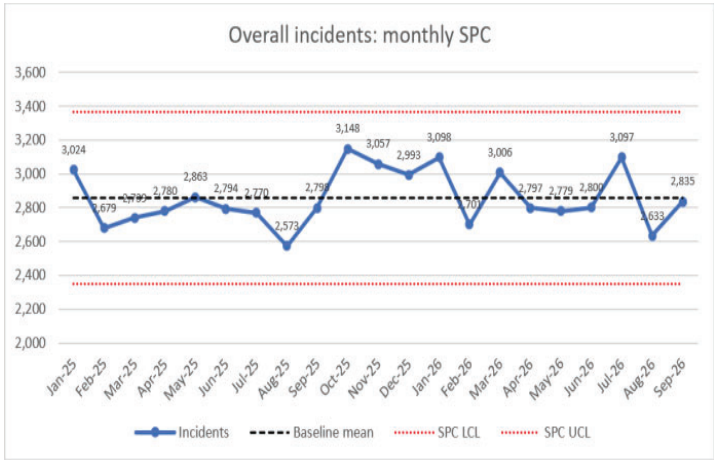


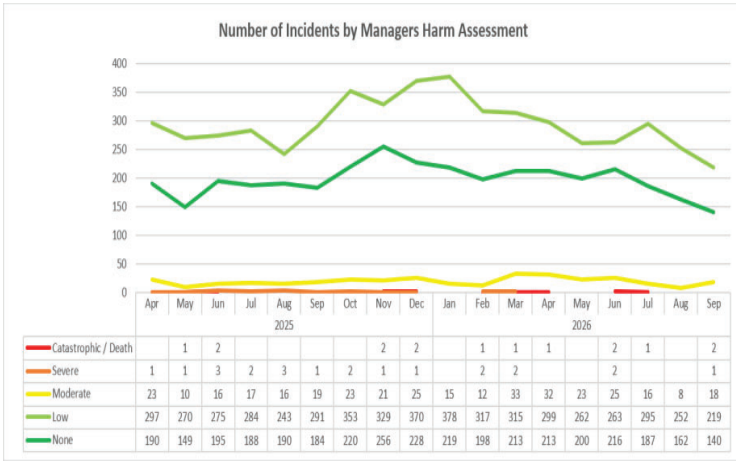
Graph 2- Deaths per 1000 occupied bed days



Definition	Analysis	Implications
The charts shows the monthly number of hospital deaths from September 2024 to September 2026. The top graph is crude mortality within Hospital and the bottom graph displays this as a ratio of crude mortality per 1000 occupied bed days	A clear and consistent seasonal pattern is evident with mortality peaking in winter—particularly in January 2026—and declining through late winter and early spring. January 2026 recorded 268 hospital deaths, compared with 236 in January 2025. The graph also shows the seasonal variation in the number of deaths, most notably consistent yearly spikes year on year in December and January.	Crude mortality continues to fluctuate on a winter basis. However, the number of deaths have remained consistent through the year. Deaths year on year compared to 2025 appear to be up around 10 – 15% in some months. Continued monitoring is required, with year-on-year comparisons based on matched reporting periods.

Pillar 2 – Patient Safety Including Incident Reporting – RL Datix Incidents Overview

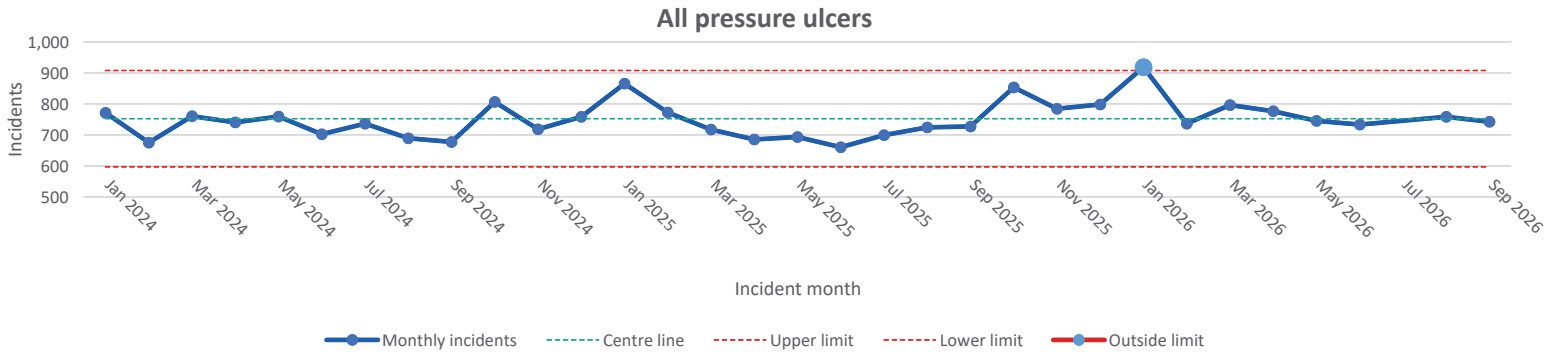


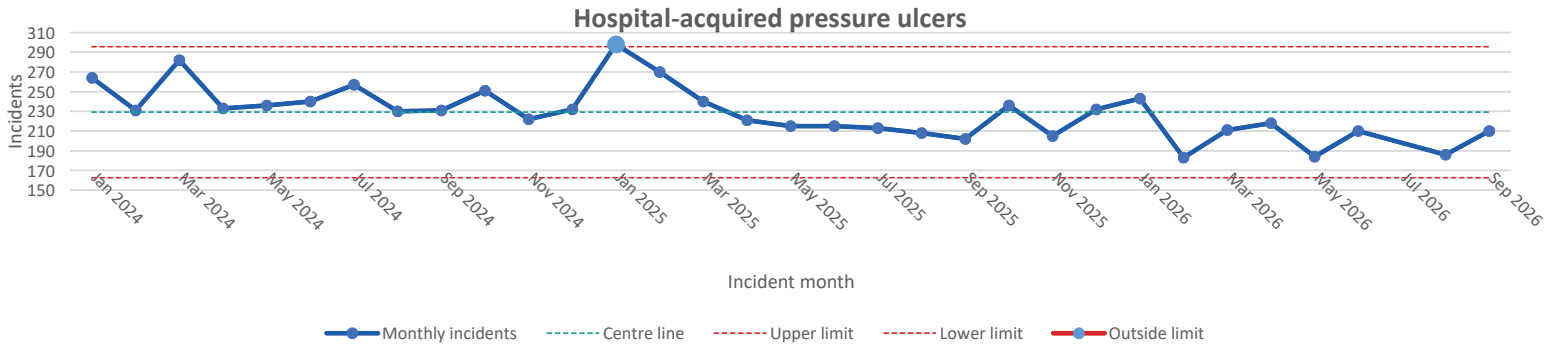


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
	2025									2026								
Catastrophic / Death		1	2					2	2		1	1	1		2	1		2
Severe	1	1	3	2	3	1	2	1	1		2	2			2			1
Moderate	23	10	16	17	16	19	23	21	25	15	12	33	32	23	25	16	8	18
Low	297	270	275	284	243	291	353	329	370	378	317	315	299	262	263	295	252	219
None	190	149	195	188	190	184	220	256	228	219	198	213	213	200	216	187	162	140

Definition	Analysis	Implications
The information above has been extracted from RL Datix and is correct at the point of extraction on 02 October 2026. It contains all incidents across the Health Board. The right graph shows the incidents split by managers interim harm assessment.	The overall number of Datix Incidents increased in September to 2,835 which is similar to the same time period last year. Based on data from previous years it is expected that more incidents will take place over the coming months as winter pressures begin. The graph showing harm (managers interim harm assessment) illustrates a stable picture, however, post investigation harm would be a more accurate measure. Due to the timescales in reviewing and closing incidents described in the implications section only limited assurance can be provided.	The Health Board currently has 98 incidents open for more than 3 years, 261 open for longer than 12 months, a further 601 open between 6 and 12 months, and 3,085 incidents open beyond the 30-working day target. These open cases present an unknown level of risk and limit the ability of the QMS to measure Health Board, division and service harm in a timely and reliable manner. Prioritisation of open incidents where there is likely harm has began and divisions have been provided a targeted list of cases to review. Divisional IMTP targets have been proposed to improve the timely closure of incidents and allow the QMS to better identify emerging risks and harm.

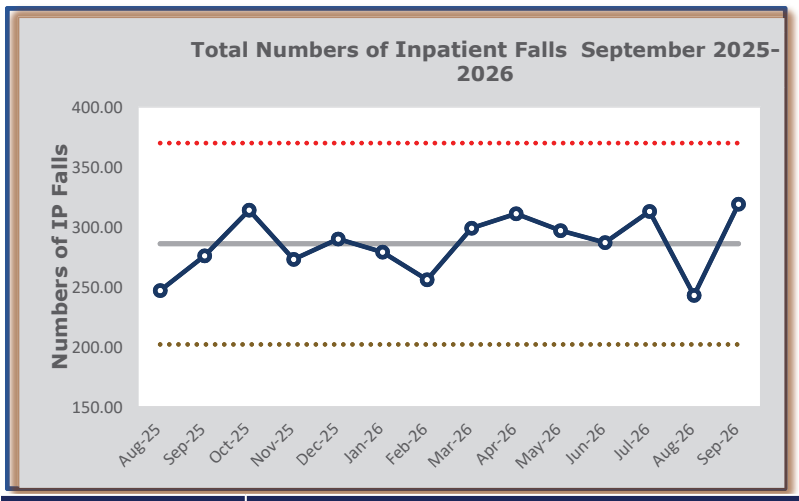
Pillar 2 – Patient Safety Including Incident Reporting – Pressure Ulcers

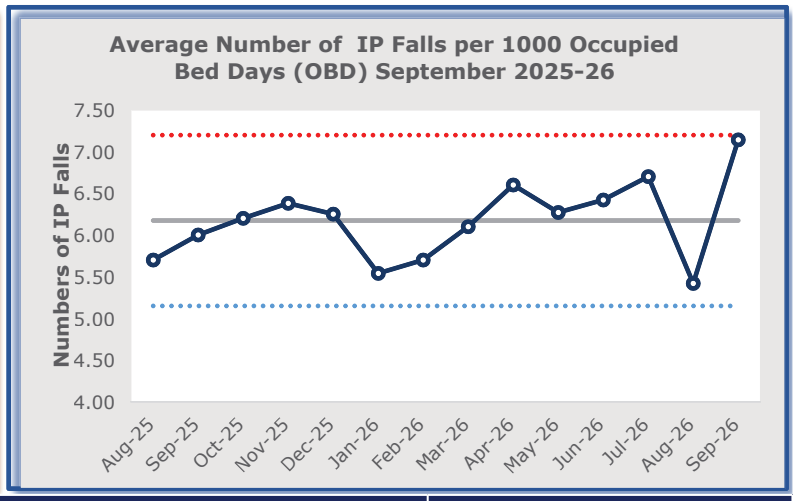




Definition	Analysis	Implications
The data included above is extracted from Datix incident module. The date range displayed is from 01 January 2024 to 30 September 2026.	The number of pressure ulcers has seen an increase, however, the number of hospital-acquired pressure ulcers has seen a steady decline. This has been predominately fuelled by a decline in category 2 pressure ulcers.	This trend was noted and discussed at Quality Management Group. An action to explore if community acquired pressure ulcers are increasing due to better identification by staff during admission, if pressure ulcer management in the community is not resolving pressure sores or if patients are not presenting in primary care with this ulcers.

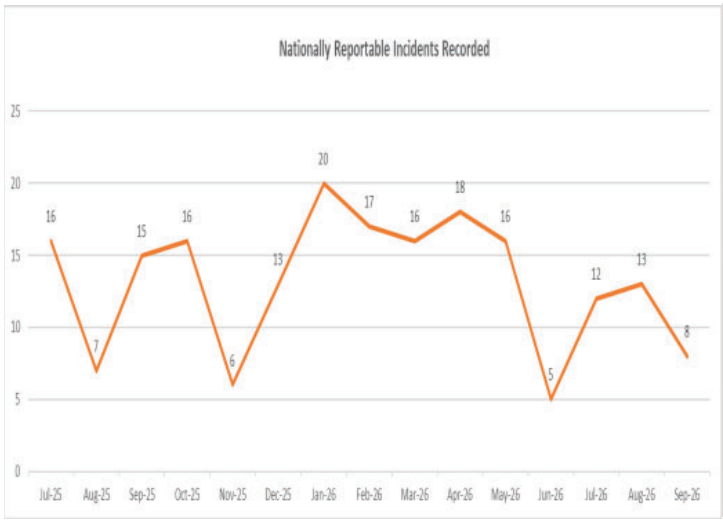
Pillar 2 – Patient Safety Including Incident Reporting – Falls

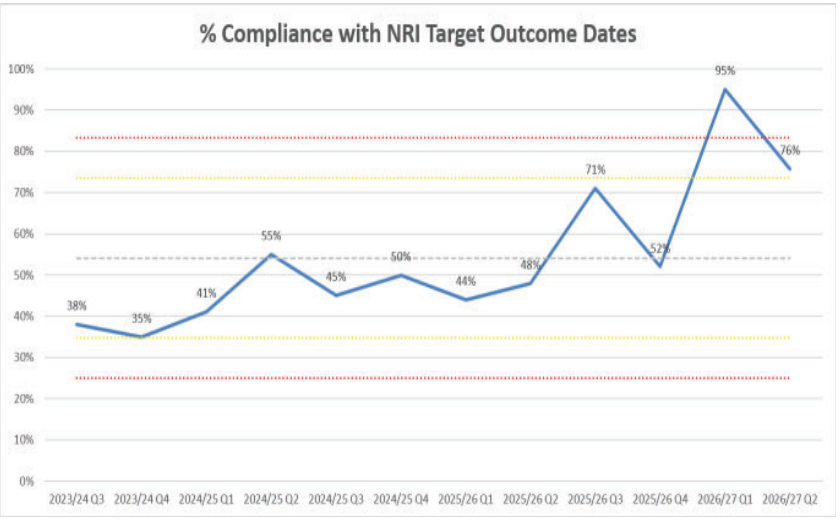




Definitions	What the chart tells us	Variation
Reported inpatient fall incidents in Aneurin Bevan University Health Board (ABUHB). This data was retrieved from RLDatix as the information source and as available on the Qlik dashboard.	• In September 2026, 319 inpatient falls were reported, up from 243 in August, an increase of 31.3%. • In September 2026, 86% of incidents were identified as no or low harm. (9% no attributed value at point of analysis). • Three incidents are under review involving potential falls related harm with catastrophic outcome (June, August & September 2026). • ABUHB OBD September 2026 – 44,695 (0.3% decrease as compared to the August figure) • The September value for falls per 1,000 OBDs of 7.14 is 8.2% above the National average of 6.6. • Across the reporting period, the chart average is approximately 6.17 falls per 1,000 occupied bed days.	Performance in September 2026 showed an increase in hospital falls, with the value increasing to 319, representing a 11.5% variance above the Health Board average of 286 across the analysis period. September has seen a 31.7% rise in falls per 1000 OBD's since August 2026

Pillar 2 – Patient Safety Including Incident Reporting – Nationally Reportable Incidents

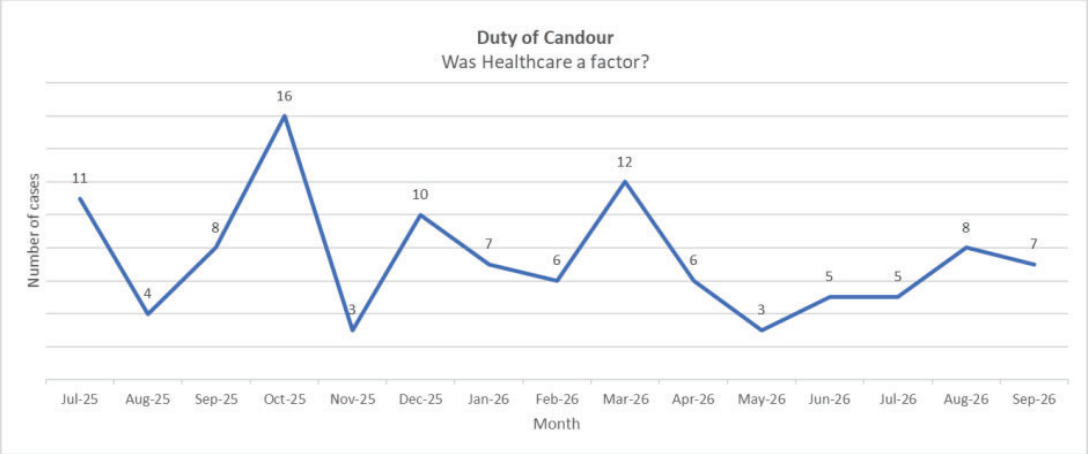




Definition	Analysis	Implications
The information displayed comes from RL Datix and local data held within the Patient Safety Incident Team, it was correct at the time of extraction on 06 October 2026.	At the end of September, 50 NRI cases remained open, with 42 within the compliance window. Of the 12 NRIs due for closure during September, 7 were completed within timescale (58%). Overall Q2 compliance was 76%, with 28 of 37 NRIs completed within the required timeframe.	Sustaining improvement in NRI compliance remains a key focus. Workforce capacity continues to present a challenge, with ongoing support and oversight in place. Further Investigating Officer training took place during September to support the quality and timeliness of investigations.

Pillar 2 – Patient Safety Including Incident Reporting – - Duty of Candour

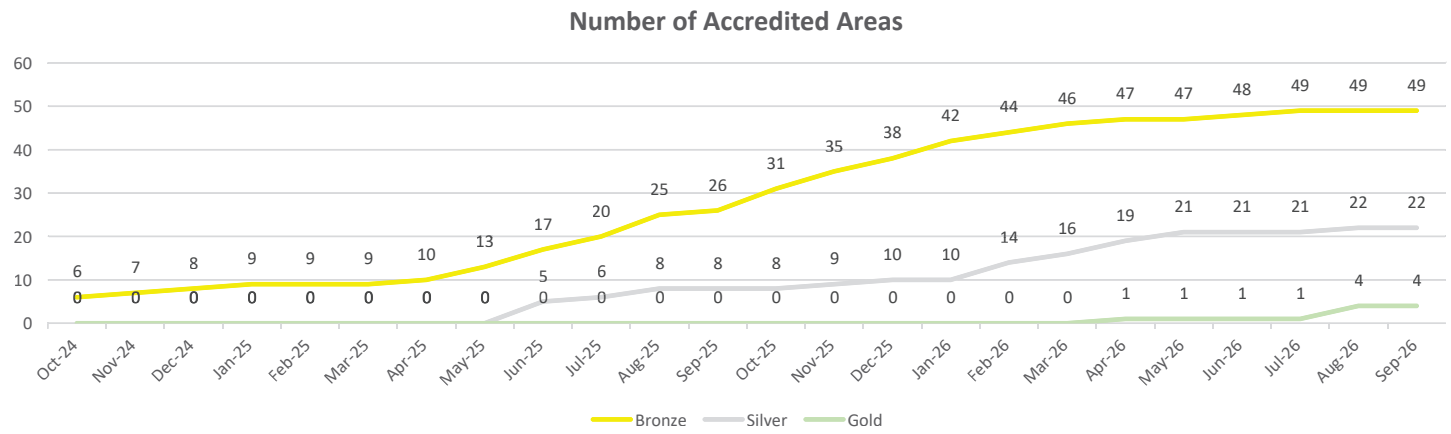
Graph 1 – Duty of Candour Events



Definition	Analysis	Implications
The information displayed comes from RL Datix and local data held within the Patient Safety Incident Team, it was correct at the time of extraction on 06 October 2026	The number of Duty of Candour incidents is an ever-changing picture (determined by when management review of incidents take place) and the information displayed above is accurate as of 06 October 2026 and subject to change as reviews are completed. Seven cases were identified in September, with no significant change in the overall pattern of themes. What is the data telling us: The DoC themes for September were **Unexpected Admission to NICU x1, Adverse Maternity Occurrence x 1, Clinical Assessment / Diagnosis x 1 , Slip, Trip / Fall x 1, Prescribing Error x 1, Communication Issue x 1 and Pressure Damage x 1.**	Duty of Candour Incidents are being actively monitored through the new daily incident review meeting. This meeting provides Corporate oversight of all potential serious incidents and complaints, it ensures early consideration of Duty of Candour, Redress, evaluates if incidents are potentially reportable and provides escalation of delays in the process. A live user-friendly dashboard went live in August. This is being sent to the Triumvirates and QPS leads monthly, illustrating compliance at each stage of the DoC process.

Pillar 3 Clinical Effectiveness – Ward Accreditation

Graph 1- Ward accreditation status over time



AWARDS

Total to date:

49 Bronze

22 Silver

4 Gold



Definition	Analysis	Implications
This graph displays a rolling trend from implementation to September 2026. Data has been collated and presented based on the results of accreditation award panels, carried out by corporate and executive nursing teams.	The graph above shows a positive upward trajectory of areas reaching each level of ward accreditation. Dashboards are continuing to be developed to support reaching and sustaining the accreditation standards.	Divisional focus / support is needed to ensure sustained engagement in the accreditation process and maintaining care standards during operational pressures. A presentation was taken to the national quality improvement week, 'Embedding Quality Improvement Through Accreditation' and received positively by colleagues across the UK.

Pillar 4 - Health, Safety, Security and Compliance

Graph 1- RIDDOR % Compliance

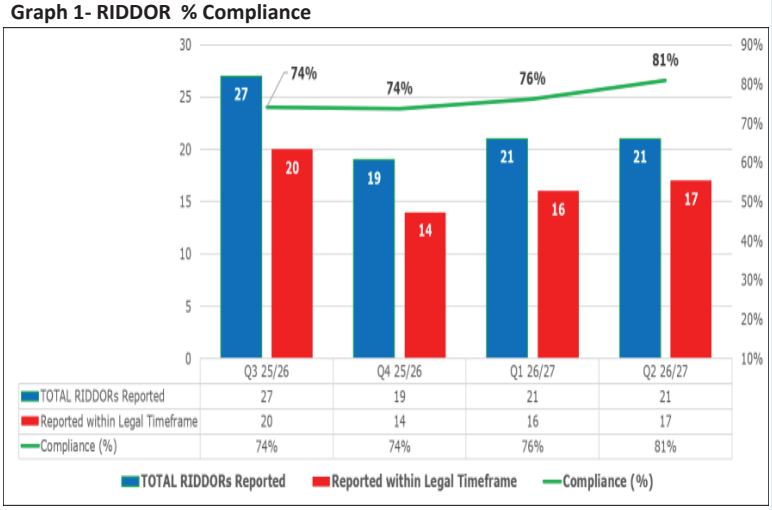


Table 1 - Health and Safety Training Compliance

Health and Safety Training Compliance	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27
Health and Safety	87.1%	87.5%	87.0%	87.4%
Fire Safety	82.4%	83.5%	84.3%	85.3%
Manual Handling	65.9%	64.5%	63.3%	64.0%
Violence, Prevention & Reduction	85.4%	85.5%	85.1%	85.5%

Table 2 – Staff incident categories

Staff Health and Safety Incident Reporting	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27
Physical Assault	269	278	262	238
Contact with needles or medical sharps	65	54	61	57
Slip, trip or fall	27	52	36	20
Verbal assault	46	47	50	37
Manual Handling	19	16	13	13
Sexual assault and/or sexual inappropriate behaviour	20	14	14	26

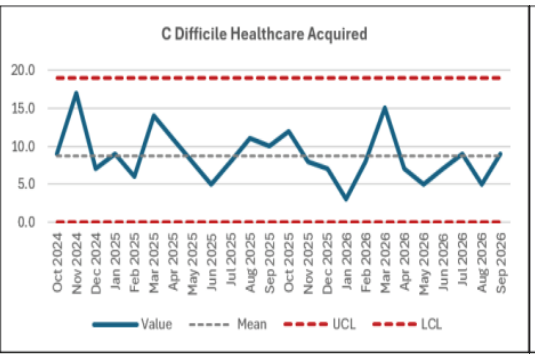
Issue	Action	Learning and Improvement
Violence towards staff	Violence Prevention & Reduction Strategic Plan approved by Board	The VPR Strategic Plan sets out objectives to improve reporting and culture
Needlestick & sharps	Thematic review of incidents to be reported to the Health and Safety Committee in December 2026	QI project to reduce needlestick and sharps injuries to commence in Q3 26/27 in conjunction with H&S, IPaC and Occupational Health
Winter slips, trips and falls	Winter falls thematic review conducted by Corporate Health & Safety	Areas for improvement identified within the thematic review to be shared with Facilities Division
RIDDOR reporting compliance with the legal timeframes	RIDDOR SOP revised	RIDDOR Awareness eLearning Training to be implemented in Q4 26/27. Submission to Core Learning Committee in December 2026 to mandate this training for managers
Manual Handling Training	Manual handling training programme developed for 2026/27	Focus on supporting Cascade Trainers (Transfer Specialists) to ensure update training is delivered locally

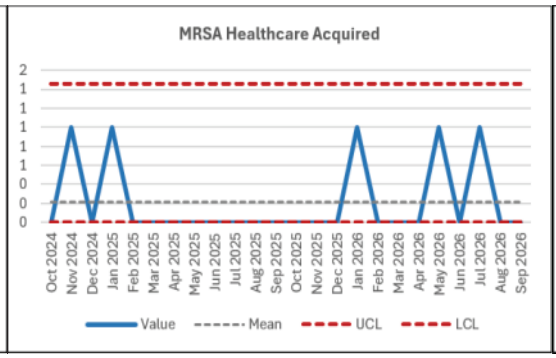
Pillar Five - Infection Prevention & Control (September 2026)

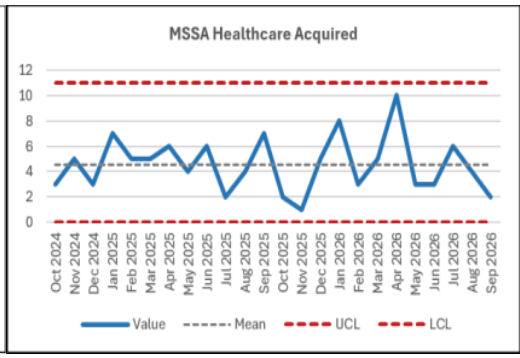
	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	33.48	2.32	27.18	60	23.54	7.62
Betsi Cadwaladr UHB	54.36	2.58	30.04	83.54	21.17	5.72
Cardiff and Vale UHB	34.54	3.84	24.56	60.26	25.72	7.29
Cwm Taf Morgannwg UHB	37.73	1.78	28.85	80.34	28.41	5.77
Hywel Dda UHB	53.3	1.03	28.19	94.3	29.73	4.61
Powys THB	23.63	0	0	4.43	0	0
Swansea Bay UHB	71.28	2.02	28.31	65.21	38.92	7.58
Velindre NHST						
Wales	45.57	2.25	26.79	71.1	25.91	6.38

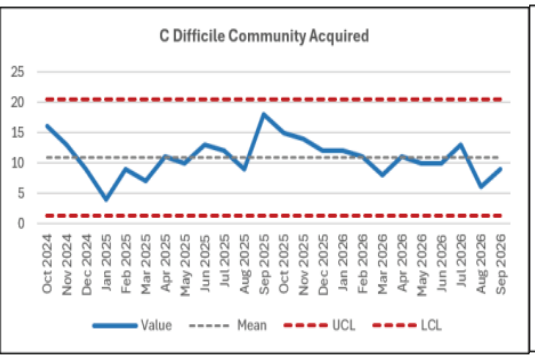
Definition	September Analysis	Implications/mitigations
101 **C diff.** This is 24 less than the equivalent period 2025/26 89 **Staph aureus**. This is 15 more than the equivalent period 2025/26. 181 **E coli**. This is 2 more than the equivalent period 2025/26. 71 **Klebsiella**. This is 7 more than the equivalent period 2025/26 23 **Pseudomonas** This is 1 more than the equivalent period 2025/26.	TOTAL = 18 9 HAI, 5 CAI, 1 Indeterminate and 3 Relapse – Lowest rate in Wales TOTAL = 11 2 HAI, 8 CAI and 1 Other HB TOTAL = 31 3 HAI, 28 CAI – Lowest rate in Wales TOTAL = 13 9 HAI and 4 CAI TOTAL = 2 1 HAI and 1 CAI Combined gram negative ABUHB is below the Welsh average MSSA/MRSA ABUHB is equal to Welsh average	**The Health Board had the lowest rates of C Diff and E Coli in Wales in September**, with lower than average rates for MRSA and Klebsiella, marginally higher than average rates are noted for MRSA and Pseudomonas. No outbreaks or increased incidents of infections linked to Welsh Government targets Actions:- • Erase for correct sample developed to support antimicrobial stewardship • Infection Prevention Link champion day promoting bundles, cleaning and sepsis • RCA tool amended to support clinical engagement • Enhanced surveillance for pseudomonas for HAI advocated • 4 CAUTI reported – local teams supported to enhance documentation and awareness • NRI reported on death certificate mortality review scheduled –

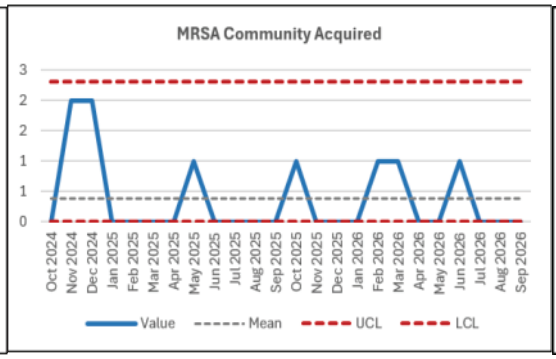
Pillar Five - Infection Prevention & Control (September 2026)

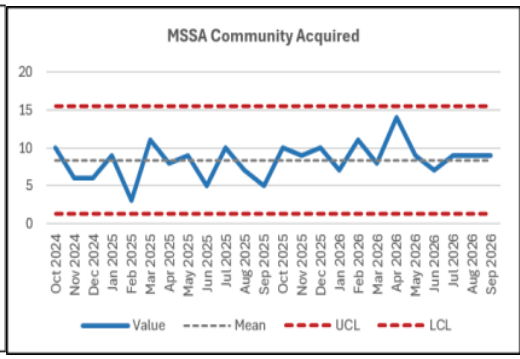




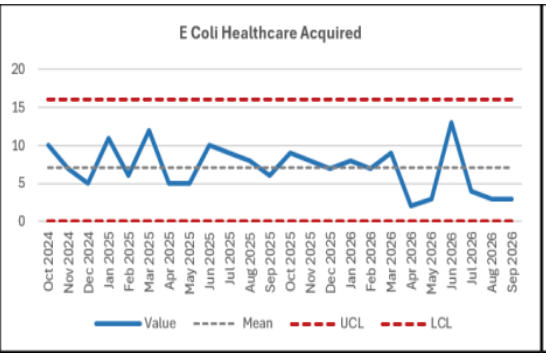


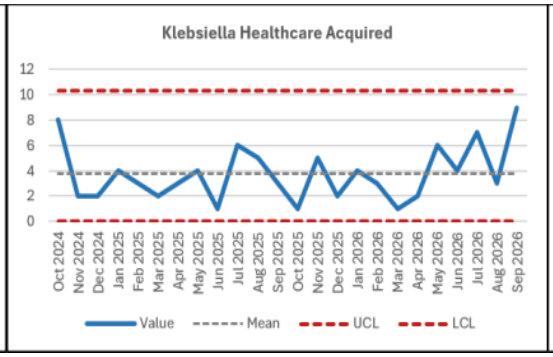


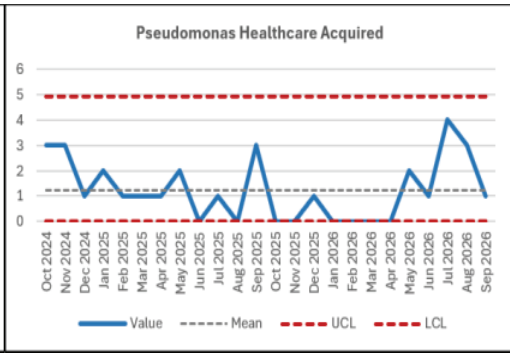


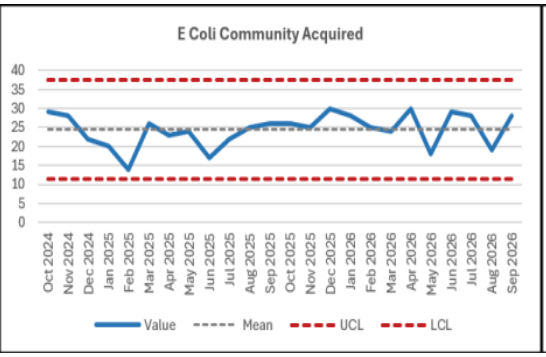


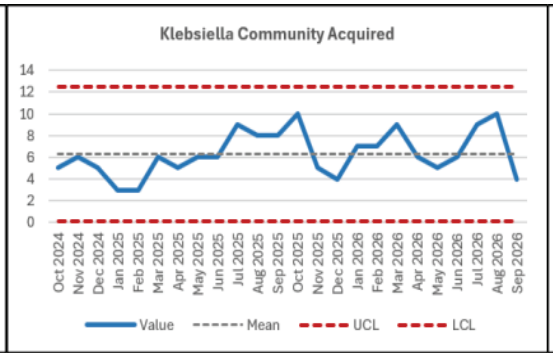
Pillar Five - Infection Prevention & Control (September 2026)

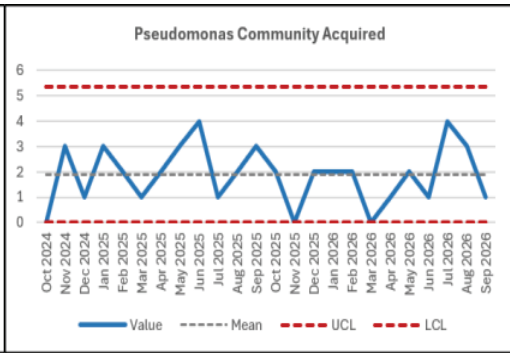










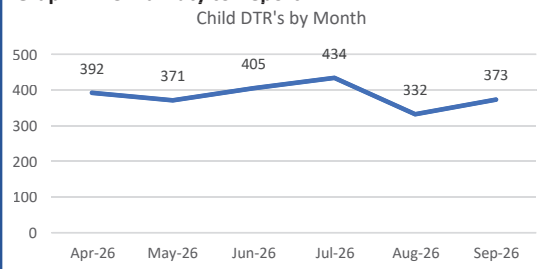


Pillar Five - Infection Prevention & Control

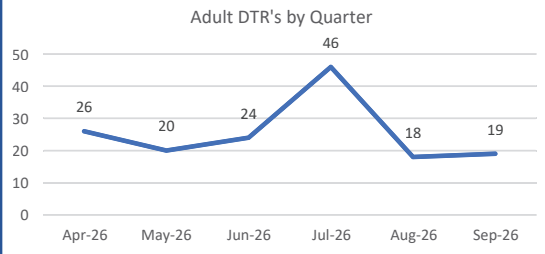
Themes & Trends	Successes	Challenges	Learning & Improvement
C difficile 101 cases reported for April – September 2026. This is 24 less than the equivalent period 2025/26. This is a HB rate of 33.48 per 100,000 population	• Enhanced proactive cleaning started within NHH and GUH wards. • 1 ward environmental at Royal Gwent Hospital. • 2 ward environmental upgrades at Nevill Hall completed . • Ongoing QI project Submit a poster for C difficile NHS finalist.	• Timely isolation at community ward due to enhanced care. • Ongoing vacancies and sickness within facilities team. • Capacity to allow for full ward decant cleans. • 2 wards clusters identified with geno sequencing.	• Checking of mattress and decontamination of near patient equipment • HPV cleaned in response to PII IPC advice. • HPV check list developed to ensure correct process from nursing and facilities for near patient equipment.
Staph Aureus blood stream infections (MRSA/MSSA) 89 cases (MRSA and MSSA) reported for April – Sept 2026. This is 15 more than the equivalent period 2025/26. This is a HB rate of 29.50 per 100,000 population Largest burden of infection is respiratory	• Erase developed for the cleaning of patient skin prior to venepuncture. • Engagement from medical wards to start QI for line care currently in the process of scoping staff knowledge . • ANTT paper developed with a recommendation to re-establish ANTT working group. Divisional scoping job profiles for national update.	• 1 HAI MRSA BSI linked to respiratory infection known carrier. • Recall of skin prep products for cannulation associated with heat impact. • ESR job profiles not linked to ANTT competency requirement making reporting re ANTT compliance challenging.	• Cleaning of skin prior to venepuncture not robust across the HB highlighted via ANTT T&F • Divisions supporting the ANTT working group to review training compliance and observational audits re practice. • MRSA sticker promoted to improve screening compliance. • Hospital acquired audit findings presented to IPAS group . • SOP developed with key areas outside of radiology .

Safeguarding

Graph 1 – Child Duty to Report



Graph 2 – Adult Duty to Report



Graph 3 – Advice & Support Calls to Safeguarding Service

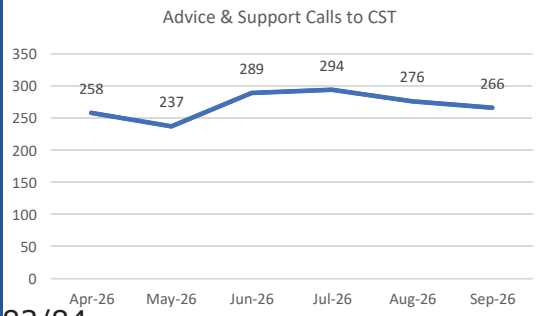
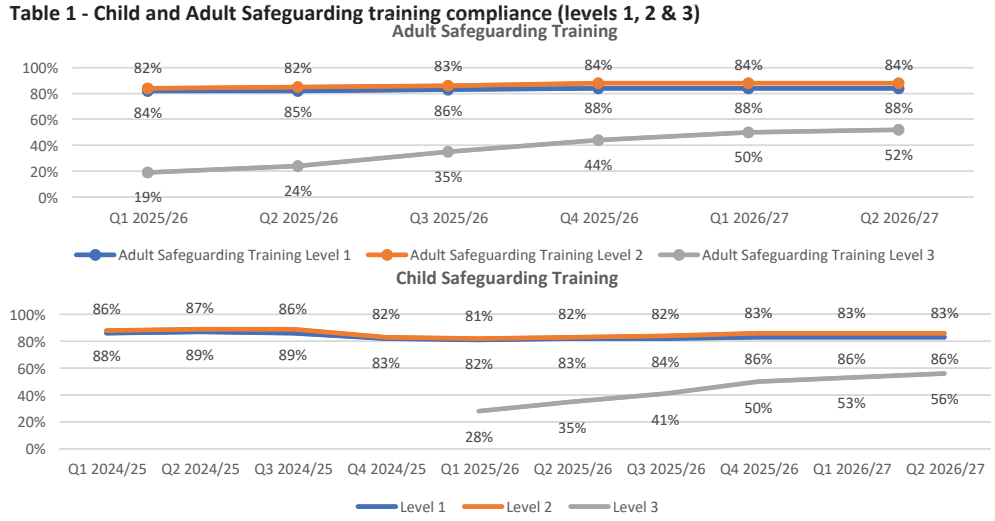


Table 1 - Child and Adult Safeguarding training compliance (levels 1, 2 & 3)



Child Duty to Report:
Child DTRs are subject to fluctuation but this is not a cause for concern. Child strategy meetings have increased significantly over the past 15 months and the service is currently challenged to attend all meetings. This is recorded on the risk register and mitigating actions are in place

Adult Duty To Report
The significant increase in activity in July has been reviewed. No specific caused or trends have been identified

Safeguarding Training:
Level 1 and Level 2 training remain above the target of 80%
Level 3 is on target to achieve compliance by April 2028

The increased compliance with Level 3 training has led to an increase in advice and support calls, which has led to less cases requiring escalation via a Duty to Report.

Quadruple Aim 4 | Finance

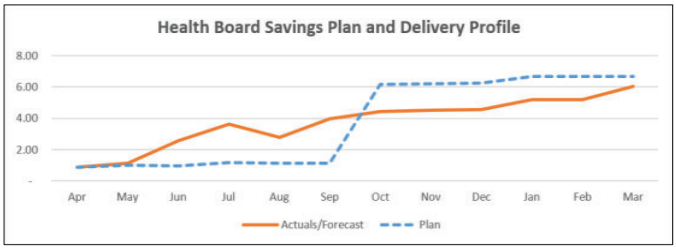
The 2026/27 financial performance is measured by comparing actual expenditure with the budgets as delegated and approved by the Board and CEO. The Health Board has statutory financial duties and other financial targets which must be met. The table below summarises these and the Health Board's performance against them.

The 2026/27 the year to date (M06) budget performance deficit is **£27.736m**, this is £6.2m better than plan. The favourable variance is attributable to the early achievement of savings (£8.7m), offset by £3.0m of new cost pressures arising since the plan was set.. In Month 06 the forecast year end position is **a reported forecast of £33.688m deficit**. This improvement is the result of a decrease in the expected Welsh Risk Pool contributions (£7.9m).

Sep-26
Performance against key financial targets 2026/27
+Adverse / () Favourable

Target	Unit	Current Month	Year to Date	Year-end Forecast	Movement
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year. *This confirms the YTD and forecast variance.*	£'000	(2,503)	27,736	33,688	↓
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	£1.211	£12.330	0	↔
	£33.263	4%	37%		
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)	%	96.0%	96.1%	>95%	●
Savings The 2026/27 IMTP submitted identified **£44.9m** of savings which included, division identified schemes of **£13.2m**, QIA and workforce savings of **£14.7m**, and pipeline savings of **£17m.**	£'000	3,984	14,985	44,937	↑

Target	Unit	Cash Guideline	Actual	Variance	Rating
Cash The Health Board must not end any month with an overdrawn cash balance. Welsh Government also sets an advisory maximum month-end cash balance of £6m, which should not be exceeded.	£'000	6,000	4,264	1,736	●



Risks

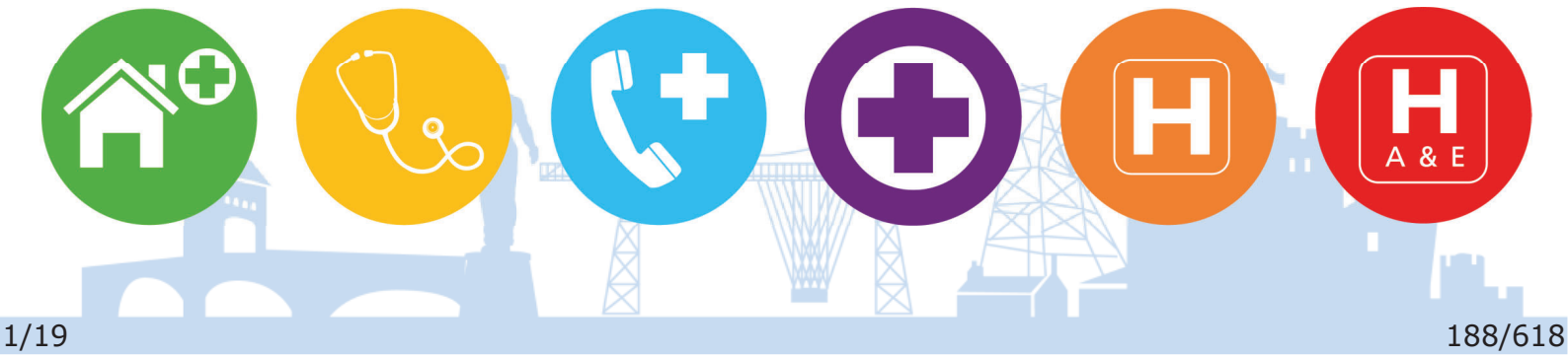
- **Resident Doctors risk impact of potential cost of additional doctors to comply with medical rotas over and above funding currently anticipated.**
- Full receipt of DPIF funding for LIMS and RISP – this funding was assumed at risk
- Full receipt of wage award pay and terms & conditions funding
- JCC developments >1.11% uplift, expected to be managed through JCC savings plans.
- Inflation & Change in Utilities pricing – as advised by NWSSP
- Full mitigating actions / increased savings to offset net unmitigated increase in cost pressures not aligned with planned assumptions (£6.9m).
- Opportunities reducing the net mitigating actions required not realised (£1.9m)
- Operational pressures to achieve targets and manage demand
- Full receipt of all wage award and terms & conditions funding.
- Additional investments agreed above plan.
- Streamliners – availability of vacancies

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

ABUHB BOARD

IPR Appendix 2: Q2 2026/27 Progress Against Planned Milestones

November 2026 Board



Population Health and Prevention

Priority	Q2 Planned	Q2 Progress	Q2 Comments
Health Protection	Increase the number of Bowel Screening accredited clinicians	Off track within tolerance	Increasing bowel screening accreditation remains constrained. Two consultants currently provide limited input to BSW, with significant reliance on the external insourcing provider IDMedical. A paper on Agenda for Change payment rules and payments for external providers has been submitted to the Exec. The current arrangements remain a barrier to internal uptake.
	Implement Vaccination Equity plan	Off track within tolerance	The vaccination equity action plan has been developed and presented PHPP Committee in October 2026.
	Priorities from DHP vaccination report targeted & delivery planned	Complete/On schedule	Delivery of the vaccination priorities is progressing through Vaccination Brief Awareness training. Over 200 staff have been trained, including all borough health visiting teams. Expansion will target the Integrated Wellbeing Network programme and school vaccination champions. Training additional health protection colleagues was planned in Q2 to increase delivery capacity.
	Commence pilot latent TB case finding service & implement TB action plan	Off track within tolerance	The Gwent TB Elimination Plan was reviewed by the Executive Committee in July 2026. The business case to stabilise the existing TB service and enable a proactive case-finding model has completed the PIP process, with Executive sign-off due in November 2026. The latent TB case-finding pilot cannot commence until the business case is approved and the service is stabilised, owing to the risk of service collapse.
	Progress local HIV action plan	Complete/On schedule	The local HIV action plan is being implemented through Fast Track Gwent. An audit against the national action plan was completed and returned to WG in August, identifying actions including closer working with primary care, due to commence in Q3. The sexual health steering group met for the second time in September. Future meetings will include a specific update on an area of work to inform a workplan that includes HIV.

Population Health and Prevention

Priority	Q2 Planned	Q2 Progress	Q2 Comments
Health Protection	Implement C-Card evaluation action plan & service expansion	Off track within tolerance	C-Card evaluation remains in progress, with analysis and implementation of findings not yet started. Focus groups with young people across Gwent took place from June to August, and a survey launched in early September is due to close at the end of October. Wider promotion and a further attempt to convene an under-16 focus group are planned in October. Expansion activity is engaging schools and colleges following the withdrawal of school nursing support. Access for home-educated young people still needs to be considered.
	Develop incident pathways for Public Health Response Plan	Complete/On schedule	Incident SOPs and pathways for the Public Health Response Plan are being developed as required with PC HeaRT and wider Health Board services. Mpox updates for SRH have been completed.
	Major Incident Exercise	Off track within tolerance	Work on the Major Incident Exercise has been paused because of team pressures and limited capacity. Development of a local operational manual is awaiting the WG health protection operational manual to ensure alignment. PC HeaRT already has an operational manual covering testing and post-exposure prophylaxis. Drafting of the ABUHB Pandemic Plan has begun, with a first draft planned for the HCID group in December. No exercise date or delivery outcome has been reported.
Health Improvement	Delivery of Gwent Connect5 training in Blaenau Gwent & Torfaen to improve wellbeing	Off track within tolerance	Work supporting Gwent Connect5 delivery in Blaenau Gwent and Torfaen continues through the communications and engagement plan. 4Minds, the training coordinators, have made substantial improvements to the booking and evaluation tool. A sustainable delivery solution has not yet been secured. Training activity and wellbeing outcomes have not been reported.
	Further develop Healthy Weight Alliance & collaborate with Gwent Sports Partnership	Complete/On schedule	The Healthy Weight Alliance continues to develop. Its July face-to-face event covered weight-loss medication, green-space use, weight stigma and youth voice, with collaborative work continuing between events. An October event was planned to consider play and consult on the WG Culture and Sport vision. The HWA Steering Group has been established and held two meetings. Its October meeting was postponed to support BGT Pathways work. Specific progress with the Gwent Sports Partnership has not been reported.

Population Health and Prevention

Priority	Q2 Planned	Q2 Progress	Q2 Comments
Health Improvement	Continue progress made with managing demand & 'right sizing' for specialist weight management services	Complete/On schedule	Face-to-face and digital specialist weight management services continue to report good engagement and weight-loss outcomes, with progress against Year 1 evaluation recommendations. Q2 data were expected by mid-October. Procurement discussions for next year have begun, and additional capacity for 2026/27 is being progressed. The update does not quantify demand, capacity or progress towards right-sizing the services.
	Implement local action plan for suicide prevention & self harm community response	Complete/On schedule	Implementation and monitoring of the local suicide prevention Delivery Plan continue through SG, EAG and the Suspected Suicide Review Group, with consideration of new national frameworks and guidance. Funding for the Local Bereavement Support Service has been secured for Q3 and Q4 through ABUHB Charitable Funds, and for 2027/28 by JAF through Moon Dance Funds. The contract is monitored quarterly. The community response pilot is due to begin in Q3. The Suicide Prevention Service pilot remains operational, with Q2 contract monitoring scheduled in Q3 and an interim evaluation begun at the end of Q2 for completion in early Q3. Specific progress on the self-harm community response has not been separately reported.
Prevention	Scale up MDT support model & embed within Place Based Care through the 4 Integrated Service Partnerships Boards	Complete/On schedule	The MDT support model is being scaled through Integrated Neighbourhood Teams across the ISPBs. SPPC funding has been secured for Service Improvement Managers to lead locality planning, strengthen multidisciplinary working and support a population health approach. Pan-Gwent rollout, EMIS Community implementation and strengthened outcomes evaluation are planned for Q3. Progress across each of the four ISPBs has not been separately reported.
	Develop Health Coach team & align to GP practices for delivery of Brief Intervention	Significantly off track	Development of the Health Coach team and alignment with GP practices remain dependent on funding. WG and PHW funding for the All Wales Diabetes Prevention Programme is being withdrawn. Executives supported the proposal in the 5 May options appraisal, but core Health Board funding could not be identified.

Population Health and Prevention

Priority	Q2 Planned	Q2 Progress	Q2 Comments
Prevention	Train primary care on Diabetes & CVD unified model	Significantly off track	Progress on training primary care in the unified Diabetes and CVD model has not been reported. Delivery is affected by the withdrawal of WG and PHW funding for AWDPP. Executives supported the proposal in the 5 May options appraisal, but core Health Board funding could not be identified. Further Executive discussions with WG officials and a PBC deep dive later in October are planned. Without additional funding, AWDPP and the CVD Risk Factor Management Service will not continue.
	Review & development of Cancer Prevention as part of the Gwent Cancer 2035 delivery framework	Complete/On schedule	Development of the Prevention Pillar within the Gwent Cancer Plan 2035 is underway. Publication of the plan is due in spring 2027.
	Surface intelligence around agreed cohorts to stakeholders for proactive prevention action	Significantly off track	The South Monmouthshire PHM proof of concept has focused on enabling primary care data flow during April–September 2026. Information Governance, DPIA, Digital and Cyber work was completed, but DHCW approval of the ABUHB–Optum contract delayed progress by approximately two months. Approval is now resolved, and the purchase order requested by Optum was supplied in September. No primary care data have yet been received, leaving delivery significantly behind schedule and limiting the ability to surface cohort intelligence for proactive prevention. The Gwent Public Health Team continues to develop use cases and cohorts and align the proof of concept with the national PHM approach. Team members contribute to the CMO-led Wales National Communities by Design programme. The proof of concept will test combining primary care, secondary care and wider determinants data to generate actionable insights and inform the national model.

Population Health and Prevention

Priority	Q2 Planned	Q2 Progress	Q2 Comments
Babies, Children & Young People	Seek PSB approval of Best Start in Life (BSiL) delivery plan & agree monitoring framework	Complete/On schedule	Draft Best Start in Life documents have been developed for PSB consideration: The Gwent Best Start in Life: The Journey So Far, The Gwent Best Start in Life Regional Delivery Plan, and An Early Years Framework for Action: Building an Early Years System in Gwent for The Long-Term. Leads have been identified for five of the six priorities, with PSB support requested to identify the remaining lead. Leadership and RMG members have directed plan development. Further refinement and engagement with children and families will follow PSB feedback. A BSiL update report and contribution to the PSB annual report have been prepared. PSB approval and agreement of the monitoring framework have not yet been confirmed.
	Undertake preparation for September 26 School term ensuring learning from 25/26 is applied	Complete/On schedule	Model of delivery reviewed based on previous years data. Proportional universal approach to target lowest uptake schools.
	Develop action plan to deliver Healthy Child Wales 2	Significantly off track	Welsh Government has paused programme. Healthy Child Wales 2 is being reviewed and a staggered approach is being considered.
	Targeted engagement with families re-referred to SPACE wellbeing to improve outcomes aligned to NEST/ NYTH	Complete/On schedule	Targeted engagement is undertaken when families are re-referred to SPACE wellbeing: coordinators contact families to understand the reasons and identify any changes needed to the support offered. The Regional SPACE Steering Group reviews patterns and trends across Gwent panels to support timely referrals and the NEST/NYTH No Wrong Door principle. Resulting changes in family outcomes have not been reported.
Place Based Care	Following pilot evaluation, agree implementation approach	Complete/On schedule	The Community Breathlessness Hub has been established and is reported as the first model of its kind in Wales. Delivery includes a weekly multidisciplinary service, a dedicated Navigator role and a single coordinated pathway spanning respiratory, cardiology, diagnostics, therapy and community support. The update demonstrates implementation, but does not report pilot evaluation findings or confirmation of the agreed post-evaluation implementation approach.

Population Health and Prevention

Priority	Q2 Planned	Q2 Progress	Q2 Comments
Safe Spaces	Implement VAWDASV needs assessment recommendations with multi-agency partners	Off track within tolerance	The VAWDASV Joint Strategic Needs Assessment was launched on 28 September with Jane Mudd, OPCC for Gwent, and Tanya Evans, Chair of the Gwent VAWDASV Board. Recommendations have been presented to the ABUHB Executive Board through a Board paper and shared with the Community Safety Board. A Wales-wide stakeholder webinar on findings, recommendations and next steps was scheduled for 15 October 2026. Delivery has not been confirmed. An article using the qualitative data is being developed for submission to the Journal of Public Health in Q3. Progress on implementing specific recommendations with multi-agency partners has not yet been detailed.
	Working in Partnership Analyse primary care data, working with GP practices to identify people for the Warmer Homes Project	Complete/On schedule	The Warmer Homes partnership has progressed through Gwent Warm and Well, which opened for referrals on 29 September 2026. Phase 1 targets children aged 17 and under with a respiratory condition. Referral partners include respiratory outpatient clinics and Bellevue Surgery, Glan-Yr-Afon Surgery, Rugby Surgery, Beechwood Medical Practice and Ringland Medical Practice. For the Gwent-wide affordable warmth service, the specification is complete and Single Tender Action has been agreed, with a programme upper limit of £200,000 over two years and a stated award sum of £75,000. Both documents await approval to proceed to award. The third sector partner has secured funding to expand eligible cohorts in Q3. Analysis of primary care data and the number of people identified have not been reported.
Healthy Places	Blaenau Gwent Green Space initiative to improve health and wellbeing through the use of gardens and outdoor space	Complete/On schedule	The Blaenau Gwent Green Space initiative has progressed through commissioned research on under-utilised spaces, including community and stakeholder engagement and site observations. The final report has been shared with the council's Local Development Plan, Parks and Play teams to inform policy and programme development. Findings will also inform future Gwent Healthy Weight Alliance priorities. Delivery outcomes from gardens and outdoor-space use have not yet been reported.
	Continue roll out of bitesize skills sessions for teachers including grounding techniques & stress response	Complete/On schedule	Bitesize skills sessions for teachers continue, with the range expanded to include ASD- and ADHD-friendly classrooms, five stress responses, sensory seeking and sensory avoidance. Sessions are reported to be generally well attended and positively evaluated. Recorded webinars will be explored over the next two quarters. Delivery of grounding techniques has not been separately detailed.

Place Based Care

Priority	Q2 Planned	Q2 Progress	Q2 Comments
Access & Sustainability	Completion of procurement for returning available directly supported GP practices to independent contractor status	Complete/On schedule	Procurement to return available directly supported GP practices to independent contractor status is ongoing, with completion anticipated in Q3.
	Respond to individual dental practice requests and monitor for additional adjustments	Complete/On schedule	No dental contractual adjustments have been requested to date. The mid-year review is underway, including detailed review of contract activity and face-to-face meetings with contractors to discuss contractual positions and any issues. Q3 engagement events with the profession will provide a further opportunity to raise queries and identify any adjustments needed.
	Maximise Pharmacy Independent Prescribing and Common Ailment Service	Complete/On schedule	Use of the Common Ailment Service and Pharmacy Independent Prescribing Service has increased. In the 12 months to September 2026, CAS consultations rose by 28% compared with the same period to September 2025. PIPS consultations increased by 39% and provider numbers by 17% over the same comparison period.
Quality of Life	Develop National Dementia Advocacy service specification with ambition of place-based delivery aligned with local hub	Complete/On schedule	A draft National Dementia Advocacy service specification has been developed with other RPB Dementia Leads. WG clarification on future procurement is awaited, although equal allocation of funding across the seven regions from April 2027 has been confirmed. Discussions on the Gwent host for regional delivery are ongoing, with resolution expected in Q3. Alignment of place-based delivery with the local hub has not yet been detailed.
	Operationalising new workstreams (Workforce, Clinical Delivery, Digital & Data, Children, Young People and Families, and Bereavement and Carer Support) aligned to New National Service specification & competency framework	Off track within tolerance	Workstreams 2, 4 and 5 have been implemented. Leadership and support arrangements are being established for workstreams 1 and 3. Mapping against the new national service specification and competency framework has begun, and risks have been escalated to the Executive team. The update does not identify the numbered workstreams by name, so progress against Workforce, Clinical Delivery, Digital & Data, Children, Young People and Families, and Bereavement and Carer Support cannot be individually confirmed.
	New workstreams commence with a whole system approach and measurement of success agreed with key performance indicators	Off track within tolerance	Not all new workstreams have commenced because of limited workforce capacity. Escalation meetings are in place to support intended programme delivery. The whole-system approach and agreement of success measures and key performance indicators have not yet been reported.

Place Based Care

Priority	Q2 Planned	Q2 Progress	Q2 Comments
Improving Quality & Experience	Explore options to engage on a multi agency basis to reduce inequity	Complete/On schedule	Multi-agency work to reduce health inequalities continues through the Tier 3 service model, with collaborative assertive outreach and mobile clinics improving access for vulnerable and disengaged service users. Q2 focused on working with temporary accommodation providers to strengthen referral and engagement pathways for people at risk of homelessness. Q3 will focus on collaborative MDT arrangements to support equitable service access.
Place Based Care	Engage partners across social care & voluntary sector to co-design implementation for Torfaen & Blaenau Gwent	Complete/On schedule	Social care, health and voluntary sector partners are being engaged to co-design Place Based Care implementation in Torfaen and Blaenau Gwent. The work focuses on prevention, community capacity, neighbourhood working and coordinated support for local populations.
	Bring together clinicians from across Gwent to agree the future multidisciplinary delivery approach and define its role in Place Based Care	Complete/On schedule	Clinical engagement across Gwent has commenced to develop and agree the future multidisciplinary approach within Place Based Care. Work is defining the model's role, functions and interfaces, drawing on local arrangements and pathway developments. Further engagement is planned to agree a consistent Gwent-wide framework adaptable to local population needs.
	Explore options for community Audiology	Complete/On schedule	A Task and Finish Group has been established to explore options for community-based Audiology services, including the implementation of Primary Care Audiology and ear wax removal services. An initial scoping meeting is scheduled for Q3 to consider potential delivery models.
	Review progress and work toward achieving 61% weekend working	Complete/On schedule	Progress towards the 61% weekend working milestone is overseen by the Divisional Nurse, supported by Heads of Nursing, Deputy Heads of Nursing and Senior Nurses across District Nursing. Monthly divisional reviews and weekly team-level deep dives identify variation and support consistent scheduling of appropriate patient activity across seven days. Teams accept new patients at weekends and on bank holidays, supporting admission avoidance and timely discharge. The current percentage achieved against the 61% milestone has not been reported.

Place Based Care

Priority	Q2 Planned	Q2 Progress	Q2 Comments
Resilient & Connected Communities	Co-produce social prescribing model through joint design sessions with NCNs, Integrated Wellbeing Networks, local authority & voluntary sector partners	Off track within tolerance	The IWN team is working with NCNs, local authorities, housing associations, leisure trusts and third sector partners to develop social prescribing models in each locality. Each locality has an online directory of community assets supporting self-navigation to local groups, activities and support. Practitioners are funded on a short-term basis through NCN and RIF arrangements, and Blaenau Gwent NCNs fund the Elemental digital platform. Piecemeal funding means workforce and digital capability are not adequately resourced or equitably deployed across Gwent.
	Establish and roll out the carer-friendly accreditation model	Complete/On schedule	The Carers Strategic Partnership approved an options appraisal on 1 April 2026 to implement the Investors in Carers Programme. The programme structure has been developed. Adferiad staff have completed train-the-trainer activity and carer awareness sessions have been rolled out. Facilitator training for accreditation is underway. Awareness training covers identifying unpaid carers, understanding caring responsibilities, recognising support needs and creating a carer-friendly culture. Sessions are available online or in person. Accreditation awards or rollout coverage have not yet been reported.
	Develop a transport & health needs assessment to identify access barriers	Complete/On schedule	Work has begun to explore patient and public navigation options as part of understanding population health needs and equitable access to services. Completion of the transport and health needs assessment and identification of specific access barriers have not yet been reported.

Timely Access to Care: Urgent and Emergency Care

Priority	Q2 Planned	Q2 Progress	Q2 Comments
Access & Sustainability	Relaunch of Care Home Escalation Framework	Complete/On schedule	The Care Home Escalation Framework has been relaunched through redistribution to all care homes, promotion at the Caerphilly Care Homes event and inclusion in regular newsletters. A case study demonstrating successful use has been prepared for future promotion.
	Commence agreed CAL model post evaluation	Complete/On schedule	The Community Assessment Lounge closed on Friday 7 August, and the Front Door Response Hub pathway moved to the Transfer Lounge. The update does not describe the evaluation findings or confirm the agreed post-evaluation CAL model.
	Refresh Community Capacity analysis	Complete/On schedule	The Community Capacity analysis refresh has not progressed. Changes to the Six Goals programme, development of the Urgent and Emergency Care Board and the Older Person's Pathway have affected delivery.
	Continue review of flow centre pathways	Complete/On schedule	Flow centre pathway reviews are progressing, initially focusing on head injury. Changes have been made to improve risk-based decision-making and ensure patients are assessed in the most appropriate setting.
	Assess opportunity for community falls response linked to assistive tech	Complete/On schedule	The community falls response initiative linked to assistive technology has been de-prioritised following assessment of the existing Gwent model. Local authorities already provide assistive technology, and WAST commissions Level 1 and Level 2 community falls responses. Pendant alarms alert regional monitoring, which escalates to WAST where required. Although models vary across Wales, the assessment identified no evidence that a change is currently required in Gwent.
	Continue to ensure the Criteria Led Discharge framework is applied 7 days a week	Complete/On schedule	Criteria Led Discharge continues to be embedded and promoted through the Optimal Hospital Flow Framework, with oversight from the Integrated Discharge Board. The update does not confirm the extent of seven-day application.
	Define the optimal discharge pathway & co-design with stakeholders	Off track within tolerance	The discharge pathway review commissioned by the Regional Partnership Board has been paused pending clarity on the 2027/28 RIF allocation and criteria. Definition and co-design of the optimal pathway therefore remain dependent on that clarification.

Timely Access to Care: Urgent and Emergency Care

Priority	Q2 Planned	Q2 Progress	Q2 Comments
Access & Sustainability	Monitor impact & identify further areas to pilot TA	Off track within tolerance	The TA pilot with Caerphilly and Monmouthshire at YYF and NHH demonstrated minimal benefit. Regional TA monitoring by NHS P&I is planned to progress across health and social care and share best-practice examples. Further pilot areas have not been identified in the update.
	Design Acute Medicine patient pathways, workforce model and financial plan	Complete/On schedule	Design of the Acute Medicine model is progressing through a monthly oversight group supported by the Executive Medical Director. Workstreams include GP provision in SDEC, returners, first-floor reconfiguration and modelling of the optimal sustainable long-term model. Pathways, workforce and finance are being developed as key enablers.
	Undertake 12-week consultation period on Stroke inpatient rehabilitation model	Complete/On schedule	The stroke rehabilitation model has transitioned to business as usual. A stroke oversight group is to be established, with acute and rehabilitation subgroups to explore ongoing strategic and operational opportunities. The update does not explicitly confirm completion or findings of the 12-week consultation.
	Engage wider stakeholders, including Local Authorities, voluntary sector, primary care, and community partners	Complete/On schedule	Wider stakeholders are engaged at all levels of the UEC programme, from the Board to task-and-finish groups. This includes Llais, WAST, local authorities, the voluntary sector, primary care and community partners. Engagement and communication are core components of workstream plans.
Improving Quality & Experience	Evaluation of eTriage	Complete/On schedule	The eTriage evaluation is complete. Reported utilisation is 70% in minor injury settings and 50% in the Emergency Department. The evaluation identified further development needs, including integration with existing systems and opportunities associated with WECDS.
	Develop Head injury pathway, initially looking at navigation within hospitals	Complete/On schedule	The head injury pathway review has concluded through the flow centre pathway programme. The pathway sets criteria to navigate patients safely to the most appropriate setting for initial clinical assessment.

Timely Access to Care: Cancer and Planned Care

Priority	Q2 Planned	Q2 Progress	Q2 Comments
Access & Sustainability	Continue oversight of eight-week trajectories diagnostics improving MR, CT & Ultrasound	Complete/On schedule	MR, CT and Ultrasound are funded through the 2026/27 Planned Care Recovery programme. September data showed the modalities broadly in line with the recovery trajectory, with 1,041 planned compared with 1,085 actual. The trajectory aims to eliminate eight-week breaches by the end of December.
	Take targeted actions on demand management schemes to benefit 52-week outpatient position	Off track within tolerance	Targeted demand management actions are progressing to support the 52-week outpatient position. Planned Care Recovery funding has been approved to continue and expand GP triaging and support validation activity, some of which will affect the 52-week position. A GP hub is being explored, and specialties are taking further targeted action to increase triage capacity.
	Quarterly cancer backlog reduction to 9% or less	Off track within tolerance	The cancer backlog remained above the target of 9% or less in Q2. Monthly performance was 9.7% in July, 10.8% in August and 9.4% in September. Reported overall quarterly performance was 9.9%.
	Monitor pathway cancer recovery groups compliance	Complete/On schedule	Cancer recovery groups continue to be monitored. No tumour-specific backlog reduction approach has been implemented or agreed for future development. Current recovery activity supports the overall Health Board trajectory. Pathway-level compliance results have not been reported.
	Radiology Workforce plan development RJC Agreement of the business case for Regional Cellular Pathology Regional Ophthalmology Alliance Model – Cataracts Pilot	Off track within tolerance	Radiology: The Regional Radiology Programme has agreed a demand and capacity methodology, with data expected at the November programme board. Workforce plan development has not yet commenced. Regional Cellular Pathology: The business case remains at an early stage, focusing on the case for change and the national South Wales position on a one- or two-site model. Discussions are ongoing between SWW and SEW Programme Leads. RJC agreement has not been reported. Regional Ophthalmology Alliance – Cataracts Pilot: Work continues to finalise the 2026/27 Regional Cataract Provider Plan, including administrative arrangements needed for implementation and stable regional delivery. RJC has discussed a potential Single Managed Service model for ophthalmology across South East Wales, providing a basis for further work on regional integration. Cataracts pilot outcomes have not been reported.

Timely Access to Care: Cancer and Planned Care

Priority	Q2 Planned	Q2 Progress	Q2 Comments
Access & Sustainability	Implementation of OpenEyes, OPERA & shared Patient Treatment List (PTL)	Complete/On schedule	Implementation of OPERA and OpenEyes continues across primary and secondary care. OpenEyes development supports access and integration across the pathway, while OPERA is being implemented as the referral route into secondary care. Further pathway work aims to align the systems, minimise duplication and support a consistent regional digital model. Following the DHCW workshop at the end of September, agreement was reached to continue discovery for a shared cataract waiting list and single point of referral. This may support shared lists in other regional specialties. Implementation of a shared PTL has not yet been confirmed.
	Develop comprehensive strategic workforce plan	Off track within tolerance	The Regional Ophthalmology Workforce Plan is being developed through a subspecialty approach. Workshops are planned for two further ophthalmic subspecialties to assess workforce capacity, skills and future regional requirements. Completion of the comprehensive plan has not yet been reported.
Improving Quality & Experience	Specialties to progress and track compliance with CIN Frameworks	Off track within tolerance	CIN Frameworks and improvement areas are reviewed through the Planned Care Board, including the top three priorities for each framework and generic issues. Health Board teams engaged with NHS P&I during Q2 to review submissions and receive feedback. Follow-up will be progressed through the Planned Care Board, divisions and directorates. Specialty-level compliance results have not been reported.
	Implement plans to improve psychology support for cancer patients	Off track within tolerance	The business case for additional workforce to improve psychology support for cancer patients is near completion. Work is currently paused pending the outcome of the National Strategy and Prehabilitation Business Case. Implementation has not yet been reported.
Quality of Life	Improve health & wellbeing for patients accessing planned care through proactive preparation for treatment	Off track within tolerance	The Keeping Well Service is supporting proactive preparation for planned treatment. In Q2, 572 laparoscopic cholecystectomy patients and 536 hernia patients were contacted. 502 patients on the laparoscopic cholecystectomy waiting list and 443 on the hernia waiting list received support. The service also received 263 inbound calls. Planned developments include active support for Lower GI hernia patients, extension to pilonidal sinus and haemorrhoidectomy pathways, and renewed engagement with T&O to support surgical patients. Text and email contact has been established for patients not reached, alongside contact through services as part of the waiting-list pathway.

Timely Access to Care: Cancer and Planned Care

Priority	Q2 Planned	Q2 Progress	Q2 Comments
Embedding Value & Efficiency	Use Perfect Month learning & national benchmarking to design an action plan for wider roll out	Significantly off track	Development of a wider rollout action plan using Perfect Month learning and national benchmarking is paused because refurbishment at RGH is limiting elective orthopaedic beds. The work will be reconsidered once the ward refurbishment is complete.
	Direct listing for cataracts	Complete/On schedule	South East Wales Health Boards have agreed not to implement direct listing for cataracts, as patients require a stage 1 outpatient appointment before listing for stage 4 surgery. External reporting has been changed so that waiting lists are reported at the surgery stage. The Regional Ophthalmology Programme Board agreed the report on 22 September 2025.
	HVLC in General Surgery roll out (subject to coding agreement)	Off track within tolerance	HVLC list maximisation continues, with plans being mobilised to increase delivery in General Surgery. Theatre data system limitations make it difficult to isolate HVLC lists and report compliance accurately against the GIRFT/Enabling Action of six gallbladders and hernias per list. Work to improve reporting capability is ongoing. Agreement on coding has not been confirmed.
	Implement eight additional pathways	Off track within tolerance	Four new pathways were implemented in Q2 against the planned additional eight, bringing the total to the 200-pathway milestone. Delivery was affected by reduced clinical editing capacity, changes impacting pathway development and the holiday period.
	Embed through targeted communication & clinical interface groups	Off track within tolerance	Local and national communications continue to support pathway embedding. Governance and accountability for Clinical Interface Groups remain to be established between the corporate medical directorate, corporate planning and divisions. Some groups currently operate informally.
	Template review & standardisation roll out by specialty (new, follow-ups)	Off track within tolerance	Clinic template review and standardisation are being supported by a programme to improve template and utilisation data quality. This will provide more accurate information on slot numbers, the new/follow-up mix and utilisation, helping identify subspecialty discrepancies. Engagement with divisions is due to begin to agree review processes against Royal College and national guidance and job plans. The Outpatient Steering Group will consider standardisation work undertaken and any further actions required.

Timely Access to Care: Cancer and Planned Care

Priority	Q2 Planned	Q2 Progress	Q2 Comments
Embedding Value & Efficiency	Pilot of outpatient booking app in RGH	Off track within tolerance	The RGH outpatient booking app pilot is being explored to improve visibility of live clinic room capacity and automate parts of the allocation process. Current allocations in shared Main Outpatient areas use Excel and Microsoft Forms. Further development is needed to meet requirements, with Planned Care funding intended to support a Q3 pilot.
	Additional specialties in Outpatient treatment Unit	Off track within tolerance	Scoping is underway to increase activity and add pathways in the Outpatient Treatment Unit using 2026/27 Planned Care funding. Work is identifying existing pathways that can expand and new pathways that can begin, including a gynaecology one-stop pathway. This will align with the Theatre Optimisation Group programme to undertake procedures in the most appropriate setting.

Mental Health Access

Priority	Q2 Planned	Q2 Progress	Q2 Comments
Access & Sustainability	Maintain Adults Part 1a & Part 1b national target of 80% compliance	Complete/On schedule	Adults Part 1a and Part 1b remain above the national 80% compliance target. September performance was 84% for Part 1a, compared with 91.1% in Q1, and 92% for Part 1b, compared with 94.5% in Q1.
	Complete pathway review to improve psychological therapies waiting times	Complete/On schedule	A Psychologies Summit was held in September with a wide range of stakeholders to review current pressures and consider opportunities for the year ahead. Completion of the psychological therapies pathway review and its impact on waiting times have not yet been reported.
	Improve Neurodevelopment (ND) waiting times compliance	Off track within tolerance	Neurodevelopment waiting-time compliance was 50.93% in August. Recruitment is ongoing, with improved compliance expected from the start of Q4. Appointments increased from 549 in Q1 to 590 in Q2, and the service continues to report zero patients waiting over 52 weeks. Two pilot initiatives have been implemented to support improvement in compliance.
	Maintain CAMHS Part 2 Care & Treatment Plan (national target of 90%)	Complete/On schedule	CAMHS Part 2 Care and Treatment Plan compliance has been maintained at the national target of 90% in both August and September.
	Engage with partners on plan to fully implement Open Access services for all ages	Complete/On schedule	Engagement with service users is ongoing. The update does not report wider partner engagement or an agreed plan to fully implement Open Access services for all ages.
	Identify mental health estate requirements & potential options. Develop further plans for the Adult Mental Health rehabilitation ward as we move to a community model	Complete/On schedule	Mental health workstreams are progressing to define future models of care and estate requirements. An Older Adult Mental Health options appraisal has been undertaken, including consideration of estate needs. MH&LD requirements are being incorporated into the Health Board Estates Strategy in alignment with the national clinical plan. Specific options for the Adult Mental Health rehabilitation ward and transition to a community model have not been reported.

Mental Health Access

Priority	Q2 Planned	Q2 Progress	Q2 Comments
Improving Quality & Experience	Complete Adults & Learning Disabilities ward accreditation to at least bronze level	Complete/On schedule	All Older Adult wards have achieved at least Bronze accreditation. Ward accreditation continues to roll out across the division. Completion for all Adults and Learning Disabilities wards has not yet been confirmed.
	Carry out mortality reviews and develop improvement plans based on learning	Complete/On schedule	Sudden and Unexpected Death reports are submitted through the corporate Quality and Patient Safety process. The division continues to review its processes to strengthen learning from these deaths. Completion of mortality reviews and resulting improvement plans have not been detailed in the update.
Embedding Value & Efficiency	Develop alternative accommodation options for people with learning disabilities to reduce out-of-area placements	Complete/On schedule	Demand and capacity for people with learning disabilities are being reviewed to inform the service model and longer-term accommodation options. Current and projected placements are being considered as part of this work. Specific alternative accommodation proposals and reductions in out-of-area placements have not been reported.

Women's Health

Priority	Q2 Planned	Q2 Progress	Q2 Comments
Babies, Children & Young People	Strengthen clinical risk recognition & early escalation with improved recognition of maternal & foetal compromise via early warning systems	Complete/On schedule	Clinical risk recognition and escalation are being strengthened through NEWTT 2 and MEWS, which are embedded in maternity services. MEWS has also been extended to the gynaecology ward. BSOTS implementation work and audit are ongoing, with further work planned on Call for Concern.
	Review national audit findings	Complete/On schedule	The national maternity and perinatal audit review is complete and has been shared at CSEG, the Health Board Clinical Standard Group. National neonatal audit programme findings are awaited.
Place Based Care	Continue to develop women's health single point of access (SPOA) for referrals	Complete/On schedule	Development of the women's health single point of access is progressing through the ABUHB women's health webpage. The Digital Team has assessed signposting and potential links to direct-access services, including the Lillie Hub in Sexual Health. The landing page continues to develop, and a number of women's sexual health services are transferring from telephone booking to online direct-access booking.
	Training focused on removing stigma & patient-centred engagement	Complete/On schedule	A funded engagement and social media campaign is running during 2026/27, focusing on ageing well in women, violence against women, pelvic health and preconception. Central confirmation of funding for an external branding company in the final quarter of 2026/27 is awaited. The update does not report delivery of training specifically addressing stigma and patient-centred engagement.
Improving Quality & Experience	Continued improvements to Neonatal Ward through implementation of risk assessment action plan	Complete/On schedule	The service has developed an overarching action plan with four themes: • Culture within the unit • Infection prevention • Staffing • Medication administration Excellent progress has been made against each action within the themes. All actions are RAG-rated, with directorate and divisional oversight and further oversight at the maternity and neonatal assurance and improvement group.
	Strengthen interface between maternity & neonatal services with MDT staff wellbeing training	Complete/On schedule	The maternity–neonatal interface is supported by a wellbeing strategy, a multidisciplinary working group, daily huddles and monthly review. Shared training on compassionate workplace culture is in place.