	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:**	Finance Performance Report – September 2026 (2026/27 Month 6)
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Rob Holcombe – Executive Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: **REPORTING OFFICER:**	Suzanne Jones – Assistant Director of Finance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

This report sets out for the Aneurin Bevan University Health Board:

- The financial performance at the end of September 2026, for statutory targets (Revenue & Capital) and other financial performance targets.
- An assessment of:
  - the year to date spend,
  - the forecast financial position,
  - savings,
  - reserves, and
  - risks and opportunities.

A system link is included for the monthly monitoring return reported to Welsh Government.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report sets out the financial performance at the 30th September 2026 (Month 6) for the 2026/27 financial year.

The 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 financial targets which must be met. The table below summarises these and the Health Board's performance against them.

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

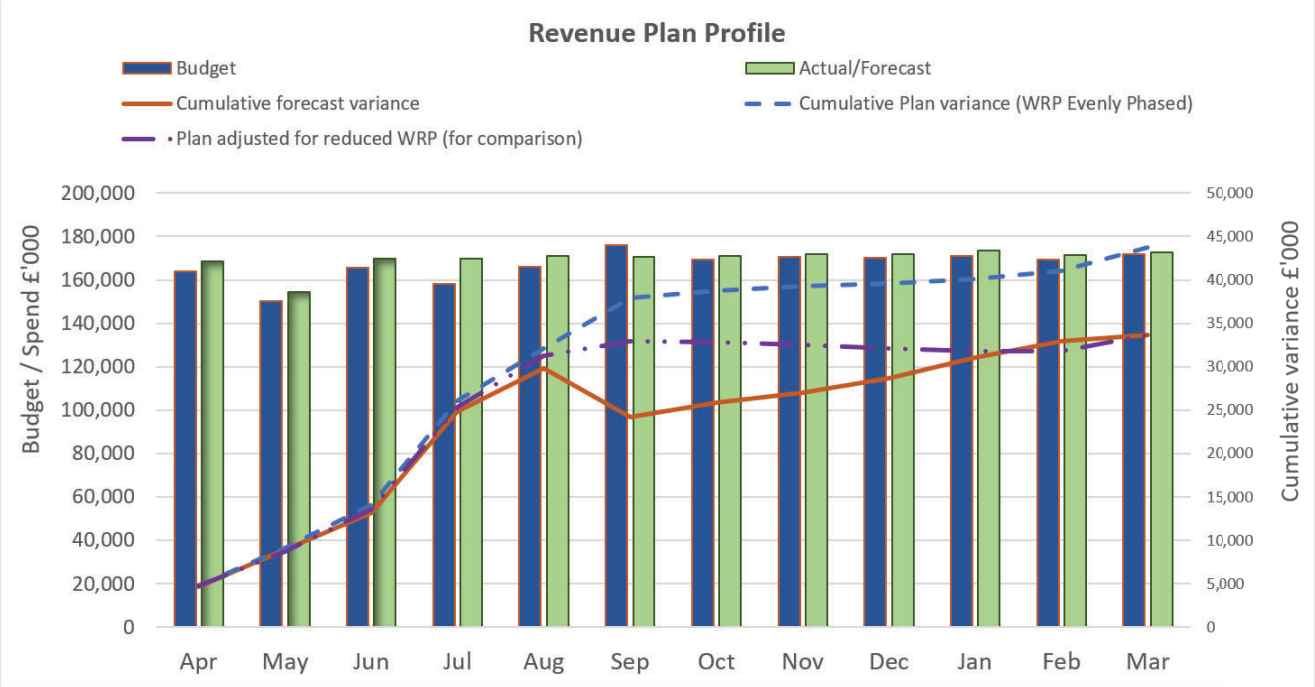
Target	Unit	Current Month	Year to Date	Year-end Forecast	Movement
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year. *This confirms the YTD and forecast variance.*	£'000	(2,503)	27,736	**33,688**	
Capital financial target 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**	

The Health Board is forecasting a year end revenue deficit of £33.7m. The forecast deficit includes full delivery of the £45m savings plan (see Savings section below).

As this is not a balanced financial forecast position it constitutes a breach of the statutory financial duty to break-even.

An annual profile of revenue performance for the Health Board is presented below:



The chart above shows the profile of budget with spend. A significant proportion of savings are forecast to be achieved in the latter half of the year, however spending is expected to remain above budget levels resulting in a forecast overspend.

The cumulative plan forecast variance reflects the reprofiling of Welsh Risk Pool evenly from Month 4 onwards, in line with Welsh Government's requested treatment. In month 6 a further reduction in the Welsh Risk Pool contribution is forecast and subsequently the 'plan' has been adjusted accordingly (dotted purple line) and provided for comparison against actual financial performance.

The reported year-to-date deficit of £27.736m is £6.2m favourable to the revised profiled position, reflecting the early delivery of savings, partially offset by emerging in-year cost pressures.

The favourable improvement of £6.2m year to date is largely as a consequence of:

- Earlier delivery of savings £8.7m favourable, and
- Year-to-date cost pressures: £2.5m adverse

To achieve the Annual Plan financial forecast the Health Board needs to reduce the actual monthly expenditure, mitigate new in year cost pressures and deliver the full level of savings.

Cefndir / Background

At its March 2026 meeting, the Board approved an Annual Plan for 2026/27 (a forecast revenue deficit requires an annual plan not an IMTP). The plan forecast a deficit of £43.7m in 2026/27 and assumed elements of specific additional funding related to national digital initiatives and wage awards, and an ambitious target level of savings delivery of £45m (not all of which were identified).

This table summarises the 2026/27 Annual Revenue Plan:

ABUHB 2026/27	Forecast £m
Starting deficit	18.32
Underlying adjustments	19.87
OPENING UNDERLYING DEFICIT 26/27	**38.19**
Savings (Green/Amber)	(21.14)
Savings QIA to deliver	(6.80)
Further Savings to find (2+%)	(17.00)
TOTAL SAVINGS	**(44.94)**
FUNDING UPLIFT (&DPIF)	**(24.74)**
Demand & Inflation	37.56
National Pressures	4.43
Local Quality Priorities	1.15
Performance Delivery	4.05
Winter/ONP	3.00
TOTAL COSTS	**50.19**
FORECAST DEFICIT (BEFORE WRP)	**18.70**
Welsh Risk Pool (WRP)	25.00
Forecast DEFICIT 26/27 @ Plan & M1	**43.70**

The forecast has subsequently been revised in month 6 to a £33.7m deficit position to reflect the revised forecast of the WRP in Month 2 (£2.1m) and Month 6 (£7.9m) as directed by Welsh Government.

Financial sustainability is a statutory requirement, and governance mechanisms have been established to drive delivery of an improved financial forecast through the Finance & Performance Committee, Value and Sustainability Board and associated workstreams.

Asesiad / Assessment

Revenue Performance

The table below presents the Health Board's performance by delegated budget area:

Summary Reported position - September 2026 (M06)	Full Year Budget £000s	YTD Reported Variance - M06 £000s	Prior month reported variance £000s	Movement from prior month £000s	Full-year Forecast at M06 £000s	Full-year Forecast at M05 £000s	Movement £000s
Operational Divisions:-							
Primary Care and Community	341,319	496	1,774	(1,278)	(307)	439	(746)
Prescribing	125,553	1,285	1,190	94	2,901	2,901	(0)
Community CHC & FNC	75,697	2,683	2,431	252	3,346	3,814	(468)
Mental Health & Learning Disabilities	156,827	3,400	3,317	83	8,151	9,059	(907)
Surgery	165,125	4,875	4,436	439	10,444	10,438	7
Clinical Support Services	143,900	1,546	1,461	85	3,474	3,474	1
Medicine	186,067	4,394	4,537	(143)	7,297	8,436	(1,139)
Urgent Care	44,475	651	886	(235)	1,239	1,720	(481)
Family & Therapies	157,768	1,314	1,090	224	3,400	2,980	420
Estates and Facilities	100,491	(527)	(494)	(32)	(455)	(456)	0
Chief Operating Officer	9,214	21	419	(398)	(1,311)	(1,034)	(276)
Total Operational Divisions	**1,506,438**	**20,138**	**21,048**	**(910)**	**38,181**	**41,770**	**(3,589)**
Corporate Divisions	87,848	8,113	10,013	(1,900)	13,880	21,660	(7,780)
Specialist Services	207,892	450	375	75	899	899	0
External Contracts	122,767	(809)	(674)	(135)	(2,917)	(2,917)	(0)
Capital Charges	52,744	(39)	(39)	(0)	0	0	0
Total Delegated Position	**1,977,689**	**27,853**	**30,722**	**(2,870)**	**50,043**	**61,412**	**(11,369)**
Total Reserves	24,890	(117)	(484)	367	(16,356)	(19,782)	3,427
Total Allocations	(1,986,490)	0	0	0	0	0	0
Other Corporate Income	(16,089)	0	0	0	0	0	0
Total Reported Position	**0**	**27,736**	**30,238**	**(2,503)**	**33,688**	**41,630**	**(7,942)**

Year-to-date Performance

The YTD deficit of £27.736m is £6.2m better than plan, following adjustments for the reprofiling and reduced Welsh Risk Pool contributions. The favourable variance is attributable to the early achievement of savings (£8.7m), offset by £2.5m of new cost pressures arising since the plan was set.

Income

	YTD £m	Full Year £m
WG Anticipated Income	-7.496	37.023
WG Confirmed Income	980.317	1,949.466
Trading Income	65.777	130.351
Total Funding	**1,038.598**	**2,116.840**

The Health Board has reflected anticipated Welsh Government funding where agreement has been indicated. Net anticipated allocations currently total £37.023m. Material items include £27.7m for Agenda for Change pay awards, £7.7m for Medical and Dental Pay Awards, Planned Care Recovery Funding £13.0m (£9.0m additional funding anticipated during Month 6), Resident Doctor Contract Reform £0.8m, offset by a £21.6m (£29.5m in Month 5) reduction in funding in relation to the Welsh Risk Pool (reflected in YTD), and a net £1.5m capital charge increase.

The negative year to date figure is in relation to the profile of the WRP contribution.

Pay

	Month 6 £m	YTD Average £m	25/26 Average £m	Month 6 WTE	YTD Average WTE	25/26 Average WTE
Substantive Pay	74.73	74.35	70.80	13,624	13,709	13,542
Variable Pay	5.55	5.75	5.70	1,109	1,150	1,124
Total Pay	**80.28**	**80.10**	**76.50**	**14,733**	**14,859**	**14,666**

Total pay expenditure for the Health Board in Month 6 was £80.28m, an increase of £0.1m compared with the previous month. Substantive pay increased by £0.635m offset by a reduction in variable pay of £0.508m

The increased expenditure compared to the 2025/26 average is primarily attributable to the A4C pay award (3.3%–5.9%), and the Medical and Dental pay award applied during 2026/27. The full-year impact of these awards is estimated at £35m, with £2.9m recognised each month. The Health Board anticipates receiving full funding to cover the 2026/27 pay award, however, confirmation has not yet been received. Additional substantive posts are driving the balance of increased costs.

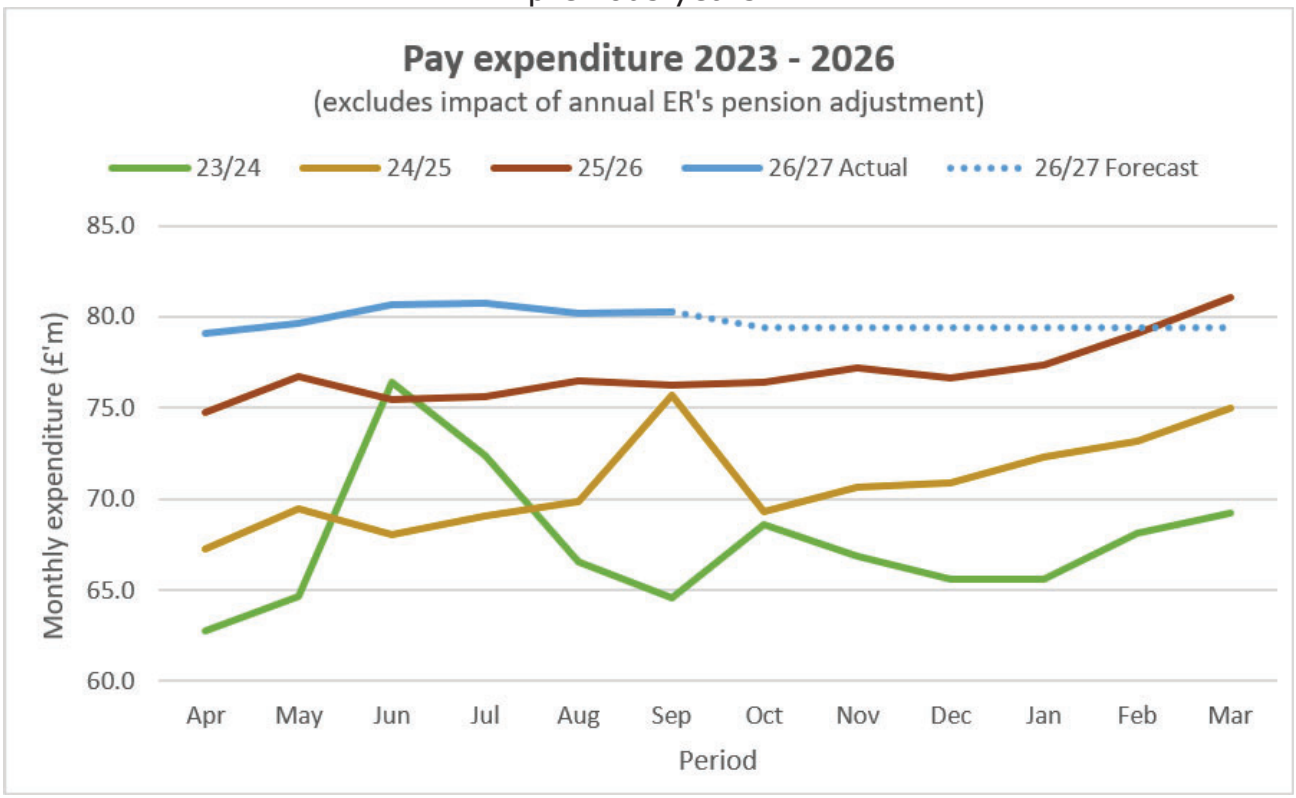
A cost is emerging relating to the level of Streamliners the Health Board is accommodating. Most divisions are reporting the super-nummary period as a pressure, Family & Therapies are reporting a more significant cost impact (c. £0.4m) due to significantly reduced turnover rates, alternative cost mitigation will be required.

Variable Pay:

	Month 6 £m	Month 5 £m	YTD Average £m
Locum	0.41	0.50	0.49
Bank	3.82	4.04	3.71
Agency	1.32	1.56	1.55
Total Variable Pay	**5.55**	**6.10**	**5.75**

Variable pay for the month totalled £5.6m, a reduction of £0.5m compared to month 5. Bank expenditure decreased by £0.2m compared with Month 5. The majority of Bank spend was for Nursing, of which £1.7m was for HCA and £1.6m for Registered Nurses. Agency spend decreased by £0.2m in the month to £1.3m, with Medical Agency accounting for the highest in month spend for any Agency category in month (£0.5m). Medical locum expenditure was consistent with prior months.

The table below shows the pay run rates expected in 2026/27 and actuals for 3 previous years:



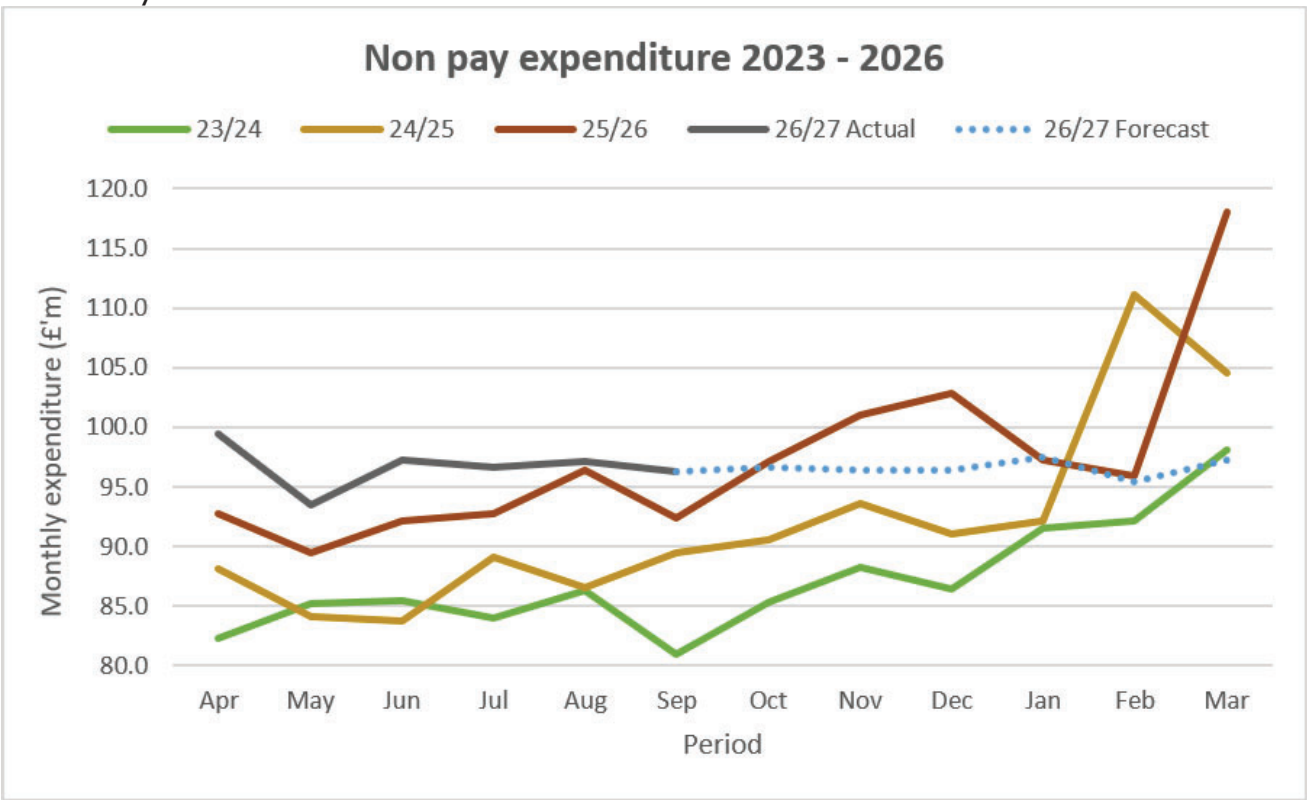
Pay expenditure is expected to remain broadly consistent over the first six months of the year, with a reduction anticipated in months 7-12 as savings plans are delivered. Non-Recurrent, Planned Care Recovery funding in months 5-12 is expected to increase the pay expenditure profile, this will skew the cost reduction and will be reported separately for reference.

Pathway of Care Delays (POCD) Note – these delays are driving significant unnecessary costs estimated at £13.0m for the year to date, with 191 patients fit for

discharge in September due to; 'Health care' (50), 'Social care' (35), and 'Joint' delays (106).

Non-Pay

The table below shows the non-pay run rates expected in 2026/27 and actuals for 3 previous years:



note the increases in March is related to year end accounting / adjustments

Non-Pay spend for Month 6 was £96.2m (excluding Capital charges), which is lower than the average for the first 5 months of the year by £0.6m.

- **Continuing Healthcare (CHC) -** (CHC) Expenditure was £10.2m in Month 6, £0.4m lower than the year-to-date monthly average, this is due to a reduction in in-patient spend.

- **Secondary Care Drugs -** Secondary Care drug expenditure in Month 6 was £5.9m, an increase of £0.4m compared to Month 5. The Month 6 movement in drug expenditure reflects increased Rheumatology high-cost drug spend (£0.2m) and lower rebate income compared with assumptions (£0.1m).

- **Primary care prescribing** –Total Spend £10.3m. Prescribing expenditure remains in line with plan. Item growth is assumed at -0.2% compared to 2025/26 activity levels. The average cost per item is assumed to be £8.22 for the year, based on a starting position of £8.10 in April.

- **Long Term Agreement (LTA) –** During September, £20.1m was spent on LTA's, in line with the average for the year.

- **General Medical Services (GMS) -** expenditure was £10.2m in Month 6, a decrease of £0.2m from Month 5, and in line with expected expenditure levels.

Forecast Position

The forecast deficit for Month 6 has reduced to £33.7m (from £41.6m) due to a reduction in the Welsh Risk Pool forecast of £7.9m, and is inclusive of full delivery of the IMTP savings plan totalling £44.9m. In addition, achievement of the forecast position assumes mitigating actions are identified to offset in-year additional cost pressures.

At month 6, additional cost pressures outside of the submitted plan total £8.8m partially mitigated by £1.9m of opportunities for spend reductions or funding. **The remaining net cost pressure of £6.9m will require further mitigating actions (savings/cost avoidance/funding) in order to achieve the current deficit forecast position of £33.7m.** These pressures pose a further risk if no action is taken to stop or reduce the spend in future months.

Costs outside plan to be mitigated - M6	Additional Costs in additional mitigating actions at m6 £m
Spend Category	**£m**
Acuity / Nursing Workforce	1.6
Resident Dr's	1.4
Digital funding assumed in plan	0.8
Urgent care clinical model	0.7
Urgent Care paediatric nursing	0.6
Critical Care pressures	0.3
Medical staffing	0.6
Secondary care drugs & consumables	0.8
Emerging Winter pressures TBC	3.0
Delayed spending / reserves release	(1.0)
Cost Pressures	**8.8**
Potential Mitigating Actions	**£m**
Assume Connecting care funding (not confirmed)	(0.5)
Successful UEC bids supporting ONP initiatives	(0.4)
Additional Workforce savings	(1.0)
Potential Mitigating Actions	**(1.9)**
Mitigating Actions to be found	**6.9**

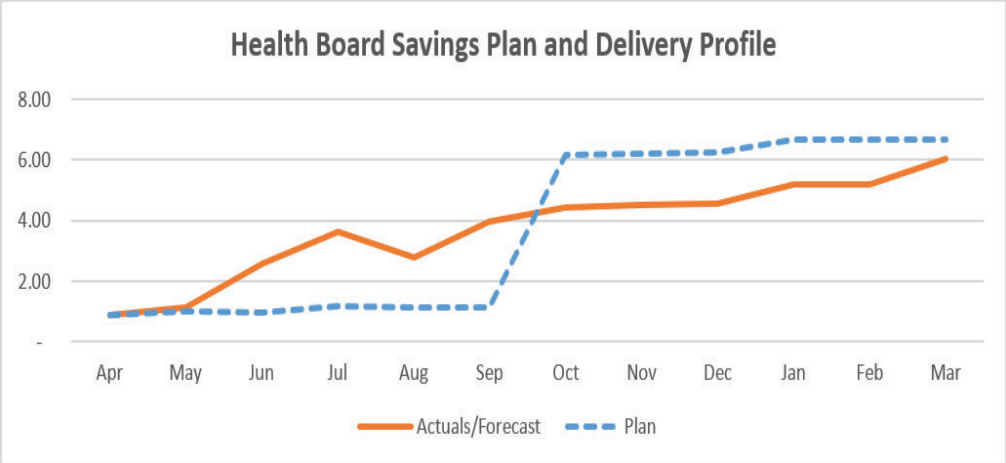
As a matter of urgency, the Health Board requires additional mitigating actions or savings to maintain the current forecast deficit.

Risks remain to this position as stated in the Plan plus emerging in-year risks, as outlined in the Risks section.

Savings

MMR category	Number of Schemes	Annual Plan £'m
CHC and Funded Nursing Care	30	7,074
Commissioned Services	4	636
Medicines Management	66	9,452
Non-Pay	165	13,805
Pay	290	13,970
Total	**555**	**44,937**

The 2026/27 plan submitted by the Health Board to Welsh Government (March 2026), identified £45m savings and opportunities to support the forecast position for 2026/27.



Savings achieved year-to-date total £15.0m, approximately £8.7m ahead of plan.

Reserves

The Health Board has reserves of £24.9m including some areas of anticipated income. All items are committed in line with the Annual Plan or existing recognised costs. A proposal for delegating these has been agreed by the Board.

A small number of reserves are being held for specific areas of expenditure. These will be delegated following internal governance processes but are committed as part of the annual plan spend. However, the availability of these reserves for priorities could be impacted by the need to mitigate new in year cost pressures.

A further breakdown of reserves can be found in the Appendix.

Risks

Risks are reviewed monthly and updated based on the Health Board's assessment of the current level of risk to the financial position and its ability to manage those risks.

The most significant risks to the Health Board are:

- Resident Doctors (£0.7m) – impact of the contract reform change to pay and conditions greater than the funding assumed.
- Joint Commissioning Committee (JCC) savings plan achievement (£1.1m) – the Health Board recognised the plan uplift as 1.11% for the JCC, with priority developments mitigated through savings delivery.
- Full receipt of Digital Priorities Investment Fund (DPIF) funding (£0.6m) – this funding is assumed at risk; bids have been submitted to WG.
- Change in Utilities pricing (£0.8m) – reflecting international implications on energy price certainty.
- Full mitigating actions to offset net increase in cost pressures not aligned with planned assumptions (£6.9m).
- Opportunities reducing the net mitigating actions required not realised (£1.9m)
- Full achievement of savings plans and identification and delivery of opportunities.
- Full receipt of all wage award and terms & conditions funding.
- Additional investments agreed above plan.
- Streamliners – availability of vacancies

Opportunities

Opportunities are reviewed monthly as part of financial reporting. The ABUHB Value & Sustainability Board and divisions and departments are actively engaged in the identification of opportunities to reduce the forecast deficit and to improve the financial position of the Board.

The most significant opportunities, outside of the assumed mitigating actions already required, for the Health Board include:

- Winter Pressure cost lower than forecast - £0.5m
- Potential for national funding
- Further savings beyond current plan

- Favourable movements on financial plan estimates.

Capital

	Plan £m	YTD Spend £m	Forecast Outturn £m	Forecast Variance £m
Total Discretionary Capital	9.9	1.9	10.0	0.1
Total AW Capital Programme	23.7	12.3	23.2	-0.4
Total Programme Allocation and Expenditure	33.6	14.2	33.3	-0.3

The approved Capital Resource Limit (CRL) at Month 6 is £33.596m, including disposal proceeds of £0.003m. Whilst the current forecast indicates an underspend of £0.333m, arising from savings on All Wales Capital Programme (AWCP) schemes, these allocations are subject to confirmation with Welsh Government at the end of October and any excess funding will be removed. Consequently, the Health Board continues to forecast a break-even position against its overall CRL for 2026/27.

Major capital schemes continue to progress well. The Nevill Hall Hospital Satellite Radiotherapy Unit and Royal Gwent Hospital Centralised Decontamination Unit are now operational, with both schemes forecasting modest underspends following final cost reviews and additional VAT recovery. The Targeted Estates Funding (TEF) programme and REFIT Decarbonisation programme continue to demonstrate strong delivery performance, with over 60% of annual allocations expended by the end of September and both programmes expected to complete within their approved funding envelopes.

Strategic developments continue to progress. The Abervalley Outline Business Case is anticipated to be submitted for Board approval during Quarter 4 and is projecting a small underspend. Discussions are on-going with partners in relation to the Monmouth Health and Well-being Centre scheme; any underspends against this scheme will be reported in Month 7. Following procurement, the Royal Gwent Hospital Gamma Camera replacement forecast is back in line with its approved budget and expected to complete by March 2027. During the month, the Health Board secured a further £0.760m of capital funding for Electronic Prescribing and Medicines Administration (ePMA) and Catheter Laboratory equipment.

The Health Board's Discretionary Capital Programme remains balanced with forecast resources of £10.027m. During the month, available contingency funding has been utilised to support a number of high-priority schemes, including digital infrastructure, diagnostic equipment and estate compliance requirements. As a result, the unallocated contingency has reduced from £2.5m at Month 5 to £0.5m at Month 6. The capital programme will continue to be actively managed throughout the remainder of the year to ensure emerging priorities can be accommodated whilst maintaining delivery within the available funding envelope.

DArgymhelliad / Recommendation

The Board is asked to note for assurance:

This report sets out the following:

- The financial performance at the end of September 2026, for statutory targets (Revenue & Capital) and other financial performance targets.
- An assessment of:
  - the year to date spend,
  - the forecast financial position,
  - savings,
  - reserves,
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  - capital

Note: the appendices attached providing further detailed information.



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September 2026 Monthly Monitoring Return:
Key Documents - Aneurin Bevan University Health Board

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

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	ABUHB efficiency compendium Value & Sustainability Board
Rhestr Termau: Glossary of Terms:	A&C – Administration & Clerical A&E – Accident & Emergency A4C - Agenda for Change AME – (WG) Annually Managed Expenditure AQF – Annual Quality Framework AWCP – All Wales Capital Programme AP – Accounts Payable AOF – Annual Operating Framework ATMP – Advanced Therapeutic Medicinal Products B/F – Brought Forward BH – Bank Holiday C&V – Cardiff and Vale CAMHS – Child & Adolescent Mental Health Services C/F – Carried Forward CHC – Continuing Health Care Commissioned Services – Services purchased external to ABUHB both within and outside Wales COTE – Care of the Elderly CRL – Capital Resource Limit Category M – category of drugs CEO – Chief Executive Officer CEAU – Children's Emergency Assessment Unit CTM – Cwm Taf Morgannwg D&C – Demand & Capacity DCP – Discretionary Capital Programme DHR – Digital Health Record DNA – Did Not Attend DOSA – Day of Surgery Admission D2A – Discharge to Assess

	DoLS - Deprivation of Liberty Safeguards DoF – Director(s) of Finance DTOC – Delayed Transfer of Care EASC – Emergency Ambulance Services Committee ED – Emergency Department EDCIMS – Emergency Department Clinical Information Management System eLGH – Enhanced Local general Hospital EFAB – Estates Funding Advisory Board ENT – Ear, Nose and Throat specialty EoY – End of Year ETTF – Enabling Through Technology Fund F&T – Family & Therapies (Division) FBC – Full Business Case FNC – Funded Nursing Care GDS – General Dental Services GMS – General Medical Services GP – General Practitioner GWICES – Gwent Wide Integrated Community Equipment Service GUH – Grange University Hospital GIRFT – Getting it Right First Time HCHS – Health Care & Hospital Services HCSW – Health Care Support Worker HIV – Human Immunodeficiency Virus HSDU – Hospital Sterilisation and Disinfection Unit H&WBC – Health and Well-Being Centre IMTP – Integrated Medium Term Plan INNU – Interventions not normally undertaken IPTR – Individual Patient Treatment Referral I&E – Income & Expenditure ICF – Integrated Care Fund LoS – Length of Stay LTA – Long Term Agreement LD – Learning Disabilities MH – Mental Health MSK - Musculoskeletal Med – Medicine (Division) MCA – Mental Capacity Act MDT – Multi-disciplinary Team MMR – Welsh Government Monthly Monitoring Return NCA – Non-contractual agreements NCN – Neighbourhood Care Network NCSO – No Cheaper Stock Obtainable NI – National Insurance NICE – National Institute for Clinical Excellence

	NHH – Neville Hall Hospital NWSSP – NHS Wales Shared Services Partnership ODTC – Optometric Diagnostic and Treatment Centre OD – Organisation Development PAR – Prescribing Audit Report PCN – Primary Care Networks (Primary Care Division) PER – Prescribing Incentive Scheme PICU – Psychiatric Intensive Care Unit PrEP – Pre-exposure prophylaxis PSNC –Pharmaceutical Services Negotiating Committee PSPP – Public Sector Payment Policy PCR – Patient Charges Revenue PPE – Personal Protective Equipment PFI – Private Finance Initiative RGH – Royal Gwent Hospital RN – Registered Nursing RRL – Revenue Resource Limit RTT – Referral to Treatment RPB – Regional Partnership Board RIF – Regional Integration Fund SCCC – Specialist Critical Care Centre SCH – Scheduled Care Division SCP – Service Change Plan (reference IMTP) SLF – Straight Line Forecast SpR – Specialist Registrar STW – St.Woolos Hospital TCS – Transforming Cancer Services (Velindre programme) TEF – Targeted Estates Funding T&O – Trauma & Orthopaedics TAG – Technical Accounting Group UHB / HB – University Health Board / Health Board USC – Unscheduled Care (Division) UC – Urgent Care (Division) ULP – Underlying Financial Position VCCC – Velindre Cancer Care Centre VERS – Voluntary Early Release Scheme WET AMD – Wet age-related macular degeneration WG – Welsh Government WHC – Welsh Health Circular WHSSC – Welsh Health Specialised Services Committee WLI – Waiting List Initiative

	WLIMS – Welsh Laboratory Information Management System WRP – Welsh Risk Pool YAB – Ysbyty Aneurin Bevan YTD – Year to date YYF – Ysbyty Ystrad Fawr
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team Finance & Performance Committee

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

Aneurin Bevan University Health Board

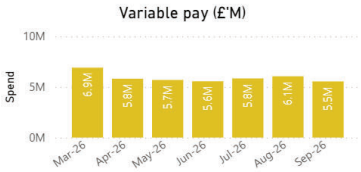
Finance Report – September (Month 06) 2026/27

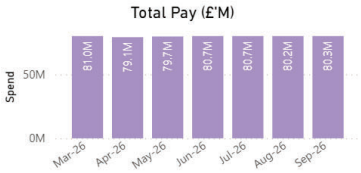
Appendices

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Pay Summary 1 Total pay
Pay Summary 2 Substantive Pay
Pay Summary 3 Variable Pay
Pay Summary 4 Bank & Agency Reasons RN's & HCSW's
Non-pay Summary
Prescribing
CHC Activity & Forecast
RTT & Waiting List Initiatives
Medicine Diagnostic & Outpatients activity
Pathway of Care Delays (POCDs)
New In Year Cost Pressures & Mitigating Actions Required
Savings - RAG rating definitions
Savings - Delivery and forecast summary
Savings – Divisional scheme list
Additional in year cost pressures – outside current forecast
Divisional analysis
Reserves
Cash / Public Sector Payment Policy
External Contracts – LTA's
Joint Commissioning Committee (formerly WHSSC & EASC)
Balance sheet
Health Board Income – Other income
Capital Planning & Performance
Revenue Plan Profile

Pay Summary (1) (excluding 9.4% Pension employer costs paid in March of each year):







Substantive (£'000)

Pay category	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Change	%	Avg 25/26
ADD PROF SCIENTIFIC AND TECHNICAL	2,765	2,870	2,842	2,850	2,867	2,871	2,927	56	2.0%	2,758
ADDITIONAL CLINICAL SERVICES	11,101	9,645	9,720	9,134	10,074	9,454	9,549	95	1.0%	9,275
ADMINISTRATIVE & CLERICAL	11,439	11,730	12,035	11,929	11,988	11,909	11,923	14	0.1%	11,236
ALLIED HEALTH PROFESSIONALS	5,074	5,067	5,046	5,068	5,061	4,981	5,036	54	1.1%	4,821
ESTATES AND ANCILLIARY	3,732	3,793	3,850	3,923	3,797	3,853	3,979	126	3.3%	3,600
HEALTHCARE SCIENTISTS	1,367	1,370	1,383	1,403	1,378	1,393	1,410	16	1.2%	1,333
MEDICAL AND DENTAL	18,405	17,810	17,853	19,463	18,826	18,842	18,885	43	0.2%	17,784
NURSING AND MIDWIFERY REGISTERED	20,246	21,003	21,237	21,345	20,874	20,791	21,021	230	1.1%	20,026
STUDENTS	2	2	2	2	6	5	6	0	3.6%	2
Total	**74,131**	**73,289**	**73,968**	**75,116**	**74,871**	**74,099**	**74,734**	**635**	**0.9%**	**70,836**

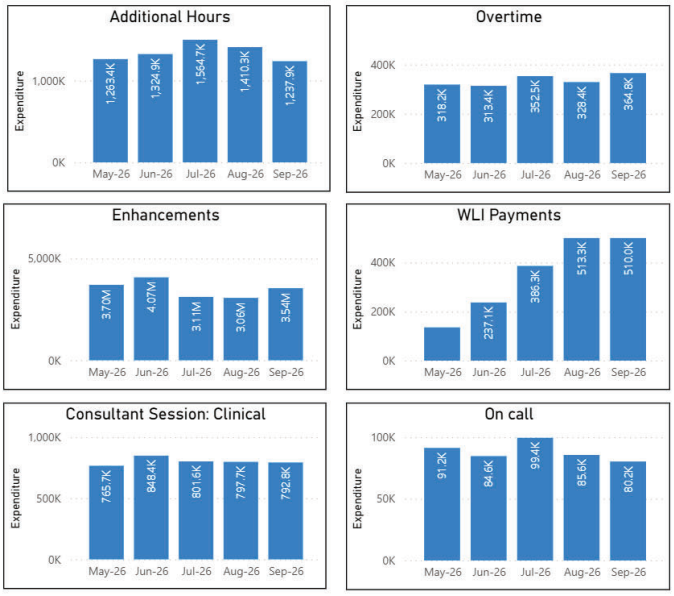
Variable pay (£'000)

Pay category	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Change	%	Avg 25/26
Agency	2,147	1,805	1,343	1,605	1,678	1,558	1,324	-234	-15.0%	2,074
Bank	4,167	3,500	3,839	3,410	3,664	4,040	3,816	-224	-5.6%	3,580
Locum	591	504	510	545	498	456	406	-50	-10.9%	428
Total	**6,905**	**5,809**	**5,693**	**5,560**	**5,840**	**6,054**	**5,546**	**-508**	**-8.4%**	**6,081**

Total pay (£'000)

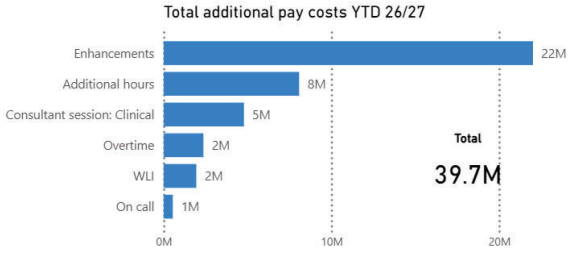
	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Change	%	Avg 25/26
Pay	**81,036**	**79,099**	**79,660**	**80,676**	**80,711**	**80,153**	**80,280**	**127**	**0.2%**	**76,917**

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



Total additional pay by Division (£'000)

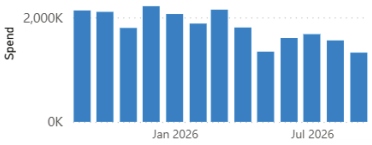
Division	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Total
Medicine	1,435	1,677	1,617	1,586	1,592	**7,907**
Surgery	884	974	1,042	1,112	1,124	**5,135**
Clinical Support Services	776	869	848	869	873	**4,236**
Primary Care and Community	698	762	603	525	647	**3,235**
Family and Therapies	657	718	598	623	624	**3,220**
Urgent Care	597	579	555	464	512	**2,708**
Estates and Facilities	553	608	468	479	576	**2,684**
Mental Health and LD	473	491	400	366	376	**2,106**
CHC and FNC	132	137	107	110	126	**612**
Corporate	72	64	80	65	74	**355**
Total	**6,278**	**6,880**	**6,318**	**6,198**	**6,523**	**32,198**



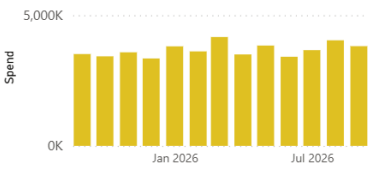
Pay Summary (3): Variable Pay (£'k)

Pay category	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Change	%	Avg 25/26
Agency																
Admin & Clerical Agency	61	20	26	29	54	77	47	-31	4	-3	4	-27	2	29	-109.1%	36
Allied Health Prof Agency	79	68	59	104	148	160	230	139	145	110	177	143	162	18	12.8%	125
Estates & Ancilliary Agency	159	161	103	137	75	103	104	113	108	82	87	102	2	-99	-97.8%	111
Medical Agency	903	1,015	736	972	725	609	735	750	392	716	674	540	542	2	0.4%	877
Nurse HCA/HCSW Agency	84	98	40	126	96	97	129	126	93	98	76	98	40	-58	-59.5%	120
Other Agency	150	97	181	113	90	138	112	46	78	102	62	98	80	-18	-18.3%	117
Registered Nurse Agency	695	646	652	734	875	697	788	662	524	499	598	604	496	-108	-17.9%	687
Total	**2,131**	**2,105**	**1,797**	**2,214**	**2,064**	**1,881**	**2,147**	**1,805**	**1,343**	**1,605**	**1,678**	**1,558**	**1,324**	**-234**	**-15.0%**	**2,074**
Bank																
Admin & Clerical Bank	74	88	101	80	92	72	84	51	68	67	63	65	56	-9	-14.3%	81
Estates & Ancilliary Bank	288	266	274	287	290	286	350	302	344	339	338	408	404	-4	-1.0%	286
Nurse HCA/HCSW Bank	1,622	1,611	1,693	1,590	1,708	1,646	1,922	1,766	1,947	1,647	1,694	1,856	1,751	-105	-5.7%	1,673
Other Bank	38	32	27	36	33	51	94	21	22	31	45	42	49	7	16.0%	39
Registered Nurse Bank	1,492	1,429	1,485	1,352	1,686	1,560	1,718	1,359	1,457	1,325	1,524	1,669	1,557	-113	-6.7%	1,501
Total	**3,515**	**3,427**	**3,580**	**3,345**	**3,809**	**3,615**	**4,167**	**3,500**	**3,839**	**3,410**	**3,664**	**4,040**	**3,816**	**-224**	**-5.6%**	**3,580**
Locum																
Medical Locum	423	443	408	391	436	511	591	504	510	545	498	456	406	-50	-10.9%	428
Total	**423**	**443**	**408**	**391**	**436**	**511**	**591**	**504**	**510**	**545**	**498**	**456**	**406**	**-50**	**-10.9%**	**428**
Total	**6,069**	**5,975**	**5,786**	**5,950**	**6,309**	**6,007**	**6,905**	**5,809**	**5,693**	**5,560**	**5,840**	**6,054**	**5,546**	**-508**	**-8.4%**	**6,081**

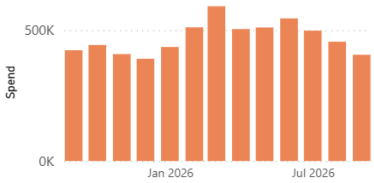
Agency (£'000)



Bank (£'000)

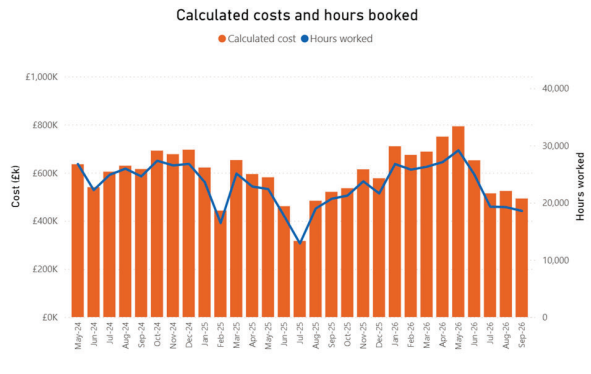


Locum (£'000)

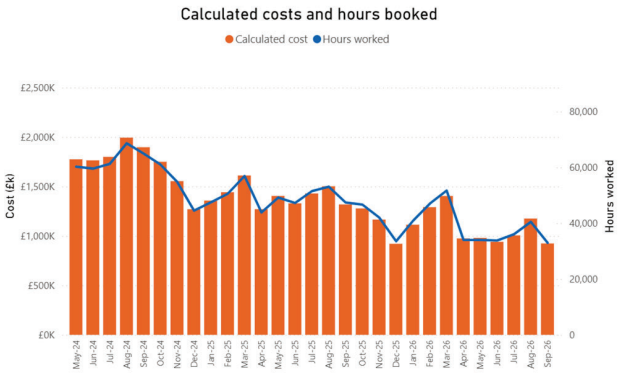


Pay Summary (4): Nurse Bank & Agency Reason for Booking (£'k)

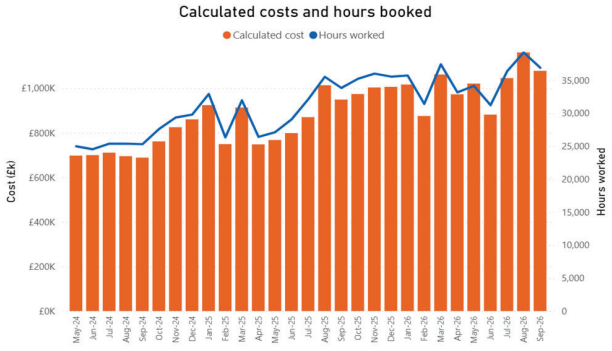
Enhanced Care



Established Vacancy Cover

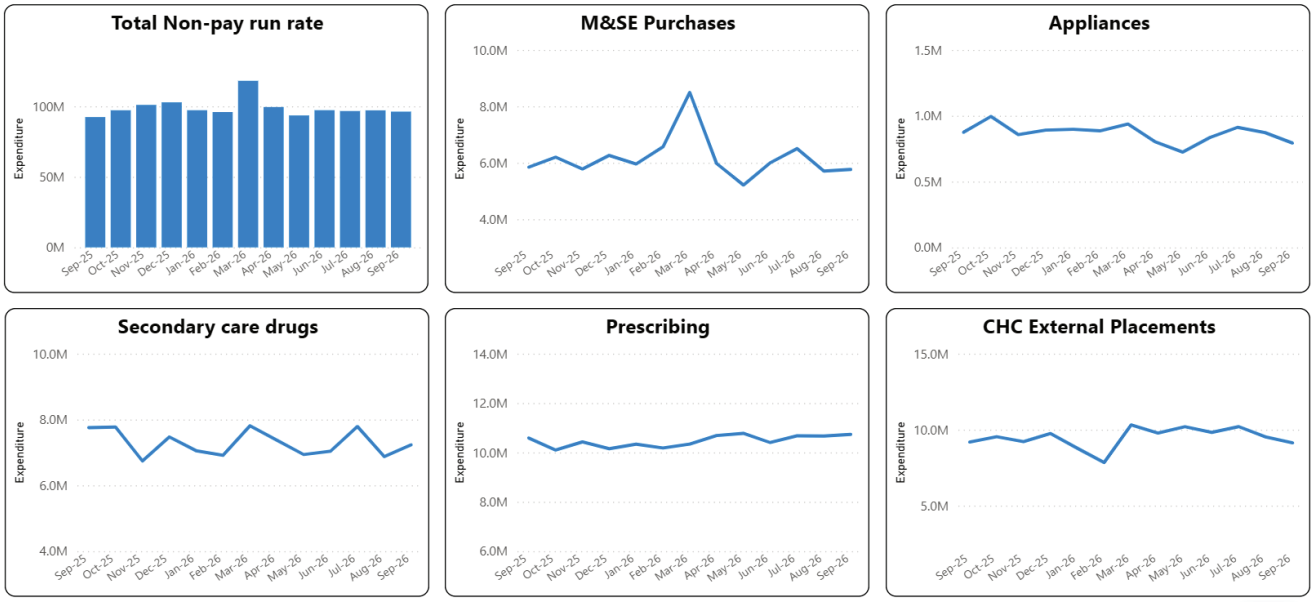


Sickness Cover

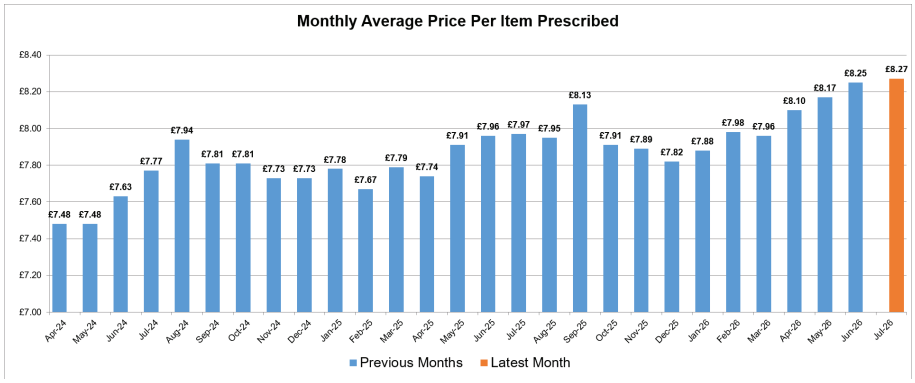


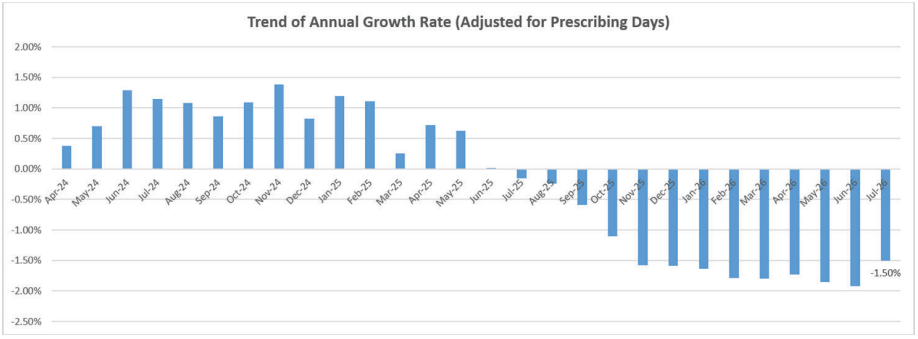
*These graphs represent **'notional calculated cost'** of these booking reasons for Bank and Agency - Registered Nurses and Healthcare Support Workers. This means assigning an average cost for the hours worked, per the reasons reported in e-roster.*

Non-Pay Summary: -



Prescribing Trends: 2026/27





These graphs show:

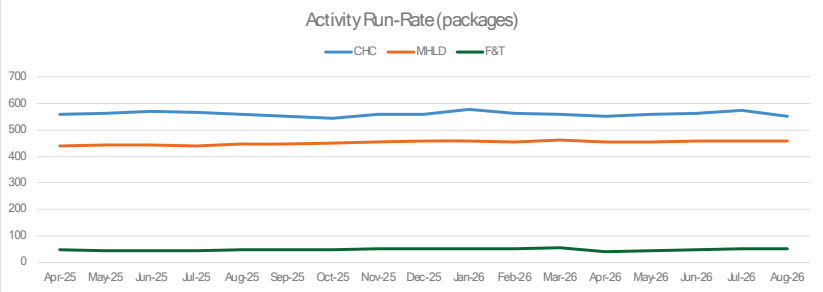
- The average item price per month trend since April 24
- the 12-month annual growth rate each month since April 2024
- Average Unit Cost in Jul '26 PAR is £8.27 (year-to-date average £8.20)

Prescribing forecast & performance:

- £10.6m was spent in month 6 on prescribing
- The year-to-date budget variance is £1.3m deficit.
- Forecast volume growth is estimated at -0.2% (month 5: 0%)
- At month 6 the prescribing full year forecast is an overspend of £2.9m. this is £1.3m lower than plan.

CHC (Adult Community CHC): Activity and Spend - YTD & Forecast

Service / Package Type	ACTIVITY - PACKAGES (NUMBERS)			EXPENDITURE						
	Last Month (Aug-26)	Current Month (Sep-26)	Movement	Last Month (Aug-26) £'000s	Current Month (Sep-26) £'000s	Movement £'000s	YTD (26/27) £'000s	Full-Year Forecast (Prior Month) £'000s	Full-Year Forecast (Current Month) £'000s	Movement £'000s
CHC:										
D2A	25	24	(1)	160	155	(6)	1,312	2,889	2,680	(208)
CAHT	45	44	(1)	1,081	1,048	(32)	6,387	12,756	12,728	(29)
Adult CHC	456	450	(6)	3,738	3,709	(29)	23,282	44,573	44,308	(265)
Discharge Schemes (RIF)	25	39	14	109	120	10	550	1,062	1,062	(0)
CHC Total:	**551**	**557**	**6**	**5,089**	**5,032**	**(57)**	**31,531**	**61,280**	**60,779**	**(502)**
MH&LD CHC:										
Mental Health Packages	287	287	0	2,356	2,121	(236)	14,062	28,519	28,114	(404)
Learning Disabilities Packages	171	173	2	2,822	2,668	(153)	17,062	34,453	34,124	(329)
MHLD Total:	**458**	**460**	**2**	**5,178**	**4,789**	**(389)**	**31,124**	**62,972**	**62,238**	**(734)**
F&T Children's CHC:										
Out of County Placements	31	33	2	148	157	9	1,036	2,153	2,153	0
Internal Placements	19	19	0	152	82	(70)	685	1,631	1,594	(37)
F&T Children Total:	**50**	**52**	**2**	**300**	**239**	**(61)**	**1,721**	**3,784**	**3,747**	**(37)**
TOTAL	**1,059**	**1,069**	**10**	**10,567**	**10,060**	**(507)**	**64,375**	**128,037**	**126,764**	**(1,272)**



Referral to Treatment (RTT)

Additional Funding was agreed with WG for additional activity in August relating to specific areas of wait.

- Elective Treatments for Sep 2026 = 2,019 (Aug: 1,726. 2025/26 total: 22,699, 24/25 total: 25,658, 23/24 total: 24,688)

Treatments	M06	Actual Treatments M06						Actual Treatments M06			YTD	Actual Treatments YTD						Actual Treatments YTD		
								104 Week Activity Split										104 Week Activity Split		
	Planned Core	Core	Backfill	WLI	Other	Total	variance	Backfilled	WLI	TOTAL	Planned Core	Core	Backfill	WLI	Other	Total	Variance	Backfilled	WLI	TOTAL
N107-Dermatology	277	234	0	0	0	234	(43)			0	1,816	1,207	0	0	0	1,207	(609)			0
N147-ENT	137	127	1	0	0	128	(9)	16		16	810	725	39	0	0	764	(46)	30		30
N105-General Surgery	284	352	26	23	0	401	117	7	8	15	1,981	1,860	47	23	0	1,930	(51)	44	49	93
N146-Oral Surgery	180	204	4	0	0	208	28			0	1,129	1,226	4	0	0	1,230	101			0
N148-Ophthalmology	219	269	0	0	0	269	50			0	1,372	1,740	0	0	1	1,741	369			0
N108-Rheumatology	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0			0
N115-Trauma & Orthopaedics	546	506	0	0	0	506	(40)	85	78	163	3,479	3,123	0	0	0	3,123	(356)	245	188	433
N106-Urology	279	273	0	0	0	273	(6)			0	1,842	1,389	1	0	0	1,390	(452)			0
Total	1,922	1,965	31	23	0	2,019	97	108	86	194	12,429	11,270	91	23	1	11,385	(1,044)	319	237	556

- Outpatient activity for Sep 2026 = 7,072 (Aug: 5,382. 2025/26 total: 68,434, 24/25 total: 74,787, 23/24 total: 71,165)

Outpatients	M06	Actual Outpatients M06						YTD	Actual Outpatients YTD					
	Planned Core	Core	Backfill	WLI	Other	Total	Variance	Planned Core	Core	Backfill	WLI	Other	Total	Variance
N107-Dermatology	772	1,406	10	69	0	1,485	713	5,062	7,428	65	69	0	7,562	2,500
N147-ENT	508	614	0	0	0	614	106	3,064	3,324	0	0	0	3,324	260
N105-General Surgery	1,640	2,087	129	44	0	2,260	620	10,758	11,246	437	325	0	12,008	1,250
N146-Oral Surgery	255	376	0	0	0	376	121	1,642	2,118	66	0	0	2,184	542
N148-Ophthalmology	805	834	7	1	0	842	37	4,868	3,972	7	1	0	3,980	(888)
N108-Rheumatology	158	165	0	0	0	165	7	1,038	912	0	0	0	912	(126)
N115-Trauma & Orthopaedics	826	662	0	1	0	663	(163)	4,792	3,285	0	1	0	3,286	(1,506)
N106-Urology	478	653	0	14	0	667	189	3,032	3,298	0	48	0	3,346	314
Total	5,442	6,797	146	129	0	7,072	1,630	34,256	35,583	575	444	0	36,602	2,346

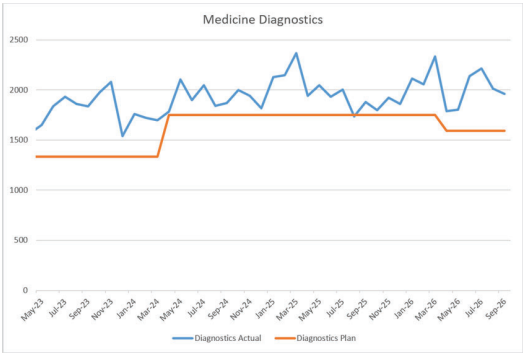
Source Data: Surgery Divisional Management (Trauma activity has been removed from the elective treatments in prior month data for comparison)

Medicine Outpatients activity for Sep '26 was 2,182 - (Aug '26: 1,535. 2025/26: 24,754. 2024/25: 23,053)

Sep-26	In-Month		
	Assumed monthly activity	Actual activity	Variance
Gastroenterology	379	312	-67
Cardiology	464	442	-22
Respiratory (inc Sleep)	625	529	-96
Neurology	381	496	115
Endocrinology	201	180	-21
Geriatric Medicine	201	223	22
Total	**2251**	**2182**	**-69**

Sep-26	YTD			
	Assumed monthly activity	Actual activity	Variance	Variance
Gastroenterology	2274	1773	-501	-22%
Cardiology	2784	2181	-603	-22%
Respiratory (inc Sleep)	3750	2964	-786	-21%
Neurology	2286	2189	-97	-4%
Endocrinology	1206	1042	-164	-14%
Geriatric Medicine	1206	1054	-152	-13%
Total	**13506**	**11203**	**-2303**	**-17%**

Medicine Diagnostics activity for Sep '26 was 1,961 (Aug '26: 2,015. 2025/26: 23,628. 2024/25: 23,952)



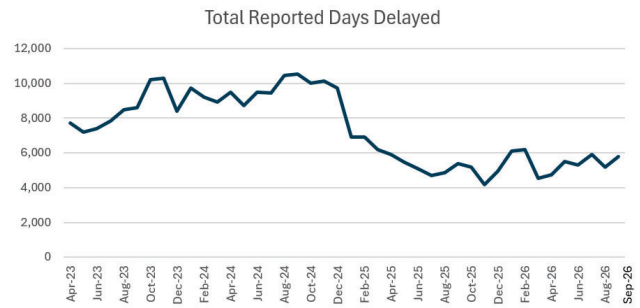
Sep-26	In-Month		
	Assumed monthly activity	Actual activity	Variance
Endoscopy	1591	1961	370
Total	**1591**	**1961**	**370**

Sep-26	YTD			
	Assumed monthly activity	Actual activity	Variance	Variance
Endoscopy	9546	11918	2372	25%
Total	**9546**	**11918**	**2372**	**25%**

POCDs:

Demand and flow pressures across the system continue to drive significant costs. In September, the number of in-patients fit for discharge at the Welsh Government data capture point was 191 (Aug: 152). Of these, 50 were Health delays, 35 Social Care delays, and 106 Joint delays. The categories of reasons for delayed days are as follows:

		Delay Owner		
Reason	**Total Number of Patients**	**Health**	**Social**	**Joint**
Assessment Issues	76	31	14	31
Care Home placement arrangements	32	6	0	26
Disagreements /Legislation	19	0	0	19
Home care related issues	16	1	12	3
Step down to recover and assess	13	0	0	13
Home adaptation/equipment issues	17	8	2	7
Housing related issues	13	0	6	7
Funding Issues	5	4	1	0
Transfer related issues	0	0	0	0
	191	**50**	**35**	**106**
		26%	18%	55%
		% of Total		



The relationship between POCD's and Rapid Release protocol needs to be investigated. To note September has seen a peak in delays in the last three years.
The estimated cost for the year attributed to continued blocked bed days for all reasons is c.£13.0m using a £200 cost per bed day (based on the average number of patients YTD). The demand and flow challenges drive surge bed capacity & increased demand in high-cost unfunded temporary staff.

New In-Year Cost Pressures by Division:

At month 6, remaining mitigating actions are required of £8.8m to achieve the current deficit forecast position of £33.688m. These relate to additional cost pressures which pose a further risk if no action is taken to stop / reduce the spend in future months. £1.9m of potential actions have been identified leaving a net requirement of £6.9m to be found.

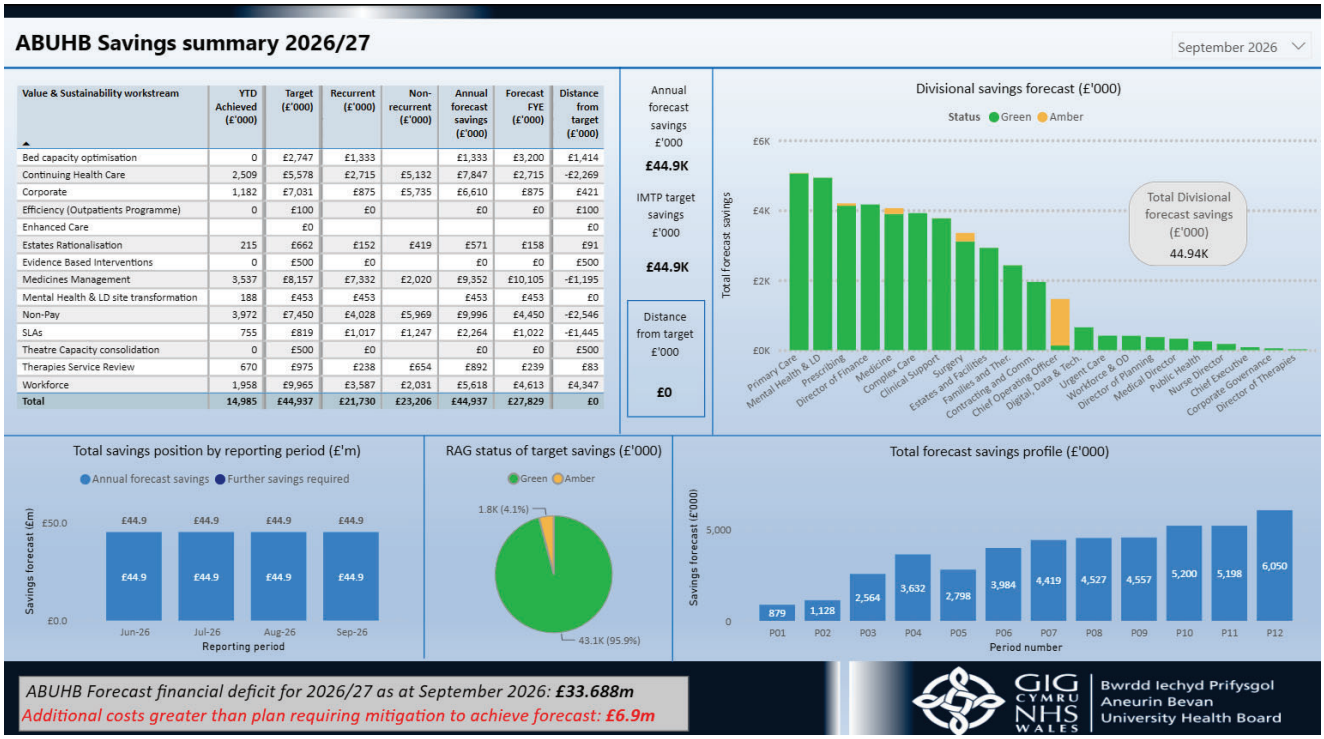
	Additional costs in additional mitigating actions at M6
CSS	1,079
DDAT	825
Medicine	1,274
PCCS	543
Surgery	1,847
Urgent Care	1,279
Vaious - Winter	3,000
Reserve release	-1,000
New Mitigating Actions Needed	**8,847**
Assume Connecting care funding (not confirmed)	-500
Successful UEC bids supporting ONP initiatives	-400
Additional Workforce savings	-1,000
Total Potential Mitigating Actions	**-1,900**
Mitigating Actions to be Found	**6,947**

RAG rating category definitions

Savings schemes are categorised as *Red*, *Amber* or *Green* according to the certainty of the forecast achievement. Definitions for each rating are as follows:

- **Green scheme**: Started delivering in the current month or prior month and is expected to continue delivering for the remaining period.
- **Amber scheme**: Agreed plan in place and expected to deliver starting in a future month. Not yet started, therefore Amber due to the time factor risk.
- **High-risk Amber scheme**: Provisional allocation to Divisions of remaining pipeline schemes. To be agreed by the Executive Team and worked through within Divisions.
- **Red scheme**: No plan in place and not expected to achieve.

Savings delivery summary



Value & Sustainability workstream	YTD Achieved (£'000)	Target (£'000)	Recurrent (£'000)	Non-recurrent (£'000)	Annual forecast savings (£'000)	Forecast FYE (£'000)	Distance from target (£'000)
Bed capacity optimisation	0	£2,747	£1,333		£1,333	£3,200	£1,414
Continuing Health Care	2,509	£5,578	£2,715	£5,132	£7,847	£2,715	-£2,269
Corporate	1,182	£7,031	£875	£5,735	£6,610	£875	£421
Efficiency (Outpatients Programme)	0	£100	£0		£0	£0	£100
Enhanced Care		£0					£0
Estates Rationalisation	215	£662	£152	£419	£571	£158	£91
Evidence Based Interventions	0	£500	£0		£0	£0	£500
Medicines Management	3,537	£8,157	£7,332	£2,020	£9,352	£10,105	-£1,195
Mental Health & LD site transformation	188	£453	£453		£453	£453	£0
Non-Pay	3,972	£7,450	£4,028	£5,969	£9,996	£4,450	-£2,546
SLAs	755	£819	£1,017	£1,247	£2,264	£1,022	-£1,445
Theatre Capacity consolidation	0	£500	£0		£0	£0	£500
Therapies Service Review	670	£975	£238	£654	£892	£239	£83
Workforce	1,958	£9,965	£3,587	£2,031	£5,618	£4,613	£4,347
Total	**14,985**	**£44,937**	**£21,730**	**£23,206**	**£44,937**	**£27,829**	**£0**

Divisional Savings schemes reported at Month 6

Primary Care and Community

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
PCCS 01	Termination of ODTC lease	R	Month 1	Green	48	95
PCCS 02	Improved sickness management	R	Month 1	Green	0	240
PCCS 03	GMS Improvement grants	R	Month 1	Green	0	0
PCCS 03a	GMS Improvement grants	NR	In Year	Green	100	200
PCCS 04	D2S Crumlin and Cwmfelinfach	R	Month 1	Green	0	0
PCCS 05	GP OOHs admin	R	Month 1	Green	3	6
PCCS 06	GP OOHs touchbooks	R	Month 1	Green	0	5
PCCS 07	Nursing Streamlining savings	R	Month 1	Green	0	66
PCCS 08	Non recurrent vacancy savings	NR	Month 1	Green	26	51
PCCS 09	Monnow Vale SLA - MDT element	R	In Year	Green	1	6
PCCS 10	Non-Pay reductions	R	In Year	Green	12	24
PCCS 11	Stock Control	R	In Year	Green	1	2
PCCS 12	NR contract handback benefits	NR	In Year	Green	149	678
PCCS 13	Stock Control	NR	In Year	Green	0	5
PCCS 14	Using information from other sources therefore alleviating the need for a section 12 assessment	R	In Year	Green	30	60
PCCS 15	Direct Delivery Deep Dive	NR	In Year	Green	143	315
PCCS 16	Unitary Charge Refund	NR	In Year	Green	63	63
PCCS 17	GMS - Enhanced services review	NR	In Year	Green	208	1,456
PCCS 18	CDS - income generation	NR	In Year	Green	5	15
PCCS 19	MBI locum VAT saving	R	In Year	Green	24	49
PCCS 20	DMP increase in private income fees	R	In Year	Green	7	14
PCCS 21	Reduction in locum costs	R	In Year	Green	100	250
PCCS 22	Community Pharmacy validation	NR	In Year	Green	43	300
PCCS 23	Reduction in bank and agency costs	R	In Year	Green	0	54
PCCS 24	Reduction in bank and agency costs	R	In Year	Green	0	27
PCCS 25	Glyn Ebbw Closure	R	In Year	Green	0	17
PCCS 26	Re-structure of business support team	R	In Year	Green	3	12
PCCS 27	GMS recurrent forecast reduction - deep dive	R	In Year	Green	200	600
PCCS 28	25/26 clawback benefit	NR	In Year	Green	307	307
PCCS 29	Medicines Waste	NR	In Year	Amber	0	14

PCCS 30	Hosted Practices return to independent status	R	In Year	Green	0	135
			Minimum Savings Target	**6,700**	**1,472**	**5,065**
			Distance from target (over)/under	**1,636**		

Prescribing

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
PCC100	Stoma Team Phase 2	NR	Month 1	Green	74	149
PCC101.1	Dietitians	R	Month 1	Green	28	80
PCC101.2	Waste Reduction Scheme	R	Month 1	Green	130	260
PCC101.3	Pharmacy Led Savings	R	Month 1	Green	75	469
PCC101.4	Scriptswitch Acute	R	Month 1	Green	90	195
PCC101.5	Scriptswitch Repeat	R	Month 1	Green	132	632
PCC101.6	Sitagliptin switch from other liptins	R	Month 1	Green	32	459
PCC101.7	Empagliflozin switch to Dapagliflozin	R	Month 1	Green	0	0
PCC101.8	Denosumab switch to AN OTHER	R	Month 1	Green	24	57
PCC101.9	Perampanel LOE	R	Month 1	Green	0	38
PCC101.10	Brivacetum LOE	R	Month 1	Green	0	197
PCC101.11a	Additional Pharmacy Savings-GP Dressings	R	Month 1	Green	73	152
PCC101.11b	Additional Pharmacy Savings-BGTS	R	Month 1	Green	7	40
PCC101.11c	Additional Pharmacy Savings-Edoxaban switches to other DOACs	R	Month 1	Green	0	197
PCC101.11d	Additional Pharmacy Savings-Estriol Cream	R	Month 1	Green	4	14
PCC101.11e	Additional Pharmacy Savings-High Cost Specials / Red Drugs	R	Month 1	Green	26	60
PCC101.12	Miscellaneous Drug Cost Savings	NR	In Year	Green	711	1,127
PCC101.13	Further Drug Cost Savings inc Respiratory inhaler switch	R	In Year	Amber	0	70
			Minimum Savings Target	**2,513**	**1,406**	**4,196**
			Distance from target (over)/under	**(1,683)**		

Complex Care

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD Achieved £'000	Full year Forecast £'000
CHC-01	Database Cleanse	NR	Month 1	Green	0	1,240
CHC-01b	Database Cleanse Addition	NR	In Year	Green	0	500
CHC-02	Nursing Streamliner Savings	R	Month 1	Green	12	24
CHC-03	26-27 inflation not requested	NR	In Year	Green	253	337
CHC-04	26-27 inflation awarded less than cap 5.25%	NR	In Year	Green	53	106
CHC-05	High Cost Placment review GP	NR	In Year	Green	67	201
CHC-06	Efficiencies	NR	In Year	Green	399	1,318
CHC-07	Pay savings	NR	In Year	Green	70	191
		Minimum Savings Target		**1,504**	**853**	**3,917**
		Distance from target (over)/under		**(2,413)**		

Mental Health and Learning Disabilities

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD Achieved £'000	Full year Forecast £'000
MH-01	Older Adult Agency Premium Saving Medical Staffing	R	Month 1	Green	19	38
MH-02	CHC Acorn Project	R	Month 1	Green	181	362
MH-03	Nursing - Streamliner Savings	R	Month 1	Green	129	244
MH-04	CHC Repat Hireath	R	Month 1	Green	87	195
MH-05	CHC Utilisation of Exisiting Provision	R	Month 1	Green	48	131
MH-06	Community Advocacy Contract Reduction	R	Month 1	Green	27	53
MH-07	Ty Lafant Variable Pay Saving	R	In Year	Green	188	366
MH-08	Admin Reductions	R	In Year	Green	22	67
MH-09	MH Transformation	R	In Year	Green	0	87
MH-10	LD High Cost Placement Review	R	In Year	Green	108	330
MH-11	CHC Rightsizing	NR	In Year	Green	133	133
MH-12	CHC Data Base Review	NR	In Year	Green	98	293
MH-13	CHC Growth Reduction - In House Services	R	In Year	Green	321	458
MH-14	H&F CHC Dispute	NR	In Year	Green	0	500
MH-15	CHC Growth	NR	In Year	Green	214	428
MH-16	CHC - Management of demand / growth	NR	In Year	Amber	0	0
MH-16a	CHC - Management of demand / growth R	R	In Year	Green	59	238

MH-17	Medicines Waste SBAR	R	In Year	Amber	0	2
MH-18	CHC Inflationary Uplifts	R	In Year	Green	400	978
MH-19	Rental Lease Termination	R	In Year	Green	0	11
MH-20	Variable Pay Reduction	R	In Year	Green	16	16
		Minimum Savings Target		**3,063**	**2,051**	**4,928**
		Distance from target (over)/under		**(1,865)**		

Surgery

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD Achieved £'000	Full year Forecast £'000
SUR-01	Faricimab Price change (IMTP SUR-01)	R	In Year	Green	399	678
SUR-03	10% reduction in 8b head orthoptist salary	NR	Month 1	Green	0	0
SUR-03a	Orthoptist workforce changes - 8b	R	In Year	Green	3	10
SUR-04	24% reduction in B7 orthoptist salary	NR	Month 1	Green	0	0
SUR-04a	Orthoptist workforce changes - 7	R	In Year	Green	4	16
SUR-05	2 consultant vacancies not filled until Sept 26	NR	Month 1	Green	162	162
SUR-06	5 consultant sessions held until recruitment (SBAR)	NR	Month 1	Green	22	22
SUR-08	Dermatology: IMF tests	R	Month 1	Green	0	24
SUR-09	Dermatology: Surgical Kit	R	Month 1	Green	0	48
SUR-11	Haem: Not to replace B3 maternity leave (2 months) 16HRS	NR	Month 1	Green	2	2
SUR-12	Haem: Clinical trials	R	Month 1	Green	0	10
SUR-15	Haem: Clinical trials (no A-sceptic protection)	R	Month 1	Amber	0	0
SUR-16	Rheum: Nurse initiative to reduce drug waste	R	Month 1	Green	0	10
SUR-17	Rheum: B6 OT 0.4 until August 2026	NR	Month 1	Green	9	9
SUR-18	Rheum: biosimilar denosumab	R	Month 1	Green	16	28
SUR-19	4/2 NHH Think Pads	R	Month 1	Green	2	3
SUR-20	DES consignment in GUH vs loan prices	R	Month 1	Green	1	2
SUR-21	5% increase on Femoral head prices	R	Month 1	Green	1	2
SUR-22	Withdrawn of S&N hip distractor	R	Month 1	Green	12	24
SUR-23	Cessation of LEDA loan fees	R	Month 1	Green	14	28
SUR-24	Theatre power tool capital purchase to prevent monthly loan charges	R	Month 1	Green	42	84
SUR-25	cost avoidance of theatre stack maintenance from Stryker contract	R	Month 1	Green	6	17

SUR-26	Antibiotic Drugs - switch to oral from IV in GUH	R	Month 1	Amber	0	0
SUR-27	Perm LGI staff to reduce oncall cover costs	R	Month 1	Green	14	36
SUR-28	Replace single use with re-usable Thudicums and Tongue depressors NHH OPD	NR	Month 1	Green	0	3
SUR-29	ENT Treatment room Consumables	NR	Month 1	Green	0	2
SUR-30	alternative single use nasendoscopes	NR	Month 1	Green	0	2
SUR-31	Orthodontic brackets	NR	Month 1	Green	0	2
SUR-32	Medicines Management: Additional	R	Month 1	Green	0	0
SUR-32a	Golimumab & Ambisome Biosimilars	R	Month 1	Green	36	49
SUR-33	Nursing - Streamliner Savings	R	Month 1	Green	0	143
SUR-34	Drugs Rebate Savings - additional rebate income	R	Month 1	Amber	0	0
SUR-36	Air+ Bulk Buy Saving	NR	Month 1	Green	2	5
SUR-37	BLX Putty Bulk Buy Saving	NR	Month 1	Green	7	13
SUR-38	Eylea Biosimilar 26/27	R	In Year	Green	500	1,000
SUR-39	Growth Reduction	R	In Year	Green	182	365
SUR-40	IMT rota gap. (6 months for consultant)	NR	In Year	Green	13	38
SUR-41	B6 CNS slippage until hours are recruited. July to October 2026	NR	In Year	Green	15	19
SUR-42	Specialty Registrar Recruitment Slippage (May to July)	NR	In Year	Green	10	10
SUR-43	Admin B4 Hold Vacancy 0.03 WTE on 1699	R	In Year	Green	0	1
SUR-44	Admin B4 replaced by B3 3006	R	In Year	Green	2	6
SUR-45	Consultant drop 0.5 session per week from July	NR	In Year	Green	3	8
SUR-46	ODP B7 Retire and Return from 1.00wte to 0.90wte form Aug 26 CC 1145	NR	In Year	Green	1	5
SUR-47	Physician Associate B7 Mat leave from October not backfilled	NR	In Year	Green	0	17
SUR-48	Specialist Surgeon leaving Jan 27 - hold vacancy until Apr 27 1.00wte	NR	In Year	Green	0	28
SUR-49	Service Contract on YYF Image Intensifier	R	In Year	Green	2	5
SUR-50	GUH B0, C0, SAU Ward Consumable Savings	R	In Year	Green	6	13
SUR-51	Drug Commercial Access Rebates	R	In Year	Amber	0	200
SUR-52	Drug Wastage across wards	R	In Year	Amber	0	44
SUR-53	Laser service contract ENT / Max Facs	NR	In Year	Green	1	2
SUR-54	Alternative theatre drapes project	NR	In Year	Green	2	5
SUR-55	Associate Specialist Hold Vacancy	NR	In Year	Green	5	15
SUR-56	Band 2 Admin Hold Vacancy	NR	In Year	Green	2	7
SUR-57	Band 2 HCSW Hold Vacancy	NR	In Year	Green	1	4
SUR-58	RN B5 Hold vacancy from reduction in hours from current staff	NR	In Year	Green	1	4
SUR-59	Only using disposable flexi sheets in theatre on pts with mobility issues	R	In Year	Green	1	2

SUR-60	Orthoptist cost code - workforce changes	R	In Year	Green	16	64
SUR-61	Standardisation of theatre instrument sets	R	In Year	Green	1	2
SUR-62	Reduced consumable expenditure on tubing etc	NR	In Year	Green	7	29
SUR-63	Increased replacement costs for lost Hearing Aids (from £65 to £75) patients approx. 800 pa	R	In Year	Green	2	8
SUR-64	B&L Lens Trial	NR	In Year	Green	7	14
		Minimum Savings Target		**3,109**	**1,533**	**3,350**
		Distance from target (over)/under		**(241)**		

Clinical Support Services

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CSS01	Out of Area High Cost Intervential Radiology Procedures	NR	Month 1	Green	76	176
CSS02	PHW Liver Ablation Activity Above Baseline	NR	Month 1	Green	72	162
CSS02b	PHW Liver Ablation Activity Above Baseline	NR	Month 1	Green	79	285
CSS03	Capitalisation of Casination Equipment hire	R	Month 1	Green	40	80
CSS04	WLI CAP Review	R	Month 1	Green	60	120
CSS05	Gamma Camera Maintenance not required for 1 year (NR)	NR	Month 1	Green	19	30
CSS06	Sysmex KPI Savings (NR)	NR	Month 1	Green	3	5
CSS07	BioFlash Service & Maintenance (NR)	NR	Month 1	Green	4	7
CSS08	Von Willebrand Screen ('R)	NR	Month 1	Green	7	14
CSS08a	Von Willebrand Screen ('R)	R	In Year	Green	0	0
CSS09	Siemen's MSC KPI (NR)	NR	Month 1	Green	20	40
CSS10	Coroner SLA increased PM fees	R	Month 1	Green	84	167
CSS11	Reduction in Biochemistry Bank Staff	R	Month 1	Green	15	30
CSS12	Reduce excess QC testing in microbiology	R	Month 1	Green	8	16
CSS13	Pre-Paid Postage Boxes for Referral Process	R	Month 1	Green	8	15
CSS14	IHC movement from Block 3 to main lab. Saving on deionised water	R	Month 1	Green	6	12
CSS15	Demand management Vitamin D primary care	R	Month 1	Green	0	7
CSS16	Repatriation of Teicoplanin	R	Month 1	Green	4	7
CSS17	Amalgamate UKAS Quality Assessment for all disciplines	R	Month 1	Green	2	3
CSS18	Decommission Andrology (SAMI) equipment	R	Month 1	Green	1	2
CSS19	CSS Critical Care - 80% maternity permanent backfill pilot	R	Month 1	Green	65	115
CSS20	Nursing - Streamliner Savings	R	Month 1	Green	46	91
CSS25	MRSA Consumables savings	NR	Month 1	Green	3	6

CSS25a	MRSA Consumables savings	R	In Year	Green	0	0
CSS26	Ambisome to generic amphotericin B liposomal (Tillomed brand)	R	Month 1	Green	7	13
CSS27	Cancer vacancy Slippage	NR	In Year	Green	34	43
CSS27a	Cancer Staffing Review	R	In Year	Green	3	7
CSS28	Sysmex savings	R	In Year	Green	26	65
CSS29	Saving from using Specialty Dr against consultant	NR	In Year	Green	6	13
CSS30	Vacancy Slippages	NR	In Year	Green	15	37
CSS30a	Clinical Photography Staffing Review	R	In Year	Green	7	28
CSS31	Vacancy Slippages	NR	In Year	Green	23	52
CSS32	Non pay	NR	In Year	Green	8	8
CSS33	Maintenance Contracts - Revise Mobiles to PPM contracts only	R	In Year	Green	14	39
CSS34	Cardiff & Vale USS SLA (F&T Equipment)	R	In Year	Green	5	11
CSS35	Paraffin Wax (Change of supplier)	R	In Year	Green	1	3
CSS36	ESR test Reduction	R	In Year	Green	2	6
CSS37	Clotting Screens Reduction	R	In Year	Green	3	8
CSS38	Reduction in Lyme Serology	R	In Year	Green	0	2
CSS39	Talking Point Cessation	R	In Year	Green	1	7
CSS40	Reduction in Consultant Intensity Payments	R	In Year	Green	28	71
CSS42	Histology Consultant Run Rates	NR	In Year	Green	12	100
CSS43	Reduction in Procalcitonin	R	In Year	Green	12	30
CSS44	LINC recharge from DHCW	NR	In Year	Green	34	85
CSS45	POCT (COVID/Respiratory related)	NR	In Year	Green	55	55
CSS46	Repatriate Haemoglobinopathy testing from UHW	R	In Year	Green	0	13
CSS47	Genta Delivery/Environment Costs	R	In Year	Green	1	1
CSS48	NHH Theatres Non Pay PAR Level Adjustment	NR	In Year	Green	0	50
CSS49	YYF Theatres Non Pay PAR Level Adjustment	NR	In Year	Green	0	50
CSS50	RGH Theatres Non Pay PAR Level Adjustment	NR	In Year	Green	0	50
CSS51	CVC insertion packs savings	R	In Year	Green	3	10
CSS52	Welsh Blood Service - Blood Products Stock Management	NR	In Year	Green	300	300
CSS53	Contrast Stock Management	NR	In Year	Green	292	298
CSS54	Outsourced Reporting - Management of routine reports	NR	In Year	Green	66	140
CSS55	Outsourced Reporting - Price Reduction on Extension of contract	R	In Year	Green	72	145
CSS56	Pathology - Reduced variable pay due to lower sickness trend	R	In Year	Green	9	27
CSS56a	Radiology - Reduced variable pay due to lower sickness trend	R	In Year	Green	15	45

CSS57	Werfen Immunology Reimbursement for Send Away tests	NR	In Year	Green	51	51
CSS58	Microbiology Run rate Reduction	R	In Year	Green	45	135
CSS59	LIM Q1 & Q2 Project slippage	NR	In Year	Green	82	82
CSS61	Pathology Workforce Review	R	In Year	Green	11	45
CSS64	Pharmacy Wastage Saving	R	In Year	Amber	0	6
CSS65	Non-Pay Review	R	In Year	Green	22	88
CSS66	Variable Pay Reduction	R	In Year	Green	24	24
CSS67	Pac Vacancy Slippage	NR	In Year	Green	6	6
CSS68	Pathology Workforce Review	NR	In Year	Green	4	47
CSS69	Radiology Workforce Slippage	NR	In Year	Green	24	24
CSS70	Blood Bikes (Brains and Hearts)	R	In Year	Green	0	1
CSS71	Reduction in APLs Screening	R	In Year	Green	1	4
CSS72	Lipid Clinic Drugs Rebate	NR	In Year	Green	58	58
		Minimum Savings Target		**2,762**	**2,005**	**3,771**
		Distance from target (over)/under		**(1,009)**		

Medicine

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
Med-01	fampridine/Fampyra/Neurology/homecare	R	Month 1	Green	0	0
Med-02	nintedanib-Ofev/Respiratory/homecare	R	Month 1	Green	174	666
Med-03	perampaentl/Fycompa/Neurology/WP10	R	Month 1	Green	0	1
Med-04	brivaracetam/Briviact/neurology/WP10	R	Month 1	Green	0	14
Med-05	HSCW sickness reduction savings	R	Month 1	Green	116	464
Med-06	Nursing streamliner savings	R	Month 1	Green	0	234
Med-07	Diabetic Pump pricing	NR	Month 1	Green	62	124
Med-08	National Priorities/Best Value Biosimilars - Omalizumab (Omlyclo)	R	In Year	Green	51	105
Med-09	Ambisome to generic amphotericin B liposomal (Tillomed brand)	R	In Year	Green	11	21
Med-10	National Priorities-COTE-Denosumab-biosimilar	R	In Year	Green	74	158
Med-11	Insourcing endoscopy savings	R	In Year	Green	31	78
Med-12	Procurement savings on diabetes sensors	R	In Year	Green	33	100
Med-13	YYF - Switch from NDE to DE for specialty reg	R	In Year	Green	8	23
Med-14	YYF- release of 15hrs ward clerk	R	In Year	Green	3	10
Med-15	YYF- Stop purchase of incontenance sheets	R	In Year	Green	2	7

Med-16	Nephrology Drug (Budesomide) - growth does not materialise. Estimate	NR	In Year	Green	357	750
Med-17	Mounjaro rebate @ approx £11k/mth	R	In Year	Green	58	116
Med-18	IV infliximab switch	R	In Year	Amber	0	30
Med-19	Ustkinumab S/C switch	R	In Year	Amber	0	18
Med-20	Medicines waste SBAR	R	In Year	Amber	0	78
Med-21	Green schemes 2% savings target NR (added month 4)	NR	In Year	Green	20	116
Med-22	Green schemes 2% savings target Recurring (added month 4)	R	In Year	Green	16	190
Med-23	Green schemes 2% savings target Recurring (added month 4)	R	In Year	Amber	0	42
Med-24	Vedolizumab price reduction	R	In Year	Green	168	624
Med-25	DrH release of accrual for 1 non pensionable session	R	In Year	Green	0	9
Med-26	Switch agency Dr from Non DE to DE	NR	In Year	Green	0	22
Med-27	Hold x5 Cardiology consultant sessions	NR	In Year	Green	0	60
		Minimum Savings Target		**3,611**	**1,185**	**4,059**
		Distance from target (over)/under		**(448)**		

Urgent Care

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD Achieved £'000	Full year Forecast £'000
CURG-01	Close eLGH Transfer Lounges	R	Month 1	Green	9	212
CURG-02	Streamliner Savings	R	Month 1	Green	13	26
CURG-04	Stock Savings	R	Month 1	Green	9	12
CURG-05	DN Slippage	NR	In Year	Green	10	52
CURG-06	Medicines Waste SBAR	R	In Year	Green	0	1
CURG-07	Slippage in Symphony Upgrade	NR	In Year	Green	0	66
CURG-08	Implementation of Paid Medical Breaks For Locums	R	In Year	Green	6	42
		Minimum Savings Target		**868**	**46**	**411**
		Distance from target (over)/under		**457**		

Families and Therapies

	Scheme / Opportunity	R/NR			YTD	Full year

Savings Scheme Number			Annual Plan v In Year scheme	Scheme RAG rating	Achieved £'000	Forecast £'000
F&T01a	1% Drugs Target applied to Directorates that have a drugs spend	R	Month 1	Green	2	5
F&T01b	1% Drugs Target applied to Directorates that have a drugs spend	R	Month 1	Green	7	21
F&T01c	1% Drugs Target applied to Directorates that have a drugs spend	R	Month 1	Green	23	70
F&T01d	1% Drugs Target applied to Directorates that have a drugs spend	R	Month 1	Green	2	5
F&T01e	1% Drugs Target applied to Directorates that have a drugs spend	R	Month 1	Green	7	14
F&T02a	Nursing Streamliner Savings	R	Month 1	Green	0	44
F&T02b	Nursing Streamliner Savings	R	Month 1	Green	0	18
F&T02c	Nursing Streamliner Savings	R	Month 1	Green	0	18
F&T02d	Nursing Streamliner Savings	R	Month 1	Green	0	11
F&T03	8d - Deputy CD of Therapies	R	Month 1	Green	62	124
F&T04	8b - RH CaMHS Directorate Manager	NR	Month 1	Green	15	15
F&T05	8b - JT Obs & Gynae Directorate Manager	NR	Month 1	Green	7	7
F&T06	Assistant Divisonal Director - CL 2 Sessions	R	Month 1	Green	12	29
F&T07	Not replacing KO 0.76wte 8a leaves July-26	R	Month 1	Green	11	38
F&T08	EH 0.50wte 8c Consultant Nurse	R	Month 1	Green	21	63
F&T09	Dexcom Qtr 1 rebate Diabetes pump contract ended 31.12.25 agreement to continue for Qtr1	NR	Month 1	Green	15	22
F&T10	Reduction in banding 8 hours band 7 to band 6	R	Month 1	Green	2	4
F&T11	Maternity of B3 (Mon)	NR	Month 1	Green	0	5
F&T12	Maternity of B3 (Caer)	NR	Month 1	Green	2	3
F&T13	Maternity of B5 (BG)	NR	Month 1	Green	0	6
F&T14	Vacancy Newport B6	NR	Month 1	Green	14	14
F&T15	Bcg Vaccines	R	Month 1	Green	1	3
F&T16	Psychologist post 3 months	NR	Month 1	Green	10	10
F&T17	Consultant psychologist 2 months	NR	Month 1	Green	17	17
F&T18	LWAS coordinator 6 months	NR	Month 1	Green	5	6
F&T19	Hold EPU funding without using backfill	NR	Month 1	Green	7	13
F&T20	Purchased annual leave	NR	Month 1	Green	11	11
F&T21	Reduction in hours - Band 8a - 0.20 wte	R	Month 1	Green	8	16
F&T22	Reduction in hours - Stroke - Band 4 - 0.1	NR	Month 1	Green	2	4
F&T23	Career Break - RGH - Band 3	NR	Month 1	Green	5	5
F&T24	Vacancy - CYP - Band 6 - 1.00	NR	Month 1	Green	10	10
F&T25	Vacancy - RGH - Band 7 0.80	NR	Month 1	Green	10	10

F&T26	Vacancy - GUH - Band 4	NR	Month 1	Green	8	8
F&T27	Vacancy -RGH - Band 4 - 1.00 wte	NR	Month 1	Green	7	7
F&T28	Reduction in Hours - Band 6 - NHH - 0.40 wte	NR	Month 1	Green	6	6
F&T29	Vacancy - Band 6 - NHH - 0.20 wte	NR	Month 1	Green	3	9
F&T30	Band 7 physio slippage 2 months	NR	Month 1	Green	31	31
F&T31	Band 6 slippage 1 months	NR	Month 1	Green	13	13
F&T32	0.1 WTE 8b - not backfilled	NR	Month 1	Green	4	8
F&T33	Printing and Postage: drive to reduce printing and postage where possible	R	Month 1	Green	3	6
F&T34	Purchase of annual leave 2026/2027	NR	Month 1	Green	10	20
F&T35	Slippage for 2.5 Band 5 Vacancies (April - June 2026)	NR	Month 1	Green	24	24
F&T36	Staff Member left B3 - Slippage while post is going through TRAC	NR	Month 1	Green	5	5
F&T37	Hold vacancy B3	NR	Month 1	Green	6	6
F&T38	Purchase of Annual Leave/ Planned unpaid leave	NR	Month 1	Green	2	5
F&T39	Stationary - scrutinise any requests for- essential only	NR	Month 1	Green	1	1
F&T40	Cruse Bereavement reduced spend	NR	In Year	Green	14	14
F&T41	CAATT - Band 6 1.0WTE AHP vacancy	NR	Month 1	Green	5	5
F&T42	CAATT - HOLD Band 6 0.80 AHP recruitment	NR	Month 1	Green	7	7
F&T43	CAATT - purchase of annual leave	NR	Month 1	Green	1	1
F&T44	SMS - Band 7 physio slippage 2 months	NR	Month 1	Green	8	8
F&T45	SMS - Rehab Co-ordinator slippage	NR	Month 1	Green	9	9
F&T46	SMS - Assistant Psychologist post 0.5wte 3 months	NR	Month 1	Green	7	7
F&T47	Reduction in Band 3 administration hours - 11hours	NR	Month 1	Green	5	10
F&T48	Vacant 0.6 wte 8a Paeds Psychology for 1 month	NR	Month 1	Green	4	4
F&T49	Vacant 0.6 8B IPBS vacancy for 2 months	NR	Month 1	Green	9	9
F&T50	Convert 0.5 8a GAS vacancy into 0.2 8B	NR	Month 1	Green	11	22
F&T51	Band 7 maternity leave starting in June	NR	Month 1	Green	5	13
F&T52	Buy back annual leave savings	NR	Month 1	Green	4	7
F&T53	1.0 wte b6 vacancy cost centre 3566	NR	Month 1	Green	26	26
F&T54	0.69 wte b4 vacancy cost centre 3572	NR	Month 1	Green	12	12
F&T55	1.0 wte b6 vacancy cost centre 3554	NR	Month 1	Green	6	6
F&T56	0.8 wte b2 vacancy cost centre 2640	NR	Month 1	Green	9	9
F&T57	0.8 wte b6 vacancy cost centre 3542	NR	Month 1	Green	17	17
F&T58	1.0 wte A&C b3 vacancy cost centre 3542	NR	Month 1	Green	9	9
F&T59	0.67 wte A&C vacancy cost centre 3542	NR	Month 1	Green	10	10
F&T60	0.21 wte b6 vacancy cost centre 3552	NR	Month 1	Green	5	5

F&T61	0.2 wte b7 vacancy cost centre 3552	NR	Month 1	Green	7	7
F&T62	20k non pay reduction due to slippage	NR	In Year	Green	10	20
F&T63	Maternity Induction of Labour product switch, Cook to Kimal	R	Month 1	Green	11	22
F&T64	Paracetamol switch – providing oral rather than IV paracetamol has a cost saving of 48K	R	Month 1	Green	0	0
F&T65	accommodation costs	NR	Month 1	Green	0	0
F&T66	storage containers	NR	Month 1	Green	2	3
F&T67	Band 4 AP post	NR	Month 1	Green	19	39
F&T68	Band 4 AP post	NR	Month 1	Green	19	39
F&T69	Band 3 admin post	NR	Month 1	Green	17	34
F&T70	Ethyl chloride replacement	R	Month 1	Green	9	17
F&T71	Admin saving Band 4 to Band 3	R	Month 1	Green	1	2
F&T72	SLA - Provision of Ultrasound Quality Assurance Services	R	Month 1	Green	(0)	(0)
F&T73	Continue to hold 3.75 Acute Snr Nurse's hours	R	Month 1	Green	4	7
F&T74	Further reduction in Acute Snr Nurse's hours by 3.75 from 5.4.26 (cost centre 2616)	R	Month 1	Green	4	8
F&T75	Hold 3 hours arising from partial retirement of Band 4 med secretary	R	Month 1	Green	1	3
F&T76	Hold 1 Clinical Director session	R	Month 1	Green	8	15
F&T77	Hold 1 of 4 sessions relinquished by 2 Neonatologists	R	Month 1	Green	8	16
F&T78	Hold Diabetes admin hours	R	Month 1	Green	1	1
F&T79	Cost avoidance: Annual maintenance contract for new echo machine St Woolos CYP OP from 30 March 2026, avoided since included in capital cost.	NR	Month 1	Green	0	1
F&T80	TYPPS Cessation of Service	R	In Year	Green	20	41
F&T81	Cost avoidance: council tax @ £2505 pa and TV license @ £180 for No. 2 Mitchell Close.	R	Month 1	Green	1	3
F&T82	Cost avoidance: restrict Twinkle license to 7 concurrent users	R	Month 1	Green	2	2
F&T83	Vacancy slippage B5 Orthotist X 2	NR	In Year	Green	21	27
F&T84	MSK Podiatry Vacancy Slippage	NR	In Year	Green	12	12
F&T85	Vacancy Slippage B5 Core Podiatry 6/12 vacancy slippage	NR	In Year	Green	18	18
F&T86	Vacancy slippage B5 Orthotist X 2	NR	In Year	Green	8	16
F&T87	Hold 3.75 hours weekly arising from partial retirement Band 7 Prac. Educator	NR	In Year	Green	0	3
F&T88	Hold 2 of 4 sessions relinquished by Consultant general Paediatrician	NR	In Year	Green	17	17
F&T89	Hold 1 session relinquished by Consultant general paediatrician	NR	In Year	Green	7	7
F&T90	Continue to hold 1.07 Band 2 ward clerk vacancy on Paediatric Unit (cost centre 2633/2634)	NR	In Year	Green	18	21

F&T91	Cabotegravir PrEP pause: this then injectable PrEP that has been NICE approved. It was not funded. Cabotegravir injectable PrEP is HIV prevention for those who cannot take oral medication. Halting its provision will mean detrimental impact on those who are unable to take the standard cheaper HIV prevention medication Truvada which could lead to people contracting HIV. If we don't deliver Cabotegravir PrEP for those eligible we will be going again the direction of the Health Minister.	NR	In Year	Green	12	24
F&T93	Secure generic supply of Desogestrel: generic product at £3.25/pack.	R	In Year	Green	15	28
F&T94	Delayed recruitment to vacant consultant sessions by 7 months	NR	In Year	Green	4	30
F&T95	Hold vacancy B3	NR	In Year	Green	3	3
F&T96	Hold vacancy B5	NR	In Year	Green	4	4
F&T97	Hold Vacancy - Current Band 4 who is graduating and has secured a Band 5 post elsewhere	NR	In Year	Green	1	1
F&T98	Mobile phones - aim to further reduce use within service	R	In Year	Green	0	0
F&T99	Travel- continue to scrutinise and reduce travel within service	R	In Year	Green	0	0
F&T100	Cabotegravir PrEP pause: injectable PrEP that has been NICE approved It was not funded.	NR	In Year	Green	11	26
F&T101	ELT - Saving on Band 7 salary if appointed 01/07/2026	NR	In Year	Green	15	15
F&T102	COT - Not backfilling 0.6wte Band 6 OT until June then backfilling with BOS 0.5 WTE	NR	In Year	Green	10	10
F&T103	ISET - Band 3 HCSW reduced from 1.0WTE to 0.6WTE	R	In Year	Green	7	13
F&T104	ISET - reduction in lease cars from 3 to 2	R	In Year	Green	1	4
F&T105	Ty -Fforest - 0.5 wte Band 4 delayed starting until July	NR	In Year	Green	4	4
F&T106	Primary Care - Delayed Band 5 OT Rotation post not starting until July	NR	In Year	Green	11	11
F&T107	CAMHS CHC 0.5 WTE Band 4 Admin	NR	In Year	Green	10	19
F&T108	CAHMS CMHT Turnover Slippage TW	NR	In Year	Green	4	4
F&T109	50% pay for DC	NR	In Year	Green	17	21
F&T110	Maternity Leave - HES (April - June)	NR	In Year	Green	4	4
F&T111	Band 5 0.8 WTE - Slippage while post goes through Trac	NR	In Year	Green	6	6
F&T112	Band 4 1.0 WTE - Slippage while post goes through Trac	NR	In Year	Green	2	2
F&T113	Maternity Leave - HES(April - June)	NR	In Year	Green	2	2
F&T114	Feasibility Project PNMH	NR	In Year	Green	15	30
F&T115	Feasibility Project PNMH	NR	In Year	Green	19	34
F&T116	Band 3 Sec to band 2 x 1 so far, ongoing	R	In Year	Green	1	2
F&T117	Hold band 4 position	NR	In Year	Green	21	31
F&T118	3 x dropped sessions replaced by AHPs	R	In Year	Green	29	58
F&T119	Invoice received 220042577 - Package came in less than expected due to this being a package of care that flexes	NR	In Year	Green	0	0

F&T120	Invoice received 220040604 - Package came in less than expected due to this being a package of care that flexes	NR	In Year	Green	4	4
F&T121	Invoice number 220040609 - Package came in less than expected due to this being a package of care that flexes	NR	In Year	Green	0	0
F&T122	Inv received 70255390 - Package came in less than expected due to this being a package of care that flexes	NR	In Year	Green	8	8
F&T123	Inv received 220042509 - Package came in less than expected due to this being a package of care that flexes	NR	In Year	Green	1	1
F&T124	Invoice received 220040606 - Package came in less than expected due to this being a package of care that flexes	NR	In Year	Green	21	21
F&T125	Inv received 20040613 - Package came in less than expected due to this being a package of care that flexes	NR	In Year	Green	0	0
F&T126	1.0 wte b6 vacancy cost centre 3566 (post no. 251)	NR	In Year	Green	10	10
F&T127	1.0 wte b6 vacancy cost centre 3566 (post no. 245)	NR	In Year	Green	10	10
F&T128	0.5 wte b7 vacancy cost centre 3542 (post no. 623)	NR	In Year	Green	15	15
F&T129	1.0 wte b7 vacancy cost centre 3570 (post no. 357)	NR	In Year	Green	19	19
F&T130	0.23 wte b7 vacancy cost centre 3543 (post no. 331)	NR	In Year	Green	7	7
F&T131	0.19 wte b7 vacancy cost centre 3570 (post no. 359)	NR	In Year	Green	6	7
F&T132	LAC nurse LTS	NR	In Year	Green	8	8
F&T133	Podiatry Support Worker Vacancy Slippage	NR	In Year	Green	6	6
F&T134	B3 1.80 wte delayed Recruitment Med Secs cost centre 1703	NR	In Year	Green	26	26
F&T135	B4 0.95 wte delayed Recruitment Med Secs cost centre 1703	NR	In Year	Green	20	20
F&T136	B3 0.71 wte delayed Recruitment Med Secs cost centre 3164	NR	In Year	Green	11	11
F&T137	B3 0.80 wte delayed Recruitment Med Secs cost centre 3169	NR	In Year	Green	14	14
F&T138	Valaciclovir suppressive HSV treatment	R	In Year	Green	2	8
F&T139	Home Care Additional 6 patients above targets	R	In Year	Green	13	25
F&T140	Staff Turnover B7 1.0 WTE	NR	In Year	Green	10	10
F&T141	Dropped 17 hours in Child Health Admin B3 from April	NR	In Year	Green	8	16
F&T142	Reduction in Packages of Care that Flex	NR	In Year	Green	41	41
F&T143	Continue to hold 1 session relinquished by Consultant Community Paediatrician	NR	In Year	Green	5	5
F&T144	GWICES review	R	In Year	Green	0	21
F&T145	Band 7 0.6 WTE psych post- slippage whilst post goes through TRAC	NR	In Year	Green	2	2
F&T146	Band 7 0.6 WTE paed post- Post holder retiring, unable to recruit	NR	In Year	Green	2	2
F&T147	Caerphilly Generic HV B6 unfilled vacancies (5 months from Apr)	NR	In Year	Green	46	46

F&T148	Pelvic Power Partnerships: Engaging marginalised community groups in pelvic health services R&D (2 year only)	R	In Year	Green	0	8
F&T149	Hold 2 of 4 sessions relinquished by Consultant general Paediatrician- relates to 4 sessions	NR	In Year	Green	10	30
F&T150	Medicines Waste SBAR	NR	In Year	Amber	0	5
F&T151	Pelvic Power Partnerships: Engaging marginalised community groups in pelvic health services Yr1 £7,634 Yr2 £8,169	R	In Year	Green	0	8
F&T152	Band 8a 0.6 WTE Vacancy delayed Recruitment	NR	In Year	Green	25	25
F&T153	Band 7 1 WTE Vacancy Delayed Recruitment	NR	In Year	Green	16	16
F&T154	RM Delayed Backfill 8a	NR	In Year	Green	12	12
F&T155	Workforce banding optimisation	R	In Year	Green	1	5
F&T156	Delayed Backfill B7	NR	In Year	Green	12	18
F&T157	Delayed Back Fill B7	NR	In Year	Green	18	24
F&T158	Cancelation of Mobile phone SIMs 69 numbers	R	In Year	Green	1	6
F&T159	Reduction of Admin band 3 by 0.2WTE not filling into	R	In Year	Green	4	7
F&T160	Release of Prior Year Accrual	NR	In Year	Green	4	4
F&T161	Dexcom G7 Saving	NR	In Year	Green	37	37
F&T162	YYF POD Midwife led unit	R	In Year	Green	0	17
F&T163	B2 1 wte delayed Recruitment Med Secs cost centre 1703	NR	In Year	Green	6	6
F&T164	B2 delayed recruitment Cc3164	NR	In Year	Green	1	1
F&T165	B5 Incremental slippage Cc3169	NR	In Year	Green	2	2
F&T166	B2 delayed recruitment Cc8573	NR	In Year	Green	2	2
F&T167	Band 8a R&R reduce 7.5 hours	NR	In Year	Green	1	6
F&T168	8a holding post	NR	In Year	Green	0	14
F&T169	admin band 2 leaving	NR	In Year	Green	0	8
F&T170	Neonates CO2 lines and Neopuff circuits	R	In Year	Green	1	2
F&T171	RSV drug switch savings	NR	In Year	Green	11	16
		Minimum Savings Target		**3,028**	**1,541**	**2,427**
		Distance from target (over)/under		**601**		

Estates and Facilities

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD Achieved £'000	Full year Forecast £'000
EAF03	RE:FIT	R	Month 1	Green	174	522
EAF04	Gas pricing	R	Month 1	Green	478	996
EAF05	St Woolos Building Rates Rebate	NR	Month 1	Green	67	112
EAF06	St Woolos ongoing rateable value change	R	Month 1	Green	24	40
EAF07	GUH Rateable value reduction	R	Month 1	Green	107	179
EAF08	Whistl Contract Review	NR	Month 1	Green	92	92
EAF09	Mattress Spend Plan	R	In Year	Green	84	250
EAF10	GUH Rates	NR	In Year	Green	77	307
EAF11	STW Postage Spend Review	NR	In Year	Green	168	168
EAF12	Mendelgief Road Rates Rebate	NR	In Year	Green	15	35
EAF13	Vending Machine Royalties	R	In Year	Green	71	71
EAF14	SRU Rates	NR	In Year	Green	29	87
EAF15	Gas Price Reconciliation 25/26	NR	In Year	Green	0	61
		Minimum Savings Target		**1,959**	**1,387**	**2,920**
		Distance from target (over)/under		**(962)**		

Corporate

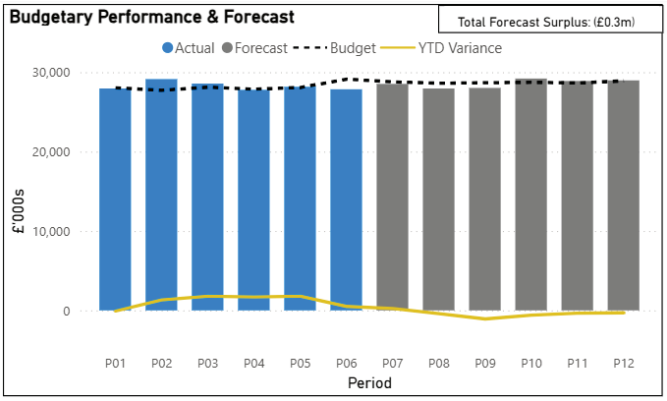
Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD Achieved £'000	Full year Forecast £'000
CORP-10	Corporate Pay Savings - 2%	NR	Month 1	Green	14	28
CORP-20	WAST Rebate	NR	In Year	Green	0	100
CORP-31	Bed Rationalisation	R	In Year	Amber	0	1,333
CORP02	2% Corporate Pay Savings	NR	Month 1	Green	93	185
CORP18	VAT Reclaim	NR	In Year	Green	76	76
CORP21	Study Leave	NR	In Year	Green	0	3,527
CORP22	VAT Reclaim	NR	In Year	Green	0	124
CORP024	Reduced Non-pay Spend	NR	In Year	Green	0	100
CORP025	Holding Vacancies	NR	In Year	Green	0	150
CORP12	Corporate 2% Pay Savings	R	Month 1	Green	60	179
CORP26	Legal fees (Review of Ongoing Tribunals)	NR	In Year	Green	0	200

CORP27	Review of Advertising Costs	NR	In Year	Green	0	30
CORP04	Corporate Pay Savings 2%	R	Month 1	Green	57	172
CORP08	Corporate Pay Savings 2%	NR	Month 1	Green	41	82
CORP06	Corporate 2% Pay Savings	NR	Month 1	Green	36	71
CORP14	Band 9 secondment (GM)	NR	In Year	Green	84	168
CORP15	Band 9 secondment (NM)	NR	In Year	Green	52	130
CORP07	Corporate Pay Savings 2%	R	Month 1	Green	262	524
CORP29	Hold vacancies in Programmes	NR	In Year	Green	0	112
CORP30	Hold spend against training budget	NR	In Year	Green	0	15
CORP09	Corporate 2% Pay Savings	NR	Month 1	Green	0	0
CORP23	Held 8d vacancy	NR	In Year	Green	0	20
Corp-01	Recruited Band 7 Senior Project Manager (FTC 20 months) to procure the new Risk Management System. Recruited from B8b vacancy	NR	Month 1	Green	14	27
CORP05	Corporate 2% Pay Savings	NR	Month 1	Green	12	21
CORP03	Corporate Pay Savings 2%	NR	Month 1	Green	46	91
CORP16	Caerphilly LA review	NR	In Year	Green	96	96
CORP19	Health Protection review	NR	In Year	Green	0	59
CORP28	Hold vacancies	NR	In Year	Green	0	0
CORP11	Corporate 2% Pay Savings	NR	Month 1	Green	42	125
CORP17	IPFR AB Review	NR	In Year	Green	198	198
		Minimum Savings Target		**2,149**	**1,182**	**7,943**
		Distance from target (over)/under		**(5,794)**		

Contracting and Commissioning

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CC01	Cwm Taf Commissioning Expenditure LTA	R	Month 1	Green	213	425
CC02	Cwm Taf Provider Income LTA	R	Month 1	Green	113	225
CC03	Outsource anticipated favourable position	NR	In Year	Green	0	650
CC04	Renegotiation of NHS Gloucester contract	NR	In Year	Green	0	100
CC05	Reduced Drug expenditure at Velindre CC	R	In Year	Green	0	100
CC06	Provision release for Ophthalmology complications	NR	In Year	Green	0	450
		Minimum Savings Target		**2,533**	**325**	**1,950**
		Distance from target (over)/under		**583**		

Divisional analysis – Primary Care & Community



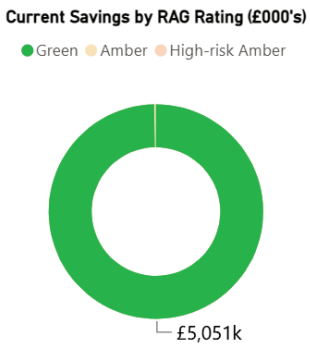
Key drivers of forecast deficit:

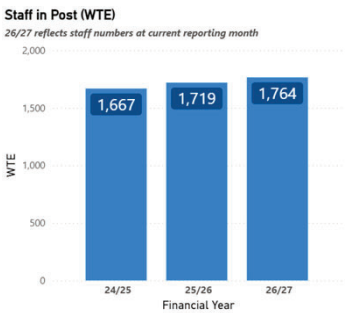
- £4.2m Community Nursing and Medic variable pay costs (including, sickness, surge beds and COTE agency premium costs)
- £1.2m GPs in OOH's –annual leave uplift for sessional GP's
- £0.3m Optometry contract growth
- (£2.1m) GMS deep-dive into 25/26 and impact on 26/27 forecast - mainly supplementary services and sustainability support
- (£1.1m) Hospital pharmacy vacancies
- (£1.0m) Dental Non-recurrent savings
- (£0.6m) Direct Delivery Vaccines
- (£0.3m) Community Pharmacy Contract
- (£0.8m) Other net variances

DIVISIONAL EXPENDITURE/FORECAST RUN-RATE	M01 (£000's)	M02 (£000's)	M03 (£000's)	M04 (£000's)	M05 (£000's)	M06 (£000's)	M07 (£000's)	M08 (£000's)	M09 (£000's)	M10 (£000's)	M11 (£000's)	M12 (£000's)	Forecast Outturn (£000's)
Income	(6,275)	(125)	(3,347)	(3,565)	(3,263)	(3,558)	(3,153)	(3,213)	(3,150)	(3,172)	(3,285)	(3,236)	**(39,342)**
Pay	10,360	10,470	10,601	10,428	10,285	10,284	10,580	10,353	10,399	10,511	10,485	10,390	**125,148**
Non pay	23,865	18,788	21,311	20,914	21,143	21,124	21,101	20,811	20,771	21,866	21,696	21,815	**255,207**
Net Expenditure	**27,951**	**29,134**	**28,565**	**27,777**	**28,165**	**27,850**	**28,529**	**27,951**	**28,020**	**29,205**	**28,896**	**28,970**	**341,012**
Budget	**28,042**	**27,720**	**28,115**	**27,866**	**28,074**	**29,129**	**28,787**	**28,615**	**28,673**	**28,737**	**28,644**	**28,917**	**341,319**
Variance	**(92)**	**1,414**	**450**	**(89)**	**91**	**(1,278)**	**(258)**	**(664)**	**(654)**	**468**	**252**	**53**	**(307)**

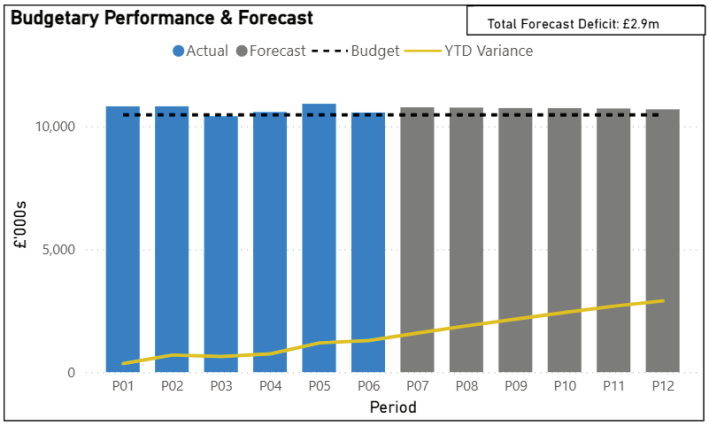
Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan	Full Year: Forecast Recurrent	Full Year: Forecast Non Recurrent
Efficiency (Outpatients Programme)	1	0	0	0	0	0	0	0	
Estates Rationalisation	3	53	48	-6	118	112	-6	112	
Medicines Management	2	0	0	0	14	14	0	0	14
Non-Pay	18	912	1,268	356	4,650	4,043	-607	705	3,338
SLAs	1	1	1	0	6	6	0	6	
Workforce	17	214	156	-58	922	890	-33	839	51
Total	**42**	**1,179**	**1,472**	**293**	**5,710**	**5,065**	**-645**	**1,661**	**3,403**





Divisional analysis – Prescribing



Key drivers of forecast deficit:

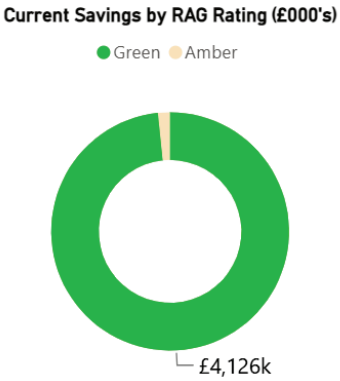
The forecast outturn is £2.901m, which is £1.264m favourable to the planned position of £4.165m. The favourable variance is primarily driven by a £0.200m non-recurrent reduction in drug spend and £1.047m of additional savings.

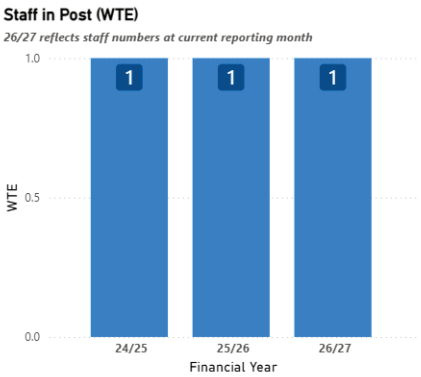
Full-Year Forecast Assumptions:
Growth based on -0.2% (last month: 0%)
Average item price £8.22 (last month: £8.18)

DIVISIONAL EXPENDITURE/FORECAST RUN-RATE	M01 (£000's)	M02 (£000's)	M03 (£000's)	M04 (£000's)	M05 (£000's)	M06 (£000's)	M07 (£000's)	M08 (£000's)	M09 (£000's)	M10 (£000's)	M11 (£000's)	M12 (£000's)	Forecast Outturn (£000's)
Income	(330)	(330)	(355)	(603)	(385)	(512)	(402)	(404)	(404)	(393)	(394)	(396)	**(4,910)**
Pay	26	27	26	26	28	27	30	30	30	30	30	30	**338**
Non pay	11,112	11,112	10,732	11,150	11,267	11,043	11,141	11,128	11,113	11,098	11,083	11,050	**133,027**
Net Expenditure	**10,808**	**10,809**	**10,404**	**10,573**	**10,910**	**10,557**	**10,768**	**10,753**	**10,738**	**10,734**	**10,718**	**10,683**	**128,455**
Budget	**10,463**	**10,463**	**10,463**	**10,463**	**10,463**	**10,463**	**10,463**	**10,463**	**10,463**	**10,463**	**10,463**	**10,463**	**125,553**
Variance	**346**	**346**	**(59)**	**110**	**447**	**94**	**305**	**290**	**275**	**271**	**255**	**220**	**2,901**

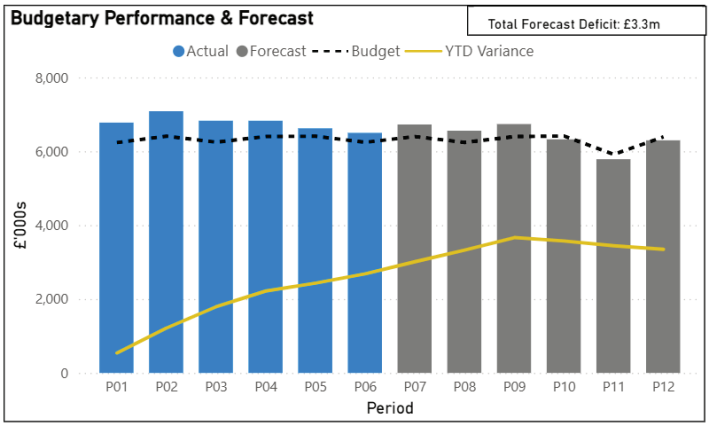
Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan	Full Year: Forecast Recurrent	Full Year: Forecast Non Recurrent
Medicines Management	17	1,419	1,332	-87	3,672	3,977	305	2,850	1,127
Workforce	1	74	74	0	149	149	0		149
Total	**18**	**1,493**	**1,406**	**-87**	**3,821**	**4,126**	**305**	**2,850**	**1,276**





Divisional analysis – Complex Care



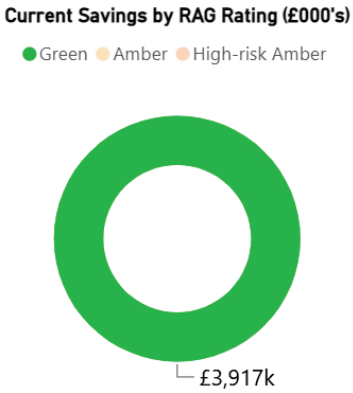
Key drivers of forecast deficit:

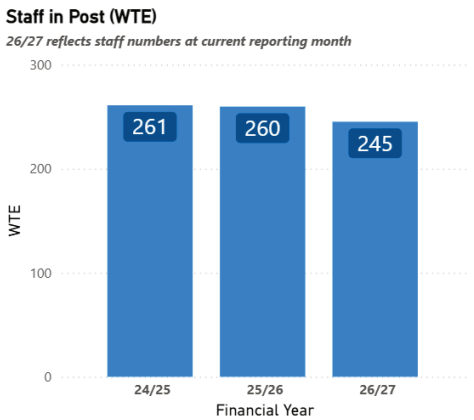
- £3.4m CHC/DTA/FNC *(£2.5m unfunded fee uplifts included in forecast)*
- £0.1m IRP overspend
- (£0.2m) CAHT and central underspends

DIVISIONAL EXPENDITURE/FORECAST RUN-RATE	M01 (£000's)	M02 (£000's)	M03 (£000's)	M04 (£000's)	M05 (£000's)	M06 (£000's)	M07 (£000's)	M08 (£000's)	M09 (£000's)	M10 (£000's)	M11 (£000's)	M12 (£000's)	Forecast Outturn (£000's)
Income	(10)	(8)	(9)	(9)	(12)	(9)	(6)	(6)	(6)	(6)	(6)	(6)	**(92)**
Pay	1,203	1,327	1,232	1,190	1,229	1,176	1,197	1,211	1,211	1,238	1,226	1,208	**14,648**
Non pay	5,582	5,766	5,602	5,644	5,402	5,328	5,534	5,351	5,529	5,090	4,565	5,094	**64,487**
Net Expenditure	**6,775**	**7,084**	**6,826**	**6,825**	**6,619**	**6,496**	**6,725**	**6,556**	**6,734**	**6,322**	**5,785**	**6,296**	**79,044**
Budget	**6,236**	**6,409**	**6,247**	**6,400**	**6,406**	**6,244**	**6,398**	**6,239**	**6,398**	**6,413**	**5,916**	**6,390**	**75,697**
Variance	**540**	**676**	**578**	**425**	**213**	**252**	**327**	**317**	**336**	**(91)**	**(132)**	**(94)**	**3,346**

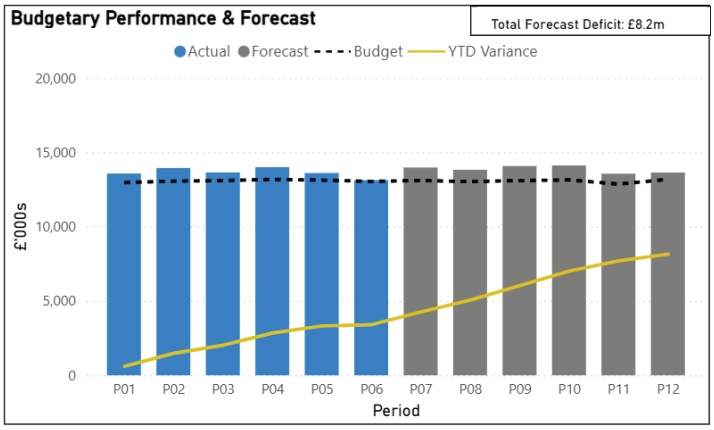
Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan	Full Year: Forecast Recurrent	Full Year: Forecast Non Recurrent
Continuing Health Care	7	279	783	504	2,425	3,726	1,301	24	3,702
Workforce	1	70	70	0	191	191	0		191
Total	**8**	**349**	**853**	**504**	**2,616**	**3,917**	**1,301**	**24**	**3,893**





Divisional analysis – Mental Health & Learning Disabilities



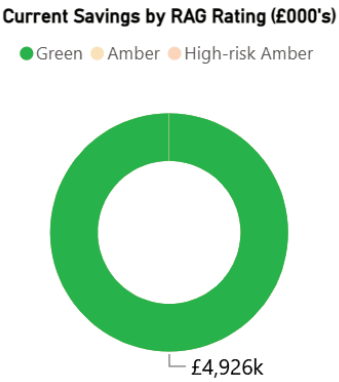
Key drivers of forecast deficit:

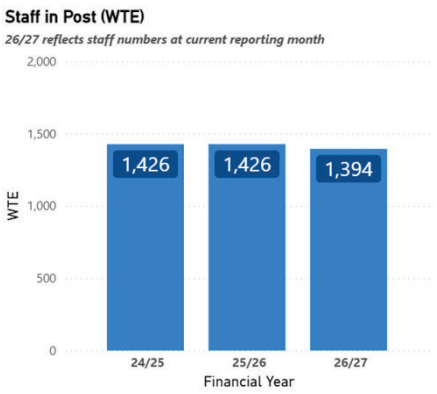
- £4.3m overspend commissioned placements (£2.3 fee uplifts, £2.0m growth)
- £5.0m overspend on inpatient wards within Older Adult, Adult & Learning Disabilities, High Observations Driving the position
- £0.7m Medical Staffing
- £0.4m Drugs
- (£2.2m) Vacancies across Community Teams & Older Adult Psychology.

DIVISIONAL EXPENDITURE/FORECAST RUN-RATE													
	M01 (£000's)	M02 (£000's)	M03 (£000's)	M04 (£000's)	M05 (£000's)	M06 (£000's)	M07 (£000's)	M08 (£000's)	M09 (£000's)	M10 (£000's)	M11 (£000's)	M12 (£000's)	Forecast Outturn (£000's)
Income	(210)	(183)	(341)	(303)	(192)	(185)	(267)	(185)	(185)	(269)	(185)	(279)	**(2,784)**
Pay	7,791	7,811	7,943	7,904	7,795	7,677	7,972	8,006	8,064	8,066	7,988	7,980	**94,998**
Non pay	5,978	6,307	6,035	6,394	5,993	5,626	6,259	5,996	6,187	6,311	5,746	5,931	**72,764**
Net Expenditure	**13,560**	**13,936**	**13,636**	**13,995**	**13,596**	**13,119**	**13,964**	**13,818**	**14,065**	**14,108**	**13,549**	**13,632**	**164,978**
Budget	**12,961**	**13,056**	**13,095**	**13,172**	**13,122**	**13,035**	**13,099**	**13,021**	**13,098**	**13,133**	**12,854**	**13,180**	**156,827**
Variance	**599**	**880**	**541**	**823**	**474**	**83**	**865**	**796**	**968**	**976**	**695**	**452**	**8,151**

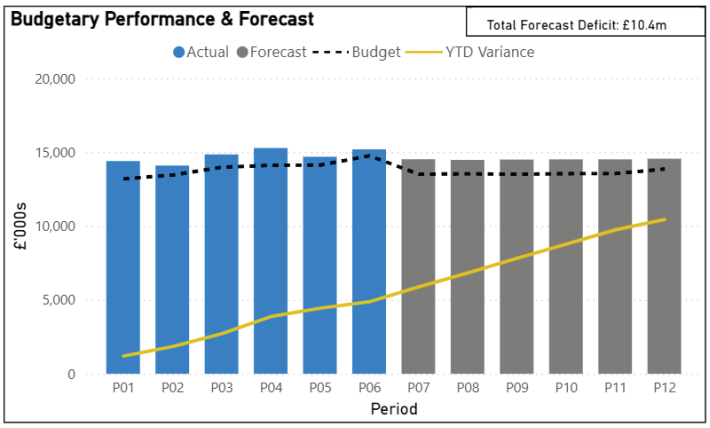
Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan	Full Year: Forecast Recurrent	Full Year: Forecast Non Recurrent
Continuing Health Care	11	1,227	1,650	423	3,138	4,045	907	2,691	1,354
Estates Rationalisation	1		0	0	11	11	0	11	
Mental Health & LD Site Transformation	2	0	188	188	453	453	0	453	
SLAs	1	27	27	0	53	53	0	53	
Workforce	4	186	186	0	365	365	0	365	
Total	**19**	**1,440**	**2,051**	**610**	**4,019**	**4,926**	**907**	**3,572**	**1,354**





Divisional analysis – Surgery



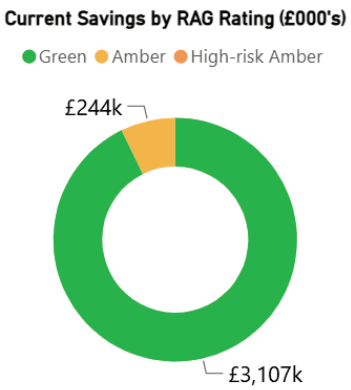
Key drivers of forecast deficit:

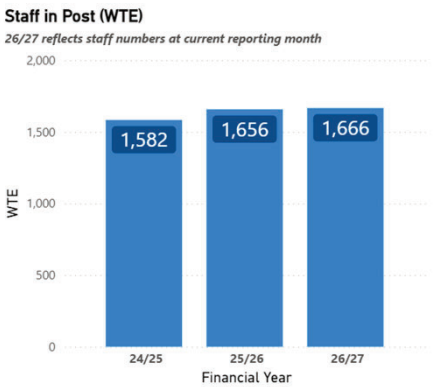
- £3.8m Drugs
- £2.2m Medical Variable Pay
- £1.3m Urgent/Cancer
- £1.2m Unfunded Posts
- £0.6m Non-pay
- £0.4m Breast Unit
- £0.3m Robot Consumables Costs
- £0.2m Glaucoma Hub
- £0.2m Nursing Variable Pay
- £0.1m Our Next Patient
- £0.1m Robot Maintenance

DIVISIONAL EXPENDITURE/FORECAST RUN-RATE	M01 (£000's)	M02 (£000's)	M03 (£000's)	M04 (£000's)	M05 (£000's)	M06 (£000's)	M07 (£000's)	M08 (£000's)	M09 (£000's)	M10 (£000's)	M11 (£000's)	M12 (£000's)	Forecast Outturn (£000's)
Income	(710)	(641)	(643)	(799)	(726)	(524)	(712)	(712)	(712)	(712)	(712)	(713)	(8,319)
Pay	10,552	10,616	11,201	11,082	10,987	11,023	10,734	10,682	10,703	10,718	10,719	10,749	129,766
Non pay	4,554	4,121	4,287	4,994	4,427	4,692	4,499	4,507	4,507	4,507	4,507	4,521	54,123
Net Expenditure	**14,396**	**14,095**	**14,845**	**15,278**	**14,688**	**15,191**	**14,520**	**14,476**	**14,498**	**14,512**	**14,514**	**14,556**	**175,569**
Budget	**13,192**	**13,451**	**13,979**	**14,114**	**14,125**	**14,753**	**13,514**	**13,537**	**13,508**	**13,546**	**13,548**	**13,858**	**165,125**
Variance	**1,204**	**644**	**866**	**1,164**	**563**	**439**	**1,007**	**939**	**990**	**966**	**966**	**698**	**10,444**

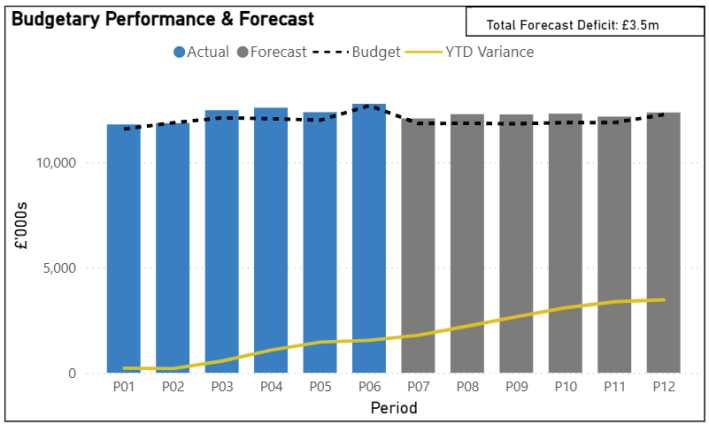
Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan	Full Year: Forecast Recurrent	Full Year: Forecast Non Recurrent
Efficiency (Outpatients Programme)	1	0	0	0	0	0	0	0	
Evidence Based Interventions	1	0	0	0	0	0	0	0	
Medicines Management	12	1,279	1,133	-146	2,805	2,363	-442	2,363	
Non-Pay	26	146	114	-32	360	360	0	283	77
Therapies Service Review	5	33	23	-10	116	90	-26	90	0
Workforce	26	328	263	-65	537	537	0	186	351
Total	**71**	**1,786**	**1,533**	**-253**	**3,818**	**3,350**	**-468**	**2,922**	**428**





Divisional analysis – Clinical Support Services



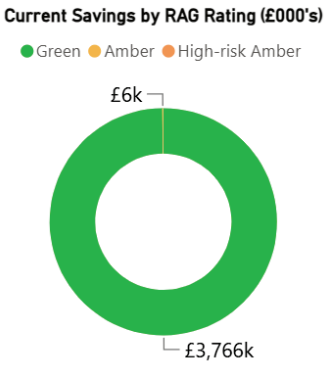
Key drivers of forecast deficit:

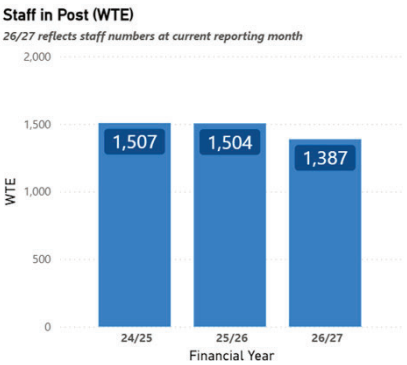
- £1.0m National & Diagnostic Digital Implementation Costs
- £0.38m Performance related
  - £0.15m 8wk Diagnostics
  - £0.23m Additional Cancer
- £2.0m Operational costs
  - £0.9m Theatres Non Pay
  - £1.0m Anaesthetics
  - £0.6m Critical Care
  - (£0.5m) Diagnostics

DIVISIONAL EXPENDITURE/FORECAST RUN-RATE	M01 (£000's)	M02 (£000's)	M03 (£000's)	M04 (£000's)	M05 (£000's)	M06 (£000's)	M07 (£000's)	M08 (£000's)	M09 (£000's)	M10 (£000's)	M11 (£000's)	M12 (£000's)	Forecast Outturn (£000's)
Income	(449)	(555)	(410)	(520)	(517)	(535)	(508)	(502)	(502)	(502)	(502)	(502)	**(6,005)**
Pay	9,422	9,519	9,755	9,696	9,727	9,883	9,519	9,592	9,635	9,620	9,539	9,555	**115,462**
Non pay	2,827	2,897	3,126	3,417	3,171	3,431	3,069	3,197	3,142	3,193	3,134	3,314	**37,917**
Net Expenditure	**11,800**	**11,860**	**12,472**	**12,593**	**12,381**	**12,779**	**12,080**	**12,287**	**12,275**	**12,311**	**12,171**	**12,367**	**147,375**
Budget	**11,580**	**11,879**	**12,113**	**12,072**	**12,000**	**12,694**	**11,840**	**11,851**	**11,828**	**11,887**	**11,888**	**12,269**	**143,900**
Variance	**220**	**(19)**	**359**	**520**	**380**	**85**	**241**	**436**	**446**	**424**	**283**	**98**	**3,474**

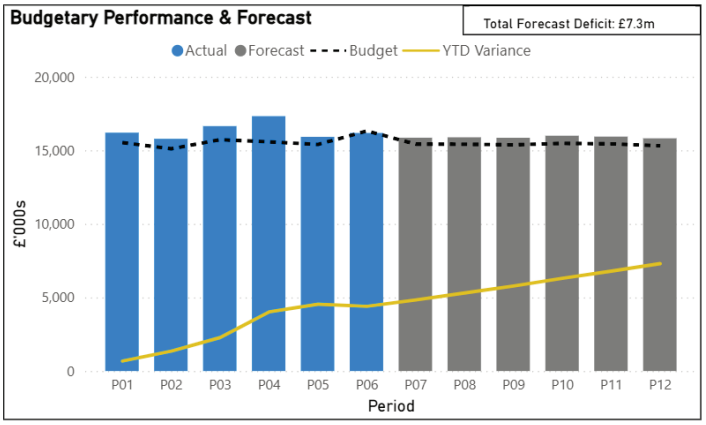
Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan	Full Year: Forecast Recurrent	Full Year: Forecast Non Recurrent
Efficiency (Outpatients Programme)	1	0	0	0	0	0	0	0	
Medicines Management	3	64	65	1	75	77	1	19	58
Non-Pay	41	505	1,159	654	1,897	1,915	18	709	1,206
SLAs	6	459	364	-94	846	846	0	167	679
Theatre Capacity Consolidation	1	0	0	0	0	0	0	0	
Workforce	23	337	416	79	799	933	134	602	330
Total	**75**	**1,365**	**2,005**	**640**	**3,618**	**3,771**	**153**	**1,497**	**2,274**





Divisional analysis – Medicine



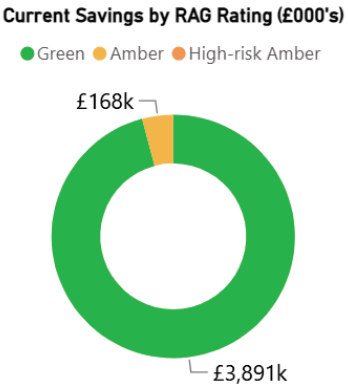
Key drivers of forecast deficit:

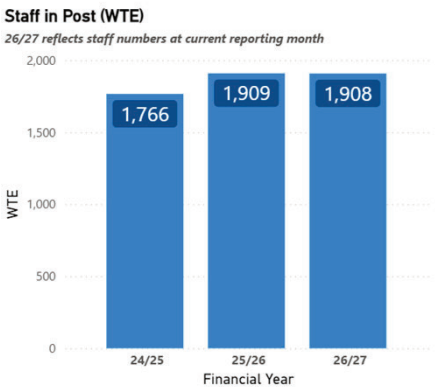
- £3.4m Nursing variable pay (enh. care, vacancies, sickness)
- £1.0m Drugs growth & activity
- £0.9m Additional Resident Doctors (compliant rotas)
- £0.9m M&SE and Maintenance contracts
- £0.3m ONP / H45/ / Rapid Release
- £0.5m Nephrology drug
- £0.4m other net variances

DIVISIONAL EXPENDITURE/FORECAST RUN-RATE	M01 (£000's)	M02 (£000's)	M03 (£000's)	M04 (£000's)	M05 (£000's)	M06 (£000's)	M07 (£000's)	M08 (£000's)	M09 (£000's)	M10 (£000's)	M11 (£000's)	M12 (£000's)	Forecast Outturn (£000's)
Income	(287)	(261)	(281)	(367)	(319)	(283)	(277)	(277)	(277)	(277)	(277)	(277)	**(3,462)**
Pay	12,606	12,612	13,142	13,305	12,853	12,947	12,618	12,677	12,651	12,728	12,703	12,602	**153,445**
Non pay	3,879	3,431	3,781	4,382	3,381	3,511	3,517	3,485	3,478	3,540	3,505	3,490	**43,381**
Net Expenditure	**16,198**	**15,781**	**16,643**	**17,320**	**15,916**	**16,176**	**15,858**	**15,885**	**15,852**	**15,991**	**15,930**	**15,814**	**193,365**
Budget	**15,523**	**15,105**	**15,721**	**15,576**	**15,397**	**16,319**	**15,419**	**15,412**	**15,377**	**15,471**	**15,440**	**15,308**	**186,067**
Variance	**675**	**677**	**922**	**1,744**	**519**	**(143)**	**439**	**473**	**475**	**520**	**490**	**507**	**7,297**

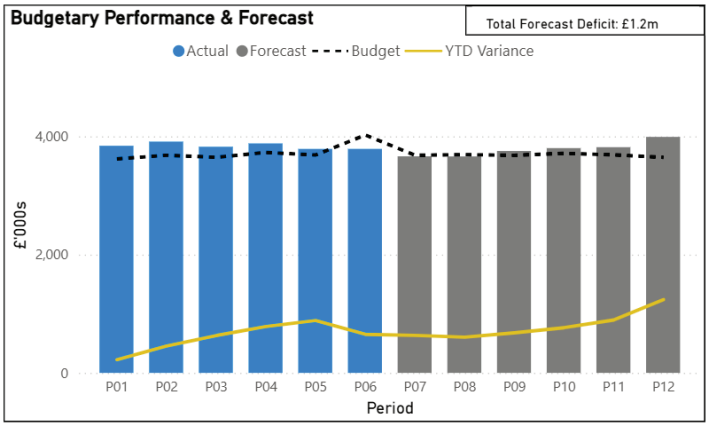
Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan	Full Year: Forecast Recurrent	Full Year: Forecast Non Recurrent
Bed Capacity Optimisation	2	0	0	0	0	0	0	0	
Efficiency (Outpatients Programme)	1	0	0	0	0	0	0	0	
Medicines Management	14	846	893	47	2,214	2,581	366	1,831	750
Non-Pay	5	77	129	52	237	350	113	226	124
Workforce	16	185	163	-22	1,186	1,128	-58	930	198
Total	**38**	**1,108**	**1,185**	**77**	**3,637**	**4,059**	**422**	**2,987**	**1,072**





Divisional analysis – Urgent Care



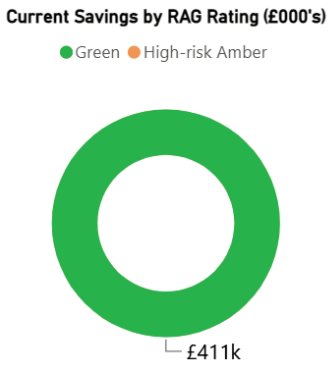
Key drivers of forecast deficit:

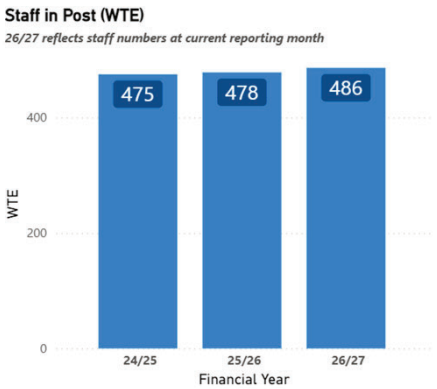
- £0.7m ED Interim Clinical Model
- £0.5m Paeds/CEAU Pilot (4 months)
- £0.3m 45-min ambulance handover (12 months)
- £0.2m SDEC Boarding & Triage Nurse Cover (12 months)
- Offset by (£0.4m) new savings

DIVISIONAL EXPENDITURE/FORECAST RUN-RATE	M01 (£000's)	M02 (£000's)	M03 (£000's)	M04 (£000's)	M05 (£000's)	M06 (£000's)	M07 (£000's)	M08 (£000's)	M09 (£000's)	M10 (£000's)	M11 (£000's)	M12 (£000's)	Forecast Outturn (£000's)
Income	(187)	(165)	(195)	(135)	(142)	(141)	(181)	(181)	(181)	(191)	(191)	(191)	(2,079)
Pay	3,758	3,830	3,762	3,753	3,684	3,691	3,580	3,578	3,670	3,729	3,744	3,912	44,691
Non pay	269	246	257	263	246	238	263	263	263	263	263	269	3,103
Net Expenditure	**3,840**	**3,911**	**3,824**	**3,880**	**3,787**	**3,788**	**3,662**	**3,661**	**3,753**	**3,801**	**3,817**	**3,991**	**45,714**
Budget	**3,618**	**3,681**	**3,645**	**3,728**	**3,685**	**4,023**	**3,680**	**3,691**	**3,680**	**3,713**	**3,687**	**3,645**	**44,475**
Variance	**222**	**230**	**179**	**152**	**103**	**(235)**	**(18)**	**(30)**	**73**	**88**	**130**	**345**	**1,239**

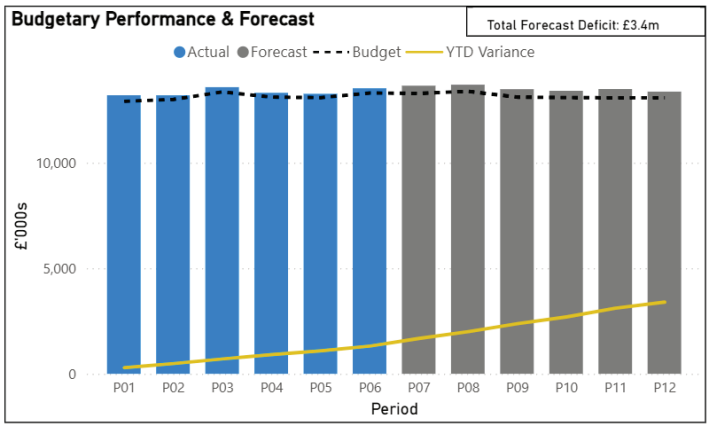
Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan	Full Year: Forecast Recurrent	Full Year: Forecast Non Recurrent
Medicines Management	1		0	0	1	1	0	1	
Non-Pay	2	5	9	4	74	78	4	12	66
Workforce	10	49	38	-11	361	332	-29	280	52
Total	**13**	**54**	**46**	**-7**	**436**	**411**	**-25**	**293**	**118**





Divisional analysis – Family & Therapies



Key drivers of forecast deficit:

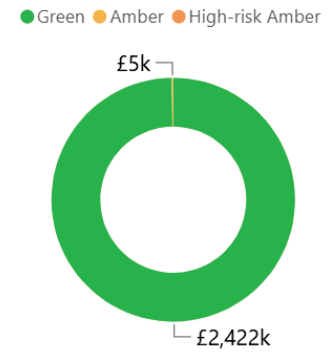
- £1.8m Medical sustainability/workforce pressures in Gynae, Paediatrics & Neonates
- £1.8m Maternity sustainability /workforce pressures associated with high levels of maternity and sickness leave coupled with high C-Section rate 52% (Avg 25-26 41%) driving non-pay.
- £0.5m CHC Demand
- £0.4m Streamliners in maternity 15 WTE
- (£0.7m) SARC and other offsetting variances

DIVISIONAL EXPENDITURE/FORECAST RUN-RATE	M01 (£000's)	M02 (£000's)	M03 (£000's)	M04 (£000's)	M05 (£000's)	M06 (£000's)	M07 (£000's)	M08 (£000's)	M09 (£000's)	M10 (£000's)	M11 (£000's)	M12 (£000's)	Forecast Outturn (£000's)
Income	(782)	(805)	(838)	(908)	(797)	(855)	(797)	(799)	(799)	(799)	(799)	(807)	(9,788)
Pay	12,362	12,275	12,512	12,403	12,442	12,480	12,521	12,499	12,529	12,517	12,599	12,477	149,617
Non pay	1,616	1,723	1,906	1,816	1,619	1,901	1,925	1,997	1,755	1,688	1,690	1,698	21,333
Net Expenditure	**13,196**	**13,193**	**13,579**	**13,311**	**13,264**	**13,526**	**13,649**	**13,696**	**13,484**	**13,406**	**13,490**	**13,368**	**161,162**
Budget	**12,908**	**12,999**	**13,355**	**13,107**	**13,083**	**13,302**	**13,286**	**13,382**	**13,106**	**13,087**	**13,075**	**13,078**	**157,768**
Variance	**287**	**194**	**224**	**204**	**181**	**224**	**364**	**316**	**379**	**320**	**416**	**291**	**3,400**

Savings summary (£'000)

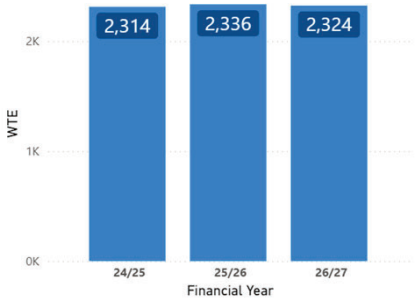
Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan	Full Year: Forecast Recurrent	Full Year: Forecast Non Recurrent
Continuing Health Care	8	76	76	0	76	76	0		76
Efficiency (Outpatients Programme)	1	0	0	0	0	0	0	0	
Estates Rationalisation	1	0	0	0	0	0	0	0	
Medicines Management	15	127	114	-13	292	267	-25	196	71
Non-Pay	14	102	73	-28	173	129	-45	64	64
SLAs	4	43	38	-5	68	59	-9	41	18
Therapies Service Review	72	626	648	22	780	802	22	148	654
Workforce	70	532	592	60	1,025	1,094	69	386	708
Total	**185**	**1,505**	**1,541**	**36**	**2,415**	**2,427**	**12**	**836**	**1,591**

Current Savings by RAG Rating (£000's)

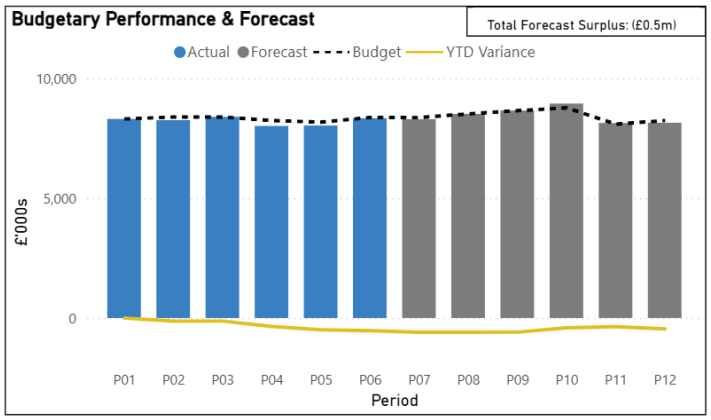


Staff in Post (WTE)

26/27 reflects staff numbers at current reporting month



Divisional analysis – Estates & Facilities



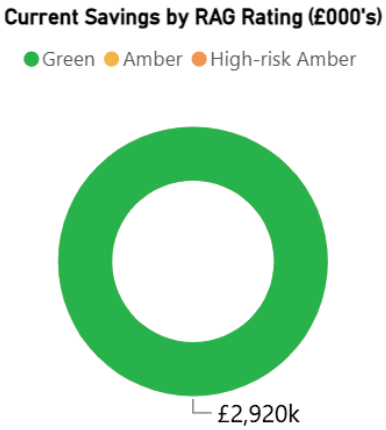
Key drivers of forecast deficit:

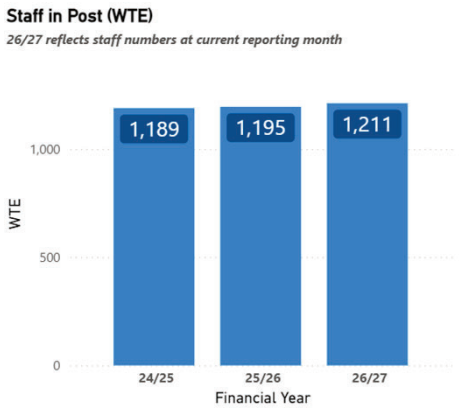
- £0.5m Building maintenance
- £0.3m Building demolitions
- £0.3m Minor Works
- £0.1m Other net variances
- (£0.8m) Rates
- (£0.7m) Vacancies

DIVISIONAL EXPENDITURE/FORECAST RUN-RATE	M01 (£000's)	M02 (£000's)	M03 (£000's)	M04 (£000's)	M05 (£000's)	M06 (£000's)	M07 (£000's)	M08 (£000's)	M09 (£000's)	M10 (£000's)	M11 (£000's)	M12 (£000's)	Forecast Outturn (£000's)
Income	(403)	(489)	(429)	(451)	(463)	(578)	(424)	(420)	(428)	(437)	(418)	(506)	**(5,445)**
Pay	4,563	4,678	4,733	4,613	4,757	4,753	4,620	4,722	4,614	4,874	4,776	4,518	**56,221**
Non pay	4,145	4,066	4,089	3,850	3,737	4,162	4,099	4,214	4,472	4,510	3,780	4,135	**49,260**
Net Expenditure	**8,305**	**8,256**	**8,393**	**8,013**	**8,030**	**8,337**	**8,295**	**8,516**	**8,658**	**8,947**	**8,137**	**8,148**	**100,036**
Budget	**8,309**	**8,386**	**8,386**	**8,240**	**8,172**	**8,369**	**8,363**	**8,518**	**8,653**	**8,766**	**8,090**	**8,240**	**100,491**
Variance	**(3)**	**(130)**	**7**	**(227)**	**(141)**	**(32)**	**(69)**	**(1)**	**5**	**181**	**47**	**(92)**	**(455)**

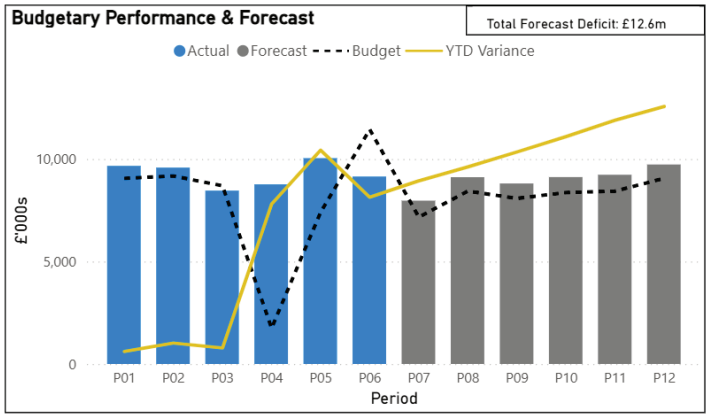
Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan	Full Year: Forecast Recurrent	Full Year: Forecast Non Recurrent
Bed Capacity Optimisation	1	0	0	0	0	0	0	0	
Estates Rationalisation	4	91	168	77	334	459	125	40	419
Non-Pay	11	1,177	1,219	42	2,333	2,461	128	2,018	443
Workforce	2	0	0	0	0	0	0	0	
Total	**18**	**1,268**	**1,387**	**119**	**2,667**	**2,920**	**253**	**2,058**	**862**





Divisional analysis – Corporate



Key drivers of forecast deficit:

- £13.0m Welsh Risk Pool
- £0.8m Ongoing litigation
- £0.4m IPFR
- £1.1m Miscellaneous Contract Uplifts
- £1.0 Office 365
- (£3.5) Study Leave savings

DIVISIONAL EXPENDITURE/FORECAST RUN-RATE	M01 (£000's)	M02 (£000's)	M03 (£000's)	M04 (£000's)	M05 (£000's)	M06 (£000's)	M07 (£000's)	M08 (£000's)	M09 (£000's)	M10 (£000's)	M11 (£000's)	M12 (£000's)	Forecast Outturn (£000's)
Income	(1,733)	(1,872)	(1,869)	(1,992)	(1,754)	(1,920)	(3,111)	(1,992)	(1,992)	(2,015)	(1,974)	(1,974)	**(24,197)**
Pay	6,452	6,497	5,768	6,310	6,373	6,336	5,917	5,713	5,748	5,793	5,805	5,804	**72,515**
Non pay	4,948	4,956	4,559	4,445	5,423	4,730	5,162	5,393	5,051	5,340	5,402	5,903	**61,312**
Net Expenditure	**9,667**	**9,581**	**8,458**	**8,763**	**10,043**	**9,146**	**7,968**	**9,114**	**8,807**	**9,119**	**9,233**	**9,733**	**109,631**
Budget	**9,056**	**9,173**	**8,693**	**1,749**	**7,409**	**11,443**	**7,166**	**8,434**	**8,077**	**8,365**	**8,435**	**9,061**	**97,061**
Variance	**610**	**408**	**(235)**	**7,014**	**2,634**	**(2,298)**	**802**	**680**	**730**	**753**	**799**	**672**	**12,569**

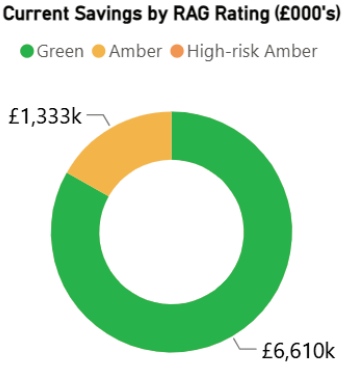
	Annual budget £000s	YTD Reported Variance £000s	Full-year Forecast at M06 £000s	Full-year Forecast at M05 £000s	Movement £000s
Corporate / Exec budgets:-					
Finance & Performance	7,166	(789)	(4,237)	(4,237)	(0)
Workforce & OD	10,815	199	(142)	(129)	(13)
Nurse Director	8,703	169	460	460	(0)
Chief Executive and non officer members	6,396	(162)	(497)	(497)	(0)
Planning	20,926	88	(19)	(19)	(0)
Digital, Data & Technology	32,096	1,551	2,507	2,507	(0)
Therapies	1,792	49	56	56	0
Corporate Governance	1,292	(38)	(49)	(49)	(0)
Public Health	6,778	(921)	(213)	(388)	175
Medical Director	4,573	68	218	218	0
Litigation	(12,690)	7,902	15,797	23,739	(7,942)
Shared Service	0	(2)	0	0	0
Total Corporate Directorates	**87,848**	**8,113**	**13,880**	**21,660**	**(7,780)**

Corporate continued...

Savings summary (£'000)

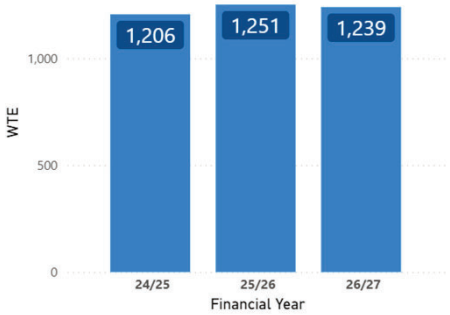
Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan	Full Year: Forecast Recurrent	Full Year: Forecast Non Recurrent
Bed Capacity Optimisation	1		0	0	1,600	1,333	-267	1,333	
Corporate	30	1,191	1,182	-9	6,817	6,610	-207	875	5,735
Workforce	12	0	0	0	0	0	0	0	
Total	**43**	**1,191**	**1,182**	**-9**	**8,417**	**7,943**	**-474**	**2,208**	**5,735**

Current Savings by RAG Rating (£000's)

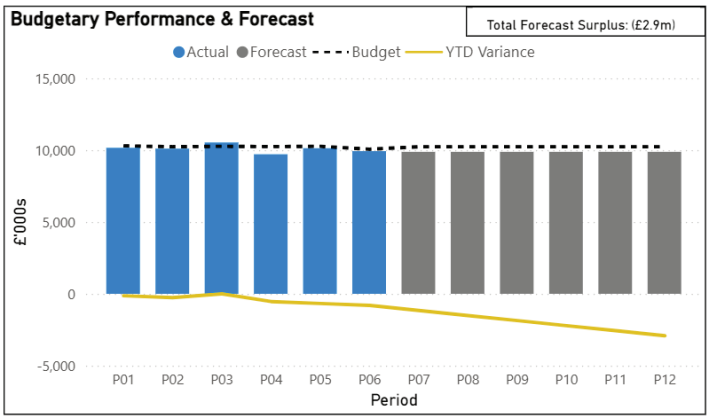


Staff in Post (WTE)

26/27 reflects staff numbers at current reporting month



Divisional analysis – Contracting & Commissioning



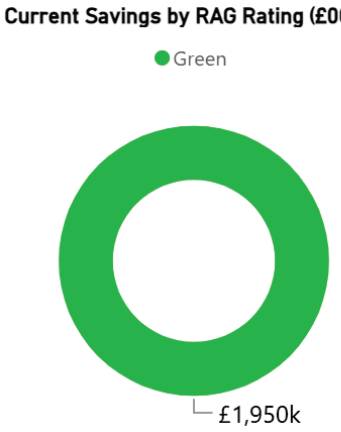
Key drivers of forecast deficit:

- (£1.9m) Recurrent CTM contract saving
- (£0.7m) CTM LTA Saving
- (£1.3m) Outsource contract expected release
- (£0.1m) NHS Gloucester settlement
- (£0.1m) Velindre Drugs
- £0.7m Velindre activity growth (unfunded)
- £0.2m Velindre FYE developments (unfunded)

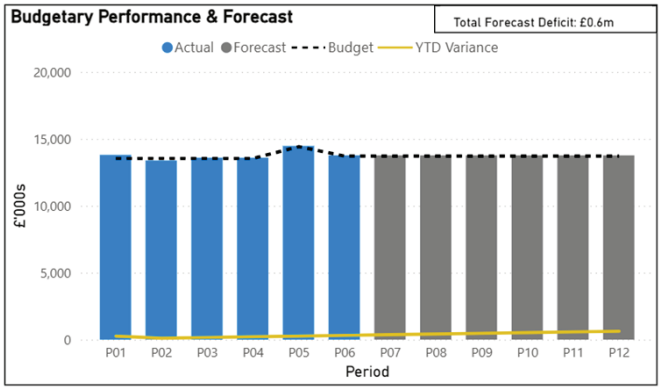
DIVISIONAL EXPENDITURE/FORECAST RUN-RATE	M01 (£000's)	M02 (£000's)	M03 (£000's)	M04 (£000's)	M05 (£000's)	M06 (£000's)	M07 (£000's)	M08 (£000's)	M09 (£000's)	M10 (£000's)	M11 (£000's)	M12 (£000's)	Forecast Outturn (£000's)
Income	(1,626)	(1,626)	(1,626)	(1,647)	(1,626)	(1,626)	(1,626)	(1,626)	(1,626)	(1,626)	(1,626)	(1,626)	(19,536)
Pay	0	0	0	0	0	0	0	0	0	0	0	0	0
Non pay	11,787	11,729	12,158	11,358	11,758	11,555	11,507	11,507	11,507	11,507	11,507	11,507	139,387
Net Expenditure	**10,160**	**10,102**	**10,531**	**9,711**	**10,131**	**9,929**	**9,881**	**9,881**	**9,881**	**9,881**	**9,881**	**9,881**	**119,850**
Budget	**10,295**	**10,237**	**10,266**	**10,245**	**10,266**	**10,064**	**10,232**	**10,232**	**10,232**	**10,232**	**10,232**	**10,233**	**122,767**
Variance	**(135)**	**(135)**	**265**	**(535)**	**(135)**	**(135)**	**(351)**	**(351)**	**(351)**	**(351)**	**(351)**	**(352)**	**(2,917)**

Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan	Full Year: Forecast Recurrent	Full Year: Forecast Non Recurrent
Non-Pay	1	0	0	0	650	650	0		650
SLAs	5	325	325	0	1,300	1,300	0	750	550
Total	**6**	**325**	**325**	**0**	**1,950**	**1,950**	**0**	**750**	**1,200**



Divisional Analysis – JCC Specialist Services



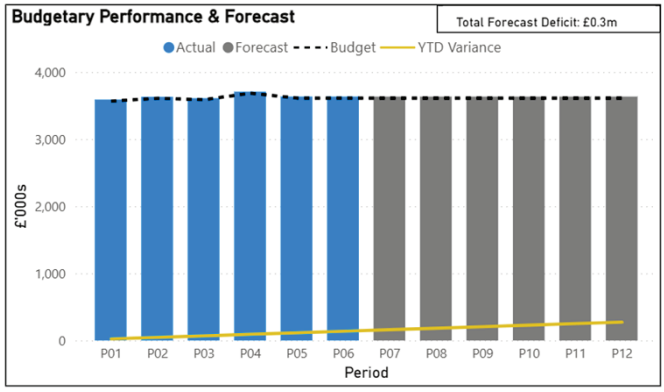
Key drivers of the forecast position

- The WHSSC forecast reflects the JCC Integrated Commissioning Plan agreed by Chief Executives including the 1.11% uplift with the expectation that a further £2.5m savings are made to deliver the AB reported forecast.
- A risk is reported of £1.1m for non achievement of the agreed savings

DIVISIONAL EXPENDITURE/FORECAST RUN-RATE	M01 (£000's)	M02 (£000's)	M03 (£000's)	M04 (£000's)	M05 (£000's)	M06 (£000's)	M07 (£000's)	M08 (£000's)	M09 (£000's)	M10 (£000's)	M11 (£000's)	M12 (£000's)	Forecast Outturn (£000's)
Income	(1,175)	(1,175)	(1,175)	(1,175)	(1,175)	(1,175)	(1,175)	(1,175)	(1,175)	(1,175)	(1,175)	(1,175)	**(14,098)**
Pay	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Non pay	14,976	14,554	14,766	14,765	15,643	14,940	14,940	14,940	14,940	14,940	14,940	14,940	**179,285**
Net Expenditure	**13,801**	**13,379**	**13,591**	**13,590**	**14,468**	**13,765**	**13,766**	**13,766**	**13,766**	**13,766**	**13,766**	**13,766**	**165,186**
Budget	**13,538**	**13,538**	**13,538**	**13,538**	**14,416**	**13,713**	**13,713**	**13,713**	**13,713**	**13,713**	**13,713**	**13,713**	**164,561**
Variance	**263**	**(159)**	**53**	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**626**

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD Achieved £'000	Full year Forecast £'000
					0	0

Divisional Analysis – JCC Ambulance Services



- Overspend is reflective of the agreed IMTP

DIVISIONAL EXPENDITURE/FORECAST RUN-RATE	M01 (£000's)	M02 (£000's)	M03 (£000's)	M04 (£000's)	M05 (£000's)	M06 (£000's)	M07 (£000's)	M08 (£000's)	M09 (£000's)	M10 (£000's)	M11 (£000's)	M12 (£000's)	Forecast Outturn (£000's)
Income	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Pay	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Non pay	3,588	3,630	3,609	3,707	3,634	3,634	3,634	3,634	3,634	3,634	3,634	3,634	**43,604**
Net Expenditure	**3,588**	**3,630**	**3,609**	**3,707**	**3,634**	**3,634**	**3,634**	**3,634**	**3,634**	**3,634**	**3,634**	**3,634**	**43,604**
Budget	**3,566**	**3,607**	**3,587**	**3,684**	**3,611**	**3,611**	**3,611**	**3,611**	**3,611**	**3,611**	**3,611**	**3,611**	**43,331**
Variance	**23**	**23**	**23**	**23**	**23**	**23**	**23**	**23**	**23**	**23**	**23**	**23**	**273**

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD Achieved £'000	Full year Forecast £'000
					0	**0**

Reserves

The reserves held at 30th September 2026 is £24.9m.

The reserves include some elements of risky income associated with the submitted plan, with £1.9m currently shown within the tables as 'Income Assumed at Risk' and the pay award and Resident Doctors actual value is not yet confirmed. The Health Board will liaise with Welsh Government to confirm these elements of assumed income.
A proposal is with the Executive Team to delegate budget from Reserves and into Divisional positions with respect to specific cost pressures identified as part of the IMTP process. The cost pressures to be funded and the delegated budgets will be agreed by the Executive team and submitted to the Board for approval in due course.
Funding will continue to be reviewed with further anticipated allocations being retained within reserves pending delegation.

7769-ALLOCATIONS TO BE DELEGATED

Confirmed or Anticipated	R/ NR	Description	26/27
Anticipated	R	Pay Award 26/27	451,376
Anticipated	R	Pay Award 2627 Bank	2,047,291
Anticipated		Pay Award 26/27 - Band 3 Pay Step 1 Increase - Substantive	113,276
Anticipated		Pay Award 2627 - Band 3 Pay Step 1 Increase - Bank - current band 3	13,850
Anticipated	R	M&D pay award to be confirmed	406,433
Confirmed	NR	Neighbourhood District Nursing	158,283
Confirmed	R	Urgent Care 6 Goals	128,000
Confirmed	NR	Immunisation GMS	237,925
Confirmed	NR	Immunisation HCHS	193,080
		Confirmed Allocations to be apportioned	**3,749,514**

7501-SUPPORTING FINANCIAL POSITION

Description	26/27
2026-27 Rollover Balance	1,658,203
Band 2-3 (cost pressure)	704,157
Winter	1,484,457
Local Investments	1,138,000
Performance-Medicine (Endoscopy/Gastro)	1,000,000
Performance-various RTT efficiency targets	600,000
Performance-Diagnostics	500,000
Cancer	2,100,000
Initial Allocation Roundings	(581)
2526 R&D NI delegation	(34,759)
Contract & Commissioning Pay Mapping reversal	612,722
IT Revenue to Capital (M1 & M2)	29,295
IT Revenue to Capital (M3)	10,661
IT Revenue to Capital (M4)	7,992
IT Revenue to Capital (M5)	9,196
IT Revenue to Capital (M6)	1,672
Planned Care Infrastructure	267,193
Total Supporting Financial position	**10,088,206**

7777-STRATEGIC FUNDING - Income Assumed at Risk

Description	26/27
DPIF Funding	568,000
Pay Award 2627 - Band 3 Pay Step 1 Increase - Bank Assimilated 2-3's	506,463
Resident Doctor Contracts for existing resident doctors contract salary uplifts + 3.5%	803,468
Total deficit b/f	**1,877,931**

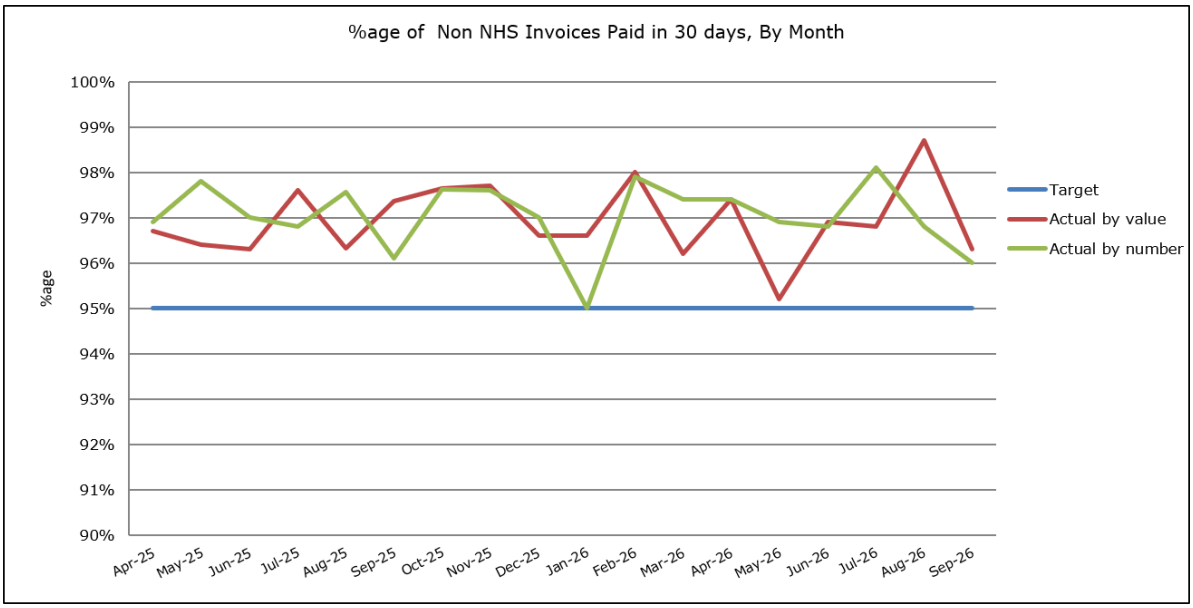
7565-Planned Care Recovery

Description	26/27
Planned Care Recovery Tranche 3	9,174,306
Total Contingency	**9,174,306**

Public Sector Payment Policy (PSPP)

The HB has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods/services in September 2026.

The target to pay 95% of NHS invoices within 30 days has been achieved in month.

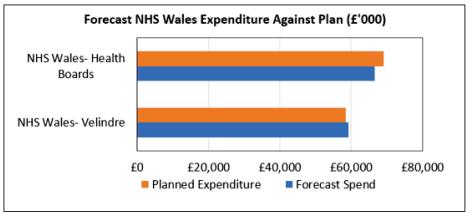


Contracting and Commissioning – LTA Spend & Income

Month/Financial Year: - Month 06 (September) 2026-27

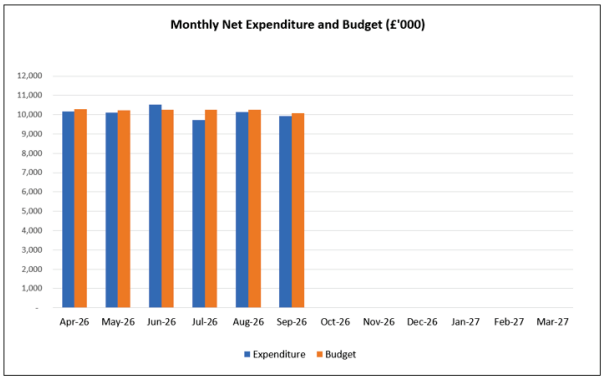
The year to date financial performance for Contracting and Commissioning is c£809k underspend against the delegated budget with a forecast year of £2,917k surplus.

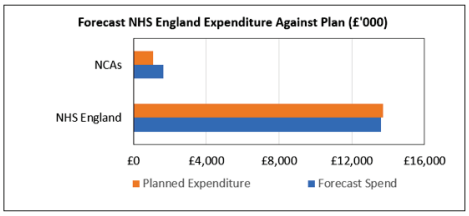
The key elements contributing to this position at Month 6 are as follows:



NHS Wales Expenditure

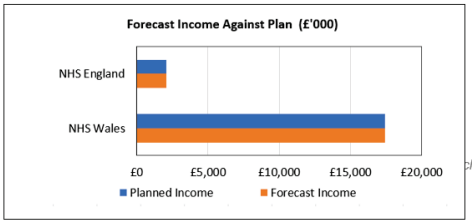
Expenditure in NHS Wales contracts is in line with the IMTP assumptions, including LTA inflation, pay awards and increased NICE drug expenditure.
A saving has been made by renegotiating the baseline with Cwm Taf UHB.





NHS England Expenditure

Contract Expenditure with NHS England organisations is in line with the IMTP assumptions, including LTA inflation and revised activity baselines.



Provider Income

Provider income is in line with IMTP assumptions, including LTA inflation and pay award funding being received by commissioners on a pass through basis.

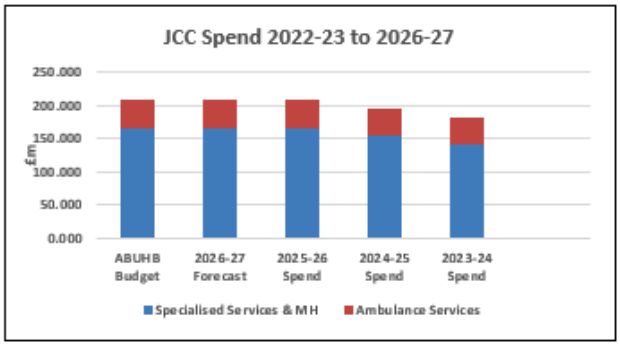
Key Issues 2026-27

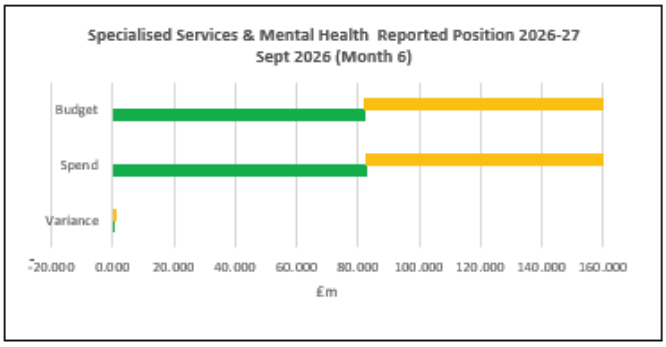
- All LTAs have been agreed ahead of the WG deadline and have been signed by ABUHB and the other Health Board/Trust
- An annual saving of c£1.8m from previous LTA negotiations with Cwm Taf resulted in a recurrent benefit within the HB position.
- A new saving by further reducing the Cwm Taf LTA baseline has been achieved in 2026-27 worth £650k recurrently.
- The expenditure being forecast for cancer services at Velindre is in line with the provider forecast (c£3.3m growth in NICE drugs funded above 2025-26 and c£735k activity growth that is unfunded)

Joint Commissioning Committee (formerly WHSSC & EASC) Financial Position 2026-27

The Month 6 financial position for the Joint Commissioning Committee is a forecast overspend of £0.898m. The JCC plan presented to Chief Executives in March was ratified on the basis that £2.5m reduction (ABUHB share) in expenditure/savings would be found. It is the expectation of the Health Board that JCC deliver within this agreed figure and this position has been reflected in the M6 ABUHB reported position.

Period: Month 06 2026-27





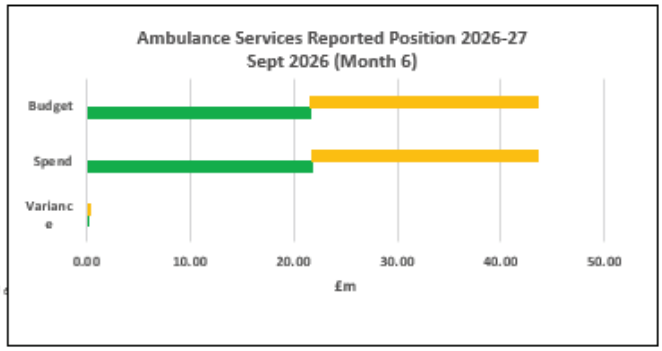
Key Issues 2025-26

Specialised Services & Mental Health

- At present JCC are only reporting £1.4m additional savings achievement against the £2.5m savings target leaving a outturn forecast risk of £1.1m
- Key risk areas for 2026-27
  - Delivery of Savings Plans
  - Provider Overperformance
  - Slippage on Developments

Ambulance Services

- Key risk areas for 2026-27
  - Unfunded Provider pressures
  - Confirmation of allocation assumptions



Balance Sheet

Balance sheet as at 30th September 2026	2026/27 Opening balance £000s	30th September 2026 £000s	Movement £000s
Fixed Assets	**1,003,597**	**1,006,494**	**2,897**
Other Non current assets	**143,072**	**168,597**	**25,525**
Current Assets			
Inventories	9,794	10,294	500
Trade and other receivables	177,858	183,819	5,961
Cash	5,551	4,264	(1,287)
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	**193,203**	**198,377**	**5,174**
Liabilities			
Trade and other payables	232,094	203,402	(28,691)
Provisions	245,761	278,412	32,651
	477,855	**481,815**	**3,960**
	862,018	**891,653**	**29,636**
Financed by:-			
General Fund	612,791	635,840	23,048
Revaluation Reserve	249,226	255,814	6,587
	862,018	**891,653**	**29,636**

General Fund: *This represents the difference in the year-to-date resource allocation budget and actual cash draw down including capital.*

Fixed Assets:- The main movements since the end of 2025/26 relate to:

- An increase of £12.3m relating to capital programme purchase additions.
- An increase of £14m as a result of upwards revaluations caused by Indexation for land & buildings
- A decrease of £23.8m due to depreciation charged in year.
- A net increase of £0.4m in renewals and depreciation for IFRS16 leased assets

Other Non-Current Assets: This relates to an increase in Welsh Risk Pool claims due in more than one year of £26.5m and a decrease in intangible assets and investment assets of £1.0m since the end of 2025/26.

Inventories: The increase in year relates to changes in stock held within the divisions

Current Assets, Trade & Other Receivables: The main movements since the end of 2025/26 relate to:

- A decrease in the value of Welsh Risk Pool claims due in less than one year of £1.7m
- An increase in the value of prepayments held £5.3m
- A net increase in the value of NHS & Non-NHS accruals of £1.8m
- And an increase in VAT receivables of £0.5m since the end of March.

Cash: The cash balance held at the end of September is £4.26m. This is split as:

- £4.13m Revenue Cash
- £0.13m Capital Cash

Liabilities, Trade & Other Payables:

The movement since the end of 2025/26 relates to a number of issues, the most significant of which are:-

- Decreases in Accruals totalling £10.8m (Capital - £6.0m and NHS - £4.1m)
- Decreases in the value of the level of invoices held for payment from the year end of £5.2m and the value of GRNI of £4.7m,
- A significant decrease in Other Creditors totalling £14.7m
- And a decrease in the liability for lease payments and payment on account of £1m
- These are offset by an increase in Non-NHS Accruals of £7m

Provisions:

- This is due to an overall increase in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £31.9m and an increase in other provisions of £0.71m.

Health Board Income
WG Funding Allocations: £1.99bn

Confirmed Allocations as at September 2026 (M6 2026/27)

	£'000
HCHS	1,743,314
GMS	129,525
Pharmacy	38,151
Dental	38,476
Total Confirmed Allocations - September 2026	**1,949,466**
Plus Anticipated Allocation - September 2026	**37,023**
Total Allocations - September 2026	**1,986,490**

Other Income:

The HB receives income from a number of sources other than WG allocations, based on the year-to-date income, this is forecast to be approximately £130.4m (£131.5m for 25/26). The majority of this income is delegated to budget holders and therefore nets against their delegated budget positions. The main areas for income are: other NHS Bodies, Frailty, Education & Training, Dental, Child Health Projects, Managed Practices, Retail and Catering.

Estimated funding (allocations & income) for the UHB totals £2.12bn (£2.15bn for 25/26).

WG Revenue Resource Limit : Anticipated Allocations (September)

Funding Type	Description	Value £'000	Recurrent / Non Recurrent
GMS	GMS Refresh	1,603	R
GMS	Dispensing Drs and PADMS funding 26-27	1,087	R
HCHS	Capital - DEL Depreciation - Baseline Surplus/Shortfall	(1,656)	NR
HCHS	Capital - DEL Depreciation - Strategic	6,559	NR
HCHS	Capital - DEL Depreciation - Accelerated	348	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	(480)	NR
HCHS	Capital - AME Depreciation - IFRS 16 Leases (Peppercorn)	62	NR
HCHS	Capital - AME Depreciation - Donated Assets	330	NR
HCHS	Capital - AME Depreciation - Impairments	6,905	NR
HCHS	Capital - AME Depreciation - Impairment reversals	(7,396)	NR
HCHS	Capital - Removal of Donated assets / Gvnt grant receipts	(100)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Equip)	(1,562)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Prop)	(1,519)	NR
HCHS	Clinical Excellence Awards (CDA's)	232	R
HCHS	AHW:Prevention & Early Years allocation	1,114	R
HCHS	Welsh Risk Pool Risk Share agreement	(21,573)	NR
HCHS	VSM/ESP Pay Awards 2025-26	89	R
HCHS	Pay Awards A4C 26-27	26,786	R
HCHS	NDIP Funding 26/27	569	NR
HCHS	ESR Contract Increase	1,647	NR
HCHS	A2A Sanctuary Model	50	NR
HCHS	MCA DOLS MH Advocacy Funding	433	NR
HCHS	DPIF Funding	568	NR
HCHS	Planned Care Transformation Fund – Optometry Community Pathways	143	NR
HCHS	Medical and Dental pay award 2026-27	7,747	R
HCHS	A4C Pay Award - Band 3 Payscale Uplift	953	R
HCHS	CHC Direct Payments Implementation (remaining 50%)	58	NR
HCHS	Womens Health Hubs	46	NR
HCHS	Junior Doctors Contract Reform	803	R
HCHS	Meningitis B immunisation programme vaccine costs	164	NR
HCHS	Open Eyes Implementation (Primary Care & Integration Programme)	17	NR
HCHS	Planned Care Recovery 2026-27: Tranche 3 Funding	12,996	NR
	Total Anticipated: Per Ledger	**37,023**	

Confirmed Allocations - September 2026	**1,949,466**
Total 2026/27 Allocations - September 2026	**1,986,490**

Capital Planning & Performance Month 06 2026/27

	2026/27				
	Original Plan £000	Revised Plan £000	Spend to M6 £000	Forecast Outturn £000	Variance £000
Source:					
Discretionary Capital:					
Approved Discretionary Capital Funding Allocation	14,456	14,456		14,456	0
Less TEF Contribution	-2,501	-2,501		-2,501	0
Less AWCP Brokerage 25/26	-150	-2,021		-2,021	0
NBV of Assets Disposed	0	3		3	0
Total Approved Discretionary Funding	11,805	9,937		9,937	0
All Wales Capital Programme Funding:					
AWCP Approved Funding	15,385	23,659		23,659	0
Total Approved AWCP Funding	15,385	23,659		23,659	0
Total Capital Funding / Capital Resource Limit (CRL)	**27,190**	**33,596**		**33,596**	**0**
Applications:					
Discretionary Capital:					
Commitments B/f From 2025/26	895	130	-151	129	-1
Statutory Allocations	600	675	386	689	14
Other Commitments	1,050	1,054	840	1,054	0
Divisional Priorities	5,806	4,334	602	4,278	-55
Corporate Priorities	250	125	0	125	0
Informatics National Priority & Sustainability	2,292	3,269	187	3,269	0
Remaining DCP Contingency	912	350	0	482	132
Total Discretionary Capital	**11,805**	**9,937**	**1,864**	**10,027**	**90**
All Wales Capital Programme:					
NHH Satellite Radiotherapy Centre	0	324	19	156	-168
RGH – Block 1 and 2 Demolition and Car Park	250	258	5	258	0
Ty Gwent - Works	0	46	12	46	0
Centralised Decontamination Unit RGH	0	221	49	106	-115
Reinforced Aerated Autoclave Concrete, Nevill Hall Hospital	0	413	-69	413	0
Targeted Estates Fund	9,636	9,961	6,209	9,961	0
REFIT Decarbonisation Programme	4,790	4,357	2,896	4,357	0
IRCF - Monmouth Health and Wellbeing Centre	0	104	3	104	0
IRCF - Aber Valley Health and Wellbeing Centre	0	842	194	792	-50
Housing with Care Fund Schemes	0	170	14	170	0
DPIF - Electronic Prescribing and Medicines Administration (ePMA)	685	1,242	508	1,242	0
DPIF - RISP	24	24	24	24	0
DPIF - Digital Eye Care	0	8	0	8	0
Backlog Maintenance 2024-25	0	47	7	47	0
End of Year Funding 2025-26	0	230	227	227	-3
End of Year Digital Funding - January 2026	0	97	13	102	5
RGH Gamma Camera Replacement	0	2,738	148	2,646	-92
Mental Health Quality and Safety Schemes 2026-27	0	550	206	550	0
Digital Backlog Funding	0	1,116	0	1,116	0
Estates Backlog Funding	0	691	0	691	0
Catheter Laboratory Equipment Funding 2026-27	0	220	0	220	0
Total AWCP Capital	**15,385**	**23,659**	**10,466**	**23,236**	**-423**
Total Programme Allocation and Expenditure	**27,190**	**33,596**	**12,330**	**33,263**	**-333**
AWCP Funding to be returned re: under spends					333
Forecast Break Even against Overall Capital Resource Limit					**0**

Capital Performance

The approved Capital Resource Limit (CRL) as at Month 6 totals £33.596m including disposal proceeds totalling £0.003m. The forecast at Month 6 is an underspend of £0.333m due to savings on All Wales Capital Programme (AWCP) schemes described further below. The Health Board is required to confirm the CRL requirements for AWCP schemes at the end of October, at which point any excess funding is removed. As such, the forecast outturn against the overall CRL for 2026/27 is break even.

The NHH Satellite Radiotherapy scheme opened to patients on the 30th June 2025. The scheme is expected to achieve an underspend against the original allocation of £0.168m. Further savings may also be achieved when the final VAT assessment is completed once the retention payment has been made to the contractor. The remaining expenditure in 2026/27 relates to remaining external works and expenditure against the arts budget which will conclude before the end of March.

The Centralised Decontamination Unit at RGH works completed in March 2026 and the unit was opened in May. The scheme is expected to achieve an underspend against the original allocation of £0.115m due to additional VAT recovery achieved.

The Targeted Estates Funding (TEF) programme continues into 2026/27 with an approved allocation of £9.961m. Expenditure is progressing well with 62% of the allocation spent by the end of September. Virements were approved in May to fund additional carpark drainage works at Llanfrechfa Grange which are nearing completion. The project team are reviewing further potential underspends and where these arise will request reallocation of funds to other high-priority estates schemes.

The two-year REFIT Decarbonisation programme works are progressing well with 66% of the current year's allocation spent by the end of September. Works are expected to complete in March 2027 which takes into account the delay to the GUH solar installation workstream arising for the additional works required to the related Llanfrechfa Grange Carpark scheme.

Work continues on the Outline Business Case (OBC) for Abervalley Health and Well-being Centre and is expected to be submitted to Board for approval in quarter four. An underspend of £0.050m is expected against this stage of the project. Discussions are on-going with partners in relation to the Monmouth Health and Well-being Centre scheme. Any forecast underspend against the Monmouth scheme will be reported at Month 7.

Tenders have been received in relation to the RGH Gamma Camera replacement scheme which has allowed the overall scheme forecast to be brought back in line with the original budget. The programme assumes the equipment will be installed in March

2027. The underspend of £0.092m shown in the current financial year reflects the reimbursement to the Discretionary Capital Programme (DCP) for fees incurred in 2025/26.

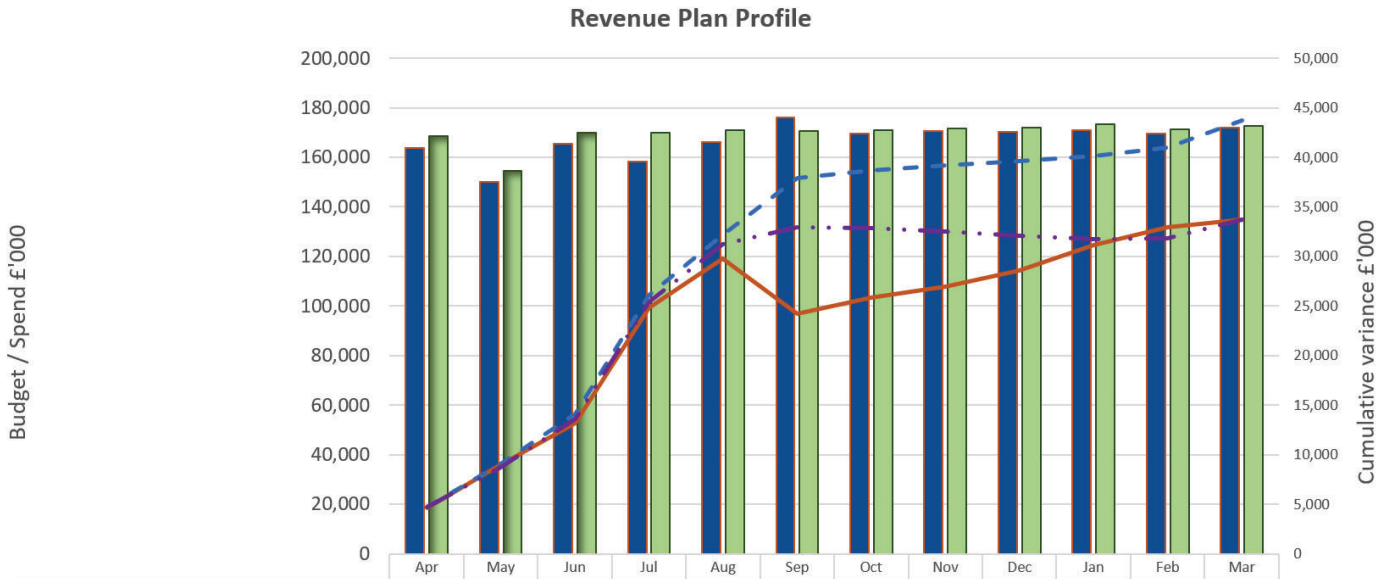
Additional allocations totalling £0.760m have been received in month in relation to Electronic Prescribing and Medicines Administration (ePMA) digital funding (£0.540m) and Catheter Laboratory Equipment funding (£0.220m),

The Health Board Discretionary Capital Programme (DCP) forecast for 2026/27 is £10.027m at Month 6 made up of:

- 2026/27 DCP Funding - £14.456m
- Less 30% TEF contribution - (£2.501m)
- Less 2025/26 AWCP scheme brokerage - (£2.021m)
- Less 2026/27 AWCP scheme overspends – (£0.002m)
- Plus, reimbursement of DCP Fees re: RGH Gamma Camera Replacement - £0.092m
- Plus Disposal Proceeds 2025/26 - £0.003m

The unallocated contingency at the end of Month 6 is £0.482m, a decrease of £2m from the previous month due to the approval of high priority schemes including a provision for the DCP funded element of the Compute and Store digital scheme (£1.534m), Connecting Care (£0.148m), a replacement MRI chiller unit for RGH (£0.136m), additional asbestos allocation (£0.075m) and CCTV installations (£0.148m).

Revenue Plan Profile –



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Budget	163,824	150,147	165,548	158,322	166,012	176,201	169,424	170,572	170,271	170,990	169,449	171,819
Actual/Forecast	168,483	154,441	169,793	169,979	170,945	170,613	171,043	171,737	171,908	173,480	171,263	172,583
Cumulative forecast variance	4,660	8,953	13,198	24,855	29,788	24,199	25,818	26,983	28,620	31,111	32,924	33,688
Cumulative Plan variance (WRP Evenly Phased)	4,742	9,085	14,136	26,070	32,134	37,938	38,712	39,226	39,598	40,127	41,006	43,700
Plan adjusted for reduced WRP (for comparison)	4,742	8,740	13,619	25,380	31,271	32,928	32,868	32,547	32,084	31,778	31,821	33,681

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:**	ABUHB Value Based Healthcare Annual Report 2025/26
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Rob Holcombe, Executive Director of Finance, Procurement and Value
SWYDDOG ADRODD: **REPORTING OFFICER:**	Daniel Davies, Head of Value Based Healthcare

Pwrpas yr Adroddiad
Purpose of the Report

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The 2025/26 Annual Report demonstrates that VBHC is delivering measurable improvements in outcomes, patient experience and system sustainability. Through a combination of clinical leadership, robust outcomes measurement, digital innovation and pathway redesign, the programme is increasingly translating strategy into tangible benefits for the population we serve while supporting the long-term sustainability of healthcare services.

The Board is asked to note the progress and impact delivered through the Aneurin Bevan University Health Board Value Based Healthcare (VBHC) Programme during 2025/26. The programme continues to support delivery of the Health Board's strategic objectives by improving outcomes that matter to patients, reducing unwarranted variation, strengthening prevention, and ensuring the best use of available resources. The report demonstrates measurable improvements in patient outcomes, service quality and efficiency, workforce capability and financial sustainability across multiple priority programmes and service areas.

Cefndir / Background

VBHC is a strategic enabler of the Health Board's long-term ambition to deliver value based, person-centred and sustainable healthcare. The approach aligns directly with Welsh Government policy, including *A Healthier Wales* and the *Well-being of Future Generations Act*, while supporting the ambitions of *Gwent 35* and the Health Board's long-term strategy.

The programme is built around five core principles:

- Measuring and acting on outcomes that matter to patients.
- Improving value across whole pathways of care.
- Maximising the impact of existing resources.
- Using data and technology to support evidence-based decision making.
- Embedding a value-focused culture across the workforce and population.

During 2025/26, the programme expanded significantly, supporting nine major programmes of work, 54 active projects, 34 services and 33 clinical leads, while establishing outcome collection across 17 service areas.

Asesiad / Assessment

The VBHC programme has delivered substantial benefits for patients, services and the wider health system.

Key achievements include:

- Over **72,000 patients onboarded** to digital outcome collection, with more than **147,000 PROMs** and **1,700 PREMs** collected across the Health Board.
- Delivery of high-impact projects in;
    - Diabetes
    - Heart failure
    - Musculoskeletal services
    - Pre-operative anaemia
    - Population health
- The Cardio-Renal Optimisation Programme screened over **21,000 patients**, avoided **110 hospital admissions**, prevented an estimated **39 deaths**, and delivered circa **£2.1 million** worth of efficiencies while influencing national policy and investment.
- The Diabetes Inpatient Care and Education (DICE) programme reduced length of stay by **24%**, avoided **35 admissions**, expedited **59 discharges**, and generated **£107,000** in cost avoidance.
- The Heart Failure Community Hub reduced 30-day readmissions from 11% to **4.8%** and has generated over **£2.7 million** of cumulative cost avoidance while improving patient-reported anxiety, depression and self-management outcomes.

- The programme has strengthened organisational capability through education, with more than **350 primary care staff trained**, dedicated workforce development programmes delivered, and a growing culture of value-based improvement.

Collectively, these achievements demonstrate how VBHC is supporting the three ambitions of Gwent 35:

- **Better Health** through prevention, early intervention and population health management.
- **Better Care** through pathway redesign, outcome measurement and improved quality of care.
- **Better Lives** through improved patient experience, greater self-management and better long-term outcomes.

The programme has also strengthened the foundations required for future transformation through implementation of a new digital PROMs platform, development of national data standards, progression of NHS App integration and advancement of analytical capability to support more informed decision-making.

Argymhelliad / Recommendation

The Board is asked to:

1. **Note** the achievements and impact delivered through the VBHC Programme during 2025/26.
2. **Recognise** VBHC as a key strategic enabler for delivery of the Health Board Strategy and the Gwent 35 ambitions of Better Health, Better Care and Better Lives.
3. **Support** the continued expansion of outcome measurement, analytics and value-based improvement approaches across clinical services and pathways.
4. **Endorse** the ongoing integration of VBHC principles within planning, transformation and resource allocation processes to maximise outcomes and value for the population of Gwent.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 1. Staying Healthy 2. Safe Care 3. Effective Care

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. All
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Research, Innovation, Improvement, Value
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	VBHC resources – local, national & international
Rhestr Termau: Glossary of Terms:	VBHC – Value Based Health Care PROM – Patient Reported Outcome Measure PREM – Patient Reported Experience Measure DICE – Diabetes Inpatient Care & Education
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	ABUHB Executive Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

ABUHB Value Based Healthcare Annual report 2025 – 2026

August 2026

Final 0.1

Executive Lead: Robert Holcombe – Director of Finance, Procurement & Value

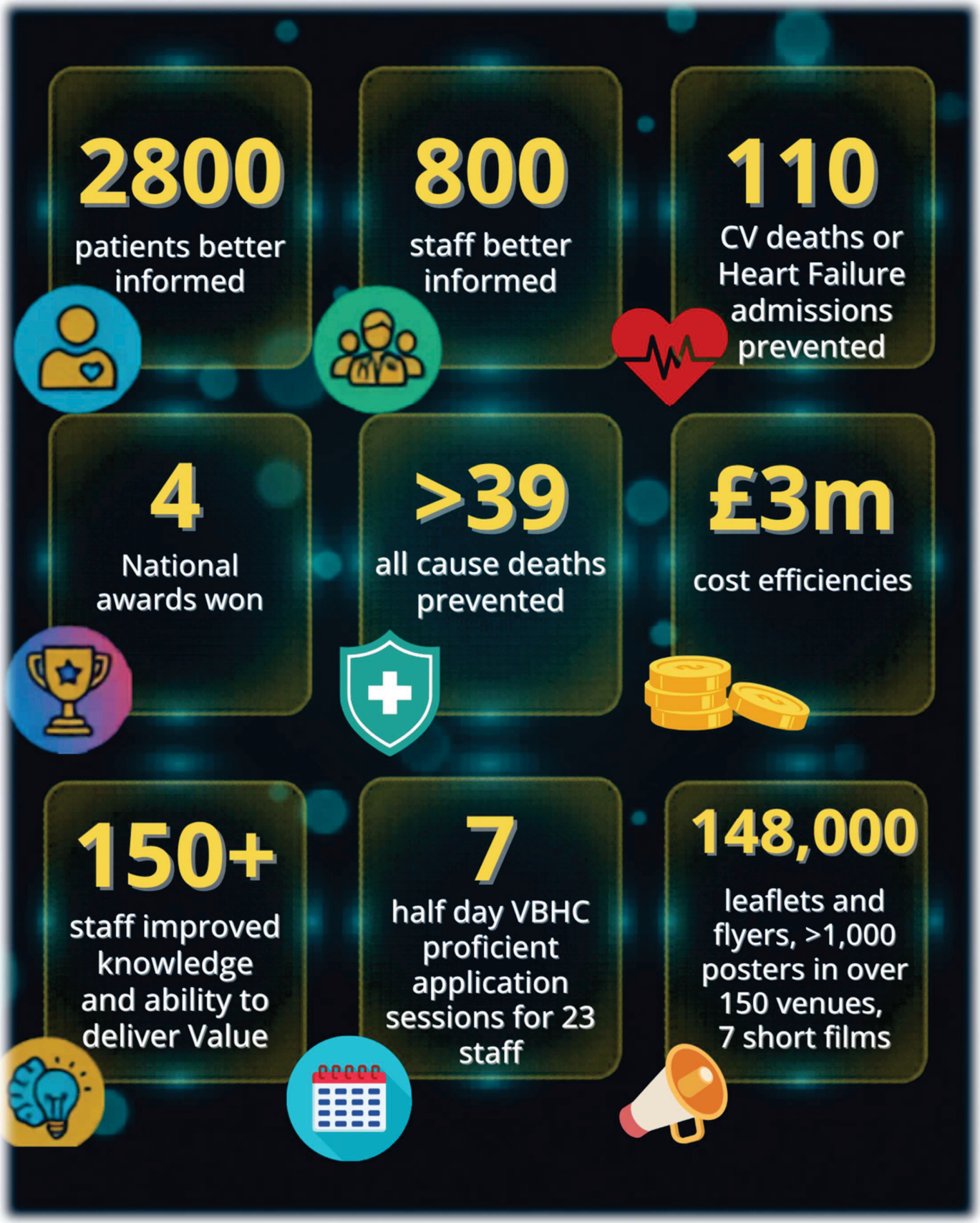
Report Author: Daniel Davies – Head of Value Based Healthcare

Email: AB_VBHC

Website: Value-Based Healthcare - Home

2025-2026 VBHC PROGRAMME AT A GLANCE




2800
patients better informed
800
staff better informed
110
CV deaths or Heart Failure admissions prevented
4
National awards won
>39
all cause deaths prevented
£3m
cost efficiencies
150+
staff improved knowledge and ability to deliver Value
7
half day VBHC proficient application sessions for 23 staff
148,000
leaflets and flyers, >1,000 posters in over 150 venues, 7 short films

STRATEGIC CONTEXT

Our approach to Prudent and Value-Based Healthcare is well established across Aneurin Bevan University Health Board. Value-Based Healthcare focuses on measuring and acting on what matters most to people, improving outcomes, and ensuring resources are used effectively across the system.

Welsh Government recognises this approach as a key enabler for addressing current and future healthcare challenges. It underpins major legislation and policy, including the *'Well-being of Future Generations Act'* and '*A Healthier Wales'*, and is reflected in national quality statements and the NHS Wales Technical Planning Guidance 2026-2028.

The Health Board remains committed to Value-Based Healthcare as a core strategic enabler. This underpins our ambition to equip our workforce and the people who use our services with the capability to think, work and deliver care in more effective, evidence-driven and sustainable ways.

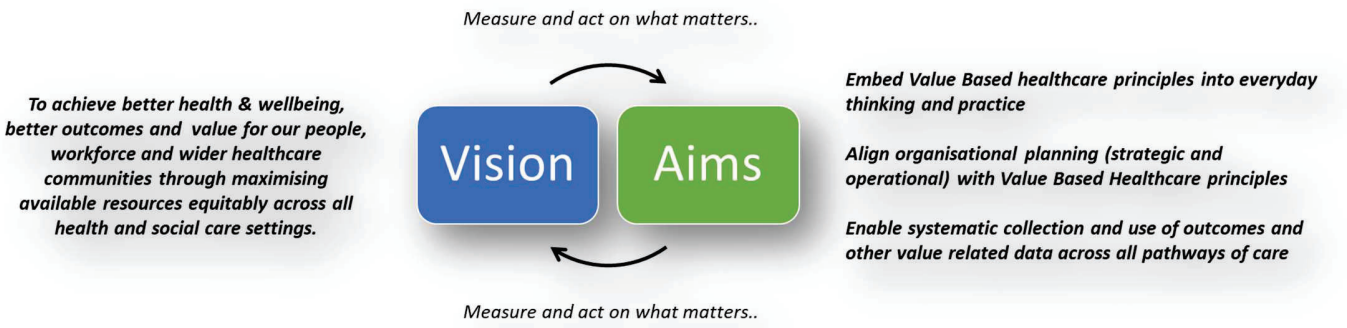
The achievements delivered through the Value Based Healthcare programme demonstrate tangible contribution to the ambitions of Gwent 35: Better Health, Better Care and Better Lives, while supporting the strategic direction set out in ABUHB 10 Year Strategy and the Health Board's commitment to value-based, person-centred care.

Better Health has been advanced through proactive population health management and prevention initiatives. Programmes such as Cardio-Renal Optimisation and Digital Health Optimisation have identified at-risk patients earlier, supported healthier behaviours, and reduced the risk of avoidable complications, admissions and mortality. By focusing on prevention and empowering people to better manage their health, VBHC is helping to improve long-term health outcomes across Gwent.

Better Care has been delivered through pathway redesign, outcomes measurement and digital innovation. The expansion of patient-reported outcome measures across multiple specialties, alongside programmes such as the Heart Failure Community Hub and the DICE service, has improved patient outcomes, reduced variation, avoided unnecessary hospital

activity and enabled more care to be delivered closer to home. This demonstrates how VBHC is supporting higher quality, more sustainable and person-centred services.

Better Lives has been supported by empowering people with the knowledge, confidence and tools to take a more active role in managing their health. Through large-scale patient education, co-production with communities and a stronger focus on outcomes that matter to patients, the programme is improving experience, independence and quality of life for people living with long-term conditions. Collectively, these achievements demonstrate how VBHC is translating the ambitions of Gwent 35 into measurable improvements for the population, patients and the health and care system.



The VBHC Programme has had a dedicated focus on:

- **Outcome Measurement & Action:** We will Systematically collect, monitor, analyse and act on outcomes that matter to patients.
- **Whole Pathways of Care:** We will look holistically at whole-person, system based care reducing fragmentation of care provision between sectors.
- **Maximise existing resources and costs:** We will assess the use of financial and resource utilisation ensuring a focus on quality of care and outcomes, and we will aim to stop low value activities.
- **Data & Technology:** We will maximise the use of local and national data, analytics and technology to enable systematic collect, combine, analyse present and use of costs, measurable outcomes and other data. This will support evidence-based planning and decision making.
- **Mindset:** We will further embed a mindset of promoting value health and wellbeing, emphasising prevention and early access. We will utilise teachable moments for people to understand consequences of poor health decisions and support people to better

manage their heath. We will do this through leadership, motivation, education, awareness and training of our workforce and population.

OUR APPROACH

Working with clinical and service leads through dedicated programmes and projects aimed at delivering 'better value' we encourage our people, workforce and partners to consider true value in all that we do, and at every stage of pathways of care, from prevention to long term/end of life care.

We offer a wide range of services and expertise including:

- VBHC education & training
- Pathway mapping and re-design
- Expertise regarding validated outcome measurement (inc. PROMs),
- PROM licensing & translation,
- Digital outcome collection, use of data as evidence to drive transformational change.
- Costing of processes and pathways using a range of methods, including TDABc time driven activity-based costing and patient level costing.

We apply a rigorous and systematic programme management approach to support the delivery of key components of the VHBC strategy. Delivery of this programme of work increases the probability of successful implementation of key National and Health board priorities, delivery, and improvement against local and national policy.
We continue to deliver sustainable changes to our healthcare system, changing processes and achieving short term outcomes, but also ensuring that the thinking and attitudes behind them are fundamentally altered with process, people and systems.

ASSESSMENT

Outcome Measurement & Action:

2025-2026 has seen us successfully implement a whole new digital platform for outcome collection and a subsequently roll out collection to 17 different service areas across the health

board. We have onboarded over 72k people in Gwent, enabling systematic collection of VBHC outcomes and access for patients and clinicians. Since the rollout we have collected more than 147k PROMs and 1.7k PREMs. The PROMs and PREMs are now embedded to use in direct patient care, used in direct consultations, supporting triage, used throughout pathways of care to understand impacts of interventions, support remote monitoring of patients, follow up management and at specific points of need/distress in pathways of care.



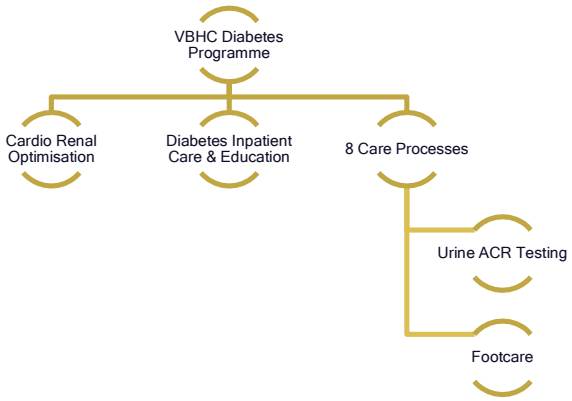
Fig.1. Live visualization of PROMs for use in direct care

Whole Pathways of Care, Maximising Resource & Costs: Diabetes

During 2025-2026 the VBHC team had a dedicated focus on national and local High Value, High Impact priority areas. Diabetes is a major priority in NHS Wales, the condition affects approximately 8% of the Welsh population (the highest rate in the UK). This high prevalence places a major burden on healthcare resources, accounting for about 10% of the annual NHS budget. It is projected that in 2026 up to 9% of the population in ABUHB (>50k) patients will be living with diabetes. The condition is a leading cause of ‘preventable’ conditions such as sight

loss, kidney failure, heart attacks, and amputations. Before the pandemic, patients with diabetes occupied one in six hospital beds in Wales.

Working with local and national clinical teams, public health, charities and existing patients living with diabetes we developed a VBHC diabetes programme work targeting key strategies that will help address the challenges in this area. A breakdown of the programme is shown below;



Cardio-Renal Optimisation Project

The Cardio-Renal Optimisation project successfully transitioned from a targeted prescribing intervention to a high-impact population health programme. It demonstrated that structured, pharmacy-led optimisation in primary care can:

- Deliver measurable improvements in outcomes
- Reduce unwarranted variation
- Generate both immediate and long-term financial benefits
- Influence national policy and system transformation

Overall, the project represents a high-value, scalable model of integrated care that aligns strongly with Value-Based healthcare principles and the strategic direction of NHS Wales.

Headlines

- 21,079 patients screened.
- Increased confidence to self management through targeted education: 1832 patients.
- 1,988 patients informed of their kidney and cardiovascular risk
- 1,832 patients educated on “sick day rules”, addressing a critical patient safety gap
- Over 1,000 patients received lifestyle and diet advice
- £2.1m cost efficiencies.
- £42.7k deprescribing gliptins alone

- 110 admissions avoided.
- 39 deaths avoided.
- 39 end stage renal disease progression avoided
- 348 patients de-prescribed (less effective medications)

Summary

The Cardio-Renal Optimisation project (June 2023 – March 2026) was established to address low uptake of SGLT2 inhibitors in patients with Type 2 Diabetes (T2DM) at risk of cardiovascular disease (CVD) and chronic kidney disease (CKD). Despite strong clinical evidence, prescribing inertia existed in primary care due to complexity and knowledge gaps.

A multidisciplinary, pharmacy-led intervention model was developed and deployed within GP practices across Aneurin Bevan University Health Board. The delivery model included:

- Proactive identification of high-risk patients through data review
- Structured, patient-centred medication reviews delivered by pharmacist independent prescribers
- Optimisation of therapy, including initiation of SGLT2 inhibitors and de-prescribing of low-value therapies
- Education and behaviour change, targeting both clinicians and patients
- Standardised delivery framework (SOP) to ensure safe, scalable implementation

The programme began as a pilot in Caerphilly before expanding across multiple localities, ultimately engaging 83% of GP practices (43/52).

Scale of Delivery

The project achieved large-scale population impact through systematic case finding and review:

- 21,079 patients screened
- 3,667 identified as suitable for optimisation
- 2,218 patients reviewed
- 1,445 patients initiated on SGLT2 inhibitors

In addition, medication optimisation extended beyond SGLT2i use to include:

- Initiation of statins (70 patients) and ACEi/ARB therapy (40+ changes)
- Reduction/cessation of inappropriate therapies (e.g. 123 gliptin stops)
- Optimisation of diabetes, antihypertensive, and heart failure treatments

Clinical Impacts

The project delivered significant improvements aligned to evidence-based care:

- Increased SGLT2i prescribing rates from 28% (June 2023) to 40.5% (July 2025)
- Reduction in prescribing variation and increased adherence to NICE/ADA guidance
- Improved cardiovascular and renal protection across a high-risk population

- Prevention of disease progression (CKD) and reduction in heart failure risk

Through therapy optimisation and early intervention, the project contributed to:

- Reduced risk of major adverse cardiovascular events
- Slowing of CKD progression and avoidance of end-stage kidney disease
- Reduced likelihood of hospital admissions related to heart failure and acute kidney injury

Patient Outcomes & Experience

Patient engagement and education were central to the intervention:

- 1,988 patients informed of their kidney and cardiovascular risk
- 1,832 patients educated on “sick day rules”, addressing a critical patient safety gap
- Over 1,000 patients received lifestyle and diet advice

Qualitative feedback demonstrates:

- Improved understanding of conditions and treatments
- Increased confidence in self-management
- High satisfaction with personalised, unhurried consultations

This represents a shift from transactional care to informed, shared decision-making and patient empowerment.

Financial and Value Impact

The project demonstrated clear value in both direct and long-term system benefits:

- £42.7k deprescribing gliptins alone
- Reduced waste through elimination of low-value prescribing
- Anticipated long-term savings through:
    - Avoided dialysis (approx. £30k per patient/year)
    - Reduced hospital admissions
    - Prevention of complications and disease progression

The model delivered high-value care by improving outcomes while optimising resource use.

System and Strategic Impact

The project created substantial system-wide change beyond immediate clinical outcomes:

- Influenced national policy and investment, directly contributing to a £7 million all-Wales CKD improvement programme
- Developed a nationally adopted SOP, embedded in Welsh Government guidance
- Enabled creation of a national CKD audit and data infrastructure (Audit Plus)

Additionally, the project:

- Upskilled primary care workforce, improving long-term capability
- Established a replicable multidisciplinary model for chronic disease management
- Strengthened integration between primary and secondary care

Legacy and Long-Term Benefits

The project leaves a sustainable legacy across multiple domains:

- Clinical practice change: Increased confidence and reduced prescribing inertia
- Workforce transformation: Enhanced pharmacy-led care delivery
- Data-driven improvement: Ongoing audit and benchmarking capability
- Scalable model: Applicable to other long-term conditions and multimorbidity

Diabetes Inpatient Care & Education Project

The DICE project achieved all intended objectives, delivering measurable improvements in patient outcomes, experience, and system efficiency. It demonstrated that investing in specialist inpatient diabetes services results in:

- Better clinical outcomes
- Reduced hospital utilisation
- Financial savings
- More sustainable and equitable care delivery

The success of the project has led to full integration into core services, ensuring long-term impact across the health system.

Headlines

- 24% reduction in length of stay.
- 1.91 day reduction in length of stay for diabetic foot admissions.
- 59 discharges expedited (35 same day, within 24 hours).
- 35 admissions avoided through 'front door' early intervention.
- £107k cost efficiencies during the project life.
- Greater access to specialist care for complex patients across sites.

Summary

The DICE project (Diabetes Inpatient Care and Education) was a Value-Based Healthcare (VBHC) initiative designed to improve the quality, safety and efficiency of inpatient diabetes care across Aneurin Bevan University Health Board (ABUHB), particularly at The Grange University Hospital (GUH). It responded to a growing demand driven by increasing diabetes prevalence (1 in 6 inpatients, rising to 1 in 4 by 2030) and inconsistent access to specialist care. The project successfully scaled and embedded a dedicated specialist inpatient diabetes team to provide proactive, equitable care across multiple hospital sites.

What Was Done

Establishment of a Dedicated Specialist Team

- Recruited and embedded a multidisciplinary DICE team:
  - 1 x Band 7 Diabetes Specialist Nurse
  - 2 x Band 6 Diabetes Specialist Nurses
  - 1 x Band 3 Healthcare Support Worker
- Expanded specialist inpatient diabetes support at GUH and across local hospitals.

Service Model Transformation

- Shift from reactive, dispersed “in-reach” support to a proactive, front-door specialist model
- Delivered:
  - Early specialist review for complex patients
  - Increased consultant-led decision making
  - Integrated multidisciplinary working (e.g. podiatry, dietetics)

Data-Driven Improvement

- Conducted a comprehensive audit (Nov 2023–Feb 2024) covering:
  - 457 admissions and 1,219 specialist reviews
  - Clinical outcomes, harm, length of stay, education and interventions
- Benchmarked against prior (2022) performance to evidence improvement.

Education and Capability Building

- Delivered structured and ward-based education:
  - 300+ staff trained
  - 100% ward coverage
  - 500+ patients received specialist education
- Built capability in non-specialist teams to manage diabetes safely.

Impact and Benefits

Improved Patient Outcomes and Safety

- Reduced diabetes-related harm through:
  - Improved prescribing and insulin management
  - Reduction in severe hypoglycaemia risk
  - Prevention of complications such as diabetic ketoacidosis (DKA)
- Enhanced patient experience through specialist input, continuity of care and education.

Reduced Length of Stay and Improved Flow

- 24% overall reduction in length of stay
- 1.91-day reduction for diabetic foot admissions
- 59 discharges expedited, including:
  - 35 same-day or <24-hour discharges
- Demonstrated ability to improve hospital flow and capacity.

Admission Avoidance and System Efficiency

- 35 admissions avoided through early intervention (“front door” model)
- Estimated £107,000 cost avoidance during audit period
- Reduced unnecessary bed usage and improved efficiency of acute services.

Increased Clinical Activity and Reach

- Significant increase in specialist interactions:
  - 1,219 DICE reviews (vs 699 previously)
  - 384 consultant reviews (vs 232)
- Greater access to specialist care for complex patients across sites.

Enhanced Patient Self-Management

- High levels of patient education and intervention:
  - 203 patients received structured education
  - 49 initiated on injectable therapies with support
  - 76 patients provided with glucose monitoring technology
- Improved long-term disease management beyond admission.

Workforce and Service Sustainability

- Improved staff satisfaction and confidence
- Better distribution of clinical workload across sites
- Repatriation of nursing capacity into local hospitals
- Model transitioned to permanent core funding, demonstrating sustainability.

Wider System Benefits

- Improved continuity of care between acute and community settings
- Reduced need for multiple outpatient visits
- Strengthened multidisciplinary working
- Enhanced alignment with VBHC principles (better outcomes at lower cost)

8 Care Processes – Urine ACR (Albumin-to-Creatinine Ratio) Testing and compliance

Headlines

- 10% increase in UACR screening & compliance.
- Co-production of education and awareness material to engage the public.
- 3 targeted videos (patient, clinician and guidance) to educate the public on the importance and consequence of poor self-management of the care processes.
- 68k leaflets distributed to all GP practices to express importance to checks with patients.
- 1k posters distributed to GP's, 1k posters distributed to all primary and secondary care premises, all pharmacies, Newport Busses, Phil Anslow busses and Weatherspoon's public houses.

Summary

A urine ACR (Albumin-to-Creatinine Ratio) test measures the amount of albumin (a type of protein) in your urine against a waste product called creatinine. It is primarily used to detect early signs of kidney damage. Urine ACR testing is essential for identifying, monitoring, and managing kidney disease, particularly in people with diabetes—the leading cause of CKD and ESKD. In Wales, over 225,000 people have diabetes (up >40% since 2010), with 40% of those with type 2 developing diabetic kidney disease (DKD), increasing cardiovascular risk. However, awareness of the links between diabetes, CKD, and CVD is low, leading to missed opportunities for diagnosis, education, and prevention (e.g. lifestyle advice, NSAID avoidance, sick day rules).

Within ABUHB, ACR testing compliance is variable (49-70%) and inequitable across primary care. Understanding the causes of low compliance and identifying best practice models is key to improving uptake and enabling more patients to provide samples.

The CKD optimisation QIP (2025-26) supports this by promoting better integration of CKD screening into all diabetes care interactions (e.g. reviews, foot checks, medication reviews) and improving MDT awareness to maximise opportunities for completing uACR testing.

What Was Done

Urine ACR compliance data analysis:

- Deep dive into Primary Care Urine ACR compliance at Health Board level, Cluster level and practice level
- Highlighted significantly lower compliance compared to other care processes
- Identified need for greater understanding of Primary Care processes and issues
- Baseline measurements recorded in July 2025

Process and Resource Mapping

- Working with NCN Leads, Identification of 10 'volunteer' practices to support project
- All 10 practices engaged in detailed mapping of their existing processes for the provision of Urine ACR testing for their patients
- Resource mapping highlighting roles and responsibilities within Primary Care
- Detailed process and resource maps created, highlighting clear variation in process across the 10 practices
- Thematic analysis of drivers impacting ACR completion
- VBHC analysis identified high value / high impact activity and low value/low impact activity using compliance as marker for success
- Feedback to NCN Leads and GMS collaborative meetings for dissemination and sharing across Primary Care clusters.

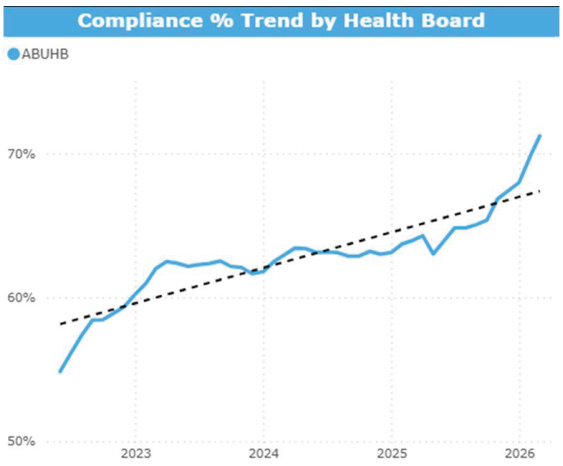
Education and Awareness

- Working collaboratively with Diabetes charities, VBHC hosted Patient focus groups
- Observations and insights following direct patient engagement in clinics both in Primary and Secondary Care
- Co-Production of education and awareness materials to the public:
    - 3 videos – Patient, Senior Nurse for Diabetes, Consultant Nephrologist
    - 68,000 leaflets distributed to all GP Practices within ABUHB
    - Additional leaflets and posters shared across various public locations including pubs, buses, community and leisure centres

Impact and Benefits

Improved Urine ACR compliance

- 6 month review in February 2026 highlighted overall average Urine ACR compliance increased for ABUHB by 5%
- 8 of the 10 volunteer practices show significant increased compliance by over 5%
- 4 practices improved by over 10%
- New processes adopted in some practices as a result of feedback
- Enhanced collaboration between Diabetes charities, VBHC and PHW



Conclusion

The Urine ACR project supported collaborative working between VBHC, Diabetes, Primary and Community Care, PHW, Nursing and Charities. The materials and communications produced and used to improve patient awareness and education of the risks associated with CKD and ESKD and the importance of Annual Urine ACR testing, were a result of this collaboration led by VBHC.

A full project closure report will be available in June 2026 and plans for extended monitoring of Urine ACR compliance will remain in place until 2027.

8 Care Processes – Footcare and compliance

Headlines

- Co-production of education and awareness material to engage the public.
- 3 targeted persona videos (Patient, Primary Care, Secondary) to educate the public on the importance and consequence of poor self-management of the care processes and importance of foot care
- 68k leaflets distributed to all GP practices to express the importance of checks with patients.

What Was Done

Foot check compliance data analysis:

- Deep dive into Primary Care Foot check compliance at Health Board level, Cluster level and practice level
- Highlighted significantly lower compliance compared to other care processes - lower compliance than Urine ACR
- Identified need for greater understanding of Primary Care processes and issues

- Baseline measurements recorded in February 2026

Process and Resource Mapping

- 10 ‘volunteer’ practices identified and engaged with based on their compliance – Top 5 highest compliance and 5 with lowest compliance
- 7 of the 10 practices engaged in detailed mapping of their existing processes for the provision of Foot Care checks with their patients
- Resource mapping highlighting roles and responsibilities within Primary Care
- Detailed process and resource maps created, highlighting clear variation in process across the 10 practices
- Feedback from practices identified a lack of patient education resources, particularly in different languages

Education and Awareness

- 719 patients invited to complete survey exploring why they had not booked their foot care check within the last 15 months
- Working collaboratively with Diabetes charities, VBHC hosted Patient focus groups
- Observations and insights following direct patient engagement in clinics both in Primary and Secondary Care
- Co-Production of education and awareness materials to the public:
    - 3 videos – Personas – Primary Care, Secondary Care, Patient
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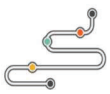
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Impact and Benefits

- VBHC working with translation services in Q1 2026/27 to translate Foot Care and Urine ACR materials into 11 additional languages
- List of VBHC recommendations compiled from findings of process mapping work. Recommendations will be communicated through PHW and NCN Leads in 2026/27
- Full project closure with Foot Care compliance update at 6 month scheduled for August 2026
- New processes adopted in some practices as a result of feedback
-

Conclusion

A full project closure report will be completed at the end of Q2 2026/27 detailing all project outcomes and benefits



Whole Pathways of Care, Maximising Resource & Costs: Heart Failure

Nurse Led Cardiac Care & Community Rehab

The Community Hub Heart Failure Rehabilitation project achieved all intended objectives, delivering measurable improvements in patient outcomes, experience, and system efficiency. It demonstrated that investing in specialist inpatient diabetes services results in:

Better clinical outcomes,

- Faster optimisation
- Reduced hospital utilisation
- Financial savings
- More sustainable and equitable care delivery

The success of the project has led to full integration into core services, ensuring long-term impact across the health system.

Headlines

- Readmissions within 30 days have continued to reduce year on year throughout the project, currently at an average of 4.8%, reduced from a baseline of 11%.
- The percentage of patients accessing a combination of rehab and community clinics is 35% by Dec2025.
- Optimisation of medication time has reduced from base line pre project of 24 weeks to around 8 for patients on Rehabilitation pathway optimised average 65 days.
- Inappropriate referrals to the heart failure service remains around 28 a month despite referrals increasing by 40% a month showing a real terms decrease of inappropriate referrals.
- Through the implementation of the new community rapid service and Rehab programme we can evidence a cost avoidance of £88,944 in year 1, £819,216 in year 2 and £1,048,784 in year 3 and a further £785,785 between April 2025 and Dec 2025. Making a total of £2,742,729 since the program commenced.
- Time to first appointment has improved decreasing from 42 days to range of 10-25 days.
- Patient reported outcomes have improved throughout the program, 65% had improved reported anxiety scores with 32% of these reaching the clinically significant improvement of score >-1.7 and 77% reporting improved depression levels with 37% reaching the clinically significant improvement score of >-1.7.
- Patients' confidence to self-manage condition improved with scores improving by an average of 21% when attending rehabilitation
- MET scores improved by an average of 0.7. In line with the Minimum Clinical Important Difference (MCID) of 0.5 or more set by the National Audit of Cardiac Rehabilitation (NACR), on programme completion 67% of patients met this target

What Was Done

Monitoring benefits realization against plan and tracker to secure recurrent funding

- Regular meetings with VIH P&I and Welsh Government to update the progress and report the benefits realised
- Annual and Interim reports written and submitted

Transition of PROM and CROM collection to Promptly

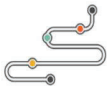
- Training 5 training sessions to all HF nurses and Management
- Created materials to support the patient engagement

Data-Driven Improvement

- Informing service focus and resource including geographical uptake of the Hub pathway
- Clearly evidencing the Hub delivers greater improvement in a patient quality of life compared with the standard pathway options

Full Impact and Benefits available

Final Report Jan 2026.pdf



Making the First Fracture the Last. Fracture Liaison Service

The Fracture Liaison service is a proactive reaction to a fragility fracture. Using digital technology to identify fragility fractures from Radiology reports to identify potential Osteoporosis patients as early as possible. Once identified patients are treated and monitored for 12 months to ensure medication compliance.

Headlines

- Early Detection Identifying fragility fractures through an advanced digital system that integrates data from X-rays, CT scans, and MRIs.
- Automation Using automation, the system scans radiology reports for the keyword "fracture," enabling faster and more accurate case identification.
- Treatment and Care AB-FLS team initiates bone health treatment, coordinates follow-up care, and engages with patients, families, and Primary Care teams.
- Measuring what matters to patients Collecting Patient Reported Outcome Measures including Quality of life at baseline and throughout the pathway.
- Lifestyle optimisation Screening the patient's lifestyle behaviors based on government recommendations, automatically referring to existing support where appropriate. i.e. Help me quit for smoking cessation.

What Was Done

Supporting the service to create an outcome set to measure the impacts

- Regular meetings with the Service, VIH P&I and Welsh Government to update the progress
- Completion and early insights reports written and submitted

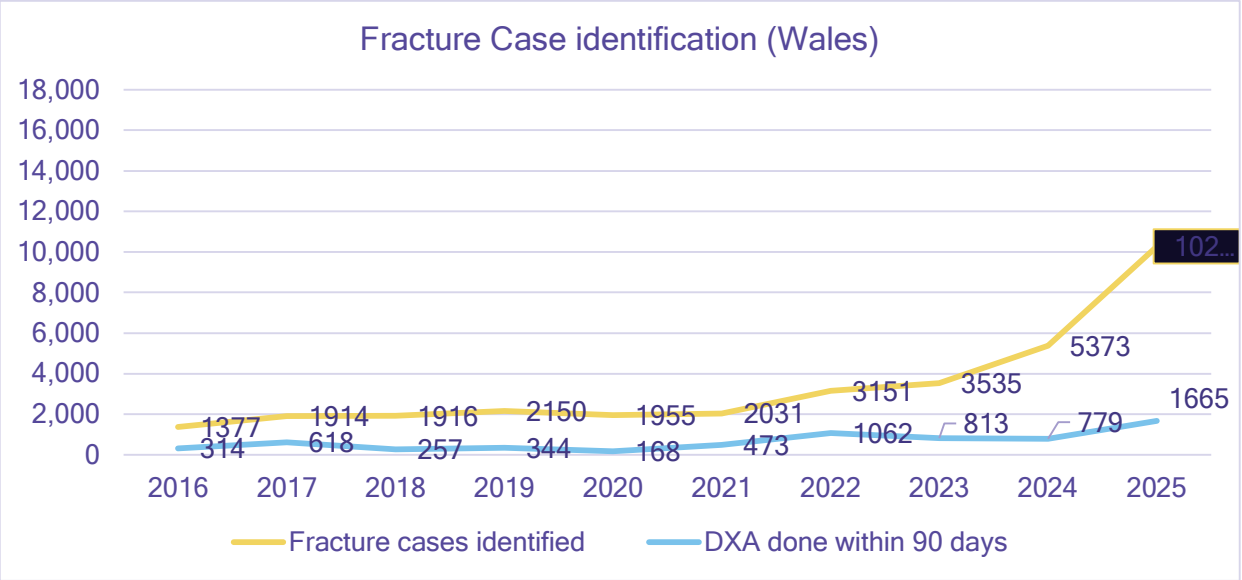
Implementation of PROM collection in Promptly

- Created (materials physical and online) to support the patient engagement

Data-Driven Improvement

- Informing service focus and resource including lifestyle behaviors of the patients on a patient and cohort level
- Using PROMS to identify the patients who actually need strength and balancing intervention

Case identification curve



Lifestyle Optimisation at suspicion of Cancer

Digital Health Optimisation Self Assessment

The aim is to maximise the opportunity for behaviour change on suspicion of Cancer. A digital dynamic self assess tool identifies what behaviours could change to improve general health and offer support to make those changes. Depending on the answers varying degrees of support are offered, from self help advice to calls from the Help me Quit team and the Alcohol Care Team.

Headlines

- 44748 Assessment sent (1st April 2025 to 31st Match 2026)
- 24522 assessments completed
- Over 1500 patients referred to Help Me Quit for smoking cessation support resulting in 55 confirmed cases of cessation and a further 116 pending.
- Over 400 referred to the Alcohol Care Team because the combination of answers denotes a high risk of alcohol dependency.
- Exercise measure17372 don't exercise to the recommended level12796 of those want help to increase
- Fruit and Veg 13728 eat fewer than 5 pieces of Fruit and Veg a day. 6684 of those want advice to increase

What Was Done

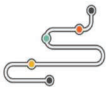
- Regular meetings with Strategic Cancer Lead Nurse and the McMillan Lead to refine the questions and the cohort.
- Repeating the assessment 4 months after the initial referral (excluding Palliative Care patients) allows us to measure sustained behaviour changes

Transition of PROM collection to Promptly

Provision for automated referrals became impossible due to the data from Promplty not flowing into the warehouse as with the previous provider. This resulted in the manual process which has been assigned to an administrator within Cancer Services. This required training.

Data-Driven Improvement

Measurement of the sustained change was delayed by over 12 months due to the lack of integration for the platform and Information services capacity to deliver a suitable work around. The '4-month' assessment commenced in April 2026 and from July we should start getting data to demonstrate what impact the self-assessment is having on the cohort.



25-26 Projects in early stages of delivering value

Coeliac Disease: 25-26 Progress Update

Project Overview

NICE guidance recommends that all patients with Coeliac Disease receive an annual dietetic review. Due to service capacity constraints, routine reviews for clinically stable patients are no longer delivered. This project aims to address that gap by using **PROMPTLY** to distribute a tailored questionnaire to stable patients at 12 to 24 months follow up. Responses are reviewed virtually by a dietitian to determine whether further intervention is required, such as a face-to-face appointment or a further virtual review within the next 12 to 24 months.

Progress to Date

- A bespoke questionnaire has been developed and approved for pilot implementation, drawing on validated approaches used in NHS Trusts in England.
- A mock pilot has been completed to assess the resource requirements for virtual reviews, with encouraging results.
- Traditional follow up appointments require a 30-minute clinic slot, whereas virtual assessments are taking between 2 and 7 minutes to review and document on CWS.
- During 2026/27, the project will continue to be tested and evaluated to quantify benefits in patient experience, service capacity, and clinical outcomes.

Breathlessness

Project Overview

The implementation of Patient-Reported Outcome Measures (PROMs) within the Breathlessness Hub is progressing. Work is currently focused on agreeing the most appropriate PROM tool and defining optimal collection points within the pathway. Aneurin Bevan UHB has been identified as an early adopter and, alongside Swansea Bay UHB and Cardiff and Vale UHB, will be among the first organisations in Wales to deliver a Breathlessness Hub supported by routine PROM collection.

Mental Health: ReQoL-10

Project Overview

Work is underway with Mental Health Services to establish routine digital collection of the ReQoL-10 questionnaire. The current process is highly manual, relying on paper-based data collection and transcription into digital systems. This approach is resource intensive and limits the ability to track patient outcomes over time, undertake comparative analysis, or aggregate data for service improvement purposes. As a result, the current use of ReQoL is largely restricted to reporting completion volumes to Welsh Government.

The introduction of digital collection through Promptly will significantly reduce administrative burden while enabling more meaningful use of patient-reported outcome data to support service evaluation, improvement, and value-based decision-making.

Progress to Date

- Work to establish data flows between WCCIS and Promptly is ongoing. This remains a complex area and highlights challenges associated with the current lack of full system integration.
- Scoping work is underway to identify an appropriate pilot area, with implementation planned during 2026/27.

- The project is expected to deliver significant administrative efficiencies while enhancing the service's ability to monitor outcomes and demonstrate value.

Additional Local VBHC Projects

VBHC has an expanding portfolio of local projects which we have supported during 2025/26.

Pre-Operative Anaemia: IV Iron PROMs and PREMs Programme

VBHC has successfully implemented a local digital PROM and PREM collection pathway for patients receiving intravenous (IV) iron therapy in outpatient settings. This cohort includes patients with anaemia who are unable to tolerate, or do not respond to, oral iron therapy and are awaiting major or urgent surgery across a range of specialties, including Colorectal, Trauma & Orthopaedics, and Urology.

As of March 2026, Aneurin Bevan UHB is the only Health Board in Wales to have implemented routine digital PROM and bespoke PREM collection for this patient group. Developed in partnership with Anaesthetics (Dr Christopher Whitfield, Service Lead), Outpatients, and senior nursing teams, the programme has been recognised nationally as an exemplar of pre-operative anaemia care and has already demonstrated measurable improvements in patient-reported outcomes.

VBHC has worked closely with the Blood Health National Oversight Group (BHNOG) and the Welsh Blood Service (WBS) to ensure alignment with national priorities and guidance while enabling robust reporting of local patient and clinical outcomes. To support this, interactive Power BI dashboards have been developed for both local and national reporting.

Early Patient Outcomes

- 10% reduction in patients reporting persistent altered taste and shortness of breath.
- 14% increase in patients reporting no tiredness or lack of energy.
- 5% increase in patients reporting no headaches.

Wider Evidence of Impact

National evidence demonstrates that pre-operative anaemia management with IV iron is associated with:

- Reduced post-operative length of stay.
- Lower 30-day hospital readmission rates following surgery.

Next Steps

During 2026/27, VBHC will continue to evaluate and report the local impact of the intervention, further evidencing its value for patients and the organisation. The team will also support the Outpatients Nursing Service to expand PROM collection capabilities within outpatient settings, embedding outcomes measurement into routine care.

Throughout 2026/27, VBHC will continue to work with the service to evidence further local impacts and high value intervention, as well as supporting the Outpatient's Nursing team to implement PROMs collection functionality in an outpatient setting.

MSK Programme

During 2025/26, VBHC successfully implemented PROM collection pathways across two key areas of the Musculoskeletal (MSK) Programme:

- **MSK Hub**
- **Physiotherapy (Newport pilot)**

A bespoke PROM pathway has been established to capture outcomes from initial patient self-referral into the MSK Hub, through onward referral to Physiotherapy, discharge, and post-discharge follow-up. This will enable evaluation of outcomes and benefits across the entire patient pathway.

Since the launch of the MSK Hub pathway in January 2026, more than **14,000 baseline PROMs** have been collected from over **7,000 patients** at the point of self-referral. Comprehensive analysis is planned for 2026/27 as discharge and post-discharge PROMs (at three and six months) become available, enabling assessment of the full impact of the intervention.

Similarly, since implementation of the Physiotherapy pilot in December 2025, over **5,000 PROMs** have been collected from more than **2,000 patients** across the pathway. Detailed outcomes analysis will be undertaken during 2026/27.

Next Steps

Development of these pathways will continue throughout 2026/27, alongside expansion of the wider MSK Programme, including:

- Full Physiotherapy rollout.
- Implementation within Podiatry services.
- Development of a Trauma & Orthopaedics (T&O) programme.
- Further work supporting Diabetes services.
- Additional value-based healthcare projects across a range of clinical areas.

A detailed **VBHC Annual Plan 2026/27** has been developed, outlining key areas for programme growth alongside the anticipated benefits and impact for patients, services, and the organisation.

Sustaining Value through legacy projects

As the VBHC Programme has expanded, a portfolio of legacy projects has transitioned into a continuous improvement and benefits realisation phase. While these projects have formally closed, VBHC has continued to work closely with clinical teams throughout 2025/26 to ensure the sustained delivery of value and outcomes for patients.

Key legacy projects include:

- **Gastroenterology** – Gwent Liver Unit
- **Haematology** – Myeloma
- **Neurology** – Parkinson's Disease and Epilepsy
- **Rheumatology** – Ankylosing Spondylitis and Early Arthritis
- **Radiology** – Genicular Artery Embolisation (GAE)
- **Dermatology**
- **Lymphoedema**
- **Heart Failure Community Hub**

To support ongoing value realisation, VBHC undertakes biannual reviews with each service. These reviews include:

- Evaluation of PROMs collection, configuration, and outcomes data.
- Assessment of local and national pathway developments.
- Identification of further opportunities to improve value and patient outcomes.
- Exploration of technical enhancements and innovation opportunities with the PROMs platform provider.

In addition, VBHC continues to play an active role in several national programme boards, supporting pathway development, sharing learning, contributing to service redesign, and reporting local progress and outcomes. This approach ensures that the benefits achieved through implementation are sustained, enhanced, and aligned with emerging national priorities.

Data & Technology:

2025-2026 has seen VBHC utilise local and national business intelligence and analytics to support us in the initiation and measurement of or VBHC projects and impacts. The data and technology function has made significant progress in the healthboards ability to; collect, combine, analyse, present and use out outcome data with other data sources. This will support evidence-based planning and decision making for the future. In addition to this as a key enabler is the requirement to ensure we apply strict local and national data standards and during 2025-2026 ABuHB has progress well in this aspect of work.

Headlines

- 72,407 people onboarded across Gwent.
- 17 clinical services collecting outcomes.
- 33 clinical leads.
- 147,808 outcomes collected.
- 1,739 PREMs collected.
- 171,488 SMS requests for outcomes sent.
- 112,059 emails requests for outcomes sent.
- 30 Local PROM Data Specifications completed.

PROMs Platform

2025-2026 saw a large project to decommission the previous corporate digital PROMs provider and a complete 'new' implementation of the new PROMs platform 'Promptly'. This included a complex exit and extraction strategy for over 200k PROM sets from the previous provider 'DrDr'. The collection and use of outcomes at scale is a fundamental enabler for Aneurin Bevan University health board to measure and deliver better outcomes for our population. Since the implementation and throughout the year we have continued to rollout outcome collection to 17 services and have successfully collected more than 147k PROMs and 1.7k PREMs. Areas live and collecting outcomes:

- Urgent Suspected Cancer
- MSK – Community Hub
- MSK – Physio
- Lymphoedema
- Dermatology (Acne, Eczema, Psoriasis)
- Heart Failure
- Bone Health
- Pelvic Health
- Liver PREM
- Endometriosis
- Epilepsy
- Ankylosing Spondylitis
- Myeloma
- Pre-Op Anaemia
- Parkinson's
- Genicular Artery Embolization Hips
- Early Arthritis

Data Flows & Integration

Foundations and information architecture have been the priority for 25-26. Resulting in the delays and lack of capacity in the FHIR integrations teams to deliver fully FHIR integrated Promptly product. Value have had to coordinate with Systems Management and Business Information Services to create work-around solutions that are robust enough to manage the mass data exchange. These include agreeing and implementing the format and flow of the data to and from Promptly in a usable data set. From Feb 26 AB started to receive the data from Promptly in a JSON unstructured format which demanded a considerable resource to map and table the data. Estimating and additional 5 months delay to validate and map the data.
VBHC has become an early adopter of the Google Cloud Platform secure data environment and have started scoping and testing FHIR resource directly form Promptly into the GCP, which, if successful will reduce the manual resource needed considerably and allow AB to commence with the combining and visualisation of the data in half the time.
This foundation enables more sophisticated analytics and machine learning approaches, helping to uncover patterns in outcomes, understand what drives value, and support more accurate future projections. Collectively, this work represents a significant step forward—moving from traditional reporting towards a modern, insight-led approach to advanced analytics and interactive dashboarding that better supports strategic decision-making

26-27 will focus on developing data visuals including dashboards that clinicians and service management can use to draw those insights from a cohort level, these dashboards will combine various sources of outcome data with some process measures and demographics to tell the full story not the PROM in isolation.

PROM Data Standards – Local PROM Data Specifications (LPDS)
LPDSs define and standardise the structure in which PROM data is stored and returned. This is essential for effective data linkage and analysis, it enables datasets to be easily integrated with additional information, such as demographic and activity data, this enhances the insights we can derive from PROM data. It reduces errors in data processing, improves reliability, and ultimately ensures that data can be transformed into meaningful information.

LPDSs support standardisation not only within Aneurin Bevam but across Welsh health boards. Previously, identical PROMs collected in different organisations (for example, Aneurin Bevan and Cardiff) could be returned in entirely different formats. This created challenges for data linkage, increasing the risk of errors and limiting the reliability of analysis. By adopting shared

standards through a shared provider, we enable more consistent, accurate data integration across organisations, strengthening collaboration, and allowing us to generate insights that were previously difficult (or even impossible) to obtain.
Progress and future opportunities

During 2025-2026 Aneurin Bevan published 30 LPDSs, with further specifications in development. These complement a wider catalogue of LPDSs produced by other Welsh health boards, from which we can also benefit. This collaborative approach reduces duplication of effort. Where PROMs are already in use elsewhere in Wales, existing LPDSs can be adopted rather than recreated, accelerating implementation.

National BI & Insights

WVIH center has a range of 17 national dashboards which help compare and contrast AB with other HB's. These tools are instrumental in identifying areas of development and opportunities for Value.

DCHW have created some PROM data visuals available to clinical users of WCP. Due to the variation of versions of WCP not all ABUHB users will have access to these visuals.

NHS app Integration

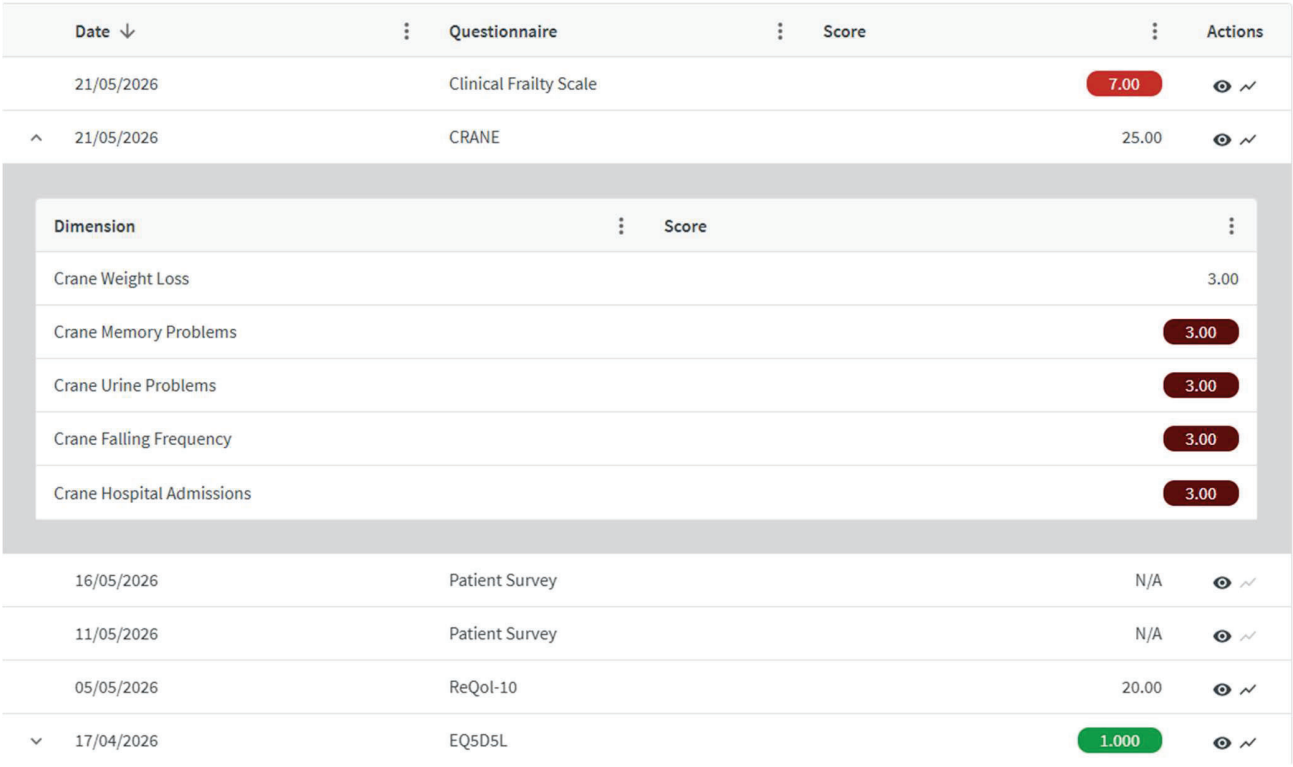
AB along with SBuHB are early adopters of PROM collection via the NHS app. Work on the integration of PROM requests and collections started November 25. With a go live date yet to be confirmed but before Sept 26 deadline. Push notification will be sent to App users who have notification turned on asking them to complete a PROM. The Intention is to reduce the SMS usage which has a related cost. To improve the completion rates as the NHS app may be seen as a more trusted source that the SMS chain.

Promptly Developments

Promptly visited AB in November 25 to discuss developments that will support the collection of outcomes and optimise their use along the pathway.

PIF-UP – Patient Initiated Follow-Up PROM. Creating the opportunity to use PROMS as part of the risk stratification and triage process for patients on a PIFU pathway will enable clinicians to manage the case load and base appointments on greatest need first. Services who will see efficiency savings once this has been released include IBD, Coeliac, and Epilepsy.

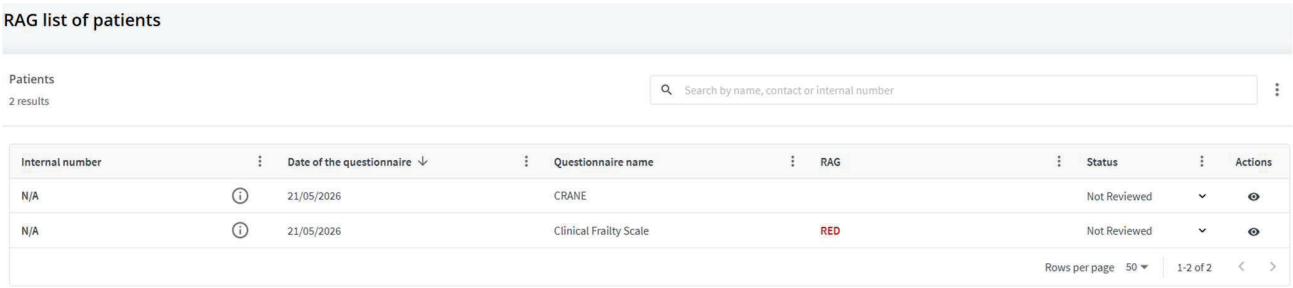
RAG workflow – Red-Amber-Green flag with associated workflow. This will enable teams to see at a glance the category in which the PROM has scored and via a workflow ensures the PROMS are reviewed and action taken if necessary. This aims to help with a needs-based resource management.



Date	Questionnaire	Score	Actions
21/05/2026	Clinical Frailty Scale	7.00	
21/05/2026	CRANE	25.00	

Dimension	Score
Crane Weight Loss	3.00
Crane Memory Problems	3.00
Crane Urine Problems	3.00
Crane Falling Frequency	3.00
Crane Hospital Admissions	3.00

16/05/2026	Patient Survey	N/A
11/05/2026	Patient Survey	N/A
05/05/2026	ReQol-10	20.00
17/04/2026	EQ5D5L	1.000



RAG list of patients

Patients
2 results

Search by name, contact or internal number

Internal number	Date of the questionnaire	Questionnaire name	RAG	Status	Actions
N/A	21/05/2026	CRANE		Not Reviewed	
N/A	21/05/2026	Clinical Frailty Scale	RED	Not Reviewed	

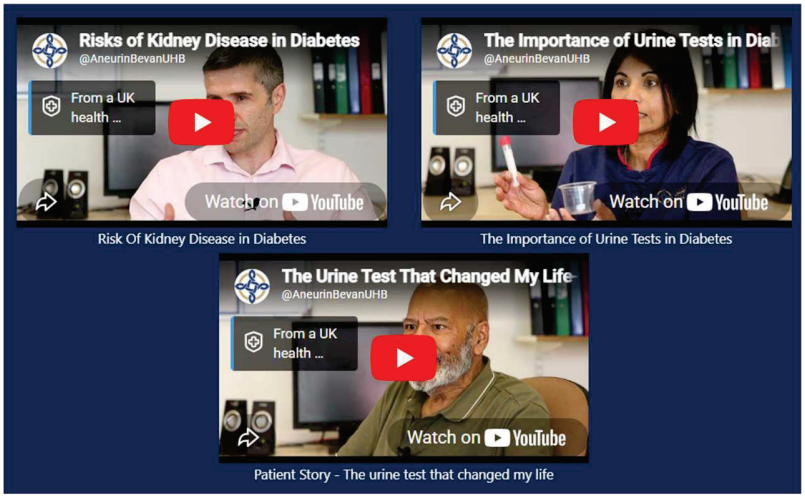
Rows per page 50 1-2 of 2

Mindset:

Our aim is to further embed a mindset of promoting value, health and wellbeing, emphasising prevention and early access. We have continued through 2025-2026 to provide leadership, motivation, education, awareness and training of our workforce and population.

Headlines

- Improved confidence to self-manage through targeted education:
  - Heart Failure Hub patients – 197
  - Cardio Renal – 1832
  - Dice – 800+
- 148k awareness and educational materials provided to patients.
- 1k posters in primary and secondary care.
- 23 participants of the Annual VBHC education programme – proficient application.
- 3 Bespoke (targeted) educational sessions provided to over 100 staff (DDaT, Diabetes, Public Health.
- VBHC awareness and education provided to more than 350 primary care staff via protected learning time events.
- Development of education and training modules via Sharepoint site. (Value-Based Healthcare Training Programme)



ABUHB Value Based Healthcare Annual Report 2025-2026



Executive Lead: Robert Holcombe, Director of Finance, Procurement & Value

Authored by:
Daniel Davies Head of Value Based Healthcare

August 2026

Strategic Context – Alignment to Gwent 35

Value Based Healthcare is a key enabler of the Health Board's long-term vision for Gwent 2035. By focusing on outcomes that matter most to people, prevention, early intervention, reducing unwarranted variation and making best use of resources, VBHC directly supports the strategic ambitions of Better Health, Better Care and Better Lives.

National Policy Influencers

Influenced all-Wales value based investment and nationally adopted SOPs and VBHC standards

Replicable Care Models

Established replicable chronic disease models strengthening primary-secondary care integration

Workforce Capability

Built sustainable workforce capability through education, training and embedded VBHC culture

Better Outcomes, Lower Cost

Delivered measurably better patient outcomes at reduced cost across all programme areas

1. Patient-Centred Outcomes

VBHC focuses on outcomes that matter most to patients, putting their care, experience and wellbeing at the heart of what we deliver.

2. Quality & Resource Improvement

Improves quality of care while maximising resource use, reducing low-value activity and driving efficiency across all care pathways.

3. Welsh Government Alignment

Aligned with the Well-being of Future Generations Act and A Healthier Wales, underpinning five core strategic focus areas.

4. ABUHB Gwent 35 Strategy

Aligned with the Well-being of Future Generations Act and A Healthier Wales, and ABUHB Gwent35.


VBHC PROGRAMME AT A GLANCE 25-26
4
Priority Programmes
9
Programmes of work
17
areas collecting outcomes
33
clinical leads
34
Services
54
Projects
1,739
PREMs collected
72,407
patients onboarded
112,059
PROM emails sent
147,808
PROMs collected
171,488
PROM SMS sent

Core Focus Areas

1.	**Outcome Measurement**	Systematic collection, analysis and use of outcomes that matter to patients
2.	**Whole Pathways**	Holistic, whole-person care with integrated delivery across entire pathways of care
3.	**Maximise Resources**	Reduce low-value activities and improve efficiency across services
4.	**Data & Technology**	Analytics-driven decisions; embed culture via education and training

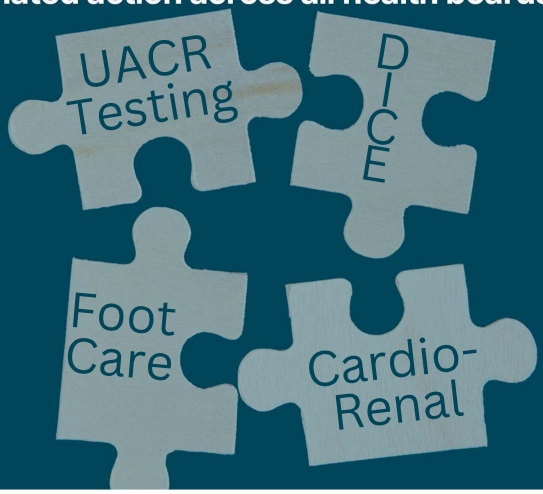
Diabetes Programme – National Priority

1. 8% Welsh prevalence; projected 9% in ABUHB (>50,000 patients) by 2026

2. Accounts for 10% of the total NHS budget

3. Leading cause of preventable complications: sight loss, kidney failure, heart attacks & amputations

Diabetes represents one of the most significant and growing challenges facing NHS Wales, demanding urgent and coordinated action across all health boards.



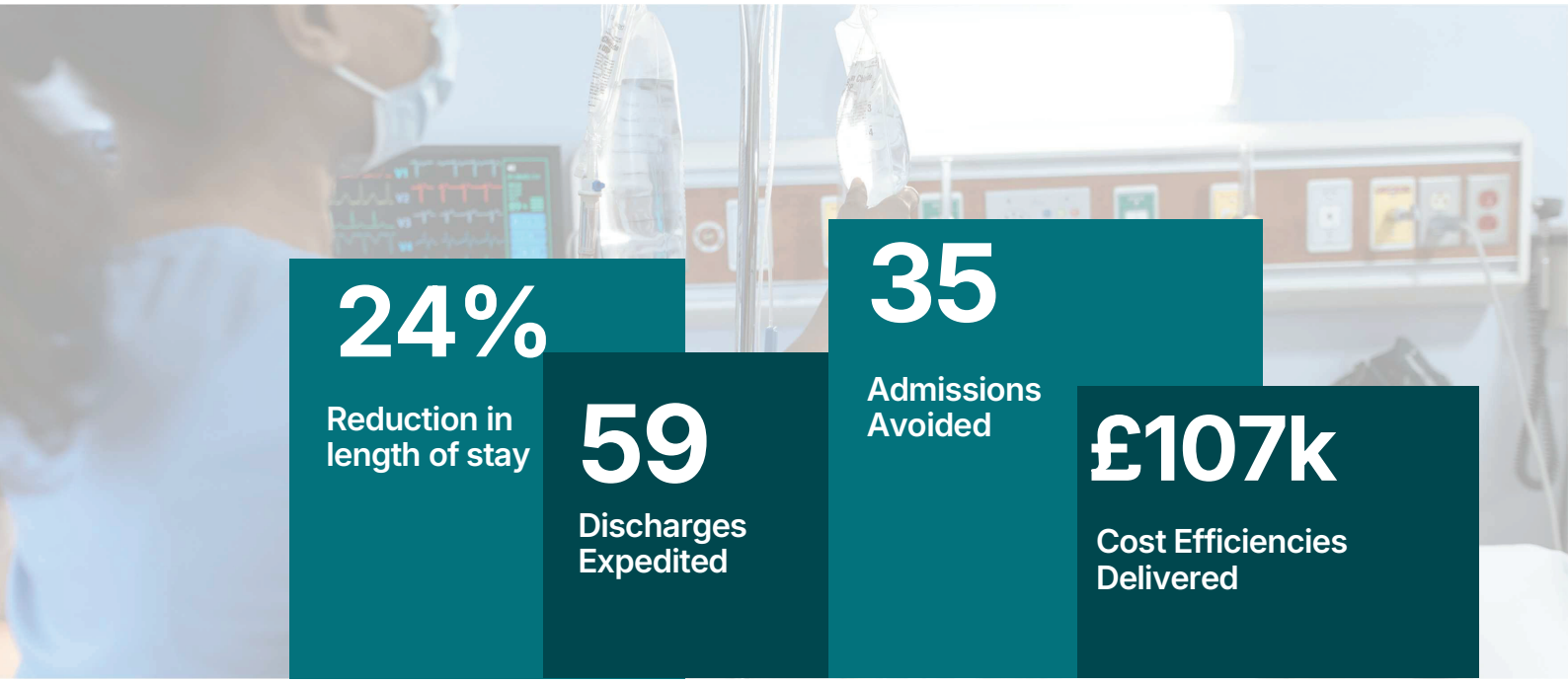
Cardio-Renal Optimisation Project

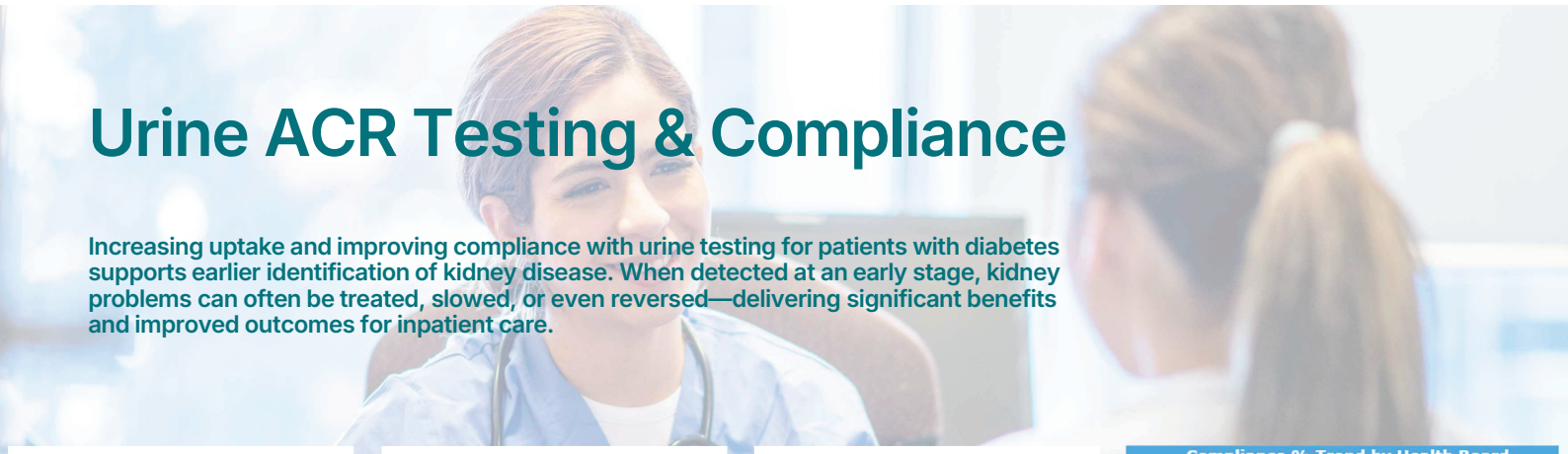
June 2023 – March 2026 | Key Results & Outcomes



DICE Project

Diabetes Inpatient Care & Education – key results and impact on inpatient care.





Urine ACR Testing & Compliance

Increasing uptake and improving compliance with urine testing for patients with diabetes supports earlier identification of kidney disease. When detected at an early stage, kidney problems can often be treated, slowed, or even reversed—delivering significant benefits and improved outcomes for inpatient care.

1 Patient Engagement

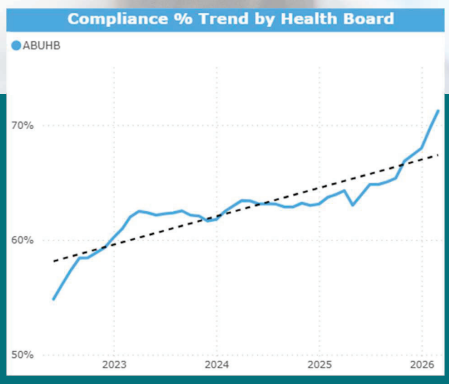
Patient engagement and feedback collected via interviews, focus groups and surveys resulted in feedback identify partner reported reasons for non-compliance

2 Awareness & Education

68,000 leaflets and 1,000 posters distributed; 3 co-produced educational videos created with charities and patients.

3 Practice Improvement

Identification and reduction in low value activity out of 10 practices achieved >5% improvement; 4 practices exceeded 10% improvement in compliance.



Pre–Op Anaemia

VBHC has successfully implemented a local PROM and PREM collection pathway for patients who receive IV Iron treatment in an outpatient setting. Patients with Anaemia, awaiting major or urgent surgeries are offered IV Iron. As of March 2026, ABuHB are the only Health Board in in the UK to successfully implement digital PROMs and bespoke PREMs collection for this cohort of patients, the project has been presented as an exemplar of Pre – Op Anaemia care nationally.

1. Leading the way

- First Health Board in Wales to collect PROMs and PREMs for patients receiving IV Iron treatments for major and urgent surgeries. Project presented nationally as an exemplar for Pre-Op Anaemia care

2. Patient Outcomes

- 10% reduction of patients who always experience an altered sense of taste and shortness of breath
- 14% increase in patients who reported never suffering from tiredness and lack of energy
- 5% increase in patients who never experience headaches

3. Clinical Outcomes

- Reduced length of stay post-surgical intervention
- Reduced readmission rates within 30 days of surgery

Projects in the VBHC delivery phase

2025-26 saw the inception of a number of projects. Some have now entered the design or delivery phase. Progress varies across initiatives and outcomes will be reported once benefits have been realised and measured.

1. Coeliac

Adapting successful projects in English trusts, a virtual review for Coeliac patients to address the demand and capacity gap and make better use of the digital capability of Patient-Reported symptom burden.

2. Breathlessness

ABUHB has volunteered to pilot the PROM collection in the new Breathlessness Hubs, a one-stop diagnostic intervention. Data flows are particularly challenging. The clinical network are finalising the tools and collection points for national approval.

3. Mental Health

Discussions about how Value can support with the routine collection and effective use of the data for ReQoL have continued. A pilot has been proposed which has the potential to support mass collection without the significant time burden of the current manual paper-based collection.

MSK Programme

2025-26 saw the successful implementation of PROM pathways for the MSK Hub and Physiotherapy (Newport Pilot). Enablement of a bespoke PROM pathway from patient self - referral into the MSK Hub, through onward referral to Physiotherapy, discharge and post discharge outcomes to evidence whole system impacts and benefits.

1. MSK Hub

Over 14,000 baseline PROMs collected at the point of self-referral so far

Over 7,000 patients completed PROMs.

Detailed benefit and value analysis expected 2026/27.

2. Physiotherapy

5,000 PROMS collected across the pathway so far

Over 2,000 patients completed PROMs.

Decision to expand from Newport pilot to whole pathway expected Q2 2026/27.

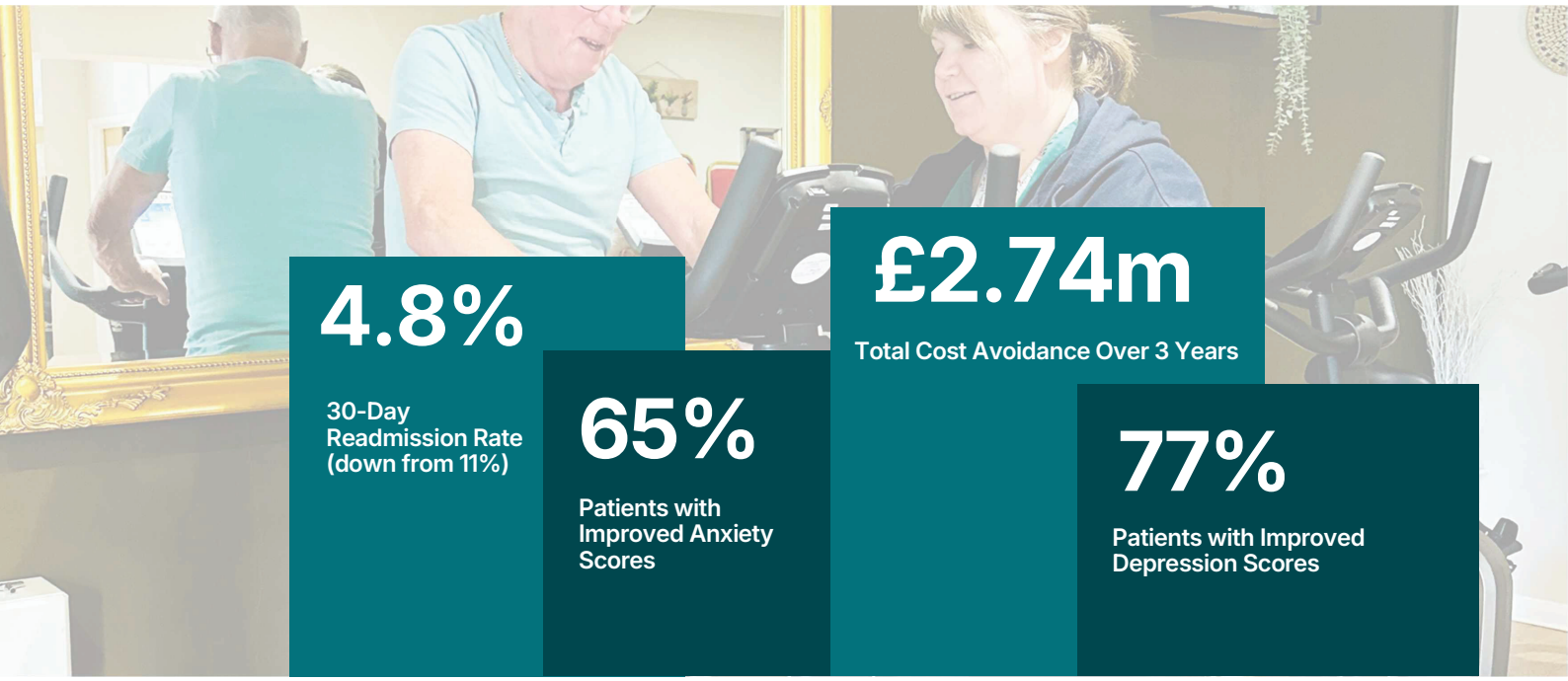
3. PROM Pathway

Patients will complete PROMs at discharge, 3 months and 6 months post-discharge

Implementation of PROM collection across Podiatry and T&O in 2026/27 will evidence value of whole-system pathway

Heart Failure Hub

Nurse Led Cardiac Care & Community Rehabilitation – Key Outcomes 2025-2026



Footcare Compliance Project

Increasing uptake and improving compliance of foot screening checks for patients with diabetes enables earlier identification and management of complications. When detected early, these issues can often be halted or reversed—leading to improved outcomes and a significant positive impact on patient care.

1. Patient Engagement

719 patients surveyed on non-attendance reasons to identify barriers and inform targeted improvement strategies.

2. Process Mapping

Process mapping completed across top and bottom 5 practices to identify variation and drive compliance improvements.

3. Awareness & Education

68,000 leaflets distributed; 3 persona videos created; translation into 11 languages planned for Q1 2026/27.

Data & Technology



PROMs Platform

Implemented outcome collection across 17 services with 33 clinical leads engaged

FHIR Integration

Early adopter of Google Cloud secure environment; FHIR integration testing underway

PROM Data Migration

DrDr decommissioned; 200,000+ PROM sets successfully extracted

NHS App Integration

NHS App integration and PIF-UP & RAG workflow planned before Sept 2026

Key ‘Planned’ Activity 2026-2027

Trauma & Orthopaedic Programme including. Expected benefits:

- Review and streamlining patient pathways, reducing F2F clinical appointments, virtual patient management, prevent unnecessary appointments and evidence value of service intervention, across distinct pathways including:

- Arthroscopy (Knee)
- Shockwave Therapy
- Spinal Epidurals

Expanded MSK Programme to include:

- **MSK Escape Pain** – Assess evidence and impact of community rehab Programme, through PROM collection
- **MSK Podiatry** – evaluate service efficiency and pathway improvements, following patients from MSK Hub self-referral to Podiatry intervention, SOS and PIFU management and discharge

Scale Value in Diabetes

- **Community Pharmacy intervention through GLP1 optimisation.**
- **Gestational Diabetes** – seeks to reduce complications, improve outcomes and deliver a consistent, equitable, prevention-focused pathway by reducing the number of women who do not receive follow-up testing and aftercare, and enable early detection and reducing progression to Type 2 through early intervention.
- **Young People** – Reduce number of young people who disengage from Young Persons services and reduce complications as a result.

Enable further PROM collection (planned):

Gastro – IBD
Mental Health – PTSD
Coeliac
GTPS
Respiratory

National BI & Insights

Empowering decision-making through national dashboards, analytics tools, and integrated data visualisation.

01 National Dashboards

17 national dashboards delivered via the Welsh Value in Health (WVIH) centre, enabling performance visibility across health boards.

02 PROM Data Integration

PROM data visuals integrated into WCP by DCHW, providing clinicians with real-time patient-reported outcome insights, although this is not currently suitable in all cases due to the version of WCP at ABuHB

03 Advanced Analytics

Foundation laid for advanced analytics and interactive dashboards, enabling informed, data-driven decisions across the health board. Additional performance measures and monitoring of impact.

Education & Mindset Impact

Building a value-focused culture through education, training, and patient engagement.



197

Heart Failure Hub patients improved confidence to self-manage their condition

23

Staff completed Annual VBHC Education Programme

148K+

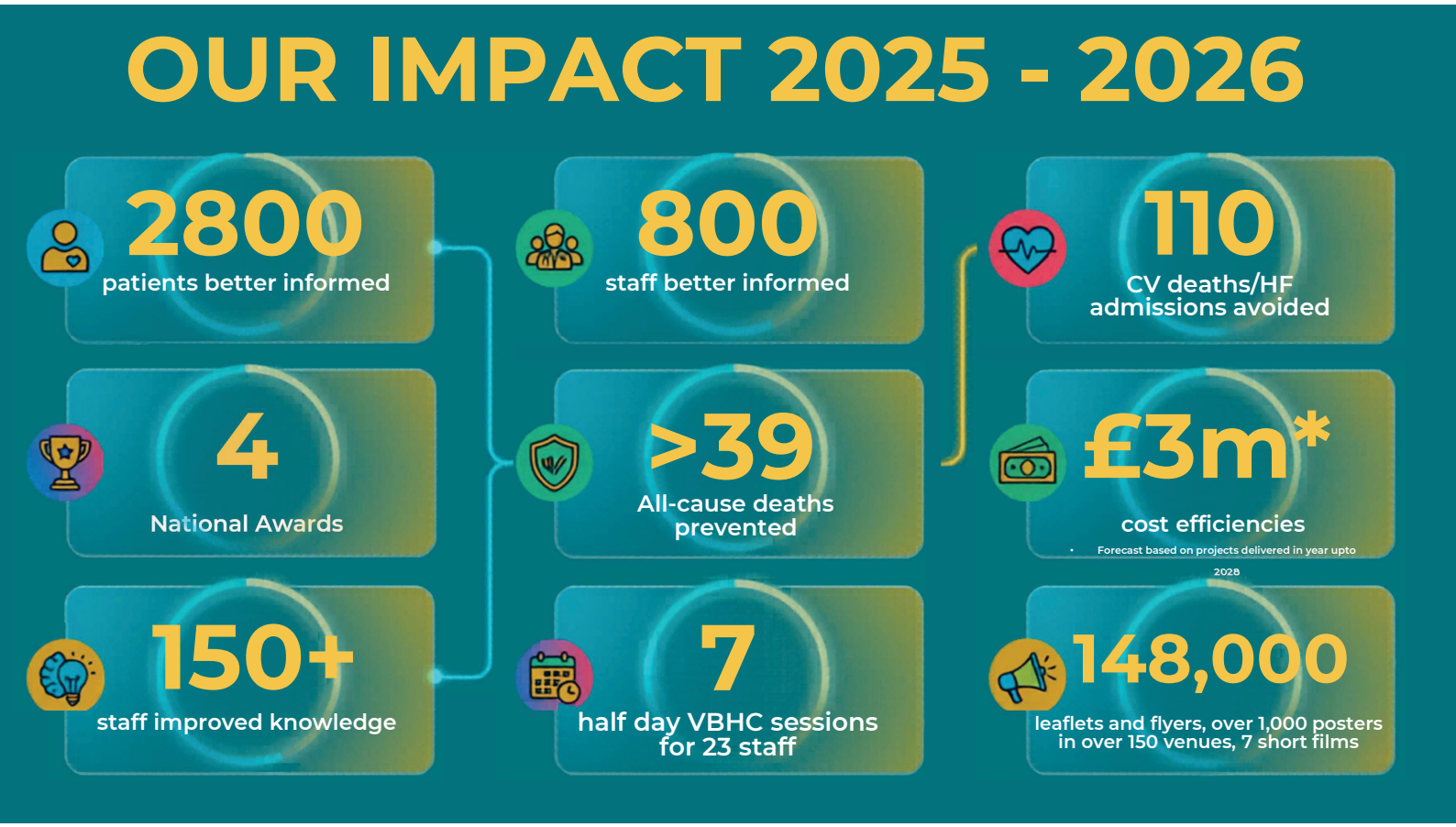
Awareness materials & posters distributed

350+

Primary care staff trained via protected learning time

100+

100+ staff reached via bespoke sessions


OUR IMPACT 2025 - 2026
2800
patients better informed
800
staff better informed
110
CV deaths/HF admissions avoided
4
National Awards
>39
All-cause deaths prevented
£3m*
cost efficiencies
Forecast based on projects delivered in year upto 2028
150+
staff improved knowledge
7
half day VBHC sessions for 23 staff
148,000
leaflets and flyers, over 1,000 posters in over 150 venues, 7 short films

Agenda Item:

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:**	PTR Annual Report 2025-2026
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jennifer Winslade - Executive Director of Nursing
SWYDDOG ADRODD: **REPORTING OFFICER:**	Tracey Partridge-Wilson - Deputy Director of Nursing Gemma Couch - Head of QPS, Learning and Improvement

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

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Putting Things Right Annual Report 2025/26 has been prepared in accordance with Regulation 51 of the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. It describes the operation and effectiveness of the Health Board's arrangements for handling concerns between 1 April 2025 and 31 March 2026.

The Annual Report provides assurance on the management of complaints, concerns, patient safety incidents, redress, Duty of Candour, Public Services Ombudsman for Wales cases, Patient Advice and Liaison Service activity, patient experience feedback, bereavement support and legal services. It also evaluates progress against the priorities established for 2025/26 and sets out the areas requiring continued focus during 2026/27.

The report concludes that the Health Board continued to manage a significant and complex volume of activity during a challenging operating period. Governance, early resolution, redress arrangements, patient experience feedback, organisational learning and preparations for Listening to People strengthened during the year. However, further improvement is required in formal complaint compliance, the reduction of overdue complaints, consistent implementation of the Duty of Candour and the demonstration of measurable and sustained improvement arising from learning.

Cefndir / Background

Regulation 51 requires responsible bodies to prepare and publish an annual report describing the operation and effectiveness of their arrangements for handling concerns. The report provides assurance to the Board and the public that the Health Board has discharged its statutory responsibilities relating to concerns, complaints, incidents and redress.

The report brings together information from the Putting Things Right team, Patient Advice and Liaison Service, Patient Safety Incident team, Datix incident reporting, Safeguarding, Legal Services, Quality and Patient Safety teams and the Health Board's divisions. It considers not only how concerns and incidents were managed, but how learning was identified, escalated through governance arrangements and translated into improvement activity and organisational planning.

During 2025/26, oversight was strengthened through monthly divisional Quality and Patient Safety assurance reporting and the establishment of the Quality Management Group. These arrangements enabled complaints, incidents, safeguarding, mortality reviews, patient experience, learning and improvement activity to be considered together and provided a clearer line of sight between divisional activity, executive oversight and Board assurance.

Assessment

1. Complaints, concerns and enquiries

During 2025/26, 2,465 concerns and complaints were managed through the Putting Things Right process. This comprised 1,716 formal complaints and 749 Early Resolutions. The Putting Things Right team also managed 2,467 enquiries, while the Patient Advice and Liaison Service responded to 5,875 enquiries.

The Health Board recorded 1,309,654 patient interactions during the reporting period. Concerns and complaints represented 0.188% of those interactions. The principal themes were clinical treatment and assessment, access to services and appointments, communication, discharge planning and staff attitude or behaviour.
Of the 2,465 concerns received, 87, representing 3.53%, were investigated and found to involve a breach of duty by the Health Board. This included 68 Regulation 24 responses where a breach was identified but the criteria for qualifying liability were not met, five Regulation 24 responses where the potential value exceeded the scope of redress and 14 Regulation 33 responses where a qualifying liability was considered to exist. Regulation 24 responses provide a factual response without an admission of qualifying liability, whereas Regulation 33 responses are final responses where qualifying liability is admitted.

2. Timeliness and complaint performance

Formal complaint compliance remained below the national target of 75%. Performance was affected by complaint volumes, winter pressures, complex investigations and workforce capacity. However, the comparative position improved during the latter part of the year, with the Health Board exceeding the NHS Wales average in November and December 2025 and February and March 2026. This was the first time the Health Board had exceeded the national average since national benchmarking was introduced in April 2024.

Progress was made in reducing the oldest overdue complaints. As of 31 March 2026, the number of overdue complaints had reduced from 324 in September 2025 to 258, and there were no cases older than 365 working days.

Early Resolution performance improved from 72% in April 2025 to 100% in January, February and March 2026. This improvement was supported by clearer triage, regular review of open cases and closer working between the Putting Things Right, Quality and Patient Safety and divisional teams.

The reduction in Early Resolution cases, alongside the increase in enquiries, reflected more accurate classification of requests for information, clarification, signposting or assistance where no substantive concern about care had been raised. Total recorded Putting Things Right team activity increased from 4,702 contacts in 2024/25 to 4,932 in 2025/26, an increase of 230 contacts or 4.9%.

3. Public Services Ombudsman for Wales

The Health Board received 69 referrals requiring action from the Public Services Ombudsman for Wales. A further 185 cases were assessed as premature, outside jurisdiction or not requiring further investigation.

Of the 69 referrals requiring action, 55 were concluded through the Ombudsman's Early Resolution process, five final reports were not upheld and nine final reports were upheld. Learning most commonly related to adult mental health, clinical care and treatment, record keeping and the coordination of care. This learning was considered alongside complaints, incidents and redress through divisional assurance and wider quality governance arrangements.

4. Patient safety incidents

A total of 33,380 incidents were recorded through Datix during 2025/26. Following investigation, 99.4% were assessed as causing no harm or low harm. High reporting levels were considered to reflect a mature reporting culture and the continued encouragement of staff to report adverse events and near misses.

The most frequently reported themes were pressure damage at 26.9%, behavioural incidents at 17.0%, accidents and injuries including falls at 15.0%, medication errors at 6.7%, and assessment, investigation and diagnosis at 5.8%. Of the reported pressure damage incidents, 223, representing 2.4%, were determined to be avoidable.

Learning and improvement activity included revised risk assessments and care plans, audit activity, refresher training and pharmacy-led assurance. Progress was monitored through divisional governance arrangements and specialist assurance groups.

5. Duty of Candour

The statutory Duty of Candour requires NHS bodies in Wales to be open and transparent when a person receiving health care experiences harm that meets the statutory threshold and the provision of care was, or may have been, a factor. When the duty is triggered, the Health Board must notify the person or their representative, offer an apology, undertake an investigation and provide a written account of the findings and actions taken to reduce the risk of recurrence. An apology does not, in itself, constitute an admission of liability.

During 2025/26, the Duty of Candour was initiated in relation to 106 incidents. At the time of reporting, 59 were confirmed as meeting the statutory threshold of moderate harm or above, 26 were reassessed as low or no harm following investigation and 21 remained under investigation. Cases were identified across all divisional areas, most frequently relating to clinical assessment and diagnosis, treatment or procedural care, pressure damage, unexpected deaths, falls, medication administration, diagnostic testing and delayed access to services. The number of cases should not be interpreted in isolation as a measure of service safety, as it also reflects the identification and reporting of potential harm and application of the statutory process.

Analysis identified recurring themes including clinical assessment, diagnosis, recognition and escalation (72.6%); training, competence and reflective learning (64.3%); documentation and record keeping (57.1%); audit, governance and assurance (57.1%); medication and prescribing safety (56.0%); and procedural compliance and workforce, capacity or operational flow (54.8%). As recommendations could address several aspects of care, these themes overlap.

The strongest cross-cutting learning related to pathway reliability. Investigations identified occasions where an appropriate clinical intention, such as arranging follow-up, acting on a result, continuing treatment or escalating deterioration, did not reliably lead to the required action being completed. Recommendations therefore focused on stronger arrangements for results and follow-up, risk-based prioritisation, clearer handovers, timely senior review, prescribing clarity, improved care planning and documentation, alongside audit and assurance. This supports a move towards closed-loop systems where actions are assigned, completed, checked and escalated where necessary.

Training and reflective learning were frequently identified as improvement actions, alongside pathway redesign, competency assessment, audit and formal governance oversight to provide greater assurance that learning had been embedded.

The Duty of Candour also applies to commissioned care, with responsibilities depending on the statutory status of the provider and the commissioning arrangements. Eight of the 106 cases related to independent contractors commissioned by the Health Board; four met the threshold of moderate harm or above, three were reassessed as low or no harm and one remained under investigation. Learning highlighted pressure-damage prevention, risk assessment, record keeping, communication, staff training and oversight of provider action plans.

Across both Health Board and commissioned services, the analysis highlighted the importance of clear responsibility and reliable communication where care crosses organisational boundaries, particularly for urgent prescribing changes, significant results, referrals, handovers and follow-up.

6. Redress and legal services

During the reporting year, 48 cases were accepted and opened for consideration of redress. 27 cases were returned as not suitable or not ready for redress consideration at the point of referral.

The management of redress was strengthened through a new referral form, targeted training and guidance, a Redress Standard Operating Procedure, a dedicated Redress Team and administrator, a dedicated mailbox and refreshed intranet resources. Referrals were subject to greater scrutiny and returned to divisions where investigations were incomplete or learning had not been sufficiently demonstrated.

Every case referred for redress was required to include evidence of learning and actions intended to prevent future harm. This reinforced the expectation that redress should operate as part of organisational learning, quality improvement and patient safety rather than as a standalone legal or compensation process.

7. Patient support and experience

The Patient Advice and Liaison Service managed 5,875 enquiries and 120 Early Resolution contacts. Only one case was recorded as escalating to the formal Putting Things Right process. Communication issues, including language needs, were the most frequently recorded theme, followed by access to services and appointments.

CIVICA recorded 28,208 patient experience survey responses during 2025/26. The overall satisfaction score remained stable at between 86% and 88%, with a year-end score of 86%. The Health Board moved to the national People's Experience Survey in May 2025. Text message invitations were extended to maternity and neonatal services in September 2025 and to patients receiving cancer treatment from February 2026.

The GRACE End of Life and Bereavement Service managed 297 enquiries. The year-end review also recorded 143 attendances at GRACE's Place, more than 100 bereaved relatives receiving individual support and 136 staff attending six grief awareness sessions. GRACE provided an alternative route for people seeking support, explanation or assurance about learning without necessarily wishing to make a formal complaint.

8. Learning, improvement and assurance

Monthly divisional Quality and Patient Safety assurance reporting became embedded during 2025/26. Complaints, incidents, safeguarding, mortality reviews, patient feedback and improvement activity were considered together to support triangulation, earlier identification of risk and clearer divisional accountability.

The Quality Management Group provided executive oversight of complaints, incidents, redress, patient safety investigations and Learning from Events Reports. Governance of Learning from Events Reports was strengthened through a corporate Standard Operating Procedure, divisional improvement plans, central monitoring and structured escalation. The report states that these changes resulted in measurable reductions in Welsh Risk Pool financial penalties.

The Listening and Learning Framework, Learning Repository and Patient Quality and Safety Learning and Improvement Forum supported the capture and sharing of learning and good practice. Development of Qlik improved the statistical analysis and presentation of complaints and incident information.

Although these arrangements provide evidence of developing organisational learning, the report identifies a continuing need to demonstrate more consistently

that actions have been completed, evaluated and translated into measurable and sustained improvements in care and patient experience.

9. Overall assurance position

The priorities established for 2025/26 were substantially progressed. The Health Board strengthened concerns management, improved Early Resolution performance, reduced its oldest complaints, prepared for Listening to People and developed more integrated governance and learning arrangements.

Positive assurance is provided through strengthened governance, high incident reporting, improved Early Resolution performance, enhanced redress scrutiny, wider patient experience feedback and continued support for patients and bereaved families.

The principal areas requiring continued oversight are formal complaint compliance, the remaining overdue complaint backlog, workforce resilience, consistent Duty of Candour practice, data quality and clearer evidence that learning and patient feedback have resulted in completed, measurable and sustained improvement.

Summary of progress against 2025/26 recommendations

The 2024/25 Annual Report identified a number of priorities to support continued improvement during 2025/26. These focused on strengthening concerns management and compliance with the Putting Things Right Regulations, reducing historical complaint backlogs, enhancing governance and accountability arrangements, improving organisational learning from concerns and incidents, developing Duty of Candour implementation, and strengthening the use of patient and carer feedback to inform quality and safety improvements.

Good progress was made across a number of these areas during the year. Early Resolution arrangements were strengthened, performance improved significantly, and all formal complaints older than 12 months were eliminated by year end. Governance arrangements were enhanced through strengthened divisional assurance reporting, establishment of the Quality Management Group, and improved oversight of learning from events and redress referrals. The Health Board also strengthened its culture of learning and improvement through implementation of the Listening and Learning Framework, the further embedding of the Patient Quality, Safety, Learning and Improvement (PQSLI) Forum as a mechanism for sharing learning across services, increased use of patient and carer feedback, and enhanced arrangements to support learning from concerns, incidents and Learning from Events Reports. Preparatory work for implementation of the Listening to People Regulations continued alongside the further embedding of Duty of Candour processes, training and reporting arrangements.

Whilst the overall direction of travel remains positive, some priorities require continued focus during 2026/27. These include improving compliance with formal complaint timescales, reducing the remaining backlog of overdue concerns, ensuring consistent application of Duty of Candour, strengthening workforce resilience, and demonstrating more clearly the impact of learning and improvement actions on patient outcomes and service quality.

Priorities for 2026/27
The report identifies three priorities for 2026/27.

Priority 1: Embed the Listening to People Regulations
The Health Board will embed Listening to People across all divisions and services. Policies, procedures, communications and training will be updated to reflect the new requirements, with particular emphasis on proportionate triage, meaningful listening discussions and timely, compassionate and accessible resolution.

Priority 2: Undertake a full review of the service model
A review will assess whether the structure, workforce, responsibilities and allocation of work remain appropriate following implementation of Listening to People. It will consider the relationship between the Listening to People Team, Patient Advice and Liaison Service, Quality and Patient Safety teams and divisional services.

Priority 3: Improve the quality and compliance of complaint handling
The Health Board will continue to improve formal complaint compliance and reduce overdue cases through stronger monitoring, senior oversight and targeted divisional engagement. Quality assurance will focus on ensuring that investigations address the concerns raised, explain findings clearly and identify meaningful learning and improvement actions.

Argymhelliad / Recommendation

The Board is asked to:

- APPROVE the Putting Things Right Annual Report 2025/26
- NOTE the assurance provided regarding the continued operation of the Health Board's statutory Putting Things Right arrangements during 2025/26.
- NOTE the areas requiring continued improvement, particularly formal complaint compliance, reduction of overdue complaints, consistent implementation of the Duty of Candour and clearer evidence of measurable and sustained learning.
- ENDORSE the three priorities for 2026/27 relating to embedding Listening to People, reviewing the supporting service model and improving the quality and compliance of complaint handling.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	**CRR002**
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 3.1 Safe and Clinically Effective Care 6.3 Listening and Learning from Feedback 3.2 Communicating Effectively
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Choose an item.Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	Putting Things Right Annual Report 2025/26; Datix incident reporting data; Public Services Ombudsman for Wales case data; Patient Advice and Liaison Service activity data; CIVICA patient experience survey data; Duty of Candour reporting data; Redress and Legal Services records; divisional Quality and Patient Safety assurance reports.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee; Quality Management Group; divisional Quality and Patient Safety governance arrangements.

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

	investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	No specific workforce impact arising directly from this report. The report notes workforce resilience and capacity as areas requiring continued oversight in relation to complaint handling, Duty of Candour and learning processes.
• **Service Activity & Performance**	Yes. The report summarises service activity and performance relating to complaints, concerns, enquiries, Patient Advice and Liaison Service activity, incidents, Duty of Candour, redress, Public Services Ombudsman for Wales cases and patient experience feedback.
• **Financial**	No direct financial impact arising from this report. The report notes that strengthened governance of Learning from Events Reports resulted in measurable reductions in Welsh Risk Pool financial penalties.
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No. An Equality Impact Assessment is not required because this report is for assurance and information and does not propose a new policy, strategy, service change or implementation plan. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item.

Putting Things Right Annual Report 2025/26

Listening, learning and improving from concerns, incidents and patient experience



2,465
Concerns and complaints managed



33,380
Patient safety incidents recorded



28,208
Patient experience survey responses

Reporting period: 1 April 2025 to 31 March 2026

Every concern provides an opportunity to listen, learn and improve

Putting Things Right is central to our commitment to openness, fairness and improvement. Every concern raised provides an opportunity to understand the experience of patients, families and carers, and to strengthen the safety, quality and compassion of the care we provide.

Jennifer Winslade
Executive Director of Nursing



Provide assurance on the operation and effectiveness of Putting Things Right



Demonstrate how concerns, incidents and redress were managed

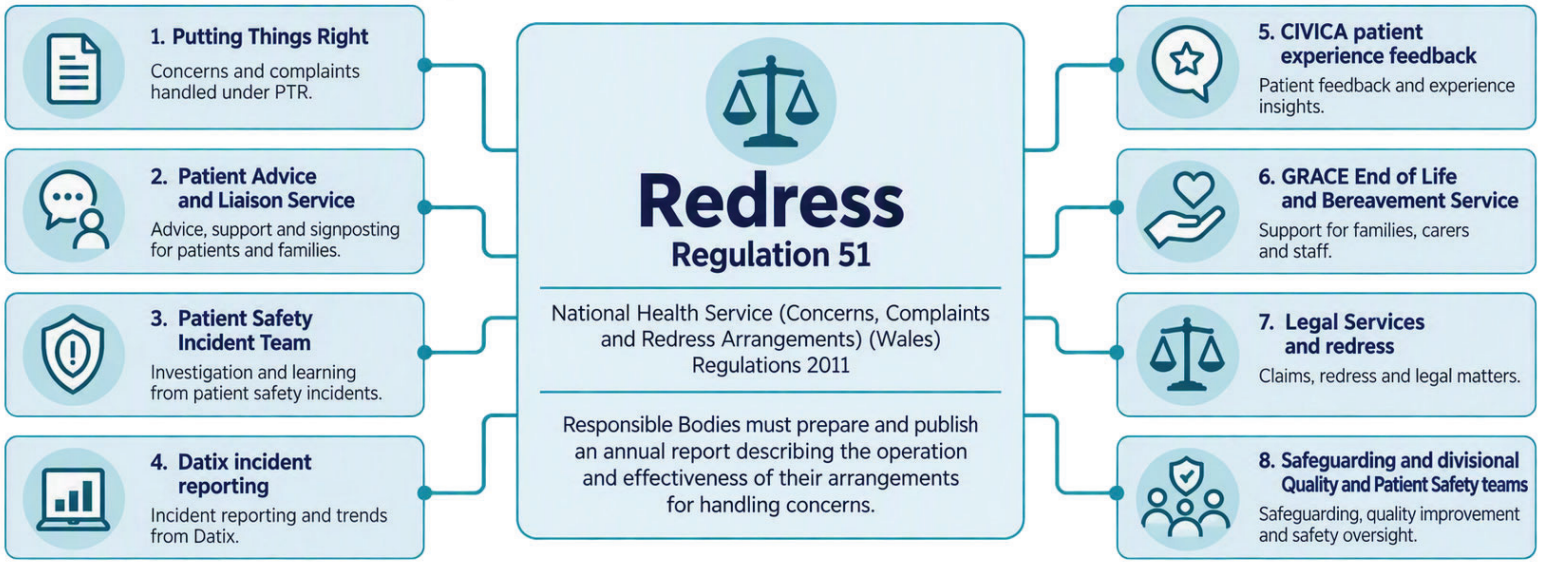


Explain how learning was identified, escalated and translated into improvement



Responding to concerns is not solely a regulatory process. It is an essential part of a learning health system.

The annual report fulfils a statutory requirement and provides public assurance

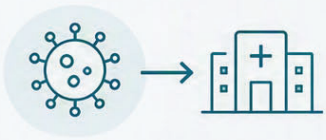


These sources of evidence demonstrate statutory compliance, organisational learning and public assurance.

Statutory reporting period: 1 April 2025 to 31 March 2026

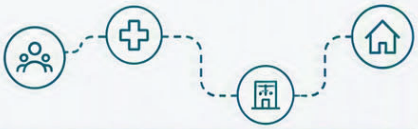
Putting Things Right activity has remained high while the nature and complexity of concerns have evolved

1 Earlier period



- COVID-19-related pressures
- Disruption to access
- Changes to service delivery

2 Developing position



- Post-pandemic backlogs
- Workforce fatigue
- Waiting lists
- Communication challenges
- Fragmented pathways

3 2025/26 position

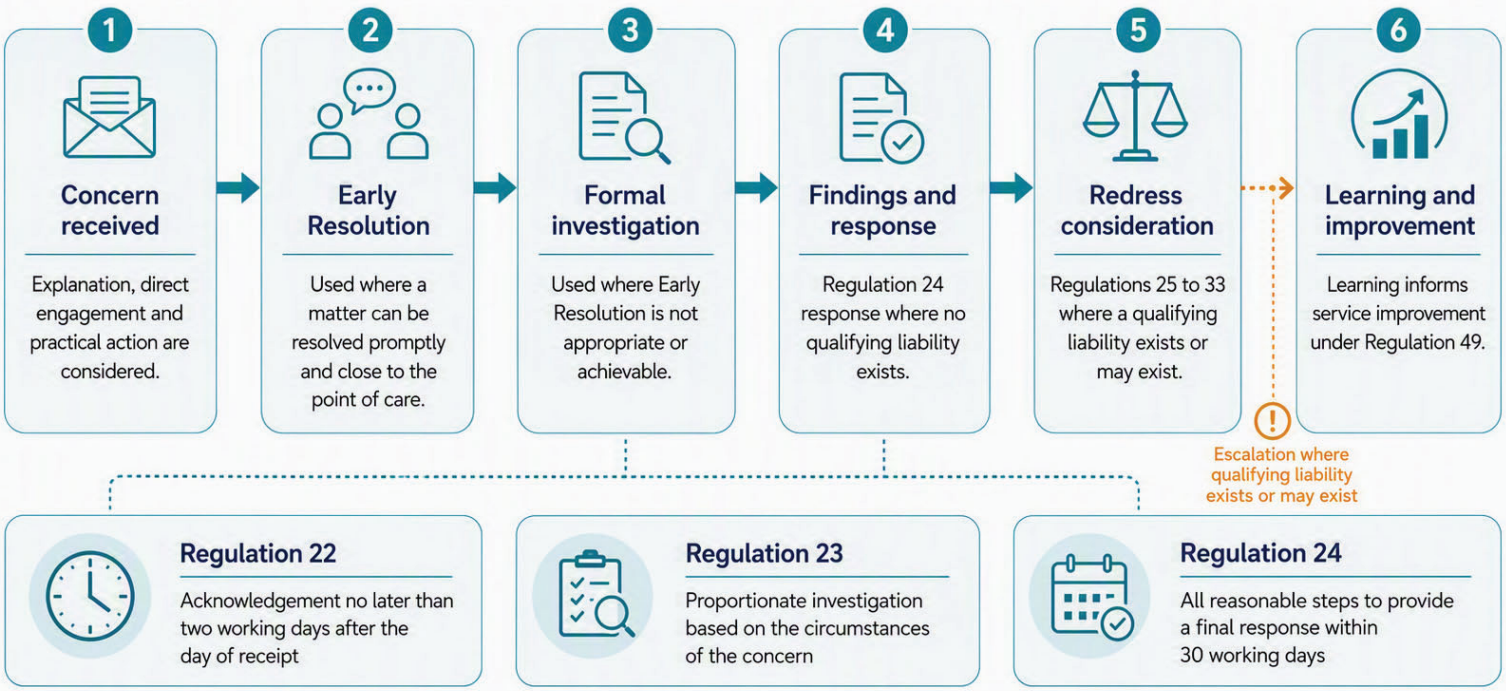


- Greater emphasis on multi-service pathways
- Continuity of care
- Discharge
- Access
- Communication
- Interfaces between hospital, community and primary care

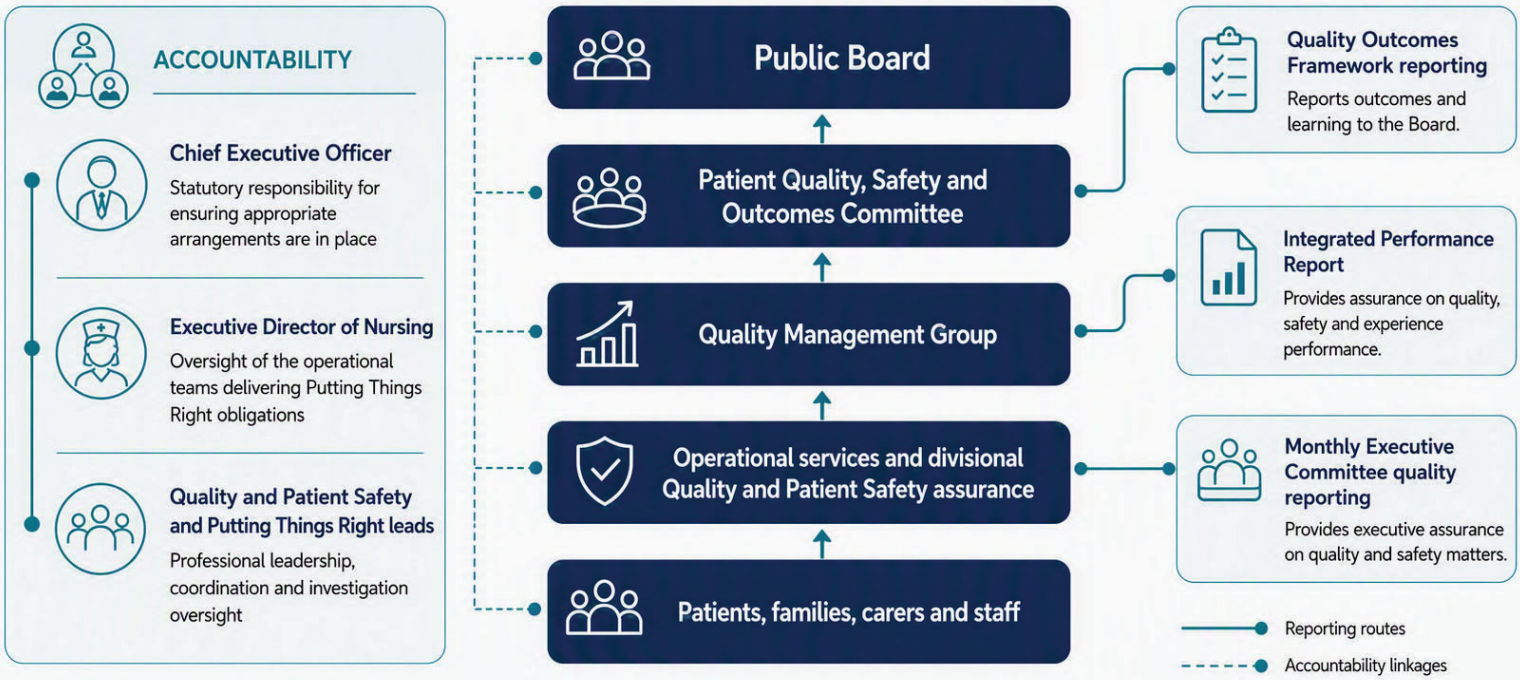
Continuing improvement requirements

1. Greater consistency in investigation quality
2. Clearer articulation of learning
3. Stronger feedback loops
4. Compassionate and person-centred communication
5. Increased oversight of complex cases

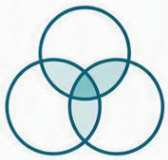
Concerns are managed proportionately according to their nature, complexity and seriousness



Strengthened governance provides a clearer line of sight from frontline learning to Public Board



Monthly divisional assurance strengthened triangulation, accountability and escalation



1. Integrated oversight

Complaints, concerns, incidents, safeguarding, mortality reviews, learning and quality improvement considered together.



2. Earlier identification

Emerging risks and themes identified through multiple sources of intelligence.



3. Divisional accountability

Greater visibility of investigation quality and delivery of improvement actions.



4. Corporate escalation

Issues requiring corporate or executive oversight escalated through established governance arrangements.



Quality Management Group established on 1 June 2025

Routine oversight of complaints, incidents, redress, patient safety investigations, divisional assurance and Learning from Events Reports.

Governance and Early Resolution improved, while timeliness and demonstrable impact remain key areas for attention

Positive assurance

- Stronger governance and divisional assurance
- Improved Early Resolution performance
- Strengthened redress arrangements
- Expanded patient experience and bereavement support
- Preparation for Listening to People

Partial assurance

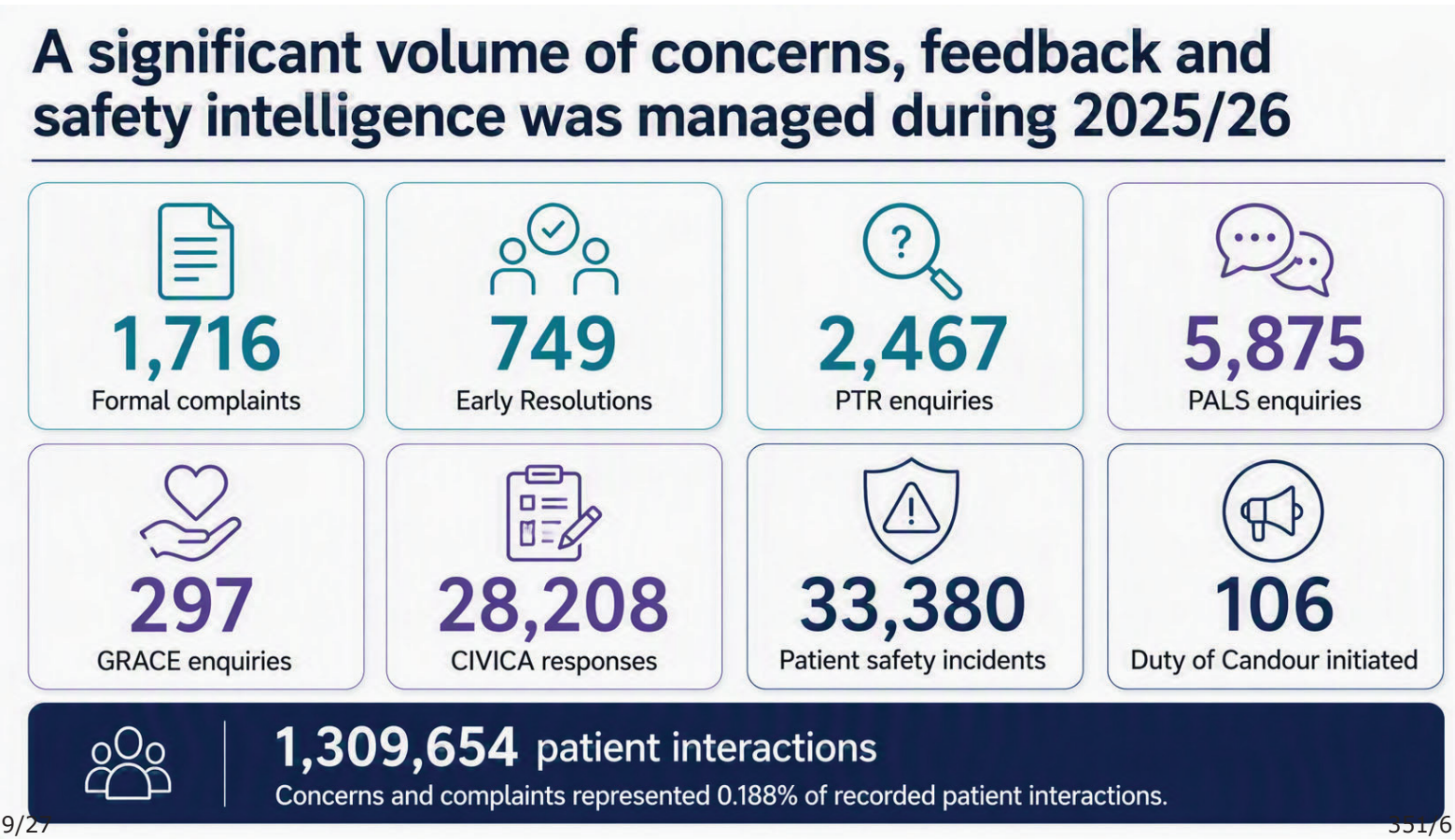
- Learning structures are established and increasingly integrated
- Duty of Candour arrangements have strengthened
- Patient feedback is collected at significant scale
- Evidence of sustained impact requires further development

Continued improvement required

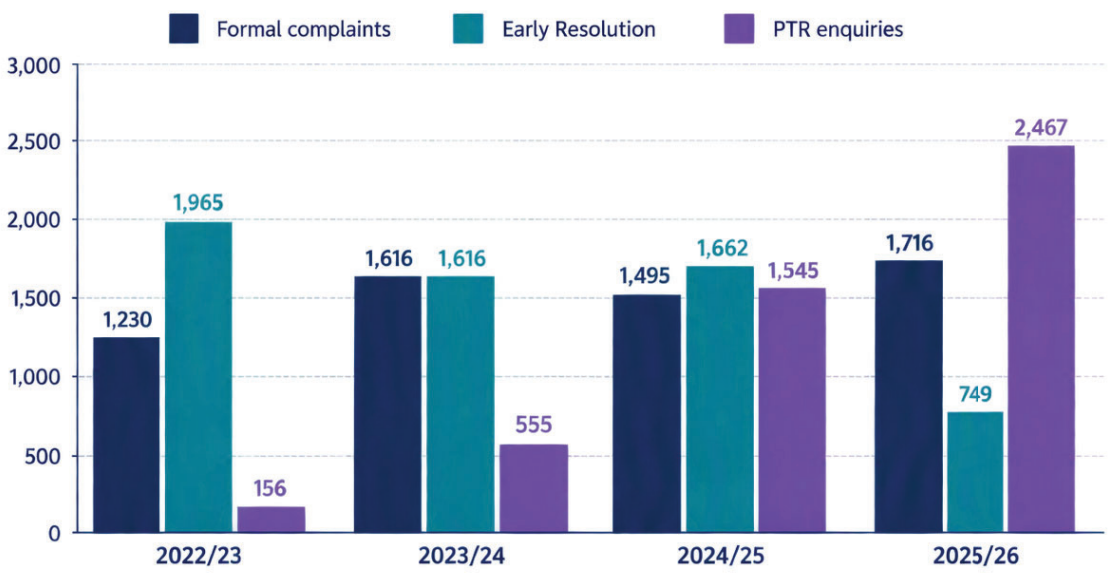
- Formal complaint compliance remained below 75%
- An overdue complaint backlog remained
- Workforce pressures affected operational resilience
- The measurable impact of learning was not consistently demonstrated

Overall position: priorities were substantially progressed, but sustained oversight remains necessary.

A significant volume of concerns, feedback and safety intelligence was managed during 2025/26



Overall demand continued to increase, but the composition of activity changed substantially



4,932
Total PTR team contacts in 2025/26

+230 contacts
compared with 2024/25

+4.9%
annual increase

Total activity was **47.2% higher** than in 2022/23.

Improved triage resulted in requests for information, clarification, signposting and assistance being recorded more accurately as enquiries rather than Early Resolution cases.

Clinical treatment, access and communication remained central themes within the concerns received

2,465
Concerns and complaints managed

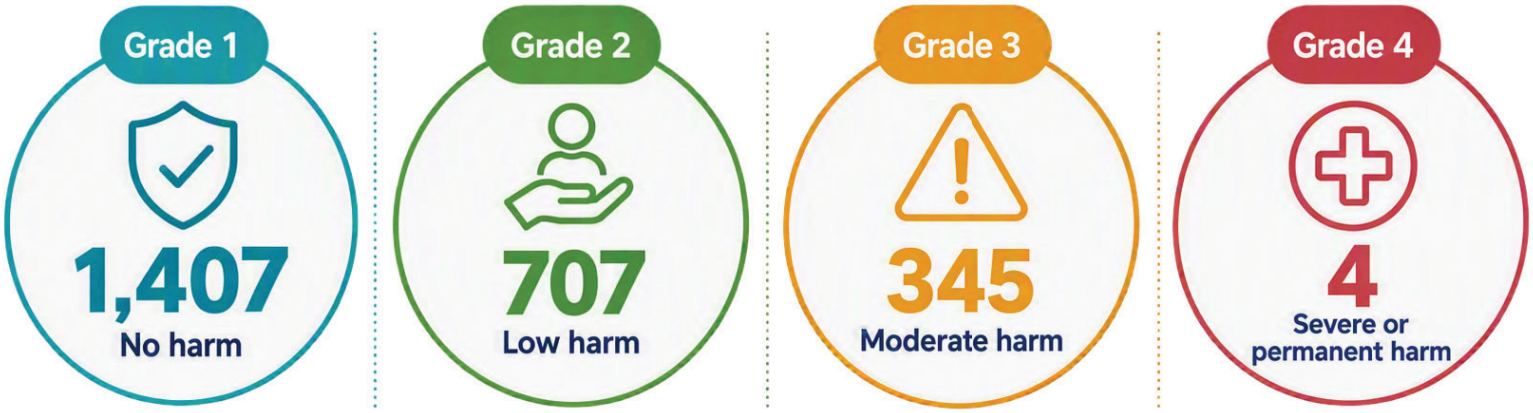
1,716
Formal complaints

749
Early Resolutions



These themes were identified across acute, community, mental health and primary care settings and reflected both service pressures and patient experience challenges.

Most concerns were initially graded as no or low harm



Initial grading is based on the information available when a concern is received. It supports proportionate triage and investigation.
Grading remains under review and does not predetermine the final finding, actual harm or qualifying liability.

A small proportion of concerns were found to involve a breach of duty

87
concerns

3.53% of 2,465 concerns received

68
Regulation 24 responses

Breach identified, but no qualifying liability

5
Regulation 24 responses

Potential claim value exceeded the scope of redress

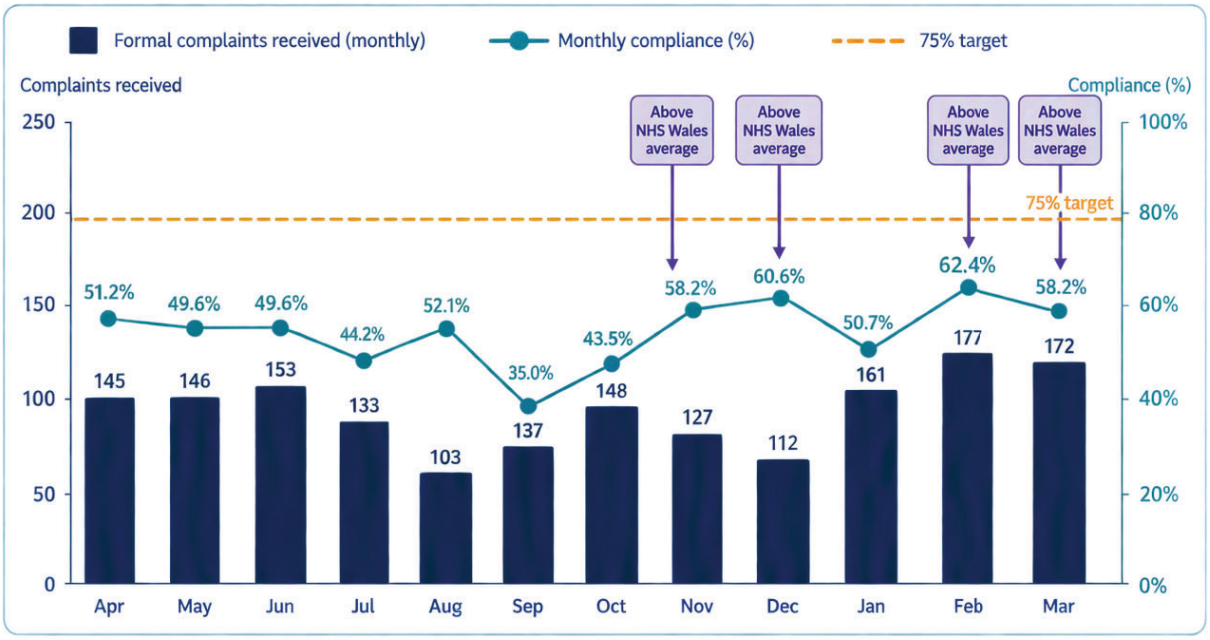
14
Regulation 33 responses

Qualifying liability identified

These cases generally involved allegations of harm, significant distress or complex clinical issues and required more detailed investigation.

Legal Services supported cases requiring redress, legal consideration or independent clinical consideration.

Formal complaint compliance improved comparatively but remained below the 75% target



Performance improved comparatively during the latter part of the year.

Targeted monitoring, review of approaching deadlines, closer divisional engagement and additional PTR and Quality and Patient Safety support contributed to improvement.

Overdue formal complaints 2025/26

258
overdue complaints

at the end of **2025/26**

from a peak of
324 in September 2025

No cases older than
365
working days

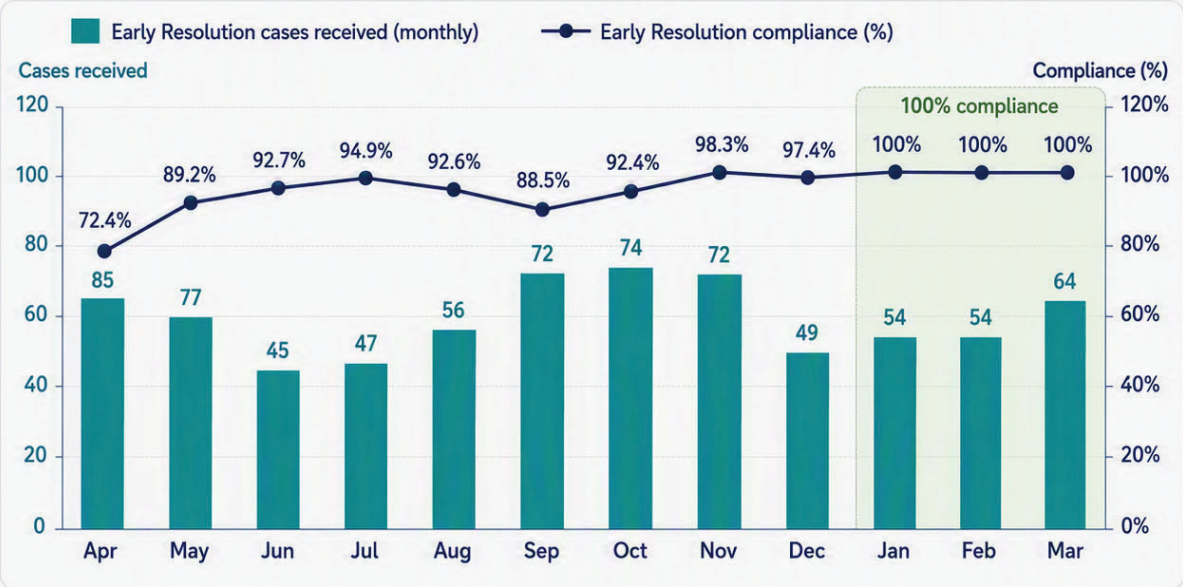
Progress achieved

- Stronger monitoring of approaching or overdue cases.
- Closer engagement with divisions.
- Standard response templates.
- Clearer expectation-setting.
- Tailored training.
- Additional drafting support.

Continuing challenge

- Formal compliance remained below the 75% target.
- Complaint volumes.
- Winter pressures.
- Complex investigations.
- Workforce capacity.
- A remaining backlog entered 2026/27.

Early Resolution compliance improved consistently and reached 100% in the final quarter



Improved triage distinguished substantive concerns from requests for information or assistance.

Regular review of open cases helped prevent drift beyond the Early Resolution timeframe.

Closer engagement between PTR, Quality and Patient Safety and divisional teams supported improvement.

Sustained performance depends upon clinical and operational teams providing information within short timescales.

PALS managed sustained demand while preventing almost all contacts from entering the formal complaints process

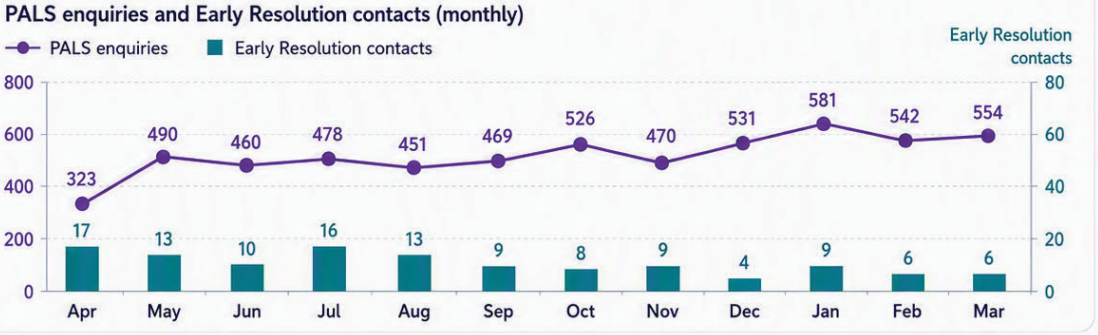
5,875 Enquiries

120 Early Resolution contacts

1 Escalated to formal PTR

581 Peak monthly enquiries

PALS enquiries and Early Resolution contacts (monthly)



1 contact was escalated to formal PTR during the year.

This represents a very small proportion of all PALS enquiries and demonstrates PALS' effectiveness in resolving or signposting concerns before they become formal complaints.

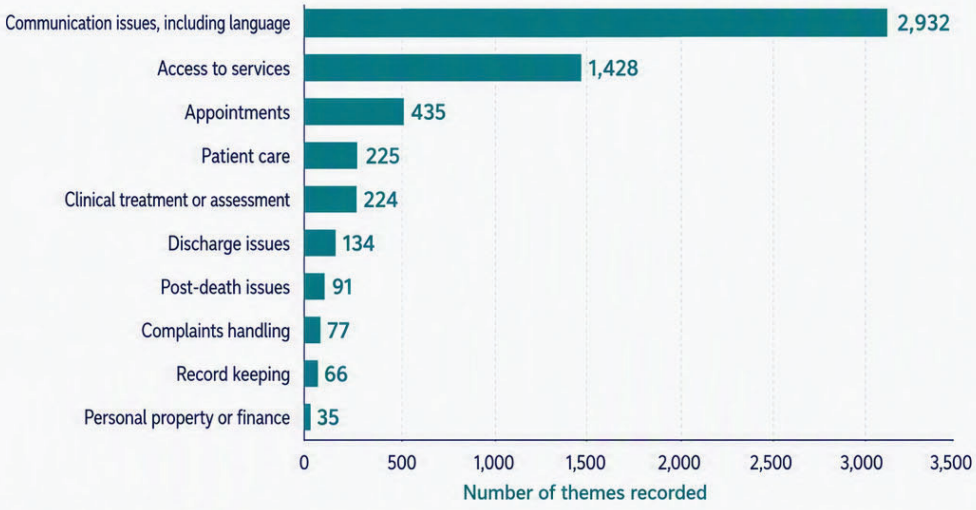
How PALS supports patients, families and carers

- Responding to questions
- Helping people obtain information
- Facilitating communication with services
- Supporting prompt resolution while care was ongoing
- Directing people to the most appropriate route

Communication and access accounted for most themes recorded by PALS

Communication and access represented approximately **77%** of the **5,647** themes recorded.

PALS themes recorded (by category)



How PALS themes make a difference

- Timely and accessible information
- Effective signposting and navigation
- Advocacy between people and services
- Appropriate escalation of concerns about care or treatment

Themes are recorded at the time of contact and may include more than one issue within a single enquiry. Totals may therefore exceed the number of enquiries.

PALS support ranged from practical assistance to sustained advocacy across care pathways

1 Difficult diagnosis



Need Support during investigation and communication of a significant diagnosis

Action PALS attended appointments and supported communication

Continuity of support for the patient and reduced pressure on clinical staff

2 Delayed procedure



Need Prolonged waiting for a procedure affecting quality of life

Action Sustained advocacy and discussion through multidisciplinary arrangements

The patient's circumstances remained visible to the clinical team and surgery was subsequently completed

3 Urgent access



Need Significant symptoms following departure from the Emergency Department

Action PALS contacted the general practice and requested urgent triage

A same-day pathway back into hospital was arranged

4 Continuity across care settings



Need A proposed transfer would have made family visiting difficult

Action PALS supported discussion with clinical teams

An alternative transfer location was agreed

Participation remained strong and satisfaction was stable as the reach of feedback expanded

28,208 total responses

86% to 88% monthly satisfaction

86% year-end overall score

2,614 responses in March 2026



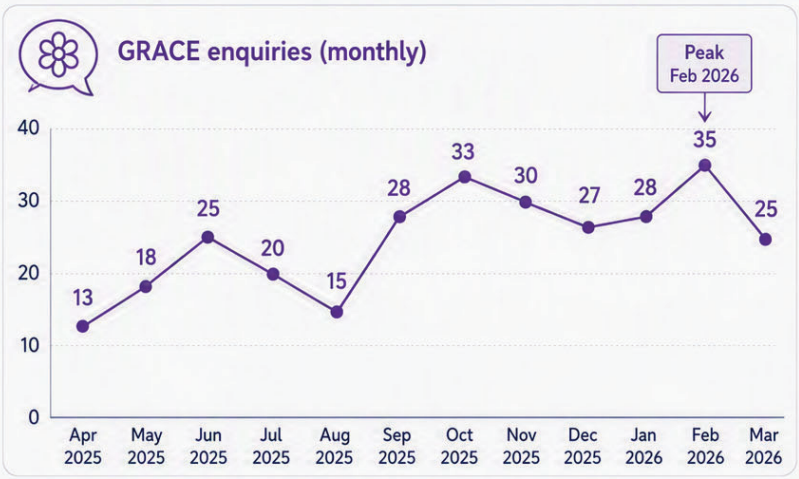
1 May 2025
Transition to the national People's Experience Survey

2 September 2025
Text invitations extended to maternity and neonatal services

3 February 2026
Text invitations introduced for people who had received cancer treatment

Positive feedback recognised compassion, support and professional care. Improvement themes included waiting, comfort and occasions where people felt unsupported or not listened to.

GRACE provided compassionate support, explanation and an alternative route to formal complaint



297
GRACE enquiries

143
GRACE's Place attendances

More than 100
Bereaved relatives receiving individual support

136
Staff attending grief awareness sessions

6
Grief awareness sessions

1. Compassionate listening and practical guidance
2. Facilitated discussion with clinical teams
3. Feedback on agreed actions and learning

GRACE's Place support was available across all five boroughs.

GRACE helped bereaved families obtain answers, assurance and evidence of learning

Concern without formal complaint

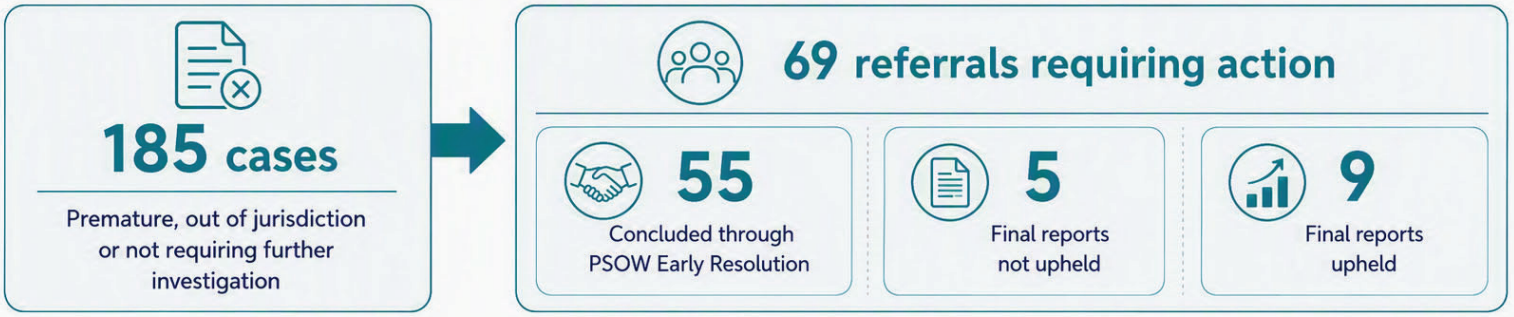
1. A bereaved relative wished to raise concerns and ensure learning occurred but did not wish to make a formal complaint.
2. GRACE listened to the relative's account.
3. A discussion with the ward manager was facilitated and agreed actions were identified.
4. Actions were shared with the relative and a follow-up meeting checked that the actions had been implemented.

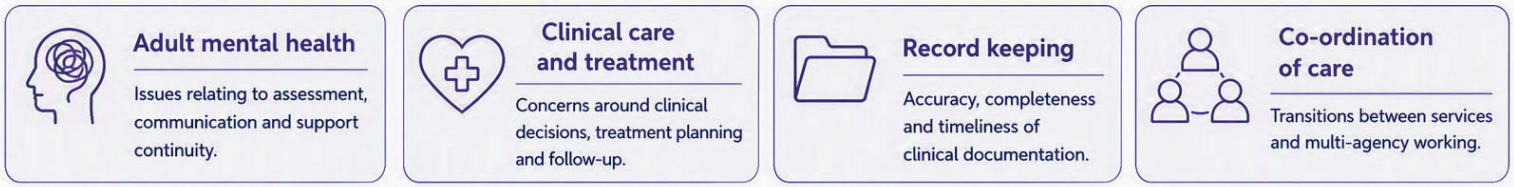
Outcome: the relative was satisfied that the required learning had taken place.

Questions and closure

1. A bereaved relative was satisfied with the care provided but had questions about diagnosis and care.
2. GRACE arranged a meeting with the consultant and senior nurse.
3. Questions could be discussed directly with the clinical team.
4. Ongoing emotional support and access to GRACE's Place were offered.

Most Ombudsman contacts did not progress to an upheld formal report





Learning from Ombudsman cases was triangulated with complaints, incidents and redress and reviewed through divisional assurance and the Quality Management System.

The report identifies a continued reduction in progression to full investigation while recognising that a range of factors may contribute.

Safety and redress intelligence strengthened the wider picture of harm, learning and organisational response

Patient safety incidents

33,380
incidents

99.4%
no harm or low harm following investigation

1	Pressure damage	26.9%
2	Behavioural incidents	17.0%
3	Accident and injury, including falls	15.0%
4	Medication errors	6.7%
5	Assessment, investigation and diagnosis	5.8%

223 pressure damage incidents, 2.4%, were determined to be avoidable.

Redress

48
cases opened for consideration

- New referral form
- Training and guidance
- Standard Operating Procedure
- Dedicated team and administrator
- Dedicated mailbox
- Refreshed intranet resources

Cases were returned where investigation or evidence of learning was insufficient.

Safeguarding

- Early recognition of potential harm
- Timely referral
- Effective information sharing
- Appropriate escalation
- Concerns processes managed without compromising safeguarding, criminal or other statutory enquiries

Duty of Candour

106 initiated incidents

59	26	21
confirmed as meeting the statutory threshold	downgraded to low or no harm	remained under investigation

Independent contractors: 8 cases

4	3	1
confirmed	downgraded	under investigation

Duty of Candour was initiated in 106 cases during 2025/26

Events occurred across all main service areas, with clinical assessment and treatment issues accounting for the largest recorded categories.

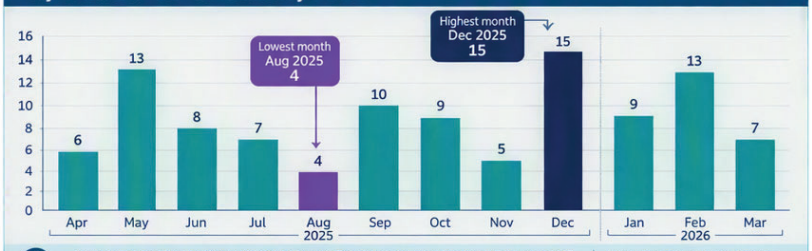
Duty of Candour initiated
106
Duty of Candour cases recorded during 2025/26

Average per month
8.8
Average number of cases initiated each month

Peak month
15
December 2025

Training compliance
81.5%
9,523 of 11,691 staff requiring training recorded as trained

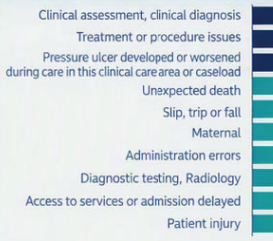
Duty of Candour events initiated by month



Monthly activity fluctuated between 4 and 15 cases. The highest recorded month was December 2025, with further higher activity in May 2025 and February 2026.

Month is based on the date the NHS body first became aware that Duty of Candour had been triggered.

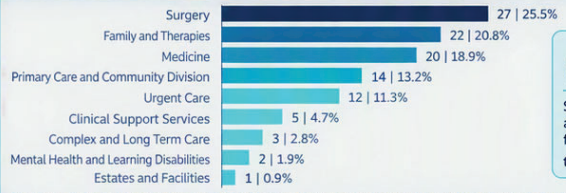
Ten most frequently recorded incident categories



48 cases

The three most frequently recorded categories accounted for **45.3%** of all Duty of Candour cases.

Duty of Candour events by division



69 cases

Surgery, Family and Therapies, and Medicine together accounted for 69 of the 106 cases, equivalent to **65.1%**.

Counts are not adjusted for service size, clinical activity, case mix or reporting practice and should not be interpreted as a divisional safety ranking.

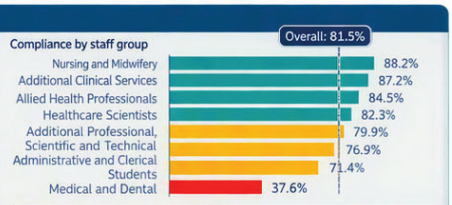
Duty of Candour training compliance



9,523 trained
2,168 outstanding
11,691 staff requiring training

Staff marked 'Not Required' are excluded from the compliance denominator.

Compliance by staff group



Medical and Dental recorded the largest outstanding cohort: **558 staff.**

Nursing and Midwifery Registered recorded the largest training denominator and 88.2% compliance

Source: Duty of Candour case workbook and Duty of Candour training Compliance Summary. Incident analysis uses 106 unique case identifiers and the date the NHS body first became aware that Duty of Candour had been triggered.
Percentages may not total 100% due to rounding. Staff recorded as "Not Required" assignments are excluded from the denominator.

Duty of Candour was initiated in **106 cases** during 2025/26. Events were recorded across **all nine listed divisions**, with clinical assessment, treatment and pressure damage categories most prominent. Overall training compliance was **81.5%**, although marked variation between staff groups indicates that targeted improvement remains necessary.

Learning from Duty of Candour incidents identified recurring system priorities

Analysis of records containing substantive recommendations shows that improvement most often focused on clinical recognition, staff capability, documentation, governance and reliable care pathways.

Where substantive recommendations were most frequently focused



Themes overlap
One recommendation may address several aspects of care or service delivery.

Percentages show the proportion of records with substantive recommendations in which each theme was identified. Recommendations could contribute to more than one theme.

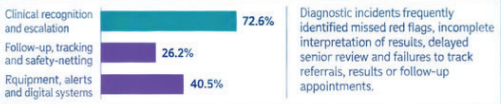
Central learning



The recurring weakness was not confined to a single stage of care. Important findings, decisions or treatment requirements were sometimes not reliably carried through the complete pathway.

Safer systems require closed-loop processes.
The required action is assigned, acknowledged, completed and checked, with overdue steps escalated.

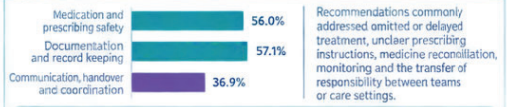
Assessment, diagnosis and follow-up



Diagnostic incidents frequently identified missed red flags, incomplete interpretation of results, delayed senior review and failures to track referrals, results or follow-up appointments.

Clinical intention must reliably lead to completed action.

Medication and treatment safety



Recommendations commonly addressed omitted or delayed treatment, unclaer prescribing instructions, medicine reconciliation, monitoring and the transfer of responsibility between teams or care settings.

Time-critical decisions must be explicit, communicated and verified.

Pressure damage and individualised care



Learning focused on accurate risk assessment, skin inspection, repositioning, pressure-relieving equipment, wound documentation, timely specialist referral and discussion with patients and families.

Risk assessments must translate into consistent care at the bedside.

Different settings showed different concentrations of learning

Surgical services
Recommendations placed greatest emphasis on clinical recognition, pathway compliance, follow-up, procedural assurance and governance.

Family and Therapies
Learning particularly emphasised training, documentation, clinical escalation, fetal or neonatal surveillance and multidisciplinary planning.

Medical services
Recommendations frequently connected clinical recognition and medication safety with workload, capacity, senior oversight and operational flow.

Primary and community care
Learning focused on documentation, pressure damage prevention, referral accuracy, communication across services and formal quality assurance.

Urgent care
Recommendations emphasised triage, recognition of deterioration, pre-alerts, senior review, safe placement and communication during operational pressure.

Differences reflect service context, incident type and the maturity of individual investigations. They should not be interpreted as a divisional or site safety ranking.

Learning provides assurance only when improvement can be demonstrated



Evidence of implementation and sustained effect are described across the records

Governance priority
Standardise action plans so that every recommendation has a responsible owner, completion date, measurable outcome and evidence that the change has been embedded.

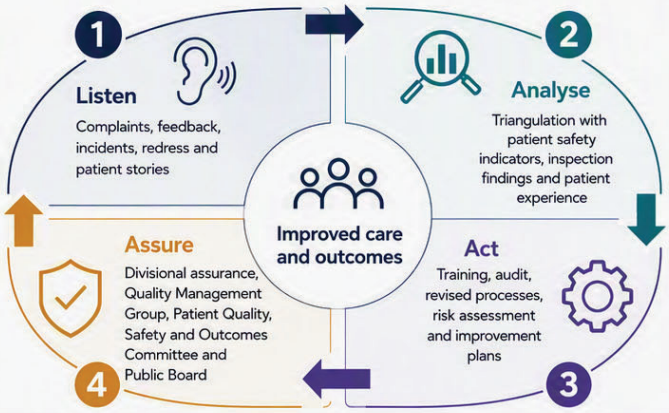
Training and reminders should be accompanied by competency assessment, audit or outcome monitoring where appropriate.

Analysis includes only records containing substantive recommendations. Themes were coded from the management actions, recommendations and lessons learned. Therefore not total 100%. Assurance is based on the evidence of completed actions.

Substantive recommendations demonstrate **broad organisational learning**, with the strongest emphasis on clinical recognition, staff capability, documentation, governance and **reliable pathways**. Partial assurance remains because evidence that actions were **implemented, sustained and reduced recurrence** was not recorded consistently.

The Health Board strengthened its learning system, with three priorities identified for 2026/27

- **Listening and Learning Framework**
- **Learning Repository**
- **Patient Quality and Safety Learning and Improvement Forum**
- **Qlik business intelligence**



Learning from Events

Learning from Events governance strengthened through a corporate Standard Operating Procedure, divisional improvement plans, central monitoring and structured escalation.

1 Embed Listening to People

- Update policies, procedures, communications and training
- Embed proportionate triage and meaningful listening discussions
- Review variation and implementation issues

2 Review the service model

- Assess structure, workforce, responsibilities and workload
- Clarify relationships between Listening to People, PALS, Quality and Patient Safety and divisional services
- Align resources with activity and complexity

3 Improve complaint quality and compliance

- Improve timeliness
- Reduce overdue cases
- Strengthen investigation quality
- Ensure responses are open, balanced, compassionate and accessible

Statutory arrangements remained in place and governance, Early Resolution, redress and learning arrangements strengthened during 2025/26. Continued oversight is required to improve formal complaint compliance, embed consistent Duty of Candour practice and demonstrate measurable and sustained improvement.

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:**	Public Services Ombudsman for Wales (PSOW) Annual Letter
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jennifer Winslade (Executive Director of Nursing)
SWYDDOG ADRODD: **REPORTING OFFICER:**	Tracey Partridge-Wilson (Deputy Director of Nursing) Gemma Couch (Head of Quality Patient Safety)

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

Er Sicrwydd/For Assurance

The Board is asked to receive the Public Services Ombudsman for Wales (PSOW) Annual Letter 2025/26, note the Health Board's performance and learning, and take assurance from the actions being progressed in response.

The Annual Letter has been reviewed by the Quality Management Group and Executive Committee. Progress will be monitored through established divisional, Executive and Board-level governance arrangements.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Public Services Ombudsman for Wales Annual Letter 2025/26 shows improvement in complaint handling, a lower Ombudsman intervention rate, fewer upheld complaints and improved compliance with recommendations. The Board is asked to take assurance from the actions underway, while noting that statutory response timescales, overdue cases and consistent delivery of recommendations require continued focus.



Cefndir / Background

In 2025/26 ABUHB received 2,465 concerns and complaints, comprising 1,716 formal complaints and 749 Early Resolutions. A total of 263 concerns were raised to the Ombudsman during the same period; this represents 0.44 Ombudsman concerns per 1,000 residents (all Wales average was also 0.44 per 1,000 residents).

The concerns team also managed 2,467 enquiries, while the Patient Advice and Liaison Service responded to 5,875 enquiries. The most common themes were clinical treatment and assessment, access to services, communication, discharge planning, and staff attitude or behaviour.

Performance improved across the Ombudsman measures. The proportion of cases resulting in Ombudsman intervention fell from 37% in 2023/24 to 28% in 2024/25 and 25% in 2025/26. The proportion of upheld complaints decreased from 12.3% in 2023/24 to 2.8% in 2024/25 and 2.7% in 2025/26. Compliance with Ombudsman recommendations completed within agreed timescales also increased, from 60% in 2024/25 to 70% in 2025/26. These trends reflect stronger complaint handling, improved investigation quality and support for earlier local resolution. However, further improvement is required to ensure recommendations are delivered consistently and at the earliest opportunity.

The Health Board welcomes the Ombudsman's revised approach under which a reasonable extension requested on or before the original deadline, and subsequently achieved, will be recorded as compliant within timescale. Enhanced monitoring is in place through improved oversight of deadlines, earlier escalation of delivery risks and regular review through divisional and corporate governance processes.

Learning from Ombudsman investigations is considered through the Patient Quality and Safety Learning and Improvement Forum and reported through the Quality Management Group and Executive Committee. Alongside information from complaints, patient safety incidents, Duty of Candour cases, redress activity and patient experience feedback, it helps identify recurring themes and wider system risks and informs further review, improvement action and escalation where required.

Learning arising during 2025/26 most frequently related to adult mental health services, clinical care and treatment, record keeping, and coordination of care.
The Quality Annual Report 2025/26 was ratified by the Public Board on 28 September 2026, and the Putting Things Right Annual Report is scheduled for consideration on 18 November 2026. Copies will be provided to the Ombudsman as requested.

Asesiad / Assessment



The Annual Letter provides positive evidence of improvement while identifying areas requiring continued focus. The reduction in Ombudsman interventions and improved compliance with recommendations reflect sustained work to strengthen complaint handling, investigation quality and earlier local resolution. However, statutory response timescales, overdue cases and the consistent delivery of recommendations remain priorities.

- Preparation for the amended Concerns, Complaints and Redress Regulations and Listening to People included revised policies, guidance, digital systems, communications, workforce training and assurance arrangements.
- Investigating Officer training has been refreshed to cover compassionate engagement, effective listening, proportionate investigation and organisational learning, with dedicated sessions for concerns staff and operational services. Training effectiveness and compliance will continue to be monitored through established governance arrangements, with regular updates as implementation matures.
- Enhanced triage, early engagement, weekly multidisciplinary case reviews, strategy meetings for complex cases and clearer case ownership have strengthened communication and investigation quality.
- Since 1 April 2026, the "Listen and Act" and "Investigate, Respond and Learn" pathways have supported listening discussions, timely acknowledgement and early resolution where appropriate.
- During 2026/27, the Health Board will complete a documented review of the relevant public interest and own initiative reports highlighted in the Annual Letter, covering waiting list management, prescribing, communication, urgent cancer pathways, ophthalmology, investigation quality and Duty of Candour. The review will record the assurance considered, gaps identified, required actions, responsible leads and intended completion dates. Outcomes will be reported through the Quality Management Group, with escalation where further oversight or action is required.
- Quarterly liaison meetings with the Ombudsman's office continue to support discussion of emerging themes, shared learning and constructive working relationships.

Priorities for 2026/27 are to:

- Embed Listening to People across all services.
- Complete the review of the concerns management operating model.
- Improve statutory response timescales and reduce overdue concerns.
- Strengthen oversight and timely delivery of Ombudsman recommendations.
- Improve the quality, consistency and organisational learning from investigations.
- Align learning across complaints, Duty of Candour, patient safety, patient experience and redress.

A measurable improvement action plan will support delivery of these priorities. It will assign each action to an accountable executive lead and specify milestones, target completion dates, outcome measures and escalation arrangements. Progress, exceptions and delivery risks will be reviewed through divisional



governance, the Quality Management Group, Executive Committee and the appropriate Board committee. Progress will be monitored through divisional, Executive and Board-level governance arrangements.

Argymhelliad / Recommendation

The Board is asked to:

- Receive and note the Public Services Ombudsman for Wales Annual Letter 2025/26 and the Health Board's performance.
- Take reasonable assurance from the improvements in complaint handling, investigation, learning and oversight described in this report, while noting the areas requiring continued improvement.
- Support the proposed priorities for 2026/27 and the measurable improvement action plan, with accountable executive leads, milestones, target completion dates, outcome measures and escalation arrangements.
- Note that the Ombudsman will be provided with the requested annual reports and informed of the outcome of the Board's consideration and resulting action plan

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	CRR 002, Learning from Incidents and Concerns. Current risk score: 12 (High)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.2 Communicating Effectively 3.3 Quality Improvement, Research and Innovation 6.3 Listening and Learning from Feedback 4.2 Patient Information
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Quality, patient safety and experience: strengthening listening, learning, complaint handling and organisational improvement.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows that service uptake is lower or outcomes are worse.



Strategic Equality Objectives 2020-24	

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	PSOW Annual Letter 2025/26; Health Board concerns management and Listening to People performance data for 2025/26; Quality Annual Report 2025/26; Putting Things Right Annual Report 2025/26; PSOW improvement action plan for 2026/27.
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/	Choose an item. Choose an item.

Ombwdsmon
Ombudsman
Cymru · Wales

Ask for: Complaints Standards
01656 641150
Caseinfo@ombudsman.wales

Date: 17 September 2026

Councillor Andrew Morgan OBE
Chair
Aneurin Bevan University Health Board

By email only
andrew.morgan2@rctcbc.gov.uk

Dear Councillor Morgan OBE

Annual Letter 2025-26

Our role

As the Public Services Ombudsman for Wales, we independently consider complaints about public services and investigate alleged breaches of the councillor Code of Conduct. We also set complaints handling standards for public bodies, drive continuous learning from complaints and undertake investigations into public services on our own initiative.

Purpose of this Annual Letter

This letter provides an update on our work for this period, and highlights key trends in Welsh health and public service complaints. It details performance specific to your organisation and outlines the positive actions we would like you to take.

Overview - a record-breaking year

This letter, as always, coincides with the publication of our Annual Report, which holds special significance this year as we mark our 20th anniversary. We closed our busiest year on record where the office received 4,507 duly made complaints across its public services and Code of Conduct remits — 27% more than last year, 47% more than 3 years ago, and 3 times as many as 20 years ago.

To meet this demand, we closed a record number of complaints, 29% more than last year and 43% more compared with 3 years ago. We intervened in 568 of complaints that we closed.

ombwdsmon.cymru
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
Rydym yn hapus i dderbyn ac ymateb i ohebiaeth yn y Gymraeg.

ombudsman.wales
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
We are happy to accept and respond to correspondence in Welsh.

Finding swift resolutions to complaints, where possible, remains important to us and benefits all parties involved. This year, 85% of our interventions included an element of Early Resolution, a process we hope has proved valuable to both your organisation and to complainants.

Despite the increased volume of cases, our case handling times remained efficient. Initial assessments and Early Resolutions were completed within 4 weeks - well ahead of our 6 week target. Additionally we maintained a downward trend in our average investigation time which was 54 weeks this year from 64 weeks in 2023-24.

Overview of health board complaints

During 2025-26, we received 1,351 complaints about health boards marking a significant 42% increase from the previous year. Clinical treatment in hospitals remains the most frequent source of concern. Additionally, complaint handling accounted for approximately 14% of complaints. While this represents a positive decline from 18% 2 years ago, specific concerns in this area are detailed below.

We intervened in 22% of health board complaints that we closed – compared to 27% last year.

Performance specific to your organisation

During 2025-26, we received 263 complaints about your organisation and closed 254 complaints (some of which may have been carried over from the previous year).

We intervened in 25% of the complaints we closed about your organisation.

We made 175 new recommendations to your organisation in the cases closed this year.

There were 142 recommendations that fell due during this period. Your organisation complied with 70% of these within the agreed timescales.

Detailed data on the complaints we handled about your organisation in this period can be found in the appendices below.

Improving compliance with our recommendations

We always take time to ensure that recommendations and timescales are agreed with public bodies before finalising them. Therefore we expect agreed deadlines to be met. Timely compliance is not, however, as high as it should be; with only 69% of our recommendations across Wales complied with on time as at 31 March 2026.

Promptly delivering agreements to resolve injustice or hardship for individuals, and implementing systemic learning on time, is vital to build and maintain public trust in both our office and your organisation.

We recognise that unexpected challenges arise that make deadlines difficult to meet. In response to feedback from public bodies, we have adapted our approach moving forward: if you request a reasonable extension on or before the original deadline, and you meet that new date, it will be recorded as complied with on time. We hope this is a welcome adjustment that will help demonstrate a more accurate compliance rate over the coming years.

Supporting improvement of public services – key themes and our own initiative work

When an investigation reveals serious systemic risks that may affect many individuals, or offer wider sector lessons, we publish a public interest report. We published 9 such reports during this period, the vast majority concerning health boards. If you have not already done so, I encourage you to read these reports for their valuable insights - here.

Tragically, we have seen some instances of both individual shortcomings and wider systemic failures causing injustice to citizens in Wales. Key themes in this period have included: poor waiting list management (including inappropriate removal of patients from waiting lists); poor prescribing practice failures where we have seen communication and process breakdown between medical and pharmacy teams; and delays and clinical failures in urgent cancer referrals and ophthalmology.

We have also seen concerning complaint handling failures. Some health board complaint investigations have shown a lack of curiosity, objectivity and rigour which are essential to robust and thorough complaint investigation. In addition, we have seen failures to remain open and transparent with service users who have experienced harm, falling short of duty of candour requirements.

I strongly encourage all health boards and trusts to read the 5 public interest reports and recommendations issued during this period, and to use these insights to proactively strengthen your own complaint handling practices where appropriate.

We continue to expand the use of our own initiative powers. These allow us to investigate emerging issues proactively, addressing administrative failings before they multiply.

This year we issued a follow up report on public bodies' compliance with our previously published report on carers. You will recall I shared my original report with you given your role in identifying, assessing and supporting carers, especially during hospital discharge, and working collaboratively with others as part of an integrated system. Our follow up report can be found here.

Ongoing own initiative investigations

As at March 2026, we were conducting a further 4 own initiative investigations which focus, among other things, on:

- potential maladministration and service failure in health care
- how social landlords deal with complaints about disrepair and damp and mould.

We expect to complete this work later in 2026, and will determine then if the findings warrant publication in the public interest.

Our Complaints Standards Work

By the end of March 2026, all local authorities, health boards and 21 housing associations in Wales were operating under our model complaints policy. During 2025-26, we initiated the transition for the remaining housing associations and we expect them to be fully compliant by the end of September 2026.

Organisations that are already compliant, or will be shortly, account for 85% of new complaints about public services which we receive.

Our free complaint handling training remains highly requested; we delivered 58 sessions to public bodies across Wales this year, bringing our total since 2020 to over 600 sessions and 10,000 participants.

More broadly we expect to publish the data on complaints handled by local authorities in Wales during 2024-25 and 2025-26 in the Autumn.

Action we would like your organisation to take

To build on findings from this period, can I ask that your organisation takes the following actions:

- Present this Annual Letter and associated data to the Board at the next available opportunity and notify me of the planned meeting dates.
- Review the data in this letter, alongside your own data to better understand your performance, identify trends, and review your compliance with recommendations made by my office.
- Read the reports highlighted in this letter to extract relevant learning for your own Authority.
- Provide my office with a copy of your Annual Report for 2025-26 on the Duty of Candour and Quality.

- Inform me of the outcome of your considerations and proposed action plan at the earliest opportunity.

I would like to thank you, and your officers, for your continued openness and engagement with my office.

Yours sincerely

Michelle Morris
Public Services Ombudsman

Cc. nicola.prygodzicz@wales.nhs.uk
samantha.hancox@wales.nhs.uk

Information Sheet

Glossary of terms a guide to some of the terms used within our Annual Letters and Appendices.

Appendix A shows the number of complaints we received for all health boards in 2025-26. These complaints are contextualised by the population of each authority.

Appendix B shows the categorisation of each complaint received, and what proportion of received complaints represents for the Health Board.

Appendix C shows intervention rates for all health boards in 2025-26. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution, or a voluntary settlement.

Appendix D shows outcomes of the complaints we closed for the Health Board in 2025-26. This table shows both the volume, and the proportion that each outcome represents for the Health Board.

Appendix E shows the compliance performance of each health board.

Annual Letters - Glossary of terms

Term	Definition
Complaints received	The number of duly made complaints we receive about a Public Body.
Duly made complaint	A complaint about public services is duly made when: • the organisation is within our jurisdiction and • the organisation has replied or had the opportunity to reply and • the events complained about happened less than a year ago, or the complainant became aware of them less than a year ago (unless there was a good reason the complainant could not complain sooner) and • the complainant is entitled to bring a complaint and • we have the details we need e.g. name, contact details, organisation being complained about, we can understand the complaint. A complaint about a local councillor is duly made when: • we have the details we need e.g. name and contact details of the complainant, the name of the councillor and the Local Authority they are a member of • we have a signed declaration from the complainant and any third parties whose evidence has been submitted.
Early Resolution	A matter which is closed without investigation because there is an obvious solution and the body agrees to carry out action to resolve the matter. The body must give us evidence that it has taken action within the timeframe agreed.
Intervention	Cases which we have closed and we have either: • Upheld the complaint after investigation. • Resolved the complaint by way of Voluntary Settlement. • Resolved the complaint by way of Early resolution.

Voluntary Settlement	A matter which has progressed to investigation stage but closed without the investigation being completed because we agree that action which the body has voluntarily suggested it will take is appropriate to resolve the matter. The body must give us evidence that it has taken action within the timeframe agreed.
Uphold	A matter we have closed after investigation and where we found that something went wrong.
% of interventions	The number of public service complaints we closed that involved Early Resolution/Voluntary Settlement and those which we upheld following an investigation, divided by the total number of duly made public service complaints we closed in the reporting period.
Upheld %	The proportion of the complaints in which we intervened that we upheld in the reporting period, shown as a percentage.
Cases Closed	The number of complaints we closed during the reporting period. This may be different from the number we received because there may be some complaints we received in the previous reporting period but which we closed in this reporting period.
Recommendation	These are actions which we ask bodies to take within agreed timescales when we find something has gone wrong. These may be actions to help the individual complainant or systemic actions to help improve services for all service users. We can make recommendations as part of an Early Resolution, Voluntary Settlement or when upholding a complaint following investigation. When we make recommendations, organisations must provide evidence to us that they have complied.
Recommendations made	The number of recommendations we made to bodies during the reporting period. (1 April 2025 to 31 March 2026)
Recommendations falling due	The number of recommendations which needed to be complied with within the reporting period (1 April 2025 to 31 March 2026). Some recommendations will have been made in the previous reporting period but fell due within this reporting period.

Recommendations complied with in line with agreed target date %	The number of recommendations which were complied with by the agreed timescale as set out in Early Resolution, Voluntary Settlement or Investigation report (applicable for those falling due in 2025-26).
Population	Population is included to provide context, based upon the size of an organisation. However, it is recognised that complaints can be made by people who are not included in the population figure, for example, residents from outside the health board or local authority area, or non-contract holders. • For **local authorities**, population refers to the estimated total number of people living in the local authority area. The figures are taken from the StatsWales.[1] • For **housing associations**, population refers to the total stock at social rent, shown in units. This includes general needs stock, sheltered stock, other supported stock and extra care stock with non self-contained bedsits, hostels and shared housing. This figure is taken from StatsWales.[2] • For **health boards**, population refers to the estimated total number of people living in the health board area. The figures are taken from StatsWales.[3]

[1] Population estimates by local authority, year, sex and age | StatsWales
[2] Social landlord housing stock, including social and non social housing | StatsWales
[3] Population estimates by local health boards, year, sex and age | StatsWales

Appendix A – Complaints received (overview)

Health Board	Complaints Received	Population	Received per 1,000 residents
Aneurin Bevan University Health Board	263	601,686	0.44
Betsi Cadwaladr University Health Board	283	697,115	0.41
Cardiff and Vale University Health Board	230	519,662	0.44
Cwm Taf Morgannwg University Health Board	173	449,346	0.39
Hywel Dda University Health Board	172	389,160	0.44
Powys Teaching Health Board	31	135,059	0.23
Swansea Bay University Health Board	199	394,553	0.50
Welsh Ambulance Services University NHS Trust	37	-	-
Total	**1388**	**3,186,581**	**0.44**

Appendix B – Complaints received (by organisation)

Aneurin Bevan University Health Board	Complaints Received	% share
Admissions/discharge and transfer procedures	4	2%
Adult Mental Health	23	9%
Ambulance Services	0	
Appointment procedures (including outpatients)	10	4%
Care Homes	0	
Child and Adolescent Mental Health	6	2%
Clinical treatment in hospital	119	45%
Clinical treatment outside hospital; Dentist	1	0%
Clinical treatment outside hospital; GP	2	1%
Clinical treatment outside hospital; Other	5	2%
Clinical treatment outside hospital; Physiotherapist	0	
Complaints Handling	0	
Confidentiality	0	
Continuing care	7	3%
De-Registration	0	
Disclosure of personal information / data loss	1	0%
Finance and Taxation	0	
Funding	1	0%
Gender Identity Funding	0	
Health	49	19%
Housing	0	
Independent Health Care providers	0	
Medical records/standards of record-keeping	4	2%
Medication; Prescription dispensing	3	1%
Non-medical services	1	0%
Nosocomial (Framework)	0	
Other	7	3%
Other miscellaneous	4	2%
Out of Hours GP care	0	
Patient list issues	5	2%
Poor/No communication or failure to provide information	0	
Prisoner Care	1	0%
Recruitment and appointment procedures	0	
Referral to treatment time	5	2%
Rudeness/inconsiderate behaviour/staff attitude	4	2%
Services for vulnerable adults (eg with learning difficulties. or with mental health issues)	0	
Various Other	0	
Whistle-blowing	1	0%
Total	**263**	

Appendix C – Cases with PSOW intervention (overview)

Health Board	No. of interventions	No. of closures	% of interventions
Aneurin Bevan University Health Board	64	254	25%
Betsi Cadwaladr University Health Board	57	272	21%
Cardiff and Vale University Health Board	38	216	18%
Cwm Taf Morgannwg University Health Board	32	172	19%
Hywel Dda University Health Board	43	160	27%
Powys Teaching Health Board	7	28	25%
Swansea Bay University Health Board	49	195	25%
Welsh Ambulance Services University NHS Trust	8	36	22%
Total	**298**	**1333**	**22%**

Appendix D – Complaint outcomes (by organisation)

Aneurin Bevan University Health Board		% Share
Complaint investigation discontinued (with early resolution at assessment stages)	0	
Complaint investigation discontinued (without settlement)	0	
Decision not to investigate complaint	97	38%
Early resolution	55	22%
Matter out of jurisdiction	54	21%
Non-public interest report issued: complaint not upheld	5	2%
Non-public interest report issued: complaint not upheld with early resolution at assessment stage	0	
Non-public interest report issued: complaint upheld	7	3%
Non-public interest report issued: complaint upheld with early resolution at assessment stage	2	1%
Premature	34	13%
Public interest report issued: complaint upheld	0	
Public Interest report issued: complaint upheld with early resolution at assessment stage	0	
Special Interest Report	0	
Voluntary settlement	0	
Total	**254**	

Appendix E – Compliance performance comparison

Health Board	Number of recommendations made on complaints closed in 2025-26	Number of recommendations falling due in 2025-26	% of recommendations, complied with in line with agreed target date
Aneurin Bevan University Health Board	175	142	70%
Betsi Cadwaladr University Health Board	157	137	61%
Cardiff and Vale University Health Board	86	92	71%
Cwm Taf Morgannwg University Health Board	94	93	72%
Hywel Dda University Health Board	118	118	81%
Powys Teaching Health Board	9	10	70%
Swansea Bay University Health Board	143	144	60%
Welsh Ambulance Services University NHS Trust	23	36	83%

Andrew Morgan OBE
Cadeirydd | Chair
01633 435 957
Andrew.Morgan13@wales.nhs.uk

Nicola Prygodzicz
Prif Weithredwr | Chief Executive
01633 435 958 / CEOabuhb
Nicola.Prygodzicz@wales.nhs.uk

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

Wednesday, 4 November 2026

Ms Michelle Morris
Public Services Ombudsman for Wales
1 Fford yr Hen Gae
Pencoed
CF35 5LJ

Sent by email: caseinfo@ombudsman.wales

Dear Ms Morris

Re: Annual Letter 2025/26

Thank you for your Annual Letter dated 17 September 2026.

The Health Board welcomes the Annual Letter and the opportunity it provides to reflect on organisational performance, learning and improvement. The information below sets out the Health Board's consideration of the matters raised and the actions being undertaken in response.

1. **Present my Annual Letter to the Board at the next available opportunity and notify me of when these meetings will take place.**

The Annual Letter will be presented to the Board on 18 November 2026.

In addition, the Annual Letter will be considered through the Health Board's established quality governance arrangements, including the Quality Management Group and Executive Committee. This will provide scrutiny of performance and organisational learning, confirm the actions required in response to the findings, and enable delivery risks or areas requiring further assurance to be escalated through the appropriate governance route.

2. **Review the data in this letter, alongside your own data, to better understand your performance, identify trends, and review your compliance with recommendations made by my office.**

The Health Board has reviewed the information contained within the Annual Letter alongside its own concerns management and Listening to People performance data for 2025/26.

During the year, the Health Board managed 2,465 concerns and complaints, comprising 1,716 formal complaints and 749 Early Resolutions. In addition, the concerns team managed 2,467 enquiries, while the Patient Advice and Liaison Service responded to 5,875 enquiries. The most common themes identified within the concerns raised related to clinical treatment and assessment, access to services, communication, discharge planning and staff attitude or behaviour.

The Health Board notes that the proportion of cases resulting in Ombudsman intervention reduced from 37% in 2023/24, 28% in 2024/25 to 25% in 2025/26. The percentage of upheld complaints has also shown progress from 12.3% in 2023/24, 2.8% in 2024/25 and 2.7% in 2025/26. This positive trend reflects sustained efforts to strengthen complaint handling, improved investigation quality and support for earlier local resolution wherever possible. Compliance with Ombudsman recommendations completed within agreed timescales also improved, increasing from 60% in 2024/25 to 70% in 2025/26. While this progress is encouraging, further improvement is required to ensure recommendations are delivered consistently and at the earliest opportunity.

The Health Board welcomes the Ombudsman's revised approach whereby a reasonable extension requested on or before the original deadline, and subsequently achieved, will be recorded as compliant within timescale. This approach provides a more accurate reflection of organisational performance whilst maintaining accountability for the timely implementation of improvements.

To strengthen compliance further, the Health Board has established enhanced monitoring arrangements. These include improved oversight of the deliverability of recommendations and proposed deadlines, earlier escalation of delivery risks, and regular review through divisional and corporate governance processes.

Learning and Improvement:

Learning arising from Ombudsman investigations is incorporated into the Patient Quality and Safety Learning and Improvement Forum and reported through the Quality Management Group and Executive Committee. These arrangements support oversight of identified themes, agreed improvement actions, delivery progress and the evidence required to demonstrate that learning has been embedded.

Together, these sources of intelligence support a coordinated organisational approach to identifying recurring themes, agreeing improvement actions and demonstrating learning across the Health Board.

The Annual Letter will also be considered through the Health Board's governance framework during 2026/27 to ensure continued Executive oversight of performance, improvement actions and organisational learning.

Training and Compliance:

During 2025/26, the Health Board undertook a comprehensive programme of preparation for the implementation of the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) (Amendment) Regulations 2025 and the introduction of the Listening to People arrangements from 1 April 2026.

This programme included the review and development of policies, guidance, digital systems, communications, workforce training and assurance arrangements to support implementation across the organisation.

Investigating Officer training has been refreshed to reflect the new statutory requirements and includes the principles of compassionate engagement, effective listening, proportionate investigation and organisational learning. Dedicated sessions have also been delivered to concerns management staff and operational services to support consistent application of the revised arrangements.

Training effectiveness and compliance will continue to be monitored through established governance arrangements, with regular updates provided as implementation matures.

Complaint Handling Improvements:

Throughout 2025/26, the Health Board continued to strengthen concerns management arrangements through enhanced triage processes, early engagement with individuals raising concerns, weekly multidisciplinary case review meetings, strategy meetings for complex cases and clearer arrangements for case ownership and oversight.

These measures have supported a more person-centred approach, improved communication with patients and families and strengthened investigation quality.

Since implementation of Listening to People on 1 April 2026, these arrangements have been further enhanced through the introduction of the new "Listen and Act" and "Investigate, Respond and Learn" pathways. Individuals are routinely offered a listening discussion, concerns are acknowledged within the required timescales, and suitable issues are considered for early resolution wherever appropriate.

The revised arrangements place greater emphasis on compassionate engagement, accessible communication, proportionate investigation and demonstrable learning. Implementation continues to receive organisational and Executive oversight to ensure the intended benefits are realised.

Collaborative Meetings:

Quarterly liaison meetings continue to take place between representatives of the Health Board and the Ombudsman's office. These meetings provide a valuable opportunity to discuss emerging themes, share learning and maintain a constructive and collaborative working relationship.

3. Read the reports highlighted in this letter to extract relevant learning for your own Authority.

The Health Board acknowledges the themes highlighted within the Ombudsman's public interest reports and own initiative work, including waiting list management, prescribing practice, communication between healthcare teams, urgent cancer pathways, ophthalmology services, complaint investigation quality and compliance with Duty of Candour requirements.

The Health Board will complete a documented review of the reports highlighted in the Annual Letter during 2026/27 to identify learning applicable to its services. The review will record the assurance considered, any gaps identified, the actions required, responsible leads and intended completion dates. Outcomes will be reported through the Quality Management Group, with escalation through the Health Board's governance framework where further oversight or action is required.

Learning arising from Ombudsman cases during 2025/26 most frequently related to adult mental health services, clinical care and treatment, record keeping and the coordination of care. This intelligence is considered alongside information from complaints, patient safety incidents, Duty of Candour cases, redress activity and patient experience feedback to identify recurring themes and wider system risks. Where common themes or risks are identified, these are used to inform further review, improvement action and escalation through the Health Board's governance arrangements.

The Health Board has strengthened governance arrangements supporting organisational learning through divisional Quality and Patient Safety reporting and oversight by the Quality Management Group. These arrangements provide visibility of emerging issues, investigation findings and improvement actions, with escalation through the Health Board's governance framework where additional oversight is required.

4. Provide my office with a copy of your Annual Report for 2025-26 on the Duty of Candour and Quality.

The Health Board's Quality Annual Report was ratified at the Public Board on 28 September 2026, with the Putting Things Right Annual Report scheduled for 02 November 2026.

5. Inform me of the outcome of your considerations and proposed action plan at the earliest opportunity.

The Health Board has considered the findings of the Annual Letter alongside local performance information. The outcome of this consideration is a proposed programme of improvement focused on the priorities set out below for 2026/27. A detailed action plan will assign each priority to an executive lead and include defined delivery milestones, target completion dates and measurable outcomes. Progress will be reviewed through divisional and corporate governance arrangements, with exceptions and delivery risks escalated through the Quality Management Group, Executive Committee and appropriate Board committee.

Key priorities include:

- Embedding the Listening to People arrangements across all divisions and services.
- Completing a review of the Health Board's concerns management operating model.
- Improving compliance with statutory complaint response timescales.
- Reducing overdue concerns and complaints.
- Strengthening oversight and timely implementation of Ombudsman recommendations.
- Improving the quality, consistency and learning derived from investigations.
- Ensuring continued alignment of learning from complaints, Duty of Candour, patient safety incidents, patient experience feedback and redress activity.

Progress against these priorities will be monitored through divisional, Executive and Board-level governance arrangements. Delivery will be assessed against agreed milestones and outcome measures, with delays, risks and barriers escalated to the appropriate governance forum for corrective action.

The Health Board remains committed to an open, transparent and constructive relationship with the Public Services Ombudsman for Wales. It welcomes the learning identified in the Annual Letter and will continue to use feedback, concerns and complaints to improve the quality, safety and experience of care provided to the population it serves.

The information provided sets out the Health Board's consideration of the matters raised, the actions being taken and the governance arrangements through which progress will be monitored. The Health Board remains committed to improving the experience of people who raise concerns or complaints about its services.

Please do not hesitate to contact me should you require any further information.

Your sincerely



Andrew Morgan OBE
Chair/Cadeiryd

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:**	Nurse Staffing Levels (Wales) Act 2016: Annual Presentation of Nurse Staffing Levels 2026
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jennifer Winslade - Executive Director of Nursing
SWYDDOG ADRODD: **REPORTING OFFICER:**	Kelly Downes - Deputy Director of Nursing Laura Thomson – Nurse Staffing Act Lead

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

Er Sicrwydd/For Assurance

The Annual Presentation of Nurse Staffing Levels 2026 (Appendix 1) is presented to the Board for review and assurance.

The report presents the outcomes of the Spring and Autumn 2026 nurse staffing level calculations across all Section 25B wards and provides assurance regarding compliance with the Nurse Staffing Levels (Wales) Act 2016. It also reviews uplifted roster templates supported through variable pay and the governance arrangements supporting workforce decisions.

Sefyllfa / Situation

In accordance with the Nurse Staffing Levels (Wales) Act 2016, Health Boards are required to calculate nurse staffing levels twice yearly using the statutory triangulated methodology for all designated Section 25B wards. The Health Board is also required to provide assurance to the Board, Welsh Government and the public that nurse staffing levels are appropriate to enable the provision of sensitive care.

The All-Wales Nurse Staffing Group has agreed a Once-for-Wales approach to the reporting of nurse staffing levels. During 2026, Aneurin Bevan University Health Board further strengthened the governance arrangements supporting nurse staffing level calculations through the introduction of a Challenge and Support Panel to provide additional scrutiny, consistency and assurance regarding proposed establishment changes.



The outcomes of both the Spring and Autumn 2026 calculations are presented within Appendix 1 and summarised within the Assessment section below.

Cefndir / Background

The Nurse Staffing Levels (Wales) Act 2016 places a statutory duty on Health Boards to calculate and maintain nurse staffing levels in designated inpatient areas to ensure nurses have sufficient time to care for patients sensitively.

The designated person is required to determine the nursing workforce appropriate to provide patient-centred care that meets all reasonable care requirements within a ward environment.

For the purpose of the calculations, the nursing workforce includes:

- Registered Nurses (Band 5 and Band 6)
- Assistant Practitioners (Band 4)
- Nursing Support Workers (Band 3)
- Healthcare Support Workers (Band 2)

Ward Managers remain supernumerary and are therefore not included within planned roster templates.

All Section 25B wards received a 26.9% uplift to Registered Nurse establishments to cover annual leave, sickness absence, study leave and mandatory training. The same uplift applies to supernumerary Ward Manager posts to maintain managerial cover during absence.

The Healthcare Support Worker establishment receives a 24.8% uplift for the same absence cover.

In accordance with the Act, consideration is also given to the contribution of the wider multidisciplinary team and the impact that workforce changes may have on the ability of ward nursing teams to provide sensitive care.

Asesiad / Assessment

A robust triangulated methodology was applied across all Section 25B wards during Spring and Autumn 2026. Calculations were undertaken collaboratively by Divisional Nurses, Heads of Nursing, Senior Nurses, Ward Managers, Workforce, Finance and the Nurse Staffing Programme Lead.

The review process incorporated:

- SafeCare acuity and dependency information



- Nurse sensitive quality indicators
- Workforce metrics
- Roster efficiency information
- Variable pay expenditure
- Professional judgement
- Service developments and changes in patient pathways

Quality indicators reviewed included patient falls, medication incidents, pressure damage, infection prevention metrics, complaints, workforce sickness absence, mandatory training compliance and workforce stability.

Following completion of each divisional review, recommendations were presented through the Nurse Staffing Challenge and Support Panel. The panel provides independent scrutiny and challenge to ensure consistency of approach and robust decision making across all divisions.

Challenge & Support Panel Outcomes

A total of 34 Section 25B wards were reviewed during Spring and Autumn 2026 comprising:

- 20 Adult Acute Medical Wards
- 12 Adult Acute Surgical Wards
- 1 Gynaecology Ward
- 1 Paediatric Ward

The Surgical, Gynaecology and Paediatric Divisions confirmed that existing establishments remained appropriate and no changes to roster templates were required.

Within the Division of Medicine, six wards were identified through the Spring review for proposed establishment uplifts. Following the Autumn review, uplifted roster templates on five wards continued to be supported through variable pay to meet patient acuity and dependency requirements, while Bargoed Ward's proposed Registered Nurse uplift remained deferred pending pilot evaluation. The six wards were:

- Ward 4.4 at Nevill Hall Hospital
- Bargoed Ward at Ysbyty Ystrad Fawr — proposed Registered Nurse uplift deferred pending pilot evaluation
- Oakdale Ward at Ysbyty Ystrad Fawr
- Penallta Ward at Ysbyty Ystrad Fawr
- C6E at the Royal Gwent Hospital
- C4 at the Grange University Hospital

Further ward-level assurance on roster efficiency, quality indicators, enhanced care requirements and provision, and actual variable pay expenditure and deployment against uplifted templates will inform future establishment decisions through the Challenge & Support process.



The proposed Registered Nurse uplift for Bargoed Ward is deferred pending evaluation of the joint leadership and staffing pilot with Oakdale at Ysbyty Ystrad Fawr, which may remove the need for additional Registered Nurse establishment.

The estimated recurring cost of maintaining the uplifted roster templates is £585,551 per annum (excluding Bargoed Ward), currently met through approved variable pay arrangements.

The detail of each wards assessment is detailed below.

Ward 4.4 Nevill Hall Hospital (30 Bedded Care of the Elderly Ward)

Change: Increased HCSW staffing to 4 per day, 7 days/week, (2.8 WTE).

Rationale:

- This ward was repurposed from a semi-acute respiratory ward to a Care of the Elderly (COTE) ward following the respiratory and general medicine reconfiguration in Autumn last year. Ward teams experienced challenges adapting to the changing patient profile associated with the ward's revised function and have struggled to work within the previously agreed roster template. Due to consistent use of variable pay to support ward acuity and to align staffing with other COTE wards on the Nevill Hall site, it was concluded that Healthcare Support Worker (HCSW/NSW) provision should be increased to four staff, seven days a week (2.8 WTE). It was proposed that this adjustment, at an annual cost of £114,652, will help offset some of the current variable pay expenditure and stabilise the workforce.
- The rationale for retaining the existing RN provision following the ward's change in function, including whether any RN offset is appropriate, requires confirmation through the further assurance work.

Proposed Roster Change:

Previous roster: Day 4 RN / 3 HCSW | Night 2 RN / 4 HCSW

Proposed Roster: Day 4 RN / **4 NSW** | Night 2 RN / 4 **NSW**

Pre-calculation: RN: 17.32 WTE | HCSW: 19.56 WTE

Post-calculation: RN: 17.32 WTE | HCSW/NSW**: 22.36** WTE

Total Cost: £114,652 per annum (costed for Band 3 NSW)

Bargoed Ward Ysbyty Ystrad Fawr (28 Bedded Stroke Rehabilitation, capacity to board 2 patients)

Bargoed ward was presented to the Challenge & Support Panel following the Spring Calculations, however following discussions and in view of a pending trial restructuring of



the Stroke rehabilitation wards in YYF the proposal outlined below has been placed on Hold.

Stroke rehabilitation staffing benchmarks and their applicability to Bargoed and Oakdale wards require confirmation as part of the service evaluation and further workforce assurance.

Change: Increase RN staffing to 4 per day, 7 days/week (2.84 WTE).

Rationale:

- This ward functions as a Stroke Rehabilitation Unit with high levels of acuity and patient dependency. Following the centralisation of stroke services, patients are now being transferred from GUH earlier in their stroke pathway, resulting in a higher proportion of acutely unwell individuals. Many patients require percutaneous endoscopic gastrostomy (PEG) feeding, which significantly increases the time required for medication administration by a Registered Nurse (RN).

- To address this, it was proposed the staffing template be increased to four RNs, seven days a week—equating to an uplift of 2.84 WTE. This proposed change would bring Bargoed Ward in line with Oakdale Ward. The model also includes a review of Band 4 Assistant Practitioners, with a view to enabling them to work across both Bargoed and Oakdale Wards, ensuring equitable service delivery and consistent staffing levels across the two Stroke Rehabilitation Wards at YYF.

Proposed Roster Change:

Previous roster: Day 3 RN / 6 HCSW | Night 2 RN / 4 HCSW

Proposed roster: Day **4 RN** / 6 HCSW | Night 2 RN / 4 NSW

Pre-calculation: RN: 14.48 WTE | HCSW/AP: 27.95 WTE

Post-calculation: RN: **17.32** WTE | HCSW/NSW: 27.95 WTE

Total Cost: £ 143,770 per annum. (ON HOLD)

Oakdale Ward YYF (27 bedded Stroke rehabilitation ward, no Surge Capacity).

Change: Increase HCSW staffing to 5 per day, 7 days/week, (2.8 WTE).

Rationale:

- This ward operates as a Stroke Rehabilitation Unit with high acuity and patient dependency. Following the centralisation of stroke services, patients are being transferred from GUH earlier in their stroke pathway, resulting in a higher proportion of acutely unwell individuals.



- Many require PEG feeding, which significantly extends the time required for medication administration by a RN.

- The current establishment includes four RNs during the day to support these prolonged medication rounds. However, due to the high dependency of patients, a professional judgement review supported by variable pay data concluded that the number of HCSW/NSW should be increased to five during the day, seven days a week. This proposed change would ensure both Stroke Rehabilitation Wards are aligned in terms of staffing and service delivery. This equates to 2.8 WTE, previously band 2 HCSW now Band 3 Nursing Support worker (NSW).

Roster Change:

Previous: Day 4 RN / 4 HCSW | Night 2 RN / 4 HCSW

Proposed: Day 4 RN / **5 NSW** | Night – 2 RN / 4 HCSW/NSW

Pre-calculation: RN 17.32WTE | HCSW/NSW 22.36 WTE

Post-calculation: RN 17.32WTE | HCSW/NSW**: 25.2** WTE

Total Cost: £114,652 per annum (costed for Band 3 NSW)

C6E Royal Gwent Hospital (30 bedded General Medical Ward, no Surge capacity)

Change: Increase night HCSW staffing by 1 (7 days/week), (2.8 WTE).

Rationale:

- Patient dependency on this ward is high, and concerns have been raised regarding the Core Care Model, with the ward manager expressing a need for four RNs during the day. However, this will be revisited following a full review of the Core Care Model and its alignment with the future Registered Nurse Associate role.

- It was noted that variable pay usage on this Ward is consistently high, particularly due to additional HCSW shifts created at night to support patient dependency and enhanced care needs. To address this and ensure continuity of care, it was proposed to increase the establishment by one HCSW during the night, seven days a week. This equates to an increase of 2.8 WTE, previously band 2 HCSW now Band 3 Nursing Support worker (NSW).

Roster Change:

Previous: Day 3 RN / 5 HCSW/NSW/AP | Night 2 RN / 3 HCSW/NSW

Proposed: Day 3 RN / 5 HCSW/NSW/AP | Night 2 RN / **4** HCSW**/NSW**



Pre-calculation: RN: 14.48 WTE | HCSW/AP: 22.36 WTE

Post-calculation: RN: 14.48 WTE | HCSW/NSW/AP**:** **25.2** WTE

Total Cost: £142,196 per annum. (costed for band 3 NSW)

C4 Ward Grange University Hospital (GUH) (45 bedded respiratory unit including 6 respiratory high care beds on C2- capacity to board a further 3 patients on C4)

Change: Increase RN late shift 7 days/week, (1.42 WTE)

Rationale:

- There is a need for a coordinator role to be in place for 12 hours a day due to the ward's extensive footprint and fast-paced environment.
- Patient turnover is high, with increasing acuity and elevated NEWS (National Early Warning Score) results.
- The intensity and pressure on the ward are sustained throughout the day, making the coordinator role essential for ensuring smooth and effective ward operations. (This role has been utilised using variable pay following the reconfiguration of Respiratory and General medicine services.

Roster Change:

Previous: Early 9 RN / 7 HCSW| late 8 RN / 7 HCSW | Night - 8 RN / 7 HCSW

Proposed: Early 9 RN / 7 HCSW | **late 9 RN** / 7 NSW | Night - 8 RN / 7 NSW

Pre calculation: RN: 46.9 WTE | HCSW/NSW: 39.65 WTE

Post calculation: RN: **48.32** WTE | NSW**:** 39.65 WTE

Total Cost: **£71,855 per annum.**

Penallta Ward YYF (28 bedded General Medicine, Care of the Elderly (COTE) and Palliative Care patients, capacity to surge by 1)

Change: Increase HCSW by Night 7 days/week, (2.8 WTE)

Rationale:

- Penallta Ward has been reclassified as a 25B ward following a review of criteria. Now under the care of a General Medicine Consultant, it admits General Medicine, Care of the Elderly (COTE) and Palliative Care patients. Although previously listed as 25A, it has consistently undergone biannual staffing calculations alongside other 25B



wards at YYF due to its similar patient profile. Historically, professional discussions have supported the need for an additional HCSW at night, (currently, the additional HCSW is consistently utilised through variable pay). The proposal is to increase staffing from 3 to 4 HCSW by night. This equates to an increase of 2.8 WTE, previously band 2 HCSW now Band 3 Nursing Support worker (NSW).

Roster Change:

Previous: Day 4 RN / 4 HCSW/NSW | Night – 2 RN / 3 HCSW

Proposed: Day 4 RN / 4 HCSW/NSW | Night **–** 2 RN / **4 NSW**

Pre-calculation: RN:17.32 WTE HCSW/NSW: 19.58 WTE

Post-calculation: RN:17.32 WTE / HCSW/NSW**: 22.38** WTE

Total Cost: **£142,196 per annum**

Summary of amendments to medical wards with uplifted roster templates supported with variable pay
***Excluding Supernumerary Ward Manager**

Ward	Pre-Calculation			Post-Calculation			Additional Annual cost
	RN WTE	HCSW/NSW/AP WTE	Total WTE	RN WTE	HCSW/NSW/AP WTE	Total WTE	
4.4 NHH	17.32	19.56	36.88	17.32	22.36	39.68	£114,652
Bargoed ward YYF	14.48	27.99	42.47	17.32	27.99	45.31	£143,770 **On Hold**
Oakdale ward YYF	17.32	22.4	39.72	17.32	25.2	42.52	£114,652
Penallta Ward YYF	17.32	19.58	36.9	17.32	22.38	39.7	£142,196
C6E RGH	14.48	22.40	36.88	14.48	25.2	39.68	£142,196
C4 GUH	46.9	39.65	86.55	48.32	39.65	87.97	£71,855
Total Cost							**£585,551** Excluding Bargoed ward

Spring and Autumn Calculations Outcomes

The Spring review identified a need for further assurance on variable pay expenditure and the sustainability of proposed workforce plans. Several wards did not fully meet the



Executive Director of Nursing (EDoN) Challenge & Support Checklist requirements: SafeCare census compliance was below the agreed 90% threshold, limiting reliable acuity and dependency evidence, and enhanced care assessments required greater accuracy and consistency.

The Panel therefore required stronger workforce planning, data quality and compliance, and evidence of sustainable reductions in variable pay before permanent establishment uplifts could be supported. Existing uplifted roster templates on the five wards continued through variable pay arrangements to maintain patient safety while this assurance work progressed.

At the Autumn review in October 2026, the Panel recognised progress since Spring but confirmed continued variable pay support for the five wards, with no permanent establishment increases at this stage. The Executive Director of Nursing endorsed this decision, pending further workforce assurance, improved SafeCare compliance and reliable data.

Permanent establishment growth was not considered the most effective use of resources while community-based and Home First models were developing and Older Adult Pathways of Care remained under review. The Division of Medicine was asked to review ward-based models, drawing on learning from the Stroke Rehabilitation Service at Ysbyty Ystrad Fawr, to align workforce deployment across acute and community settings with current and future patient need and the Health Board's service transformation plans.

Divisional Nursing Leads are also reviewing care for patients with cognitive impairment and enhanced care needs. The review aims to ensure interventions address observation requirements alongside patient engagement, therapeutic interaction, experience and outcomes, informing future establishment decisions.

Conclusion

The Health Board has completed biannual nurse staffing level calculations across all Section 25B wards using the triangulated methodology described above, supporting compliance with the Nurse Staffing Levels (Wales) Act and evidence-based establishment review.

The majority of establishments remain appropriate, with no changes required in surgical, gynaecology or paediatric services. High acuity and dependency in Care of the Elderly, stroke rehabilitation and respiratory medicine continue to drive reliance on uplifted roster templates and variable pay, highlighting the need to align staffing with evolving care models and patient need.

The redesignation of Band 2 Healthcare Support Worker posts to Band 3 Nursing Support Worker roles has strengthened workforce capability and better aligned staff responsibilities with patient needs.



The Challenge & Support Panel, established in 2026, has strengthened scrutiny and consistency of staffing decisions. Its review brings together staffing calculations, service models, workforce sustainability, financial considerations and data quality to support evidence-based, sustainable investment aligned with service transformation.

Further assurance and service redesign, as set out above, are required before permanent establishment increases can be considered. Approved variable pay arrangements will continue to support existing uplifted templates to maintain patient safety and service continuity.

The further assurance work will continue through the Challenge & Support process alongside presentation of the calculated nurse staffing levels to Board; it is not a prerequisite to submission of this annual presentation.

The Board is requested to review the findings of the 2026 nurse staffing level recalculations and endorse the Annual Presentation of Nurse Staffing Levels.

Appendix 1: Annual Presentation of Nurse Staffing Levels
Appendix 2: Summary of Nurse Staffing levels
Appendix 3: Minutes and decisions of Challenge & Support Panels

Argymhelliad / Recommendation

The Health Board has a duty to implement the statutory guidance and ensure compliance with the requirement of the Nurse Staffing Levels (Wales) Act.

The Board is asked to:

- Note the outcomes of the Spring and Autumn 2026 Nurse Staffing Level Calculations undertaken across all Section 25B wards.
- Take assurance that the Health Board continues to meet its statutory obligations under the Nurse Staffing Levels (Wales) Act through robust workforce planning, establishment review and governance arrangements.
- Note the findings of the Challenge & Support Panel and its decision to continue supporting uplifted roster templates on identified medical wards through variable pay arrangements pending further service review and workforce assurance activities.
- Endorse the Annual Presentation of Nurse Staffing Levels 2026.
- Note that the proposed establishment uplift for Bargoed Ward remains under review pending the outcome of the Stroke Rehabilitation Service reconfiguration pilot at Ysbyty Ystrad Fawr.



- Support the continued development of nurse staffing governance through the Challenge & Support Panel, including ongoing review of workforce metrics, patient acuity and dependency data, enhanced care requirements, and service redesign initiatives.

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):	3.1 Safe and Clinically Effective Care 7. Staff and Resources 2. Safe Care Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	• Nurse Staffing Levels (Wales) Act 2016 • Health and Social Care (Quality and Engagement) (Wales) Act 2020.
Rhestr Termau: Glossary of Terms:	



Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	• Challenge & Support Panel • Executive Director of Nursing • Executive Committee (October 2026)

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item.

Appendix 2: Annual Presentation of the Nurse Staffing Level to the Board report. A summary of Nurse Staffing Levels for wards where Section 25B applies.

Health board/trust:	ABUHB
Period of the report	October 2025-September 2026
Adult Acute Medical wards	20

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged thatthere is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report. Further information is provided within the annual assurance report (INSERT HYPERLINK) on the additional multi-professional staff that contribute to the coordination and delivery of patient care.

Adult Acute Medical inpatient wards

Site	Name of Ward	Reported to the Board in November 2025						Calculated during spring 2026 cycle							Calculated during autumn 2026 cycle							Biannual calculation cycle reviews, and any changes made & rationale during the spring 2026 & autumn 2026 calculation cycles			Any reviews outside of biannual calculation, if yes, provide rationale for any changes made			
		SHIFT	Planned roster as stated within the annual presentation to the Board report (in November 2025)		Required Establishment as stated within the annual presentation to the Board report (in November 2025) including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	SHIFT	Planned roster calculated by the designated person during the spring 2026 cycle		Required Establishment as calculated by the designated persons during the spring 2026 cycle including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level	SHIFT	Planned roster calculated by the designated person during the autumn 2026 cycle		Required Establishment as calculated by the designated persons during the autumn 2026 cycle including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale
			RN (band 5 &6)	HCSW (bands 2,3 &4)	TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)			RN (band 5 &6)	HCSW (bands 2,3 &4)	TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)				RN (band 5 &6)	HCSW (bands 2,3 &4)	TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)									
	MEDICINE																											
GUH	A2	E L LD TWL N	 4 3	 3 3	20.16	16.78	1	E L LD TWL N	 4 3	 3 3	20.16	16.78	1	04/08/2026	E L LD TWL N	 4 3	 3 3	20.16	16.78	1		Yes	No	roster template appropriate for this ward	No	N/A	N/A	N/A
GUH	A4	E L LD TWL N	 5 4	 4 4	25.85	22.38	1	E L LD TWL N	 5 4	 4 4	25.85	22.38	1	04/08/2026	E L LD TWL N	 5 4	 4 4	25.85	22.38	1		Yes	No	roster template appropriate for this ward	No	N/A	N/A	N/A
GUH	B4	E L LD TWL N	 3 3	 3 3	17.32	16.8	1	E L LD TWL N	 3 3	 3 3	17.32	16.8	1	04/08/2026	E L LD TWL N	 3 3	 3 3	17.32	16.8	1		Yes	No	roster template appropriate for this ward (rerconfigured Nov 24	No	N/A	N/A	N/A
GUH	C4	E L LD TWL N	9 9 8	 7 7	48.32	39.65	1	E L LD TWL N	9 9 8	 7 7	48.32	39.65	1	04/08/2026	E L LD TWL N	9 9 8	 7 7	48.59	39.65	1		Yes	No	Increase of RN Late 7 days a week- supported with variable pay- no permanent funding available	No	N/A	N/A	N/A
RGH	C4E	E L LD TWL N	 3 2	 5 4	14.48	25.2	1	E L LD TWL N	 3 2	 5 4	14.48	25.2	1	04/08/2026	E L LD TWL N	 3 2	 5 4	14.48	25.2	1		Yes	No	roster template appropriate for this ward	No	N/A	N/A	N/A
RGH	C6E	E L LD TWL N	 3 2	 5 4	14.48	25.2	1	E L LD TWL N	 3 2	 5 4	14.48	25.2	1	04/08/2026	E L LD TWL N	 3 2	 5 4	14.48	25.2	1		Yes	No	increase HCSW by night- supported with Variable pay-no permanent funding available	No	N/A	N/A	N/A
RGH	C6W	E L LD TWL N	 4 2	 4 4	17.32	22.42	1	E L LD TWL N	 4 2	 4 4	17.32	22.42	1	04/08/2026	E L LD TWL N	 4 2	 4 4	17.32	22.42	1		Yes	No	roster template appropriate for this ward	No	N/A	N/A	N/A
RGH	D4E	E L LD TWL N	 3 2	 5 4	14.48	25.26	1	E L LD TWL N	 3 2	 5 4	14.48	25.26	1	04/08/2026	E L LD TWL N	 3 2	 5 4	14.48	25.26	1		Yes	No	roster template appropriate for this ward	No	N/A	N/A	N/A
RGH	D4W	E L LD TWL N	 3 2	 5 4	14.48	25.26	1	E L LD TWL N	 3 2	 5 4	14.48	25.26	1	04/08/2026	E L LD TWL N	 3 2	 5 4	14.48	25.26	1		Yes	No	roster template appropriate for this ward	No	N/A	N/A	N/A
RGH	D5W	E L LD TWL N	 3 2	 5 4	14.48	25.26	1	E L LD TWL N	 3 2	 5 4	14.48	25.26	1	04/08/2026	E L LD TWL N	 3 2	 5 4	14.48	25.26	1		Yes	No	roster template appropriate for this ward	No	N/A	N/A	N/A
NHH	3.1	E L LD TWL N	 3 2	 5 4	14.48	25.2	1	E L LD TWL N	 3 2	 5 4	14.48	25.2	1	04/08/2026	E L LD TWL N	 3 2	 5 4	14.48	25.2	1		Yes	No	roster template appropriate for this ward	No	N/A	N/A	N/A
NHH	3.2	E L LD TWL N	 3 2	 5 4	14.48	25.2	1	E L LD TWL N	 3 2	 5 4	14.48	25.2	1	04/08/2026	E L LD TWL N	 3 2	 5 4	14.48	25.2	1		Yes	No	roster template appropriate for this ward	No	N/A	N/A	N/A
		E						E							E													

NHH	3.3	E L LD TWL N	3 2	6 4	14.48	27.95	1	E L LD TWL N	3 2	6 4	14.48	27.95	1	04/08/2026	E L LD TWL N	3 2	6 4	14.48	27.95	1		Yes	No	roster template appropriate for this ward	No	N/A	N/A	N/A
																	Corrected															
NHH	3.4	E L LD TWL N	3 2	5 4	14.48	25.2	1	E L LD TWL N	3 2	5 4	14.48	25.2	1	04/08/2026	E L LD TWL N	3 2	5 4	14.48	25.2	1		Yes	No	roster template appropriate for this ward	No	N/A	N/A	N/A
NHH	4.4	E L LD TWL N	4 2	4 4	17.32	22.36	1	E L LD TWL N	4 2	4 4	17.32	22.36	1	04/08/2026	E L LD TWL N	4 2	4 4	17.32	22.36	1		Yes	No	increase HCSW by day- supported with Variable pay-no permanent funding available	No	N/A	N/A	N/A
YYF	EFU	E L LD TWL N	4 2	4 4	17.32	22.36	1	E L LD TWL N	4 2	4 4	17.32	22.36	1	04/08/2026	E L LD TWL N	4 2	4 4	17.32	22.36	1		Yes	No	No Change at this time	No	N/A	N/A	N/A
YYF	OAKDALE	E L LD TWL N	4 2	5 4	17.32	25.2	1	E L LD TWL N	4 2	5 4	17.32	25.2	1	04/08/2026	E L LD TWL N	4 2	5 4	17.32	25.2	1		Yes	No	increase HCSW by day- supported with Variable pay-no permanent funding available	No	N/A	N/A	N/A
YYF	BARGOED	E L LD TWL N	4 2	6 4	17.32	27.99	1	E L LD TWL N	4 2	6 4	14.48	27.99	1	04/08/2026	E L LD TWL N	4 2	6 4	14.48	27.99	1		Yes	No	increase RN by day- supported with Variable pay-no permanent funding available -Proposal on Hold follwing Stroke Rehab ward amalgamation trial YYF	No	N/A	N/A	N/A
YYF	RISCA	E L LD TWL N	4 2	4 4	17.32	22.38	1	E L LD TWL N	4 2	4 4	17.32	22.38	1	04/08/2026	E L LD TWL N	4 2	4 4	17.32	22.38	1		Yes	No		No	N/A	N/A	N/A
YYF	PENALLTA	E L LD TWL N	4 2	4 4	17.32	22.38	1	E L LD TWL N	4 2	4 4	17.32	22.38	1	04/08/2026	E L LD TWL N	4 2	4 4	17.32	22.38	1		Yes	N/A	Now classified as 25B - increase HCSW from 3 to 4 by night. Supported with Variable pay-no permanent funding available	No	N/A	N/A	N/A
Totals					363.21	490.43	20				360.37	490.43	20					360.64	490.43	20								

Appendix: Annual Presentation of the Nurse Staffing Level to the Board report

Health board/trust:	ABUHB
Period of the report	October 2025 - September 2026
Adult Acute Surgical Inpatient Wards	13

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report. Further information is provided within the annual assurance report (https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/25-5-23-agenda-bundle-public-v12-compressed-r-v3-0/) on the additional multi-professional staff that contribute to the coordination and delivery of patient care.

Adult Acute Surgical Inpatient Wards

Site	Name of Ward	Reported to the Board in November 2025						Calculated during spring 2026 cycle								Calculated during autumn 2026 cycle								Biannual calculation cycle reviews, and any changes made & rationale during the spring 2026 & autumn 2026 calculation cycles			Any reviews outside of biannual calculation, if yes, provide rationale for any changes made			
		SHIFT	Planned roster as stated within the annual presentation to the Board report (in November 2025)		Required Establishment as stated within the annual presentation to the Board report (in November 2025) including		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	SHIFT	Planned roster calculated by the designated person during the spring 2026 cycle		Required Establishment as calculated by the designated persons during the spring 2026 cycle including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level	SHIFT	Planned roster calculated by the designated person during the autumn 2026 cycle		Required Establishment as calculated by the designated persons during the autumn 2026 cycle including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale
			RN (band 5 &6)	HCSW (bands 2,3 &4)	TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)			RN (band 5 &6)	HCSW (bands 2,3 &4)	TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)				RN (band 5 &6)	HCSW (bands 2,3 &4)	TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)									
GUH	A0 Surgical	E						E							E														
		L						L							L														
		LD	5	6	25.85	30.79	1	LD	5	6	25.85	30.79	1	27/05/2026	LD	5	6	25.85	30.79	1		Yes	No	No Changes required-following professional discussions-roster deemed appropriate.	No			46341.92
		TW						TW							TW														
		N	4	5				N	4	5					N	4	5												
GUH	B0 Surgical	E						E							E														
		L						L							L														
		LD	5	5	25.85	27.99	1	LD	5	5	25.85	27.99	1	27/05/2026	LD	5	5	25.85	27.99	1		Yes	No	No Changes required-following professional discussions-roster deemed appropriate.	No			46333.52
		TW						TW							TW														
		N	4	5				N	4	5					N	4	5												
GUH	C0 Surgical	E						E							E														
		L						L							L														
		LD	5	5	25.85	25.2	1	LD	5	5	25.85	25.2	1	27/05/2026	LD	5	5	25.85	25.2	1		Yes	No	Spring Calculations - Changed to original template following loss of Machen beds	No			46325.15
		TW						TW							TW														
		N	4	4				N	4	4					N	4	4												
GUH	A3 Gynae	E						E							E														
		L						L							L														
		LD	4	3	20.16	13.98	1	LD	4	3	20.16	13.98	1	27/05/2026	LD	4	3	20.16	13.98	1		Yes	No	No Changes required-following professional discussions-roster deemed appropriate.	No			46274.42
		TW						TW							TW														
		N	3	2				N	3	2					N	3	2												
RGH	C7E Surgical	E						E							E														
		L						L							L														
		LD	3	5	14.48	25.2	1	LD	3	5	14.48	25.2	1	27/05/2026	LD	3	5	14.48	25.2	1		Yes	No	No Changes required-following professional discussions-roster deemed appropriate.	No			46291.04
		TW						TW							TW														
		N	2	4				N	2	4					N	2	4												

| | | |

Appendix: Annual Presentation of the Nurse Staffing Level to the Board report

Health board/trust:	ABUHB
Period of the report	October 2025 - September 2026
Paediatric Inpatient Wards	

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report. Further information is provided within the annual assurance report (https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/25-5-23-agenda-bundle-public-vf2-compressed-n-v3-0/) on the additional multi-professional staff that contribute to the coordination and delivery of patient care.

Paediatric Inpatient Wards

		Reported to the Board in November 2025						Calculated during spring 2026 cycle							Calculated during autumn 2026 cycle													
Site	**Name of Ward**	**SHIFT**	**Planned roster as stated within the annual presentation to the Board report (in November 2025)**		**Required Establishment as stated within the annual presentation to the Board report (in November 2025) including**		**TOTAL WTE Band 7 supernumerary ward sister/Charge nurse**	**SHIFT**	**Planned roster calculated by the designated person during the spring 2026 cycle**		**Required Establishment as calculated by the designated persons during the spring 2026 cycle including uplift 26.9%**		**TOTAL WTE Band 7 supernumerary ward sister/Charge nurse**	**Date designated person calculated the nurse staffing level**	**SHIFT**	**Planned roster calculated by the designated person during the autumn 2026 cycle**		**Required Establishment as calculated by the designated persons during the autumn 2026 cycle including uplift**		**TOTAL WTE Band 7 supernumerary ward sister/Charge nurse**	**Date designated person calculated the nurse staffing level**	**Biannual calculation cycle reviews, and any changes made & rationale during the spring 2026 & autumn 2026 calculation cycles**			**Any reviews outside of biannual calculation, if yes, provide rationale for any changes made**			
			RN (band 5 &6)	**HCSW** (bands 2,3 &4)	**TOTAL WTE RN** (bands 5 &6)	**TOTAL WTE HCSW** (bands 2,3 &4)			**RN** (band 5 &6)	**HCSW** (bands 2,3 &4)	**TOTAL WTE RN** (bands 5 &6)	**TOTAL WTE HCSW** (bands 2,3 &4)				**RN** (band 5 &6)	**HCSW** (bands 2,3 &4)	**TOTAL WTE RN** (bands 5 &6)	**TOTAL WTE HCSW** (bands 2,3 &4)			**Completed (Yes/No)**	**Changed**	**Rationale**	**Completed (Yes/No)**	**Date**	**Changed**	**Rationale**
GUH	Paediatric 50 bedded unit C1 & C2	E						E							E												
		L						L							L												
		LD	12	3	70.22	17.06	1	LD	12	3	70.22	17.06	1	04/08/2026	LD	12	3	70.22	17.06	1		Yes	No	No Changes required-following professional discussions-roster deemed appropriate	N/A			
		TW						TW							TW												
		N	12	3				N	12	3					N	12	3										
Total					70.22	17.06					70.22	17.06						70.22	17.06	1								