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:**	Women's Health Hubs
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Tracy Daszkiewicz, Executive Director of Public Health
SWYDDOG ADRODD: **REPORTING OFFICER:**	Sian Chard, Deputy General Manager, Family and Therapies Emily Clark, Consultant in Public Health

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to note the current position in relation to the Women's Health Programme and facilitate discussion in relation to ongoing scaling and investment.

Cefndir / Background

Women and girls make up 51% of Gwent's population, yet too many continue to face avoidable inequalities in life expectancy, mental well-being and access to care. These inequalities are shaped by the social conditions in which women live, learn and work, including poverty, education and employment. Although women in Wales live longer than men, they spend more years in poor health. There are significant differences in Gwent alone with women living in the most deprived areas of Torfaen and Newport having over 25 fewer healthy life years than those living in the most affluent areas such as Monmouthshire.

With the growing national recognition of these challenges across Wales, Welsh Government identified women's health as a strategic priority, culminating in publication of the NHS Wales Women's Health Plan (2025–2035). The plan sets out a ten-year vision for transforming women's health services. Each year has presented a new set of priorities with 2025 focused around menstrual health, menopause and contraception however the main tenet of the strategy was for Health Boards to

establish a business case for a women's hub where women could access a range of women's services through a single point of access in each Health Board by April 2026.

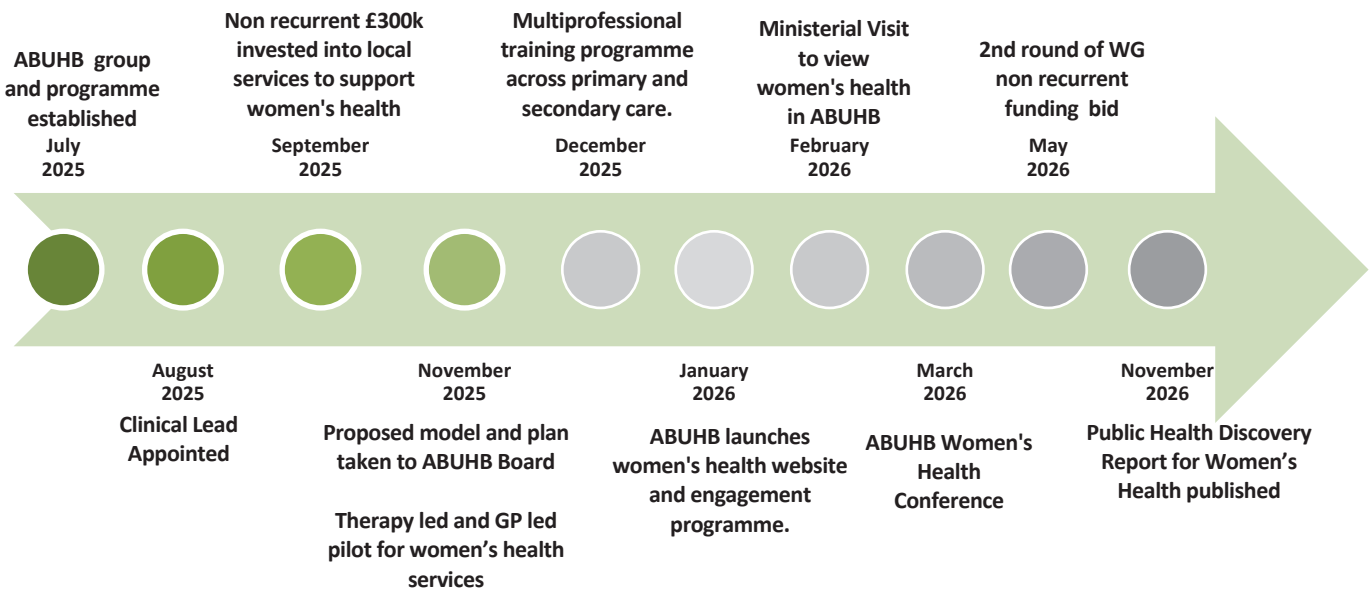
Asesiad / Assessment

Progress within ABUHB

Aneurin Bevan University Health Board is fortunate in that the existing offer to women has been recognised by Welsh Government as more mature than other Health Boards. The Women's Health Ambulatory Unit at Nevill Hall Hospital established in November 2020 sees in excess of 10,000 patients a year and provides an extensive range of services that previously would have been provided in a day-case or inpatient facility. This in addition to a dedicated consultant-led integrated menopause service and a range of nurse-led services including the specialist endometriosis service.

Since July 2025, Aneurin Bevan University Health Board has made significant strides in understanding local need, developing a future service model, and testing new approaches to delivering women's healthcare. A timeline of developments is outlined below:

Timeline of key outputs from Women's Health Programme during 2025/2026



In 2025/26 , the Health Board delivered the following additional services/ training for women's health:

Theme	Initiative
	• Pessary training for 40 staff members increasing access to local care

Training and Enhancing Primary Care	• Pilot of a GP with Extended Role in Women's Health triaging and treating women referred into gynaecology. • Menopause Champion training for 10 GPs increasing access, reducing misdiagnosis and enhancing patient experience • Endometriosis training for three practice nurses • Pharmacy Technician training in emergency contraception • Provision of gynaecology couches in Primary Care
Equity and Access	• Development of sexual health existing booking system to support self-referral services for genito-urinary medicine, contraception, sexual health, termination and vasectomy services • Expanded community sexual health services (coil fitting, sexual health, psychosexual services) in the community • Enhanced coil provision in Blaenau Gwent and North Torfaen • Public Health Discovery Report commissioned to identify inequity and priority areas. Areas of focus included menstrual health, contraception, menopause, and VAWDASV • School Nurse-led Period Dignity Project increasing access to menstrual products for vulnerable groups • 13 midwives trained in Long-Acting Reversible Contraception
Capacity Building in Secondary Care	• Validation of waiting lists • Scoping and planned extension of termination services from 12 to 18 weeks with two consultants trained in late terminations • Extended pelvic health physiotherapy and wellbeing team • Weekend vasectomy service increased during 2025 to reduce backlog • Introduction of nurse-led colposcopy and hysteroscopy activity • Additional ultrasound and colposcopy training
Engagement and Education	• Waiting Well Project virtual education sessions for urogynaecology patients • ABUHB Women's Health Conference (3 March 2026) • Women's Health branding, communications and engagement campaign • Women's Health Survey and condition-specific surveys • Women's menstrual health app development • Development and launch of ABUHB Women's Health Hub website

For 2026/2027 the Women's Health Leadership Group is focusing on the following areas as identified nationally as a priority:

- **Preconception.** Existing work progressing by Public Health: Task Group established with priority activities including development of a preconception toolkit.

- **Pelvic Health.** Ongoing work progressing to strengthen current offer and maintain support around urogynaecology follow up.
- **Violence against women, domestic abuse and sexual violence (VAWDAS).** Recent completion of the Gwent VAWDASV Joint Strategic Needs Assessment by Public Health with focus on delivering the recommendations
- **Women and Ageing Well.** Group established between Primary Care, Frailty Consultant and Families and Therapies to identify gaps and action plan.
- **Establishment of a women's hub**. Linking in with the Gwent Place Based Care programme to consolidate services on specific sites as well as undertaking a feasibility study for a women's hub at Ysbyty Ystrad Fawr funded through partnership monies. This will involve articulating the potential of repurposing the midwifery led birthing unit into a hub for women's services.
- **Publication of the Women's Health Discovery Report and implementation of recommendations.** The Discovery Report was recently discussed at the Population Health and Planning Committee meeting (Appendix 1). An Action Plan to implement the recommendations is under development.

In addition, the Families and Therapies Division has been successful in securing Regional Integration Funding to the value of £65,000 to scope the development of a Women's Health Hub in Ysbyty Ystrad Fawr. The non-recurrent funding which must be spent by 31st March 2027, will be used to develop a service model, scope accommodation and workforce requirements and present recommendations to the Gwent Regional Partnership Board in 2027/28.

The Health Board's work programme on women's health is underpinned by a detailed tracker on which it is reporting regularly to the NHS Performance & Improvement (P&I) Women's Health Team (Appendix 2).

Key Issues

There have been some challenges faced by all Health Boards in relation to the funding and required pace and scale associated with delivering the requirement of the Women's Health Programme as outlined below.

Financial Viability

- The Health Board successfully secured £300,000 of non-recurrent funding through the Women's Health Plan in 2025/26 to support delivery of the initiatives described in this paper. Full confirmation of the funding was received in September 2025. A bid was submitted for a further £200,000 of non-recurrent funding for 2026/27; however, confirmation was received later than anticipated, in October 2026. The timing of funding allocations has presented challenges in progressing some planned initiatives and establishing the programme capacity required to support implementation at pace.

- Welsh Government and the P&I Team have set an expectation that each Health Board will establish a hub for delivery of women's health services within local communities. An initial timeframe for submitting proposals was established for March 2026; however, given the significant financial challenges facing NHS organisations, Health Boards have been exploring a range of approaches to achieving this ambition. To date, no Health Board has submitted a formal business case.

- Within ABUHB, a draft business case is being developed based on increasing the GP with Extended Role in Women's Health pilot, which was undertaken during 2025/26. The proposed model would support the delivery of women's health services within community settings, complementing and enhancing the existing services provided by the Health Board. Consideration of a substantive investment will be informed by the outcomes of the pilot, alongside further assessment of affordability, value, and alignment with organisational priorities within the context of the Health Board's current financial position.

Deliverability and timescales

- The Health Board has highlighted the importance of aligning service development and investment decisions with the long-term ambitions of the Women's Health Plan, recognising that it is a 10-year strategy designed to support sustainable transformation. The Health Board's preferred approach has been to inform service development through a comprehensive assessment of population need, ensuring that future investment is targeted where it can have the greatest impact. This needs assessment has now been completed and is scheduled for publication in November 2026.

- The proposed delivery model is centred on strengthening and integrating existing services, prioritising areas of greatest need, and building sustainable capacity across the system. This includes continued investment in training and skills development within Primary Care, alongside enhanced public education, communication, and support to improve awareness and access to women's health services. This phased approach aims to ensure that service developments are evidence-informed, equitable, and deliver long-term value for the population served by the Health Board.

- Delivering all elements of the women's health hub model remains challenging across Health Boards, particularly the development of a comprehensive single point of access providing women direct access to multiple services. Within ABUHB, progress has been made through self-booking for sexual health services; however, extending this approach across all women's health pathways will not be possible within some ambulatory and secondary care services.

- In the meantime, the Health Board is developing a digital single point of access through its Women's Health website, providing signposting to local services alongside information and education on common women's health conditions. This represents an important step towards improving access, navigation, and patient experience.

Despite these challenges, Public Health and the Families and Therapies Division continue to engage regularly with the P&I leadership team and are working collaboratively across divisions on a number of key priorities within the Women’s Health Plan.

In summary, this report builds on the paper presented to the Executive Team and Board in November 2025 and highlights the progress made in strengthening women’s health services across Aneurin Bevan University Health Board. The Health Board already provides a well-established range of consultant-led, nurse-led services, and ambulatory services for women, although much of this provision is in secondary care.

A significant amount of work has progressed in 2025/26 to understand need, supporting skills development across primary care, increasing public awareness, and strengthening collaborative working across key pathways such as menopause and endometriosis. Work continues to improve access to services and develop more integrated models of care. Sustained progress will require consideration of future investment and funding opportunities, alongside continued national and local support.

Argymhelliad / Recommendation

Members of the Board are asked to:

- Note the current position in relation to women's health services within the Health Board
- Recognise the opportunities and challenges associated with delivering the ambitions of the Women's Health Plan
- Discuss the potential to support a business case for investment into women's health locally

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3. Effective Care 5. Timely Care 7. Staff and Resources Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well Every Child has the best start in life
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse Work in partnership to reduce the incidence of domestic abuse, 'honour' based violence and elder abuse Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	The Gwent Violence Against Women, Domestic Abuse and Sexual Violence Joint Strategic Needs Assessment - Aneurin Bevan University Health Board, September 2026, Gwent Public Health Team. The Women's Health Plan for Wales - NHS Wales Performance and Improvement, December 2024, NHS Performance and Improvement Women's Health Hub - Aneurin Bevan University Health Board, April 2026, Aneurin Bevan University Health Board
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Choose an item.
• **Service Activity & Performance**	Choose an item.
• **Financial**	Yes, outlined within the 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**	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

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

Appendix 1. Draft Women's Health Discovery Report



Women's Health Discovery Report 202

Appendix 2. Summarised Draft Women's Health Tracker

HB: Aneurin Bevan UHB | **Clinical Lead: Clare Lipetz**
Named SRO: Tracy Daszkiewicz | **Operational lead: Sian Chard**

Implementation guide service deliverable: Hubs should provide:	Current: Y/N RAG 26/27	Define Evidence (High level descriptors only e.g. URL's, go Live date, Board approval dates)	Vision and Co-produced deliverables for 2026/2027:	Risks: Risks that threaten delivery of a Q milestone or funding condition will be escalated by:	Dependancies: e.g. digital, finance, workforce,	Q1 milestones:	Q2 milestones	Q3 milestones	Q4 milestones
Single point of access, (or least steps) with mechanisms for self-referrals and clinical referrals	Y	SPOA via existing services: Lille Hub (SRH). Phone triage 01495 765065 Women's Pelvic Health self referral form: https://forms.office.com/pages/responsepage.aspx?id=uChWvjgjkCoVkM6rlyPradMmQ8fX1FOlq3QtzOkjwVUM1BRSk5XREtRQzBITVFDQkFOWlIzUDVJWS4u&route=shorturl Bladder and Bowel self referral: 01633 744286 or email abb.bladderandboweladmin@wales.nhs.uk	Integrated SPOA with potential to self refer mapping service integration through website and digital links to support SPOA	A challenge from a digital perspective and how it fits locally with existing systems and wider national plans ABUHB has a different homegrown digital portal called CWS which has a different	Digital Data and Technology Team	Scope SPOA with DDaT team Lille upgrade to be installed with functionality (weekend work to avoid clinic closure)	Lille Hub upgrade successfully implemented on 12/07/2026 Service integration into landing page - Women's Health SPOA	Evaluation and development of ongoing work to support SPOA for 2027/28 Review Lille Hub booking system	To be advised
SII predominantly in Primary and Community Care and at the 'interface' between primary	Y	Existing pathways between GP and Secondary care services. GPwER implemented within Gwent as a pilot. Co production between Primary and Secondary Care on women's health plan.	interface with shared protocols and advice & guidance. Shared patient record system between Primary and Secondary Care.	Lack of shared digital systems Financial flow challenges between Primary and Secondary care	Primary Care Secondary Care Governance Workforce	Re-establishing clinical leadership for womens health in ABUHB through inviting expressions of interest from Primary Care to ensure their voice is fully represented locally	Review community pathways entry into services Targeted education to primary care	Evaluation and implementation subject to business case Ambulatory Unit review of scope of services	Ongoing estate capacity building in Torfaen and Blaenau Gwent to support Phase 1 of Womens Health Plan Hub development
Education and training for the wider health community	Y	As part of the 25/26 women's health funding training and education was undertaken across a number of women's health areas for Primary Care: Endometriosis, Menopause, pessary training.	Continue education and training through 26/27 funding for	Workforce capacity and competing priorities	Workforce Funding Communication and Engagement Service users	Ongoing development of the business case. Performance of last years workstreams: coils/implants Establish Maternity c-section working group Physicians associate engaging with a service user group from	Specialist Endometriosis Nurse training Primary Care clinicians This requires further patient engagement, engage with Llais for representation at Women's Health Project Group	Women's health training for GP practice staff Integrated Wellbeing Network: Continue with community engagement and intelligence gathering on women's health; use intelligence to shape the work we do and the	Promote HEIW training modules Ongoing development of ABUHB Womens Health webpage, delivery of its communication campaign and delivery of a
Person-centred care with co-design of services	Y	Public Health engaged with the public through surveys and consultations that informed the Women's Health Discovery Report. Integrated wellbeing network engaged with the individual boroughs within gwent through surveys.							
Inclusive care which prioritises the health needs of underserved **Accessible information in multiple formats (online, paper, easy read, etc)**	Y Y	WH Discovery report highlights the underserved communities, through 25/26 funding further activity was completed in those areas. Ongoing work continues. Through the 26/26 funding the communication and engagement team developed accessible information in paper formats https://abuhb.nhs.wales/hospitals/a-z-of-services/womens-health-hub/	Targeted model that reduces inequalities and improves access for underserved	Difficulty to engage underserved groups	Public Health Third sector Community Communication and Engagement Finance	Local leadership group establishing new priorities and approach to reflect WH priorities for 26/27 to include SPOA development, service and estates planning. Allocation of 26/27 non recurrent funding Refresh of Women's Health Campaign Plan Identify and align campaign activity with key awareness dates	Women's Health Discovery Report published and launched; communications plan developed to promote the publication amongst key stakeholders Phase Two: Website Development (By End of Q2) Further develop and refine the narrative and user journey for the Women's Health online hub. Promote the online hub through campaign and partner	Triangulation of patients on Gynae Waiting List against social deprivation index LSOA Embedding the Women's Online Hub Increase cross-promotion of the Women's Health hub across Health Board and partner websites. Develop and distribute promotional materials and	Development of VAWDASV recommendations and local plan To be advised
Provide more than gynaecological / SRH services, such as psychological / CBT,	N Y	CBT clinics run by physicians associate Psychosex service in SRH Physio Therapy clinics ran through Pelvic Health continence and Psychosex	Physiotherapy / Pelvic Health, Preconception health - emotional and mental health and wellbeing.	Funding and workforce constraints	Secondary Care Primary Care Finances Workforce		Map the integrated Wellbeing community work	Additional Pelvic Health Physio Clinics subject to WH funding Map skill mix range of professionals - physicians	Review the scope of the ambulatory unit to enhance the offer to the local population
The hub should act as a 'gateway' acting as a central point of access and directing/referring service	Y	The virtual Women's Health Pathfinder Hub provides users with information and directs to the most appropriate service	Women's Health Hub Service Design	Funding Workforce Estates capacity Governance	Secondary Care Primary Care Communication and Engagement	three key elements that underpins hub development progressed over 26/27 1. ongoing development of women's health site and linkages with existing services	three key elements that underpins hub development progressed over 26/27 1. ongoing development of women's health site and linkages with existing services	three key elements that underpins hub development progressed over 26/27 1. ongoing development of women's health site and linkages with existing services	three key elements that underpins hub development progressed over 26/27 1. ongoing development of women's health site and linkages with existing services
Provide services for: - Menstrual Health - Contraception (incl. abortion care and post	 Y	Within Secondary Care we have an endometriosis specialist service, there are nurse led endo and pelvic pain clinics. Training on Endo pelvic pain has been given to medical students. Abortion care is provided within AB, additional training for a consultant to undertake abortions for women over 14 weeks. Emergency contraception training has been provided to pharmacy		Funding Workforce	Primary Care Secondary Care Community	Two surgeons completed 2nd trimester training	GPwER providing services for menstrual health related conditions subject to business case funding SBAR for extension for STOP services	GPwER providing services for menstrual health related conditions subject to business case funding Ongoing work to implement outstanding actions from needs assessment	GPwER providing services for menstrual health related conditions subject to business case Establish first and second trimester surgical STOP lists
Menopause Care		Gynaecology Menopause Service for Surgical Menopausal women & SRH Specialist Menopause service. There are menopause champions within GP practices across Gwent, along with BMS				Established a joint oncology Menopause Macmillan funded	Scope to consolidate existing menopause services on key community sites in AHUHB GPwER scope to include menopause, testosterone		Evaluation of Menopause Macmillan funded clinic
Communications plan		A communication plan has been developed the the communication and engagement team. ongoing communication and engagement		Increased demand due to raised awareness whilst capacity remains the same	Communications and Engagement Third Sector	Refresh of Women's Health Campaign Plan Identify and align campaign activity with key awareness dates and events.	Phase Two: Website Development (By End of Q2) Further develop and refine the narrative and user journey for the Women's Health online hub.	Embedding the Women's Online Hub Increase cross-promotion of the Women's Health hub across Health Board and partner websites.	Social media engagement data for specific women's health posts KPI aims
Centralised baseline analysis of the Specialist	N	NHS P&I requested ABUHB workforce to provide the data.Our Women's Health services span a very large number of areas, and we do not currently hold the information needed to determine	Understanding of women's health workforce	Inability to capture workforce data	Workforce		Await standardised proforma from HEIW / P&I		
Promote and monitor completion of relevant education and e-learning across all specialities, including tracking training uptake		Internal through ESR and monitored through Specialties Unable to monitor HEIW modules			Workforce	Endo specialist nurse developed HEIW endometriosis training	To be advised / further work required in this area	ABUHB developing further HEIW educational material with ABUHB Endometrial specialist nurse	Utilising HEIW training GP training events Training of practice nurses utilising HEIW education material for endometriosis to be led by Specialist Nurse
Website local front door that signposts and support the requirement of the national	Y	https://abuhb.nhs.wales/hospitals/a-z-of-services/womens-health-hub/	1,209 users since established		DDaT Communication and Engagement	Continue to update the local site and align with the national website as required	Continue to update the local site and align with the national website as required	Continue to update the local site and align with the national website as required	Continue to update the local site and align with the national website as required
Develop and utilise local data collection processes aligned with national women's health datasets and reporting requirements	?	Whilst data is collected for patients not all women's health areas are separated. There is further work to be done in this space		Lack of data leads to poor quality	DDaT National Measures guidance		Exploration to strengthen data in Ambulatory Unit Endometriosis using the BSGE pelvic pain and EQSDSL questionnaires and for our Pelvic Health Patients (Urogynaecology) the ICIQ questionnaire PES + / CIVICA	Engage with the P&I team to identify further opportunities	
Demonstrate, where able to, effective data flow between primary and secondary care, including Where appropriate implement at least one disease specific PROM	? referenced patient reported	Shared care protocol / advice and guidance pathways. Proms and Prems for our Endometriosis using the BSGE pelvic pain and EQSDSL questionnaires and for our Pelvic Health Patients (Urogynaecology) the ICIQ questionnaire	Improved data sharing between systems, explore potential options.	System integration issues	Secondary Care Primary Care DDaT Governance Clinicians DDaT PROM frameworks	Explored systems such as EMIS community Continue to monitor PROMS & PREMS	GPwER will be dependent on CWS in the first instance until digital solution put in place e.g EMIS community subject to funding Continue to monitor PROMS & PREMS	GPwER will be dependent on CWS in the first instance until digital solution put in place e.g EMIS community subject to funding Continue to monitor PROMS & PREMS	GPwER will be dependent on CWS in the first instance until digital solution put in place e.g EMIS community subject to funding Continue to monitor PROMS & PREMS
Ensure PES or PES plus is implement within the Hubs	Y	The PES is already set up within the majority of services that come under the WHH. AB are reviewing their WHH services to decided which will be appropriate for PES+ when ready.			Governance Communication and Engagement	Internal meeting taken place with Patient feedback service manager in corporate services to discuss National PES Plus	C:\Users\ch049512\OneDrive - NHS Wales\Performance\Women's Health Plan\Documents\PES - pptx	Integration of PES +	End of year outcome data
Ensure pathway mapping, population needs assessments, and an inequalities-focused approach inform service design and business case/IMTP planning	Y	Women's Health Discovery report completed and an action plan developed as a result which will inform the business case			Public Health	Discovery report completed Mapping existing pathways through the health care pathway	Operational plan prioritising known areas of inequities Blaenau Gwent and Torfaen GPwER completed referral and needs analysis	Ongoing implementation of Women's Health Discovery Report Action Plan Triangulating GP referrals to Gynaecology with LSOA	Development of VAWDASV recommendations and local plan Ongoing implementation of Women's Health Discovery Report Action Plan
Does the hubs offer		Targeted activity through 25/26 funding. Principals of self referral to SRH and BETH. Locating specific clinical services in areas of need e.g. Blaenau Gwent coil clinic. Repatriation of abortion care to Health Board, see TOP work.		Funding Workforce Estates	Public Health	Discovery report used to prioritise operational role out and / priority areas	Integrated wellbeing leads and place based care network in each locality defining local needs for women supplemented by local surveys	Analysis of Gynae waiting times by LSOA completed by Public Health	Ongoing implementation of Women's Health Discovery Report Action Plan
Ensure services comply with the requirements of the National Pathways Programme	Y	GPwSI undertook waiting list exercise, triaging patients that sit on the Gynaecology waiting list. Internal monitoring by Services for RTT.	Continue to monitor internally	Treat in turn limitations / RTT	Directorates /Service Managers / Performance teams	Service pathways mapped by digital team as part of the SPOA work	Optimum waiting times identified within business case		Describe those pathways that could sit within a women's hub without duplication or delay
Align service pathways with National Health Pathways	Y	GPwER pathway work, see above.			Secondary care Primary Care Governance	Primary Care clinicians referring and Secondary Care clinicians triaging against national pathways and locally agreed pathways through the LMC	Ongoing clinical engagement and development of prioritised women's health pathways through community health pathways	Ongoing clinical engagement and development of prioritised women's health pathways through community health pathways	
Have skilled multi-professional teams	Y	A multi professional team embedded across a range of services including Nurse Led, Physicians Associate, Pelvic Physio, Psychosexual Counselling			Workforce Finance				
Ensure co-producing and developing women's health hubs		co production built into the Women's health discovery report and contraception needs assessment, along with surveys. Ongoing work planned. Women's Health Collaborative Group and Women's Health Delivery Group work. Gap referral currently for SRH / Pelvic Health / Bladder & Bowel. SPOA work underway.		Stakeholder engagement: Tokenism Time and resource constraints Capturing diverse voices	Communications and Engagement Service Users Third Sectors	Establish Maternity c-section working group Physicians associate engaging with a service user group from underserved community	This requires further patient engagement, engage with Llais for representation at Women's Health Project Group	Integrated Wellbeing Network: Providing training to, or advocating training for, communities Further establish mechanisms for obtaining community insight	Ongoing development of ABUHB Womens Health webpage, delivery of its communication campaign and delivery of a Targeted Women's Health Social Media
Provide services in a choice of ways: face-to-face, virtual/remote and develop	Y	Women's Health Collaborative Group and Women's Health Delivery Group work. Gap referral currently for SRH / Pelvic Health / Bladder & Bowel. SPOA work underway.	Map delivery model within business case	Digital exclusion and inconsistent service models limit access	DDaT Primary & Secondary Care		SRH SPOA upgrade complete, improving access to patients self referring 24/7 through a digital platform	Phased transfer of SRH services from self referral to digital booking through Lilie Hub SPOA	Roll out of self check in e-LGH sites Public Health submission of a bid to
Agree implementation plans in all Health Boards for the next five national clinical		Recognise need to align with VAWDASV statutory obligations, WSAS delivery, place based care programme		Capacity administrative capacity (Funding requested to support capacity requested through non-	Directorates Planning Clinicians Programme Boards		Discussion on going with interested stakeholders to work on the five priorities VAWDASV, Pelvic Health, ageing well, preconception, hub	Ongoing discussion through stakeholder groups for each priority area to develop key actions	Action plans agreed and in place
Establish clear governance arrangements, with regular reporting through internal structures and externally via the Women's Health Network		Internal Women's Health project group established in April 2025, which the priority task and finish groups report into. External reporting includes Leadership Group, Clinical Leadership Group, and Programme Oversight Board. Bi-weekly meetings arranged with Jess, project manager for NHS Wales P&I.		Data quality	SRO Clinical Lead Operational Lead Governance			Developing a KPI dashboard for women's health and priority areas	
Ensure steering group structures as mechanisms for delivery	Y	ABUHB Women's Health Project Group meets each month to discuss women's health progress and delivery.		Capacity administrative capacity (Funding requested to support capacity requested through non-recurrent women's health funding)	SRO Clinical Lead Operational Lead Governance	Leadership Group with sub workstreams established in 2025/26. Structure currently refreshed to reflect 26/27 priorities with new workstreams in place for pelic health, ageing well, preconception and VASDAW			
					Year one deliverables - Women's Health Plan				
Ensure Health Boards include contraception and abortion care within their Integrated Medium Term		Included within F&T IMTP Divisional Priorities - Reduce unplanned pregnancies - BETH: sustainable and Accessible Service		Funding Ethical barriers within existing workforce (TOP) Capacity (i.e Theatres / anaesthetics etc) Clinical Governance	Planning Finance Clinicians Directorates	Clinical discussions undertaken to agree TOP pathway and clinical governance arrangements Financial model to support TOP articulated Initial SBAR drafted for discussion	SBAR developed for terminations of pregnancy with option appraisal ready for internal escalation to execs Ongoing work to implement outstanding actions from	Exec discussion to proposed a way Ongoing work to implement outstanding actions from needs assessment	Ongoing work to implement outstanding actions from needs assessment
Undertake a scoping exercise, through Health Board safeguarding leads, Seek commitment from NHS Wales to sign up to a 'sexual	Not referenced.	A VAWDASV JSNA / Discovery Report is being developed by the Public Health team VAWDASV does not sit under Women's Health plan as pre existing Executive Director (Sarah Symonds) aware of this since 2025	Publish VAWDASV JSNA	Administrative capacity (Funding requested to support capacity requested through non-	Public Health Workforce Safeguarding Governance	Initial meeting with VAWDASV taken place	VAWDASV HNA to be published dureing Safer Communities week in September		Development of VAWDASV recommendations and local plan
Work with third sector and charities to develop community menopause champions and advocates.		Integrated wellbeing to advise who is involved			Third Sectors Public Health Communication Trainers (SRH)	Link in with GAVO			

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

The Gwent Women's Health Discovery Report 2026





Healthier Women: Stronger Communities

Produced by:

Tîm Iechyd Cyhoeddus Gwent Public Health Team

Foreword – a message from Prof Tracy Daszkiewicz, Director of Public Health for Gwent

Women and girls make up 51% of Gwent's population, yet too many continue to face avoidable inequalities in life expectancy, mental well-being and access to care. These inequalities are shaped by the social conditions in which women live, learn and work, including poverty, education and employment.

Although women in Wales live longer than men, they spend more years in poor health. There are also significant differences between women in Gwent. Women living in the most deprived areas of Torfaen and Newport can expect over 25 fewer healthy life years than those living in the most affluent areas of the same local authorities. These gaps are unjust, and they compel us to act.

The Welsh Government's 2022 Quality Statement and Discovery Report marked an important step forward for women's health in Wales. This was followed by the 2024 NHS Wales Women's Health Plan, which sets out eight priority areas and a long-term vision to tackle inequalities and close the gender health gap.

As part of this commitment, Health Boards are required to establish Women's Health Hubs, with an initial focus on contraception, menopause and menstrual health. While these are important starting points, the ambition is much broader: a holistic approach that addresses the wider inequalities women face throughout their lives.

Women's Health Hubs will provide integrated, community-based services that:

- bridge primary and secondary care and work with the voluntary sector;
- bring services together, including gynaecology and contraception;
- are shaped by the experiences of women;
- provide inclusive and accessible support, particularly for underserved groups;
- improve education, training and referral pathways; and
- ensure women know how and where to access support.

This report demonstrates both the scale of the challenge and our ambition to create change. By working together across sectors, and with the women and girls of Gwent, we can build a fairer, more responsive system that truly meets their needs.

Prof Tracy Daszkiewicz
Director of Public Health for Gwent



> "Communities and countries and ultimately the world are only as strong as the health of their women"- Michelle Obama









Executive Summary

The Women's Health Plan for Wales identifies eight priority areas for improving women's health which includes Menstrual Health, Contraception (including post-natal contraception and abortion care), Menopause, and Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV). Together, these areas highlight the need for a coordinated and responsive approach to supporting women's health and wellbeing across the life course.

This report has been developed by the Aneurin Bevan University Health Board (ABUHB) Gwent Public Health Team to articulate the local picture for each of these priority areas. It brings together available evidence, insights, and emerging work across the region to better understand women's health needs in Gwent and to support the ongoing development of services and support, particularly the development of women's health hubs.

There are already a number of initiatives underway across Gwent aimed at strengthening the women's health offer. These include new projects and proposals designed to improve access to care and enhance service delivery, to inform the establishment of a Women's Health Pathfinder Hub and then a network of hubs across Gwent. In addition, a Contraception Needs Assessment and a VAWDASV Needs Assessment are currently being developed and are expected to be published in the coming months, providing further insight to guide future planning.

A review of available quantitative data highlights several challenges in understanding and responding to women's health needs. There is limited visibility of women's health needs and cohorts within existing datasets. The data also suggests potentially biased trends in contraception and hormone replacement therapy (HRT) prescribing, which appear to be associated with sociodemographic characteristics such as ethnicity and levels of deprivation.

Engagement with individuals and stakeholders across Gwent further highlights a range of barriers that women experience when seeking support for their health needs. These include sociocultural factors such as gender bias and the historical disregard of women's health concerns, variations in professional knowledge and confidence regarding women's health issues, and ongoing challenges in accessing appropriate services.

Based on what we know about women's health in Gwent at this time, we recognise that our transformation of women's health services in Gwent is only just beginning. Our ambition moving forward is to work with system partners to identify further opportunities for improvement and to address the inequalities and inequities that currently exist for women across Gwent.

Introduction

An estimated 306,600 women and girls live in Gwent[1], from the post-industrial valleys of Blaenau Gwent and Torfaen to the rural areas of Monmouthshire, from urban Newport to the communities of Caerphilly.

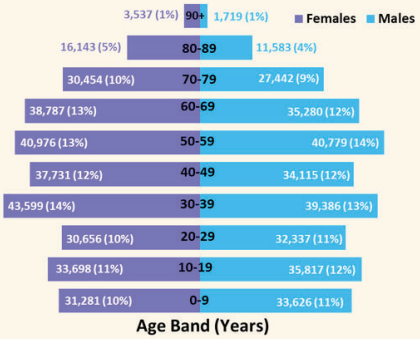


Figure 1: Mid-year estimates (2025) of the population in Gwent by sex and by 10-year age band[1]

With Menstrual Health, Contraception, and Menopause being the three current priorities in Wales, in line with the Women's Health plan for Wales[2], this report provides a review of each of these areas through incorporating available data and engagement feedback from people in Gwent. An additional section covering violence against women and girls, domestic abuse and sexual violence (VAWDASV) has been included. VAWDASV represents a pervasive threat in Gwent to women's physical and mental health, safety and well-being. The Gwent Public Health Team, on behalf of the VAWDASV Partnership Board, is undertaking a comprehensive VAWDASV Needs Assessment (due for publication in 2026), which will provide recommendations to strengthen our response to VAWDASV across Gwent. Whilst the initial focus, in line with the three priorities outlined above and as required by Welsh Government, is on sex-specific issues, the long-term intention is for an approach that addresses issues beyond those that are related to gynaecological processes and procedures, to truly address inequalities and inequities in Women's Health.

Where available, metrics pertinent to this report have been presented for women and girls in Gwent. However, a key limitation of this review is a lack of Gwent level, official quantitative data.

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Background

The women's health crisis in the UK is not an abstract, national problem; it plays out in all areas of life. Women are often balancing family and caring responsibilities alongside employment, which compounds an already challenging landscape of not just accessing healthcare services but being taken seriously when seeking support[4,5].

Women experience unique processes, states, and conditions, such as menstruation, menopause, pregnancy, and gynaecological disorders. Yet, our model of healthcare has been "designed by men, for men"[8] with women consistently under-represented in medical research and clinical trials. A rapid evidence review conducted by Health and Care Research Wales in 2022, identified research gaps on topics such as pain management, polycystic ovary syndrome (PCOS), menstrual health, menopause, access to minor gynaecological procedures and endometriosis[9].

Healthcare is "systematically discriminating against women, leaving them chronically misunderstood, mistreated and misdiagnosed" - Caroline Criado Perez (2019)11

Did you know: For women in Wales, it takes an average of 9 years and 26 visits to their GP to reach a diagnosis of endometriosis[13]

Following a potentially lengthy process to reach an accurate diagnosis, ongoing delays are encountered during the wait for treatment. Like other parts of the UK, gynaecology services in Wales have been disproportionately impacted by the COVID-19 pandemic; waiting lists have more than doubled in some areas since 2020 which represents the fastest monthly growth of all specialties within elective care services[14].

Did you know: – If all those waiting for Gynaecology treatment in Wales formed a queue, the line would be the distance between Newport and Cardiff-13 MILES LONG

In Gwent, over 8,850 women were on a waiting list for gynaecological services as of July 2025[15]. Demand for these services in Gwent needs to be understood, particularly as women may be on a waiting list multiple times for different pathways.

In July 2025 the median waiting time for Gynaecology service referral to treatment in Gwent was 19.6 weeks with 10% of patients waiting more than 43.3 weeks[15]

In failing to adequately support women's health, our healthcare system has a substantial impact on the UK economy. Workplace absenteeism in the UK due to menstrual symptoms, endometriosis, fibroids, and ovarian cysts has an estimated cost of £11 billion per year[17]. The economic impact of unemployment in women (approximately 60,000 women) due to menopause symptoms alone has been estimated at £1.5 billion each year in the UK[17].

Did you know: In 2024, women in Wales had the highest sickness-related absence from work in the UK with 3.1% of working hours lost due to sickness[18]

Although on average, women live longer than men, women typically spend a larger proportion of their lives in poor health, with long-term conditions or disabilities, compared to men[19]. Consequently, most women (83%) with long-term physical or mental health conditions report a negative impact on their ability to attend school, college or university; work for a family business; seek work; or care for their family and home[17].

Did you know: Women in Gwent are estimated to spend 57.9 years in good health; men can expect to spend 58.9 years in good health[19]

In Gwent men can expect to have 58.9 healthy life years and women can expect to have 57.9 healthy life years which are lower averages than for Wales overall (men - 60.3 years; women - 59.6 years[119]. The difference across Gwent is stark, as shown in figure 2.



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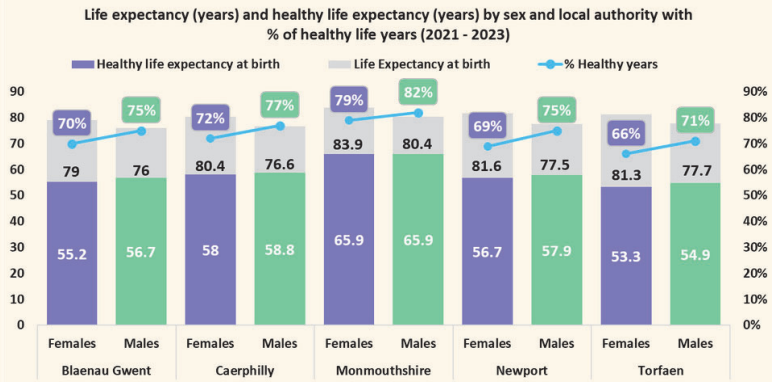


Figure 2: Life Expectancy (years) and healthy life expectancy (years) by sex and local authority for 2021 – 2023 with % of life spent as healthy years[20]

Healthy life years data by local authority doesn't only provide evidence of disparities between men and women, clear differences can be seen between women in different areas of Gwent. For example, women living in Torfaen (53.3 years; 66% of life) can expect over 12 fewer healthy life years compared to women in Monmouthshire (65.9 years; 79% of life).

To be able to address these avoidable differences we need to understand what is driving them, and the wider determinants of health in Gwent, such as deprivation. Recent figures show a 20.5-year gap in healthy life years between women living in the most deprived areas of Gwent compared to women living in the most affluent areas in Gwent[20].

Did you know: In Newport and Torfaen, women living in the least deprived areas are estimated to have an additional 25.5 healthy life years, compared to women living in the most deprived areas[19]

Furthermore, avoidable deaths (age standardised) in women living in the most deprived areas of Wales (348 per 100,000 females) are 2.7 times higher than in women living in the least deprived areas of Wales (126.7 per 100,000 females)[22].

What are 'avoidable deaths'? As per the international avoidable mortality definition, avoidable deaths are due to preventable or treatable causes[23]

As with healthy life years, disparities in female avoidable mortality are evident across local authorities in Gwent, with Monmouthshire at the lowest rate of 165.1 avoidable deaths in women per 100,000 population, and Blaenau Gwent at the highest rate of 308.6 avoidable deaths in women per 100,000 population[22]. Notably, Aneurin Bevan University Health Board has a higher rate of avoidable deaths in women (233.1 per 100,000 population) than Wales overall (212.1 per 100,000 population) (figure 3).

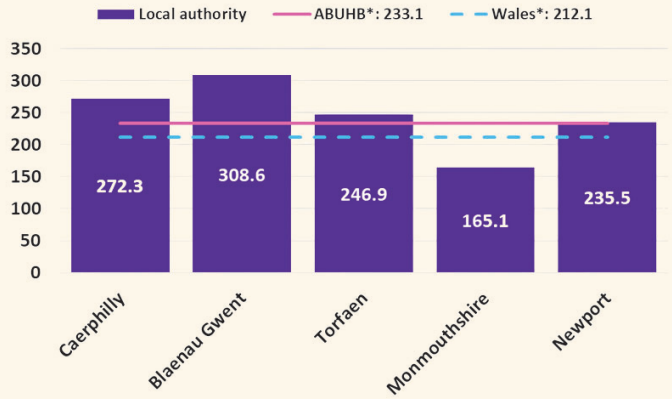


Figure 3: Age-standardised avoidable mortality rate per 100,000 population for women by local authority (between 2021 – 2023), for Aneurin Bevan University Health Board (ABUHB; *2023) and for Wales (*2023)

It is important for us to have the ability to reliably interpret which factors influence the disparities in women's health across areas of Gwent. Level of education, deprivation, housing, societal participation and perception of control over life are some examples of wider determinants impacting women's health[24].

This Women's Health Discovery Report supports Aneurin Bevan University Health Board's commitment to understanding disparities as they specifically affect women and girls in Gwent. Through analysis of available data, and through consultation with communities across the five local authorities, this report summarises key information on what we currently know about menstrual health, contraception, menopause and VAWDASV in Gwent.

Policy Context

A Healthier Wales (2021)[26] provides the overarching vision for health and social care transformation, emphasising person-centred care, community-based services, prevention and whole-system partnership working.

A Wales-wide Women's Health Discovery Report (2022)[27] captured the voices of over 3,800 women across Wales to inform the development of the 10-year Women's Health Plan for Wales. The report identified six priority themes: gender inequality, access to healthcare, well-being, information and education, workplace health, and research.

The Quality Statement on Women's and Girls' Health (2022)[28] sets out clear expectations for health boards to transform women's healthcare across Wales.
Following these publications, Welsh Government launched the NHS
Wales Women's Health Plan: A 10-year plan for Women's Health in Wales in December 2024[29]. The plan outlines a vision for an NHS Wales approach to improving health outcomes for women, with a focus on eight priority areas and a series of short, medium, and long-term actions.

Following the publication of the plan, Health Boards have been mandated to achieve the following by the end of March 2026:

- ✓ **Establish at least one pathfinder women's health hub that should be sustained from April 2026 onwards, with a focus on the three priority areas: menstrual health, contraception, and menopause**
- ✓ **Have an agreed plan in place for the wider implementation of women's health hubs**
- ✓ **Ensure women's health hubs are included in the 2026-27 IMTP**

The All Wales Policy on Menopause[30] provides a framework for consistent, evidence-based menopause care across Wales. The policy recognises that menopause is a normal transition that may require additional consideration, support and adjustments before, during and after the menopause in education and workplace. These policy mandates provide both the strategic direction and the imperative for transforming women's healthcare in Gwent moving from fragmented, inconsistent support to coordinated, accessible services that address the needs of all women and people navigating health across our five local authorities.

Discovery Report Methodology

This Discovery Report used a mixed-methods approach, combining quantitative data analysis with qualitative Gwent-wide consultation to provide an understanding of Women's needs in Gwent.

Quantitative Methodology
The quantitative data presented within this report has been retrieved from several publicly available sources.

There is limited local data available as to the prevalence of menstrual health and menopause related conditions in Gwent. Where GP practice system data may exist, it cannot be readily accessed. These data limitations are noted throughout the report and represent a critical gap in our understanding of women's health needs across Gwent.

Qualitative Methodology: Community Consultation
Data collection took place between April-June 2024 over a period of 12 weeks through seven public engagement events and an online survey. We asked two questions:

1. What do you think would make improvements to women's health?
2. What do you think is the hardest challenge to women's health?

Engagement Methods
In-person events
We engaged with communities at seven public events across each local authority in Gwent. Specific events were selected to ensure diversity and inclusivity in our respondent pool, capturing voices from different areas.

Online survey
Questions were also distributed remotely using social media to enable further participation from those unable to attend events.

Ethical considerations
All respondents provided informed verbal consent to participate. Data collection was anonymous, and data was handled in accordance with GDPR.

Data Analysis
Engagement with residents of Gwent produced over 600 statements describing experiences of, barriers to, and suggestions for improvements to women's health. Qualitative thematic analysis followed Braun and Clarke's framework[32].
Ten main themes with associated subthemes were identified. The themes, including direct quotes, are referenced throughout this report.

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Gwent Voices: Cross-Cutting Themes

The Gwent Women's Health Discovery Report

Following data collection and analysis several cross-cutting themes were identified and summarised below. Please contact the Gwent Public Health Team for access to the full thematic analysis report. These themes are interconnected and compound one another, creating cumulative obstacles for women to live healthy and fulfilled lives.

1 **Sociocultural barriers:** Women in Gwent described profound stigma surrounding women's health, with their symptoms frequently dismissed or minimised. Many reported feeling embarrassed about discussing women's health issues and expressed frustration that their symptoms were not treated or taken seriously.

2 **Formal and informal support:** Women in Gwent expressed a strong need for both formal and informal support systems tailored specifically to their needs. Many highlighted the lack of support after diagnosis and inadequate follow-up support from healthcare providers, particularly GPs. Many women called for spaces where they could connect with others. They expressed a desire for 'women's networks, help forums and community pages to share experiences' where women could openly discuss challenges and access peer support.

3 **Specialised health service provision:** There is a demand for women's hubs that are not in GP settings with specialist knowledge to conduct hormonal assessments, and offer support for weight loss, eating issues, endometriosis and other common health issues women experience, as well as support and advice when they are not unwell.

4 **Inequities to access healthcare:** Gwent women expressed significant concerns about inequities in accessing healthcare services, highlighting the need for services being closer to home and issues relating to language and cultural barriers, and a need for more inclusive services for refugees and asylum seekers, and people who are neurodivergent or disabled.

5 **Services, Resources & signposting:** Many expressed frustrations with the lack of services and resources beyond health care, emphasising a need for more innovative services. Affordable child support options were also identified as a key need, with many women emphasising the lack of resources for women balancing caregiving with other responsibilities.

6 **Information, education and awareness:** Gwent women emphasised the need of in-person information resources such as informal drop-ins at a women's centre, and better education within schools.

7 **Access to healthcare:** Access to timely healthcare emerged as a critical barrier across Gwent, the challenge begins at the primary care level and extends throughout the system.Beyond primary care, women can feel they face long waiting lists/times and a lack of clinical facilities, leaving them experiencing frustration and isolation.

8 **Competence in women's health among health professionals**: Women in Gwent expressed significant concerns about healthcare professionals' understanding of women's health conditions across menstrual health, contraception, and menopause. Women described inconsistent advice, particularly for menopause, depending on which GP they saw.

9 **Health behaviours:** Women emphasised the critical role of general healthy habits in improving overall well-being. The biggest challenge to healthy eating was the lack of cheap healthy food.

10 **Balancing role:** Women highlighted the need for support that extends beyond healthcare settings into workplaces and communities. The impact of women's health conditions on employment, education, and daily functioning requires a whole-system response.





Menstrual Health

Did you know: Up to 90% of women of reproductive age globally experience at least one premenstrual symptom, with some experiencing severity that meets the threshold for premenstrual syndrome (PMS) or premenstrual dysphoric disorder (PMDD)[33,34]

Menstrual health is the state of complete physical, mental, and social well-being in relation to the menstrual cycle and how it directly impacts women's overall well-being across all spheres of life[35].

Although individual experiences vary greatly, and symptoms may not fit neatly into specific cycle phases, those who have a menstrual cycle (appendix A) may experience discomforts and disorders throughout including conditions such as dysmenorrhoea, premenstrual syndrome (PMS), premenstrual dysphoric disorder (PMDD), endometriosis, polycystic ovary syndrome (PCOS), and menorrhagia[37].

Work is underway within the Gwent Public Health Team to produce a PMS and PMDD Discovery Report to help us improve our understanding of these conditions in Gwent. The report will be published in the coming months.

Current Challenges
The extent to which menstrual health problems impact people in Gwent remains unknown as there are limited records capturing this information. However, our engagement revealed significant challenges in accessing appropriate menstrual health support.

Gender Bias and Stigma
Women in Gwent described experiencing profound stigma surrounding menstrual health, with menstrual conditions often disregarded or dismissed. Respondents emphasised a 'stigma on women about putting their needs first' and speaking about their health, particularly the 'stigma on menstrual conditions'. Many women reported feeling embarrassed about discussing menstrual health issues and expressed frustration that their symptoms were frequently 'not treated or taken seriously' or were 'put down to just being a woman'.

Research supports these experiences, with gender bias in diagnosing depression in women resulting in many other symptoms or mental health needs being overlooked[39].

Access Barriers to Healthcare
Access to timely healthcare emerged as a critical barrier. Women reported that 'help is often not readily available via the Dr's surgery' due to a 'lack of GP appointments available'. This 'inability to get GP appointments makes it impossible for women to access the right referral service'.

Healthcare Professional Competence
Participants expressed significant concerns about healthcare professionals' understanding of menstrual health. Women stated: 'I think GPs should somehow have better education on women's healthcare' and called for 'specialist advisors who are trained to listen and provide accurate diagnoses'. The lack of knowledge about what is 'normal' in terms of menstrual health can lead to late diagnosis of serious conditions such as endometriosis, Polycystic Ovary Syndrome (PCOS), Premenstrual Dysphoric Disorder (PMDD), or gynaecological cancers[28].

Lack of Specialised Services
Women expressed frustration with the 'lack of services' and 'lack of resources' specifically for menstrual health. Many felt that 'health services were generic' and lacked the specialised care necessary.

Information and Education
The consultation highlighted significant gaps in accessible information. Women stated that information should be 'all in one place', 'easy to access', 'accurate', and 'up to date', including 'available services', and 'signposting links'. They emphasised the need for 'women's health education within schools for boys and girls' to ensure younger generations grow up with necessary knowledge; a priority echoed in the Welsh Government's Period Proud Wales plan[40], launched in 2023.

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Menstrual Health Cont'd

Existing Service Provision

- Specialist pathways for conditions like endometriosis and PMDD remain limited, with long waits for diagnosis and treatment.
- Endometriosis service provides face to face appointments with the consultant and face to face and telephone clinic appointments with Endometriosis nurse (wait times of up to 49 weeks from initial referral to first appointment). There are three Primary Care practice nurses currently undertaking Endometriosis training to manage patients within one year of being referred in.
- There is currently no pain management service specifically in place for menstrual health related conditions.
- Menstrual health concerns—such as heavy bleeding, dysmenorrhea, and suspected endometriosis — are primarily managed in primary care, but also through ABUHB Integrated Sexual Health Clinic providing contraceptive options that can help regulate cycles and offer referrals for specialist gynaecology when needed.
- What's happening for women in communities: Community Provision (Period Dignity) - ABUHB works with local authorities to deliver the Period Dignity Grant programme which includes free menstrual products available schools, colleges, leisure centres, libraries, youth hubs, and community venues.

Gaps in provision

Engagement with over 600 people across Gwent revealed that current provision for menstrual health falls significantly short of the Women's Health Plan for Wales (2024) aspirations. Women's voices demonstrate:

Current Gap	Current Gap (Gwent Engagement Findings)
Accurate, timely information	Information is fragmented and inaccessible; women 'unaware of what is available' and don't know 'where to access information'
Continued access to sanitary products without financial barriers	Continued support for free sanitary products through the Period Proud Wales Action Plan (2023)
Access without financial barriers	Cost barriers identified; concerns that accessing services and health-related activities is 'too expensive'
Timely diagnosis without dismissal	Symptoms 'not treated or taken seriously', 'put down to just being a woman'; inability to get GP appointments
Positive, respectful environment	Profound stigma on menstrual conditions; women lack confidence to approach services, feel 'uncomfortable discussing women's problems'
Full participation in life	Access to 'tools and strategies' which enable women 'to cope better with mental health' as this will support women to 'be more inclined to get out more'



Actions

The planned implementation of Women's Health Hubs across Gwent aligns directly with what women have requested through engagement:

- **Dedicated women's health facilities/pop up clinics: Addressing calls for 'women's hubs/service that are not in GP settings' with specialised provision**
- **Specialist expertise: Providing 'clinicians with specialised knowledge in women's health' across the life course**
- **Direct access: Developing pathways that enable women to access services without excessive delays**
- **Comprehensive support: Offering assessment, diagnosis, and ongoing management of menstrual conditions**
- **Information and education: Providing accessible, centralised information resources as requested by women**

Additional suggested actions emerging from the engagement include:

- Enhanced public health campaigns to reduce stigma and increase awareness of menstrual health conditions
- Mandatory girls and women's health education in schools, colleges and universities for all students to normalise discussions and improve health literacy
- Training programmes for healthcare professionals focused on menstrual health conditions and patient-centred communication to better understand menstrual health and how to support their patients
- Improved signposting with information 'all in one place' and visible in locations women frequently visit
- Development of a patient-facing landing page providing accessible information on menstrual health conditions and self-care strategies.
- Implementation of community health pathways to standardise menstrual health management within primary care, ensuring consistent assessment and support prior to referral to secondary care.



Contraception, Post-Natal Contraception and Abortion Care

Access to contraception is an essential right which is vital for empowering bodily autonomy, choice, and for health. Contraception services in Gwent are primarily delivered within Primary Care, community pharmacies, and Sexual and Reproductive Health clinics. In addition, contraception provision is available within maternity and gynaecology services.

To improve our understanding of contraception provision and need in Gwent, a Health Needs Assessment was recently completed by the Gwent Public Health Team. Data was collated on existing services, volumes of contraception prescribed, and contraception-related outcomes such as conceptions and abortions.
Key points raised within the Contraception Health Needs Assessment have been summarised within this section. The Contraception Health Needs Assessment is due to be published imminently.

Contraception
Each area within Gwent has experienced a notable decline in the rate of contraception prescribing in Primary Care (Figure 4).

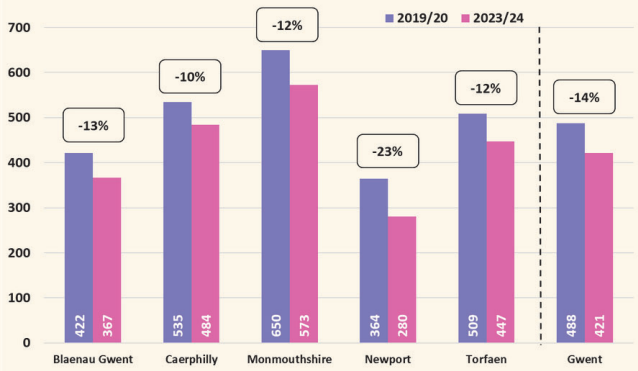


Figure 4: Primary Care Prescribing – Contraception items per 1,000 females aged 15 – 54 years old (GP practice registered population) by Local Authority for 2019/20 compared to 2023/24 with % change[41]

The corresponding trends of a reduction in prescribed contraception and the increase in conceptions leading to abortion is not a Gwent specific occurrence – this shift has been observed worldwide. Of those presenting for abortion care between 2018 and 2023, significantly fewer patients reported using hormone-based methods, and there was a slight increase in reported use of Fertility Awareness Based Methods, such as digital tracker applications, as a form of natural contraception[45].

The increasing proportion of conceptions which lead to abortion may be illustrative of a previously unmet need prior to the COVID-19 pandemic. The approval of telemedicine consultations by Welsh Government in March 2020 in response to lockdown restrictions[47], enabled easier access to abortion care and reduced waiting times[48]. Arguably, these changes in abortion care services have improved accessibility and timeliness of support.

Contraception
C-Card Scheme
The C-card scheme is available across Gwent and is led by Gwent Public Health Team and the Sexual Education and Community Services (SECS) team.The scheme supports young people (typically aged 13-24) with free and confidential access to contraception (such as condoms and dental dams) from a range of locations including youth centres and pharmacies.

Across Gwent, there are 114 locations as issue points for the C-Card scheme. Of these, 27 locations were active during 2024/25, whereby either a young person registered with the scheme or stock was distributed.

There are plans to expand the training for the other four local authority youth service teams in Gwent. Furthermore, the Gwent Public Health Team will undertake an evaluation of the C-Card scheme to understand awareness of the scheme, engagement, and any gaps in provision.





Contraception, Post-Natal Contraception and Abortion Care Cont'd

Emergency Hormonal Contraception Service
Over 140 pharmacies in Gwent are contracted to provide the Emergency Hormonal Contraception Service. Pharmacies dispense contraception, typically Ulipristal or Levonorgestrel, over the counter.

Post-natal contraception
Within ABUHB, there is a dedicated After Birth Contraception service for women whose pregnancy has ended in the last 12 months. This service enables women to have fast access to contraception by being booked into the next available appointment with all methods of contraception available; including long-acting reversible contraception such as coils and implants.

Currently, there is only one qualified midwife implant fitter in ABUHB maternity services and there is limited provision of injectables and the progesterone-only pill by a small number of trained midwives. There is a limited offer of intrauterine devices at C-section, but this option is not currently discussed routinely during discussions for planned C-sections. Notably, there is no existing provision for immediate intrauterine device fitting after spontaneous vaginal delivery.

Integrated sexual health clinics
Sexual health clinics in Gwent provide a full range of contraceptive options, including oral contraceptives, injectable methods, implants, intrauterine devices, and emergency contraception. In most instances, sexual health clinic services are available by appointment only, except for a designated young person's (up to 20 years of age) clinic which is available via booked appointment or walk-in appointment. Some GP practices across Gwent are also contracted to provide long-acting reversible contraception services.

Abortion Care
Abortion care in ABUHB is provided for patients with a pregnancy under 12 weeks' gestation at a clinic 'BETH' in north Caerphilly. Medical abortion is available up to 9 weeks and 6 days gestation, whilst surgical abortion is provided up to 12 weeks' gestation. Most patients will undergo a telephone consultation and receive medication via the post to their home address. In some circumstances, such as uncertainty as to gestational age, concerns about an ectopic pregnancy, or other medical circumstances, a patient may be required to attend clinic for a scan before being provided with appropriate treatment.

Abortion Care Cont'd
Patients with pregnancies over 12 weeks, or who are complex, are referred to the British Pregnancy Advisory Service in Cardiff where one consultant can support procedures up to 16 weeks. Surgical abortion is not available in Wales for pregnancies beyond 16 weeks; locally, there is no abortion care available for pregnancies beyond 18 weeks.

Abortion for foetal abnormality is available under the care of local gynaecology services for pregnancies up to 18 weeks, although there is no surgical provision. ABUHB is currently undertaking a review of options to enhancing local provision of surgical procedures for these cases.

Actions
Within the Contraception Health Needs Assessment, ten key recommendations were identified within the following Primary Care, Sexual and Reproductive Health Services, and post-partum and post-pregnancy contraception services:

1. **Long acting reversible contraception provision**
2. **Education and training**
3. **Postnatal care in Primary Care**
4. **Tackling geographical inequities**
5. **Advertising of services**
6. **Service-user focused information resources**
7. **Access to services**
8. **Data gathering**
9. **Midwifery and Health Visitor education and training on postnatal contraception**
10. **Postnatal contraception**

More information on these recommendations will be available within the published report.



Menopause

Menopause is when menstruation stops due to a reduction in hormone levels. It usually affects women between the ages of 45 and 55, but it can happen earlier. Menopause can happen spontaneously, or for reasons such as surgery to remove the ovaries (oophorectomy), cancer treatments like chemotherapy, or for a genetic reason. Menopause before the age of 40 (some even in their teens or twenties), is known as premature menopause or primary ovarian insufficiency, and estimates suggest that around 1 in every 100 women in the UK will experience this[49].

Did you know: Women of menopausal age (45-55 years) make up 14% of the female population of Gwent, approximately 42,000 women[50].

Perimenopause has a variable duration, with symptoms lasting between two and eight years on average with individual differences such as ethnicity, genetics, lifestyle, and environmental factors each having an influence[51].

Menopausal Symptoms

For some women, a diverse range of symptoms may be experienced to differing levels of severity, whilst other women may experience few or no symptoms. Physical health symptoms such as night sweats, hot flushes, and muscle aches are commonly reported[53]. Experiencing menopausal symptoms emerged as a major concern during the Gwent women's consultation. Figure 6 provides insight into the range of symptoms that can be experienced when an individual is in menopause.

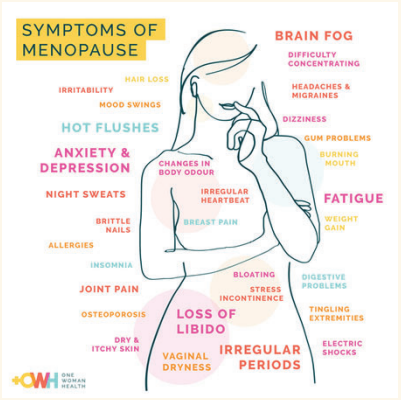


Figure 5: Symptoms of menopause (credit: https://onewomanhealth.com/what-are-the-symptoms-of-the-menopause/)

Gender Bias and dismissal

Women in Gwent described how menopause symptoms during this life stage are undermined when seeking support. Rather than symptoms being investigated thoroughly, menopause may become a catch all explanation that potentially masks other health conditions.With such wide-ranging symptoms, it is unsurprising that women experiencing the menopause report a profound, negative impact on all areas of their lives. In one study, 86% of women reported sleep problems and 84% reported a lack of enjoyment of life[54].

Initiatives to support women with the menopause must encompass a holistic approach to include the broader 'ripple' effect on home, family and work life[55].

Post-menopause health

Having transitioned through the menopause, symptoms may endure. Due to reduced oestrogen levels, women have an increased vulnerability to several health conditions[56]. Notably, the risk of cardiovascular disease (CVD) in women increases as oestrogen is heart protective, helping to control cholesterol levels and prevent atherosclerosis and subsequently hypertension[57]. With one in four deaths in Wales attributable to CVD (27%), this is a significant risk to women's health post-menopause[57].

Did you know: Blaenau Gwent (122.6 deaths in people under 75 years old per 100,000 population) has the highest rate of CVD-related premature deaths in Wales; Caerphilly is fifth highest (105 deaths in people under 75 years old per 100,000 population)[58]

There is a higher risk of onset, and increased severity in symptoms of osteoporosis is linked to a decline in oestrogen levels[59]. Although everyone begins to lose bone density from approximately 35 years old, the typical incidence profile of osteoporosis coincides with menopause and post-menopause[59]. Osteoporosis heightens the risk for fragility fractures, and for potentially life-changing injuries such as spinal fractures and neck of femur[61].

Absence of Specialised Menopause Support

The absence of structured support after menopause leaves women isolated in managing a transition that affects every part of their lives. During the engagement participants explicitly called for access to women's health wellbeing clinics staffed by clinicians with specialised knowledge in women's health through the life-course. This need is underscored by the higher risk of health conditions, such as rheumatoid arthritis and urinary tract infections, alongside other changes such as weight gain, problems with sexual wellbeing and intimacy, and urinary incontinence[62].

Menopause Cont'd

Existing Service Provision

A Menopause Champions Project was launched in June 2024 to embed menopause expertise within primary care by training 69 clinicians as 'Menopause Champions' across GP practices. Forty-one of 68 (60%) GP practices in Gwent have a designated Menopause Champion. There are menopause awareness sessions available for everyone in Gwent, which are run by Advanced Nurse Practitioners.

General practitioners and secondary care professionals can refer people to ABUHB's menopause service within community sexual health clinics. A Complex Menopause Clinic runs virtually at St Cadoc's Hospital and a face-to-face clinic is run from Cwmbran. There is provision for surgical menopause in Gwent within gynaecology services. In addition, there are specialist services available, led by consultants and the South Wales Specialist Menopause Clinic, for patients with complex needs or hormone replacement therapy (HRT) challenges.Initiatives such as menopause cafés and the 'meno' movement are also established community-based support services.

Challenges

There are variations in menopause healthcare between women living in different areas across Gwent. Provision of HRT has increased substantially in the UK over recent years, which has been attributed to the impact of high-profile cases in the media, and an increasing amount of awareness as to evidence-based benefits and risks[63].
This increase is evident in Gwent; the number of HRT items prescribed within Primary Care has tripled between 2019 (over 36,000 items) and 2024 (over 108,000 items)[31], see figure 7.

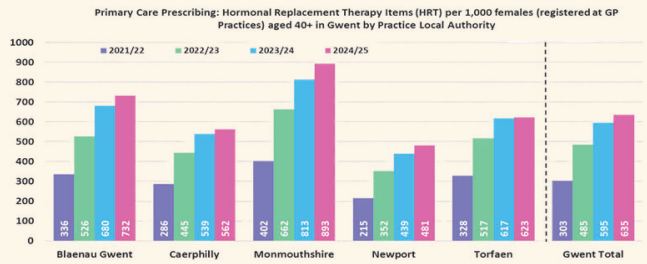


Figure 6: Hormonal Replacement Therapy (HRT) items prescribed per 1,000 females aged 40+ in Gwent for 2021/22 to 2024/25

Despite the substantial increase in HRT prescribing over recent years, it is well-established that disparities in access remain a key challenge. Ethnicity and sociodemographic status have been identified as key factors in variation in HRT prescribing[65]. Women and people living in more affluent areas are more likely to be prescribed HRT than those living in more deprived areas[66]. Rates of HRT prescribing reduced from 24% in the most affluent communities, to 11% in the most deprived areas[67]. While HRT prescribing provides valuable insights into one aspect of menopause support, comprehensive data on the prevalence of menopause symptoms, their severity, and their impact on women's daily lives remains limited in Gwent.

Establishing Local Need

Engagement with over 600 people across Gwent revealed that current provision for menopause support falls significantly short of the Women's Health Plan for Wales (2024) aspirations. Women's voices demonstrate:

Policy Aspiration	Current Gap (Gwent Engagement Findings)
Reduce stigma	Respondents expressed how the menopause, and any other symptoms, are undermined when seeking support: 'Not being listened to and understood – just being told "oh it's menopause"
Timely access to specialist menopause support	Many respondents identified a need for specialist menopause care in a formal healthcare setting: 'Access to menopause clinics for support and guidance that are self-referral'; and in an informal setting: 'Menopause hubs not in GP settings'
Consistent, evidence-based care	Inconsistency with advice, for example, menopause treatment depends on which GP
Accessible, comprehensive information	Respondents are aware of the disparity in menopause care across Gwent: Many women reported how there is 'not enough information for menopause'
Workplace support	Women requested for improved workplace support: 'More support in the workplace about women's health issues (for example menopause)'
Direct access to specialist services	Many respondents identified a need for specialist menopause care in a formal healthcare setting: 'Access to menopause clinics for support and guidance that are self-referral'; and in an informal setting: 'Menopause hubs not in GP settings'
Holistic support addressing full range of needs	Limited provision beyond HRT, generic services lacking menopause specific expertise

Menopause Cont'd

Actions
The planned implementation of the Women's Health Hubs across Gwent aligns directly with what women have requested from the engagement:

- **Dedicated women's health clinic/hub or person/s for each local authority area: Addressing calls for a menopause hub where women can access specialist support in appropriate settings**
- **Specialist expertise: Improved access to trained, evidence-informed health care practitioners, for example, at primary and secondary care level**
- **Self-referral pathway: Enabling women to access menopause clinic/hub person/s for support and guidance that are self-referral, without waiting longer than 2 weeks for an appointment**
- **Comprehensive, coordinated support: offering assessment, diagnosis, ongoing management of symptoms, and preventive health screening for post-menopausal health risks (CVD, osteoporosis)**
- **Centralise information resources: Provide accessible information 'all in one place' as requested through the participation engagement consultation**
- **Address health inequalities: Targeted intervention to close service gaps such as those evident in access to HRT medications**

Additional actions emerging from the engagement include:

- Enhance public health campaigns to help normalise conversations about menopause, reduce stigma, and increase awareness of available support.
- Develop learning materials on menopause for school nurses to use at secondary level
- Training programmes for all health professionals focused on evidence-based menopause management, reducing knowledge gaps and dismissive attitudes.
- Make Every Contact Count (MECC): Clinicians should take the opportunity to ask women about menstrual health and menopause as part of existing touchpoints such as cervical screening or health checks, and ask within other, non-gynaecology-related health appointments when it is appropriate to do so
- Support employers through policies such as the 'All Wales Policy on Menopause'[68] in their duty to create safe supportive environments for women during the menopause
- Develop peer support groups and community networks to reduce isolation and provide practical advice from women who have navigated menopause
- Improve signposting with information visible in locations where women frequently visit

Addressing menstrual health, contraception and menopause through dedicated Women's Health Hubs or person/s represents a significant step toward improving women's health outcomes in Gwent. However, even as we work to reduce stigma, reduce waiting times, improve access to specialists, and ensure consistent evidence-based care across these priority areas, we must also acknowledge, and act upon, the profound impact of violence against women, domestic abuse, and sexual violence (VAWDASV) on women's ability to access healthcare and maintain their health.

Normalising conversations on Menopuase

Meet The NaNaz, a Wales-based punk-inspired band formed through a series of funded creative Punk music workshops for older women. What began as informal music sessions evolved into a collective that offers performance opportunities, peer support, and a renewed sense of purpose for its members. The project demonstrates how music can address underrepresentation, social isolation, wellbeing, and confidence among older women going through menopause.



Read their story here







Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

Context
Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) incorporates violence against women (and girls), domestic abuse, rape and sexual violence, sexual harassment, female genital mutilation, honour-based violence, forced marriage, stalking, trafficking and other forms of violence. The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015[69] provides the foundation for tackling VAWDASV in Wales. The Gwent Public Health team are currently undertaking a comprehensive VAWDASV needs assessment on behalf of the Gwent VAWDASV Partnership Board to inform the next regional strategy. This document will be published in 2026 and will provide more in-depth information about the scale and impact of VAWDASV in Gwent.

Domestic Abuse
Domestic abuse is an incident or pattern of incidents of controlling, coercive, threatening, degrading, and violent behaviour, including sexual violence, in most cases by a partner or ex-partner, but also by a family member or carer[70].
The Office for National Statistics (ONS) estimates that 8% of people aged 16 years and over experienced domestic abuse in the year to March 2025 (equivalent to 3.8 million people in England and Wales)[71].

Did you know: As many as 1 in 3 women (29.6% - 7.2million) and 1 in 5 men (21.8% - 5 million) in the UK have experienced domestic abuse in their lifetime (aged 16+)[72]

We estimate that 38,896 people in Gwent experienced domestic abuse in the 12 months to March 2024, and that 126,897 (1 in 4) people in Gwent have experienced domestic abuse in their lifetime.
Welsh Women's Aid has highlighted that while rates of domestic abuse are increasing, services are struggling to meet the extent of the need across Wales[74].

Rape and Sexual Violence
The Crime Survey for England and Wales year ending March 2025 estimated that 1.9% of people aged 16 years and over (898,000) experienced sexual assault (including attempts) in the last year[75].

An estimated 9,238 people (aged 16+) in Gwent experienced sexual assault (including attempts) between April 2024 and March 2025.

Sexual Harassment
Ninety-two percent of Welsh female respondents to a recent survey (2025) reported experiencing sexual harassment in public spaces, including unwanted comments, gestures, and physical contact. The survey highlighted an impact for most respondents on their work life, personal life, mental and emotional wellbeing[76]. Of those surveyed, 77% of respondents did not report incidents of sexual harassment due to fear about being believed, fear of retaliation, and a lack of trust[76].

A study by Welsh government (2025) collated experiences of workplace sexual harassment in Black, Asian and Minority Ethnic women, which revealed an explicit link between harassment experiences and ethnicity, culture, and religion[77].
In acknowledgement of the importance of feeling safe at work, ABUHB has adopted a 'Speaking up Safely' process which supports staff to raise concerns in a compassionate and confidential way.

Female Genital Mutilation
The term female genital mutilation (FGM), also known as female genital cutting, refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons[78]. In 2022, 114 women residing in Wales reported experiencing at least one incident of FGM to an NHS Safeguarding Team[79]. It is likely that there are women with FGM living in every local authority area in England and Wales[80].

Honour-based Violence
Although there is no universally agreed definition of 'honour-based' violence, the term typically refers to acts of violence or abuse carried out by individuals who believe they are upholding or defending the perceived honour of their family or community. Such acts frequently encompass domestic abuse and sexual violence[81].
In the year ending March 2025, there were 2,949 honour-based abuse related offences recorded by the police in England and Wales[82].

Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Cont'd

Forced Marriage
Forced marriage is illegal in the UK under the Anti-social Behaviour, Crime and Policing Act 2014. It is defined as a marriage where one or both people do not or cannot consent to the marriage and pressure or abuse is used to force them into the marriage[83].
The UK Government's Forced Marriage Unit does not routinely publish Wales-specific case numbers as they are too small to publish. This data was most recently available in 2022, when 2% of all cases in which the Forced Marriage Unit gave advice or support were from Wales (6 cases)[84].

Stalking
1 in 5 women and 1 in 11 men aged 16 years+ in England and Wales have been a victim of stalking at least once, with women and younger people most affected[85]
Young people are estimated to be disproportionately affected by stalking; at-risk groups include LGBTQ+ young people, those exposed to parental inter-personal violence, and neurodivergent young people[86].

Trafficking
Human trafficking is the recruitment, movement, harbouring, or receiving of children, and of adults through coercion, deception, or force, for the purposes of exploitation[87]. Potential victims of modern slavery in the UK who come to the attention of authorised first responder organisations are referred to the National Referral Mechanism. A total of 8,156 referrals were made between October 2023 and September 2024. A total of 4,415 referrals (54%) were for UK nationals, and 58% (4,697 of 8,156) of referrals reported exploitation of a child.

Health Settings
Health settings are in a unique position to identify and support people affected by VAWDASV. The UK's Domestic Abuse Commissioner found that victims and survivors were most likely to tell a health professional about their abuse, before any other professional[89].

Did you know: It has been estimated that every year, almost half a million survivors of domestic abuse seek assistance from medical professionals in the UK[90]



Establishing Needs & Exploring Solutions
The Gwent Public Health Team, on behalf of the Gwent VAWDASV Regional Partnership Board, are currently undertaking a comprehensive VAWDASV needs assessment. This needs assessment will be published in 2026.



Click to read the report

Healthier Women:
Stronger Communities

Conclusion and Next Steps



CONCLUSION
Various common themes emerged from the community engagement, and some key pieces of work are already underway in relation to Women's Health. These include:

Common themes:
- A desire for dedicated women's health provision, which is comprehensive, co-ordinated, community-based and accessible, with the option of self-referral
- A need for specially trained health professionals with expert knowledge in a range of women's health issues
- A need for accessible information about available services and resources 'all in one place'
- Education and awareness raising in communities

Work underway:
- Planning for implementation of Women's Health hubs
- PMS and PMDD Discovery report to help improve our understanding of these conditions in Gwent
- Contraception Health Needs Assessment
- VAWDASV Needs Assessment

NEXT STEPS
The planned implementation of Women's Health Pathfinder Hubs both nationally and in Gwent serve as an excellent opportunity to address some of the service provision gaps in a way that women need. Importantly, the Hubs serve as an ideal mechanism by which women can seek holistic support and resources; not simply as a facility to provide support for menstrual health, contraception, menopause and other gynaecology services.

Work has already started to design and implement the Women's Health Pathfinder hubs. Ambitions for future work must prioritise women's health inequities in non-sex-specific conditions. Although beyond the scope of this report, an evidence base is well established in how women experience many conditions, illnesses, and circumstances in a unique way to that of men. Not simply due to the differences in physiology, but also due to a myriad of socioeconomic, environmental, psychological, emotional, and cultural influences.

With such a wide range of factors influencing women's health outcomes, it is right that initiatives to reduce inequities are designed using a multitude of approaches. It is not sufficient to primarily target service provision, or to prioritise treatment options. We need innovative, realistic and effective ways to support women's health throughout the life course with prevention at the core.

A big thank you

We want to say thank you to everyone involved in the creation of this report.

To our communties across Gwent who shared their thoughts and experiences.

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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:	Trade Union Partnership Forum; Annual Report 2025-2026
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer and Management Side Chair; George Puckett, Trade Union Staff Side Lead/Chair
SWYDDOG ADRODD: REPORTING OFFICER:	Nicola Prygodzicz, Chief Executive Officer and Management Side Chair' George Puckett, Trade Union Staff Side Lead/Chair

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an overview of partnership working from the joint Chairs of the Trade Union Partnership Forum (TUPF) and a summary of the work undertaken over the past year.

The Annual Report, ***Appendix 1***, outlines the key issues discussed by the Forum during the past twelve months, a focus of the work for 2025/26 and how this has supported a variety of challenges and priorities. The report was considered and approved by the Executive Committee on 05 November 2026.

The Board is asked to note the content of the report and to continue to support and promote our commitment to social partnership.

Cefndir / Background

The Health Board and the Trade Unions have a common objective in ensuring the effective delivery of high-quality health care services to patients. The organisation's Trade Union Recognition and Partnership Agreement and Local Negotiating Committee (LNC) Recognition Agreement provides the framework within which the Health Board and the Trades' Unions work together to achieve this objective.

Asesiad / Assessment

Through a shared commitment to collaboration, constructive engagement and collective leadership, the Forum has supported progress against the Health Board's Integrated Medium Term Plan (IMTP), contributed to the ambitions set out within Gwent 2035, and responded to the increasingly complex challenges facing health and public services.

Looking ahead to the remainder of 2026/27, the Forum will continue to provide oversight, constructive challenge and assurance in relation to key strategic priorities. Areas of focus will include workforce sustainability, organisational resilience, service transformation, population health improvement and the delivery of sustainable services within an increasingly challenging financial environment.

Argymhelliad / Recommendation

The Board is asked to note the content of the paper and to continue to support and promote our commitment to social partnership.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Board's assurance framework.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	The TUPF has links to all the IMTP priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable

Rhestr Termau: Glossary of Terms:	IMTP - Integrated Medium Term Plan LNC - Local Negotiating Committee TUPF – Trade Union Partnership Forum
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	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.

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

Trade Union Partnership Forum Annual Report 2025-2026

A message from the Co-Chairs of the Trade Union Partnership Forum on Partnership Working

Nicola Prygodzicz
Chief Executive Officer/Management Side Chair



George Puckett
Staff Side Chair

This Joint Statement from the Chief Executive Officer and the Chair of the Trade Union Partnership Forum reaffirms our shared commitment to working together in social partnership across Aneurin Bevan University Health Board. We believe that the best outcomes for our staff, patients and communities are achieved when we listen to one another, work collaboratively and value the contribution that every individual brings.

Our staff are at the heart of everything we do. Every day, colleagues across the Health Board demonstrate dedication, professionalism and compassion in delivering care and support to our communities. We are committed to fostering a culture where everyone feels valued, respected and able to contribute. Through our organisational partnership arrangements and local engagement forums, we will continue to create opportunities for staff to share their views, raise concerns, influence decisions and help shape improvements to both their working lives and the services we provide. We want every member of staff, regardless of role, profession or Trade Union membership, to feel that their voice matters and that they have a genuine opportunity to contribute.

The Health Board is committed to engaging with staff at the earliest opportunity. We recognise the important role that our Trade Union representatives play in ensuring staff voices are heard, whilst also providing opportunities for colleagues who are not members of a Trade Union to participate and contribute.

Through open, honest and constructive conversations, we will work together to explain, discuss and consider proposals and their potential impact. We are committed to fostering a culture where questions are welcomed, different perspectives are respected and concerns can be raised in a supportive and compassionate way.

By working together in genuine partnership, we can ensure that staff feel informed, involved and connected to decisions that affect them. Through timely communication, meaningful engagement and a commitment to listening, we will create opportunities for colleagues to share their experiences and contribute to positive change. Together, we will continue to build a culture where people feel empowered, supported and proud to work, enabling us to deliver the very best care and experience for our patients and communities.

Introduction

This report provides assurance on the activity and effectiveness of the Trade Union Partnership Forum (TUPF) during 2025/26 and demonstrates the significant contribution that partnership working has made in supporting the delivery of organisational, regional and national priorities. Through a shared commitment to collaboration, constructive engagement and collective leadership, the Forum has supported progress against the Health Board's Integrated Medium Term Plan (IMTP), contributed to the ambitions set out within Gwent 2035, and responded to the increasingly complex challenges facing health and public services.

The report highlights key achievements and examples of good practice, demonstrating the value of effective partnership working in supporting service improvement, workforce wellbeing, organisational effectiveness and improved outcomes for patients, staff and the wider population. It also provides assurance that emerging risks, workforce matters and organisational challenges have been considered through established governance arrangements, enabling appropriate discussion, scrutiny and collaborative action.

Looking ahead to 2026/27, the Forum will continue to provide oversight, constructive challenge and assurance in relation to key strategic priorities. Areas of focus will include workforce sustainability, organisational resilience, service transformation, population health improvement and the delivery of sustainable services within an increasingly challenging environment.

Background

The Health Board and recognised Trade Unions share a common commitment to the delivery of safe, effective and high-quality healthcare services. The organisation's Trade Union Recognition and Partnership Agreement and the Local Negotiating Committee (LNC) Recognition Agreement provides the frameworks through which management and staff representatives work collaboratively to support the delivery of organisational objectives, service improvement and workforce wellbeing.

The local Trade Union Partnership Forum operates within the framework established by the Welsh Partnership Forum (WPF), a tripartite body that brings together representatives of recognised healthcare Trade Unions, NHS Wales employers and Welsh Government across the health service.

Aneurin Bevan University Health Board Trade Union Partnership Forum

The Health Board's Trade Union Partnership Forum operates as a key advisory group of the Board, reporting directly to the Board with responsibility for engaging with staff organisations on key issues facing the organisation.

The TUPF provides the formal mechanism for consultation, negotiation and communication between staff organisations and management, embracing the TUC principles of partnership. It provides an opportunity to have detailed discussions about matters of particular importance to the Health Board and the staff it employs e.g. service change plans.

The Forum is jointly chaired by the Chief Executive Officer and the Staff Side Chair, reflecting the shared commitment to social partnership, collective leadership and effective governance. Through its work during 2025/26, the Forum has continued to provide assurance that workforce considerations, risks and opportunities have been subject to appropriate scrutiny and have informed the planning and delivery of key organisational priorities.

Alongside its consideration of key priorities throughout 2025/26, the Forum maintained oversight of a number of core agenda items at each meeting to support informed discussion, assurance, and effective partnership working.

Standing agenda items included:

- **Workforce Performance Dashboard -** Review of workforce metrics, trends, and organisational performance indicators.
- **Finance Reporting -** Updates on the Health Board's financial position, challenges, and implications for workforce planning and service delivery.
- **Strategy, Planning and Partnership Reporting -** Consideration of strategic developments, organisational priorities, and partnership activity across the Health Board.
- **Quality and Safety Reporting -** Review of workforce-related quality, safety, and governance matters to support the delivery of safe and effective care.
- **Policy Updates -** Discussion and consultation on proposed policy developments, revisions, and organisational guidance.

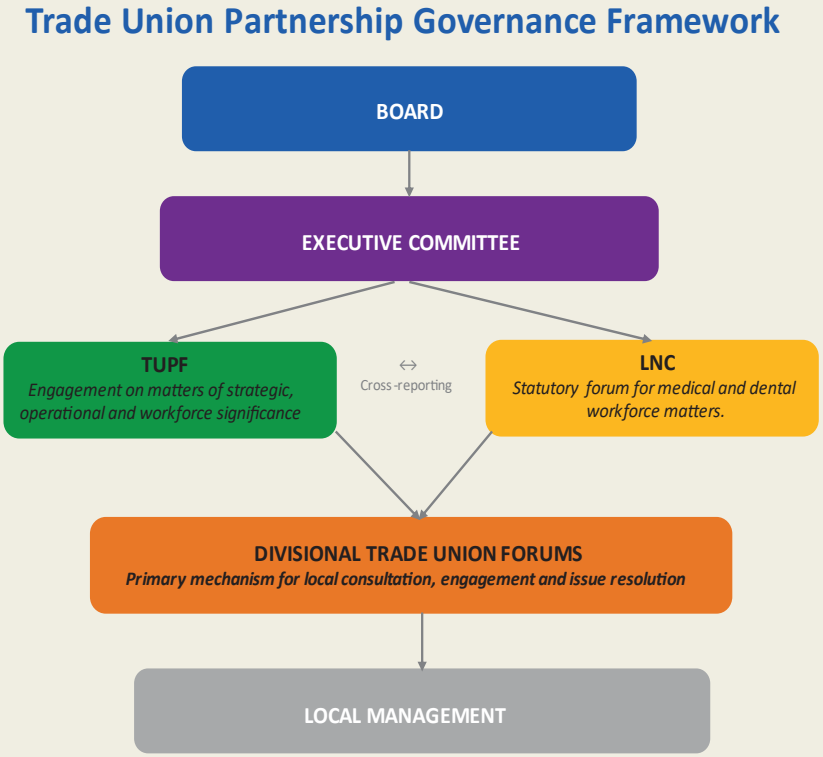
The Trade Union Partnership Forum (TUPF) and the Local Negotiating Committee (LNC) maintain a formal two-way relationship to promote alignment, coordination and effective communication on workforce matters, while recognising and preserving their distinct statutory and operational remits.

The Chair of the LNC is a standing member of the TUPF, and the Medical Director and Executive Director of Workforce and Organisational Development is a key member of the



LNC. These arrangements provide a formal mechanism for information sharing, reporting and assurance, ensuring that workforce issues are considered consistently across both partnership structures and that matters can be escalated through the appropriate governance routes where required.

The overarching reporting, assurance and engagement framework is outlined below.



Key Achievements and Impact During 2025/26

The Forum has continued to operate within a challenging environment characterised by increasing service demand, workforce pressures, financial constraints and an ongoing programme of organisational and service transformation. The Forum has provided a valuable mechanism for constructive engagement, enabling complex issues to be considered collaboratively and ensuring workforce perspectives have informed organisational decision-making.

To support delivery, the Forum utilised a number of delegated Task and Finish Groups which enabled detailed consideration of specific issues and the development of practical solutions. This approach facilitated timely implementation of nationally mandated requirements, supported compliance with agreed timescales and provided an effective mechanism for ensuring staff-side involvement throughout the planning and delivery process.

Throughout 2025/26, the Forum has maintained oversight of key organisational performance indicators, workforce developments and strategic programmes through its established

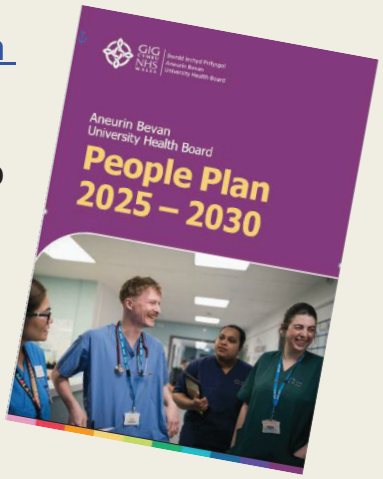
reporting framework. Regular scrutiny of workforce performance, financial performance, strategic planning, quality and safety management and policy implementation has strengthened organisational governance and provided assurance that emerging risks and workforce challenges have been identified, monitored and addressed through partnership arrangements.

The Forum has provided significant support to the delivery of the Health Board's Integrated Medium Term Plan (IMTP), contributing to a number of strategic objectives relating to workforce sustainability, service transformation, staff wellbeing and organisational resilience.

Through active engagement in the implementation of the National Collective Non-Pay Agreement, the Forum continues to support ongoing initiatives designed to:

- increase workforce flexibility,
- improve access to opportunities, and
- reduce reliance on temporary staffing solutions.

This has contributed to improved workforce stability and supported the Health Board's wider financial sustainability objectives.



A key achievement during the year was the launch of the People Plan 2025-2030 and the Values and Behaviours Framework, both of which were developed and implemented through a partnership approach. These initiatives have established a clear organisational framework to support employee engagement, leadership development, workforce wellbeing and cultural improvement, ensuring alignment with both organisational priorities and the ambitions set out within Gwent 2035.

The Forum has also played a central role in supporting the implementation of national workforce priorities, including the Social Partnership Duty, National Framework developments for Health Care Support Workers and the continued implementation of the Speaking Up Safely Framework. Through partnership engagement and oversight, the Health Board has strengthened arrangements that promote staff voice, employee engagement and inclusive decision-making, helping to foster a culture of openness, transparency and continuous improvement.

The expansion of the Avoidable Employee Harm Programme, including a new focus on the Respect and Resolution approach, represents a further example of successful partnership working. This work has strengthened the organisation's focus on prevention, early intervention and workforce wellbeing, supporting efforts to create a safe, respectful and supportive working environment while reducing the impact of workplace conflict and employee harm.

The Forum has also listened and provided views and challenge that has contributed to strategic and operational initiatives including:

- Our Next Patient
- Planned Care recovery programmes
- Digital Strategy
- Health and Safety Strategy
- Transforming Access to Medicines (TRAMS).

Through constructive challenge and workforce engagement, these programmes have benefited from staff-side insight and expertise, supporting implementation and increasing the likelihood of sustainable improvement and successful delivery.

Alongside formal partnership arrangements, Trade Union representatives have continued to provide direct support, advice and representation to employees across a broad range of workforce matters, including attendance management, organisational change, professional concerns and formal employment processes. This ongoing support contributes to the timely resolution of issues, promotes positive employment relations and supports workforce wellbeing.

Areas of Partnership Working

During 2025/26, the Forum has been consulted on and contributed to :

- Organisational Change Processes (OCP) and service redesign and transformation programmes such as the Nevill Hall Re-development.
- The implementation of national action plans, Welsh Health Circulars and workforce-related policy requirements including the Smoke Free Environment Policy Implementation and continued implementation of the Non-Pay Elements of the Collective Agreement
- Development of workforce strategies and organisational improvement initiatives such as Car Parking Management and the Winter Sprint Programme.
- Sickness Absence and Band 2/3 Task and Finish Groups established to support Board Committees and key organisational programmes.
- Workforce wellbeing, employee engagement and staff experience initiatives. The annual NHS Wales Staff Survey provides an important opportunity for colleagues to share their experiences and views, helping the organisation understand what is working well and where improvements may be required. Strong partnership plays a vital role in ensuring that staff feedback is listened to, acted upon and translated into meaningful improvements, strengthening workplace culture, enhancing staff experience and wellbeing, and ultimately improve outcomes for patients.



Achieving Positive Change in Partnership

The last year has presented significant challenges and priorities for the Health Board, reinforcing the importance of effective partnership working across the organisation. A notable area of progress during the year has been the strengthening of local partnership arrangements across divisions and departments. This has improved opportunities for early engagement, allowing concerns and workforce implications to be considered before issues escalate. As a result, many local workforce matters have been managed more effectively through collaborative discussion and resolution.

Whilst significant progress has been achieved, the Forum recognises that opportunities remain to strengthen consistency of engagement across all areas of the organisation.

A recurring theme raised throughout the year relates to occasions where staff and Trade Union representatives have not been engaged sufficiently early in discussions relating to service change or workforce planning. Where this has occurred, it has the potential to increase uncertainty and anxiety for affected staff and may limit opportunities for meaningful consultation and support.

It is widely recognised that strong and effective partnership working is fundamental to the Health Board's ability to deliver its strategic objectives, maintain safe and effective patient care, and foster a positive working environment that supports staff wellbeing. Key factors underpinning successful partnership working include:

- Well-informed Lead Trade Union Representatives who can support effective communication with staff from the earliest stages of service change through to implementation, providing assurance and support during periods of significant change and uncertainty.
- A shared understanding of the Health Board's operational and financial position and the challenges this presents, alongside the expectations placed upon services.
- Constructive dialogue and collaborative problem-solving to identify solutions that improve cost effectiveness whilst safeguarding employment, staff wellbeing, and patient care. This is particularly important when considering Service Change Plans and the application of the national Organisational Change Policy.
- Supporting meaningful discussions between managers and staff at a local level, enabling open consideration of service improvements, option appraisals, and opportunities to enhance staff wellbeing.

To ensure partnership working continues to be effective, the following principles must be consistently applied:

- Managers must communicate openly; representatives remains critical to successful implementation and staff confidence.
- Timely, transparent and consistent communication helps reduce uncertainty and supports workforce wellbeing during periods of change.
- Partnership involvement at the earliest stages of planning enables workforce risks and operational challenges to be identified and mitigated more effectively.
- Local partnership arrangements continue to play a vital role in resolving issues quickly and strengthening staff engagement.
- Collaborative problem-solving supports better organisational outcomes and improves the sustainability of change initiatives.

Overall, whilst there has been tangible progress in strengthening partnership arrangements during the year, continued focus is required to ensure that effective engagement, communication, and collaborative working are embedded consistently across all levels of the organisation. Role modelling the principles of partnership working and taking action to support reasonable time for representatives to engage in partnership duties remains a key focus. This will be critical in supporting staff, maintaining positive industrial relations, and enabling the Health Board to respond successfully to ongoing service and financial challenges.



Key Focus Areas for 2026/27

The Forum has identified several priority areas requiring continued oversight and partnership engagement during the forthcoming year:

- Development of the IMTP and impact for service and workforce planning and skills development.
- Delivery of the People Plan 2025-2030 and associated workforce priorities.
- Ongoing review and implementation of Staff Survey improvement actions.
- Review of Job Evaluation and job design along with associated workforce implications.
- Supporting the work to deliver our Strategic Equality Plan
- Development and implementation of agile and hybrid working arrangements.
- Reduction of sickness absence and support for workforce wellbeing.
- Strengthening Social Partnership governance and links with the Welsh Partnership Forum.
- Identification and support of services and teams requiring intervention bespoke support

These areas will be monitored through established governance arrangements to ensure timely progress, appropriate workforce engagement and effective management of associated risks.

A key objective for 2026/27 will be the continued strengthening of partnership working at departmental, divisional and organisational levels. Early engagement between managers and Trade Union representatives will remain critical to the successful planning and implementation of organisational change.

The Forum will continue to provide and develop its role in challenging the organisation, and encouraging its members, to promote:



- **Early and meaningful staff engagement.**
- **Transparent and timely communication.**
- **Safe, healthy and fit-for-purpose working environments.**
- **Workforce wellbeing, inclusion and engagement.**
- **Effective appraisal and development through PADRs.**
- **Collaborative workforce and service redesign.**
- **Consistent application of organisational change policies and partnership principles.**

Looking Forward

The Forum remains committed to fostering a culture of openness, trust and collaboration across the Health Board. By strengthening partnership arrangements, promoting meaningful staff involvement and maintaining robust governance, the Forum will continue to support the organisation in responding effectively to future opportunities and challenges.

Further information regarding the **Trade Union Partnership Forum (TUPF)** and the **Local Negotiating Committee (LNC)** is available via the Health Board's intranet page, It's-All-About-You. This includes access to the respective Recognition Agreements, ratified meeting minutes, and supporting information relating to the Health Board's partnership governance arrangements.

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:**	**Key Matters from Committees of the Board**
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: **REPORTING OFFICER:**	Naomi Murtagh, Head of Board Business

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

In line with the Health Board's Standing Orders, a number of Board Committees and Advisory Groups have been established. This report provides, for assurance, an overview of the business undertaken by these committees during the reporting period, and highlights key matters for Board consideration, where required.

Cefndir / Background

The Health Board's Standing Orders, approved in line with Welsh Assembly Government guidance, require that a number of Board Committees and advisory groups be established. The following Committees and advisory groups have been established:

- Audit, Risk and Assurance Committee
- Charitable Funds Committee
- Patient Quality, Safety and Outcomes Committee
- Mental Health and Learning Disabilities Committee
- People and Culture Committee
- Remuneration and Terms of Service Committee
- Partnerships, Population Health and Planning Committee
- Finance and Performance Committee

Assurance Reporting

The following Committee assurance reports for the period are included at Appendix 1:

- Finance and Performance Committee – 22nd September 2026
- Patient Quality, Safety and Outcomes Committee – 6th October 2026
- Finance and Performance (Escalation) Committee – 8th October 2026
- Partnerships, Population Health and Planning Committee – 12th October 2026
- People and Culture Committee – 20th October 2026
- Charitable Funds Committee – 2nd November 2026
- Finance and Performance Committee – 3rd November 2026

Asesiad / Assessment

In receiving this report, the Board is contributing to the good governance practice of the organisation in ensuring that Committee business is reported to the Board and any key matters escalated, where appropriate.

Argymhelliad / Recommendation

The Board is asked to NOTE for assurance this report, and the updates provided from Health Board Committees.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. There is no direct link to the Plan associated with this report, however the work of individual committees contributes to the overall implementation and monitoring of the IMTP.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Choose an item. Choose an item. Choose an item. Choose an item.

Strategic Equality Objectives 2020-24	Not applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Committee Chairs

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. Not applicable to this specific report, however WBFGA considerations are included within committee's considerations

Aneurin Bevan University Health Board Key Issues Report				
Board Date:		18th November 2026		
Date of Committee		Tuesday 22nd September 2026	**Report of:**	Finance and Performance Committee
Quoracy met:		Yes		
1	Agenda and papers	Agenda and Papers		
2a	Matters referred to the attention of the Board	**Cancer Services:** The Committee received the findings of the Audit Wales review of Cancer Services and noted that all recommendations had been accepted and incorporated into an improvement plan. Members welcomed the development of a Cancer Strategy and Cancer Command Centre approach to strengthen oversight and delivery, whilst recognising the continuing challenges associated with meeting national performance standards. **Theatres Efficiency Programme:** The Committee received an update on theatre productivity and efficiency initiatives and welcomed progress across a number of improvement workstreams. Members emphasised the importance of demonstrating measurable operational and financial benefits through robust performance reporting and benefits tracking arrangements. **Digital Transformation:** The Committee welcomed progress across the digital portfolio and considered lessons learned from the Digital Patient Communications Programme. Members highlighted the importance of robust programme governance, business case development and benefits realisation, and drew attention to the need for sustainable funding arrangements to support future digital transformation.		
2b	Assurance	**Performance Management and Escalation:** The Committee received assurance regarding the operation of the revised Welsh Government Performance Management Framework and local		

		escalation arrangements, including governance and recovery processes supporting organisational improvement. **Integrated Performance Monitoring:** The Committee received assurance that organisational performance continued to be actively monitored across key service areas, with established governance arrangements and targeted improvement plans in place to support delivery against Ministerial priorities and organisational objectives. Members discussed concerns regarding access to NHS dentistry and requested a future update to provide further assurance regarding access arrangements, service capacity and the impact of changes associated with the dental contract. **Information Governance and Cyber Security:** The Committee received assurance regarding information governance arrangements, cyber security controls, information risk management and statutory compliance, supported by continued improvements in training compliance and digital resilience.
2c	Review of Risks	The Committee reviewed key areas of risk and noted the following **Dental Access:** The Committee discussed concerns regarding patient access to NHS dentistry and recognised the need for greater understanding of service capacity, access arrangements and patient experience. **Digital Transformation and Funding Sustainability:** Members considered the risks associated with reliance on non-recurrent funding to support digital programmes and highlighted the importance of ensuring future initiatives were supported by sustainable funding arrangements and long-term affordability considerations.

Board Date:		18th November 2026		
Date of Committee		Tuesday 6th November 2026	**Report of:**	Patient Quality, Safety and Outcomes Committee
Quoracy met:		Yes		
1	Agenda and papers	Agenda and Papers		
2a	Matters referred to the attention of the Board	**Maternity and neonatal services**: The Committee considered the improvement programmes in response to the Ockenden Review, Amos Investigation and wider national learning. The committee supported the development of the Maternity and Neonatal Strategic Group. Members highlighted the continuing importance of workforce resilience, organisational culture, staff engagement and robust oversight of improvement activity across maternity and neonatal services. **Safeguarding capacity and demand:** The Committee noted increasing demand and complexity across safeguarding services, including rising referral activity and pressures on workforce capacity. Members highlighted the need for continued oversight of service resilience and the actions being taken to manage demand. **Violence and aggression in community settings:** The Committee considered the findings of a thematic review of violence and aggression affecting staff. Particular attention was drawn to emerging risks within community settings and patient homes, including lone working, information sharing, preventative measures and support for staff following incidents. **Mental capacity and deprivation of liberty:** The Committee considered the legal, operational and workforce implications of the Attorney General of Northern Ireland Supreme Court ruling. Members noted the potential impact on services and the importance of maintaining oversight of workforce awareness, training capacity and implementation arrangements.		

		Infection Prevention and Control Assurance Statement: The Committee approved the Statement for onward submission to the Board.
2b	Assurance	**Quality performance and patient safety:** The Committee received assurance regarding improvements in complaint management, including reductions in the backlog, positive Ombudsman outcomes and strong performance in the management of nationally reportable incidents. Positive infection prevention and control performance was also noted, alongside areas requiring continued improvement. **Putting Things Right and Listening to People:** The Committee received assurance regarding the operation of statutory concerns and complaints arrangements, improvements in early resolution and complaint compliance, and preparations to embed the Listening to People framework. **Quality governance and oversight:** The Committee received assurance through the Quality Management Group regarding the governance arrangements supporting the identification, monitoring and escalation of quality and safety matters, together with the improvement plans in place for areas requiring continued oversight. **Clinical audit and organisational learning:** The Committee received assurance regarding the development of the Corporate Clinical Audit Framework and the strategic approach to clinical audit, including risk-based prioritisation, system-wide coverage and arrangements for monitoring actions and sustained improvement. **Research and development:** The Committee received assurance regarding continued growth in research delivery, commercial research opportunities, workforce development and the increasing integration of research across clinical services and professional groups.

2c	Review of Risks	The Committee reviewed key areas of risk and noted the following: **Workforce capacity and service resilience:** Ongoing pressures associated with safeguarding capacity and the sustainability of maternity and neonatal services, requiring continued oversight and improvement activity. **Training and statutory compliance:** Risks relating to safeguarding training, manual handling training and Mental Capacity Act training capacity, alongside the workforce preparedness required to support implementation of the Attorney General of Northern Ireland Supreme Court ruling. **Violence and aggression:** Emerging risks affecting staff working in community settings and patient homes, particularly in relation to lone working, advance information sharing, police involvement and post-incident support. **Quality governance and action tracking:** Risks associated with ensuring that improvement actions arising from complaints, incidents, inspections and Quality Management Group reporting were consistently tracked, implemented and sustained across services.

Aneurin Bevan University Health Board Key Issues Report				
Board Date:		Wednesday 18th November 2026		
Date of Committee		Thursday 8th October 2026	**Report of:**	**Finance and Performance Committee (Escalation)**
Quoracy met:		Yes		
1a	Matters referred to the attention of the Board	**Financial Sustainability and Recurrent Savings** The Committee noted that, although the forecast deficit had reduced following a revision to the Welsh Risk Pool forecast, the level of mitigation required to achieve the forecast position had increased. Emerging pressures relating to secondary care drugs		

		and anticipated winter costs remained, while the overall savings requirement continued to be £45m. Members highlighted the need to increase the proportion of recurrent savings, accelerate financial planning for 2027/28 and identify longer-term transformational opportunities to support sustainable financial improvement. **Workforce Pressures and Sickness Absence** The Committee noted continuing risks associated with sickness absence, implementation of the resident doctor contract, regulatory changes and winter workforce requirements. Members challenged whether all available measures within the Health Board's control were being fully utilised to improve sickness absence and emphasised the importance of maintaining focus on this area. **Urgent and Emergency Care and Winter Resilience** The Committee recognised that, despite significant recent progress, exceptionally high demand, increased patient acuity and the challenging start to October had affected urgent and emergency care performance, including Wait to be Seen performance and 12-hour waits. Members emphasised the need to sustain improvements throughout winter and highlighted the importance of reducing avoidable hospital attendance through strengthened primary, community and urgent care pathways and an improved interface between primary and secondary care. **Sustainability of Programme Savings** The Committee noted that the Therapies Workstream was forecast to deliver £892k against its £975k target for 2026/27, leaving a remaining gap of £83k. Members also highlighted the need to increase recurrent savings across the programme workstreams, accurately capture financial benefits and avoid duplication between related programmes, particularly Enhanced Care and the wider variable pay programme.

1b	Assurance	**Financial Recovery Governance** The Committee received assurance that financial recovery workstreams continued to be overseen through the established Value and Sustainability Board arrangements. Confidence in delivery of the £45m savings programme had increased, with a greater proportion of planned savings assessed as deliverable. The Committee also noted the positive feedback received from Welsh Government regarding the development of the three-year financial recovery plan and the Health Board's transparent approach to financial management. **Workforce and Variable Pay Controls** The Committee received assurance that strengthened controls were operating to reduce agency and variable pay expenditure. These included the Vacancy Scrutiny Panel, enhanced approval arrangements for bank and agency usage, recruitment of newly qualified nurses and midwives, and increased use of lower-cost staffing alternatives. The Committee also received assurance that a comprehensive programme was in place to address sickness absence, including strengthened policy compliance, manager training and support, wellbeing initiatives and targeted intervention in areas of high absence. **Therapies Programme Governance** The Committee received assurance that the Therapies Review was being undertaken collaboratively across divisions and included appropriate consideration of service transformation, vacancy management and productivity opportunities. The review was also considering how therapy services could support urgent care pathways, patient flow and timely discharge, while maintaining service quality and avoiding unintended consequences elsewhere in the system. **Person-Centred Enhanced Care** The Committee received assurance that divisional delivery plans, governance arrangements, strengthened assessment and validation processes, and peer audit arrangements were in place for the Person-

		Centred Enhanced Care Workstream. These arrangements were intended to ensure that enhanced care remained clinically justified, proportionate and regularly reviewed, with patient safety remaining the primary consideration. The Committee supported the proposed delivery trajectory for the identified £300k savings opportunity and the continued exploration of alternative care models, including patient cohorting, ambient monitoring technology and virtual observation. **Urgent and Emergency Care Improvement Arrangements** The Committee received assurance that actions continued to be delivered through the Handover 45 Programme and across the six urgent and emergency care delivery pillars. These included measures to improve patient flow, strengthen operational discipline, reduce waits within the Emergency Department and support winter preparedness. The Committee also noted the positive performance achieved at Local General Hospitals.
1c	Review of Risks	**Financial Sustainability** The Committee noted the continuing risk to delivery of the financial position arising from the need for increased mitigations, emerging secondary care drug and winter pressures, and the requirement to increase the proportion of recurrent savings. **Workforce Sustainability** The Committee noted ongoing workforce risks relating to sickness absence, implementation of the resident doctor contract, regulatory changes and additional winter workforce requirements. **Urgent and Emergency Care** The Committee noted the risk to sustaining improvements in urgent and emergency care performance during periods of exceptionally high demand and increased patient acuity, particularly through the winter period. **Delivery of Savings** The Committee noted the risk to delivery and sustainability of programme savings,

		including the need to increase recurrent savings and ensure that financial benefits were accurately captured without duplication across related workstreams.

Aneurin Bevan University Health Board Key Issues Report				
Board Date:		18th November 2026		
Date of Committee		Monday 12th October 2026	**Report of:**	Partnerships, Population Health and Planning Committee
Quoracy met:		Yes		
1	Agenda and papers	Agenda and Papers		
2a	Matters referred to the attention of the Board	**Gender Based Violence Needs Assessment:** The Committee received the Gender Based Violence Needs Assessment and noted the significant prevalence of violence against women, domestic abuse and sexual violence across communities. Members discussed the key roles of health services in supporting earlier identification, intervention and access to support services. **Women's Health Discovery Report:** The Committee considered the Women's Health Discovery Report and discussed barriers experienced by women in accessing timely diagnosis and treatment. Members highlighted health inequalities, delays in diagnosis and the importance of ensuring future services better reflect women's experiences and needs. **Annual Review of Progress of the Long-Term Strategy:** The Committee reviewed progress made during the first year of implementation of Gwent 35 and endorsed the Annual Review for onward consideration by the Board. Members noted progress across a number of strategic priorities whilst recognising the challenges associated with delivering long-term transformation alongside operational pressures. **Winter Planning and System Pressures:** The Committee received an update on		

		winter planning arrangements and considered emerging national modelling indicating increased demand and occupancy pressures during the winter period. Members discussed surge capacity arrangements, system resilience and partnership working ahead of winter 2026/27.
2b	Assurance	**Public Services Board and Partnership Arrangements:** The Committee received assurance regarding ongoing Public Services Board activity, including development of the Well-being Assessment, Best Start in Life programme and Third Sector Partnership Agreement. Members also received assurance regarding continued partnership engagement across the region. **Winter Vaccination Programme:** The Committee received assurance regarding delivery of the Winter Vaccination Plan 2026/27, including targeted work to improve vaccination uptake, reduce inequalities and improve coverage amongst vulnerable populations and staff groups. Members also noted mitigating actions being implemented in response to changes to the Human Medicines Regulations. **Strategic Planning and IMTP Development:** The Committee received assurance regarding arrangements supporting development of the Integrated Medium-Term Plan 2027/28 and Annual Plan. Members noted that planning activity remained aligned with strategic priorities and organisational objectives. **Capital and Estates Planning:** The Committee received assurance regarding development of the Estates Strategic Plan, including governance arrangements, stakeholder engagement and alignment with future service models and organisational priorities.
2c	Review of Risks	The Committee reviewed key areas of risk and noted the following **Population Health and Prevention:** The Committee noted ongoing risks associated with health inequalities, low vaccination uptake within some population groups and

		the challenge of improving preventative approaches and earlier intervention across communities. **Gender-Based Violence and Women's Health:** Members discussed the risks associated with underreporting of gender-based violence, barriers to accessing support and continuing inequalities affecting women's health outcomes. The Committee recognised the importance of earlier identification and improved access to services. **Strategic Delivery and Partnership Working:** The Committee noted the challenge of balancing transformational ambitions with immediate operational and financial pressures. Members discussed risks associated with delivering complex programmes through partnership arrangements and maintaining momentum across long-term priorities. **Capital and Estates:** The Committee noted continuing risks relating to ageing infrastructure, backlog maintenance, capital availability and delivery of major estate programmes. Members also discussed the importance of aligning estate developments with future service models and strategic priorities. **Winter Preparedness and System Resilience:** The Committee considered emerging winter demand modelling and noted risks associated with respiratory illness, seasonal demand pressures and sustained occupancy levels. Members received updates on mitigation plans and surge capacity arrangements intended to support system resilience.

Aneurin Bevan University Health Board Key Issues Report			
Board Date:	18 November 2026		
Date of Committee	Tuesday 20 October 2026	**Report of:**	People and Culture Committee
Quoracy met:	Yes		

1	Agenda and papers	Agenda and Papers
2a	Matters referred to the attention of the Board	**Workforce performance and sickness absence:** The Committee noted that sickness absence remained a significant workforce, financial, quality and productivity challenge. The Committee agreed that an informal deep dive would examine the underlying data, preventative approaches, Occupational Health and wellbeing provision, and support for staff to remain in or return to work. **Future workforce pipeline and community reach:** Progress had been made against the Better Future Workforce objective of the People Plan 2025–2030. However, apprenticeship recruitment had reduced following increased scrutiny of administrative posts and changes to healthcare support worker entry routes. Alternative apprenticeship routes, including opportunities within Estates and Facilities, had been developed. **Values and Behaviours Framework:** The Committee noted that refreshed framework had been developed through extensive engagement and was increasingly embedded in induction, PADRs and leadership development. The next phase would focus on whether the values of kindness, integrity and respect had been consistently demonstrated and experienced, supported by the NHS Wales Staff Survey, planned pulse checks and qualitative feedback. **Nursing, Midwifery and Specialist Community Public Health Nurse Workforce:** The Committee welcomed substantial improvement since 2023. Recruitment and retention remained more challenging in community and sub-acute services, and some ambitions, including a dedicated nursing education facility, consistent self-rostering and uptake of restorative clinical supervision, had not been fully achieved.

		Volunteering: More than 11,000 volunteer hours had been delivered during 2025/26, with over 600 volunteers directly engaged across a broad range of roles. The Committee recognised volunteering as a strategic enabler for prevention, community resilience, person-centred care and improved patient experience. Increasing demand had created pressures relating to recruitment, safeguarding checks, training and ongoing support, with a small core team supporting the programme. **Learning from medical workforce development:** The Committee welcomed progress in supporting Specialty, Specialist and Associate Specialist Doctors (SAS) Locally Employed Doctors and International Medical Graduates through bespoke induction, professional support, recognition and career development. Further work remained necessary to support doctors in navigating cultural differences, strengthen the focus on Locally Employed Doctors and improve quantitative evidence of impact.
2b	Assurance	**Medical education and training:** The Committee received strong assurance following a targeted Health Education and Improvement Wales (HEIW) visit in April 2026. HEIW recommended that the Medicine Division be removed from enhanced monitoring, which the General Medical Council formally agreed in May 2026. Positive findings included effective induction, supportive educational supervision, appropriate clinical supervision and strong consultant, peer and multidisciplinary team support. Routine HEIW oversight and the Health Board's quality assurance programme continued, with a particular focus on Gastroenterology. **Occupational Health:** The Committee received independent assurance through achievement of Safe Effective Quality Occupational Health Service accreditation against nationally recognised quality, safety and effectiveness standards. Arrangements had been established to

		meet the 2027 self-assessment requirements and maintain accreditation. **Speaking Up Safely:** The Committee took assurance from the continued development and maturation of the Framework, including a dedicated Guardian, a Standard Operating Procedure, a secure case-management platform, Independent Member scrutiny, quarterly audits, Steering Group oversight and established escalation arrangements. Intelligence had been triangulated with wider workforce information to identify themes and support targeted improvement. **Employee relations and workforce programmes:** The Committee took assurance from the management and oversight of employee relations activity, suspensions and significant workforce programmes. Suspensions had been reviewed monthly, including consideration of alternative duties, and contact and support had been maintained. The Band 2–3 Healthcare Support Worker Framework had progressed as planned, and the first transition to the Resident Doctor Contract 2026 had been completed in August 2026. **People Plan delivery:** The Committee took assurance from the planned approach to delivering the Better Future Workforce objective. An internal delivery meeting involving Workforce, Finance and Planning had strengthened integrated governance, baseline review, performance monitoring and reporting. Bank workers had been subject to the same recruitment, safeguarding and pre-employment checks as other staff, with statutory and mandatory training monitored and professional oversight maintained.
2c	Review of Risks	**Strategic workforce risks:** The Committee reviewed the revised strategic risk report and noted the application of the Health Board's revised risk appetite arrangements. A limited risk appetite had been applied to staff wellbeing, while a measured risk appetite, with a threshold of 12 or below, had been applied to performance and other workforce risks.

		Three risks were within the measured risk appetite and one was within the limited risk appetite. **Workforce operational risks:** The Committee continued to note material operational risks relating to sickness absence, Occupational Health capacity, reduced apprenticeship and schools-engagement reach, community and sub-acute staff recruitment, and the capacity required to recruit, train and support volunteers. These matters remained subject to focused management action and Committee oversight.

Aneurin Bevan University Health Board Key Issues Report				
Board Date:		18 November 2026		
Date of Committee		Monday 2nd November 2026	**Report of:**	Charitable Funds Committee
Quoracy met:		Yes		
1	Agenda and papers	Agenda and Papers		
2a	Matters referred to the attention of the Board	**Funding decisions and core responsibilities:** The Committee approved three funding requests and did not approve a further request where the proposed expenditure was considered a core Health Board responsibility, reinforcing the distinction between charitable expenditure and core service funding. **NHS Charities Together lottery:** The Committee ratified participation in the national lottery scheme after the matters previously raised had been addressed. Participation formed part of the Charity's approach to developing additional sources of income. **Investment management procurement:** The Committee approved the revised tender specification and evaluation criteria for future investment management services. The requirements covered investment objectives,		

		governance, ethical and values-led investment, sustainability, costs and historic performance. It was agreed that the Committee Chair and Vice-Chair would participate in the tender evaluation. **Charitable fund structure:** The Committee approved strengthened and simplified arrangements for establishing new funds and endorsed a review of existing fund titles and naming conventions. Eight funds were approved retrospectively, and the Committee supported a fund associated with the interstitial lung disease support group, subject to alignment with the newly agreed approach. **Annual Report and charitable impact:** The Committee endorsed the 2025/26 Annual Report and supported its wider use to promote the Charity, demonstrate the impact of charitable funding and show how donations benefited patients, staff and services. Supporting working papers had been provided to Audit Wales, and the external audit commenced on 2 November 2026. **Marketing and fundraising:** The Committee welcomed progress with the charity magazine, refreshed branding and lottery participation. Goodbox contactless donation devices could not currently operate routinely on the Health Board network, and the issue was being escalated with Digital colleagues to identify a secure solution. **Employment arrangements:** The Committee highlighted those charitable awards supporting fixed-term or grant-funded posts must have clearly defined durations, funding responsibilities and exit arrangements aligned with Health Board policies and forthcoming employment law changes.
2b	Assurance	**Financial monitoring:** The Committee received assurance that quarter one and quarter two reports provided detailed evidence on income, expenditure,

		investments, reserves, cash flow and fund movements. Total funds increased from £4.190m at 31 March 2026 to just under £4.400m at the end of quarter one following an unrealised investment gain of £0.238m and stood at approximately £4.300m at the end of quarter two. **Fund utilisation and accountability:** The Committee received assurance that established monitoring arrangements were in place for large and slow-moving funds. Fund holders were required to provide spending plans and, where appropriate, attend the Committee. Presentations on breast services and GP training evidenced defined purposes and planned use of the resources, including equipment procurement, service development and activity delivered through a service-level arrangement. Further fund holders would attend future meetings to provide equivalent assurance.
2c	Review of Risks	The Committee reviewed the principal risks arising from the business considered and noted the following: **Financial sustainability:** Expenditure had continued to exceed income, reducing total funds during 2025/26. Reserves remained below the calculated policy level, and future spending capacity remained exposed to investment market volatility and cash-flow pressures. **Fund fragmentation and utilisation:** The number of specific and historic funds created a risk that resources could become difficult to identify, administer or use effectively, particularly where expenditure remained limited. **Funding of staffing posts:** Charitable funding of fixed-term posts could create financial, employment and governance exposure if the duration, ongoing funding responsibility and exit arrangements were not established at the outset.

		Investment management transition: The procurement and transition to a future investment manager presented risks relating to value for money, portfolio continuity, governance and alignment with ethical and sustainability requirements. **Fundraising infrastructure:** The current inability to use Goodbox devices routinely on the Health Board network could restrict contactless giving and reduce fundraising opportunities until the technical and information governance issues were resolved.

Aneurin Bevan University Health Board Key Issues Report				
Board Date:		18th November 2026		
Date of Committee		Tuesday 3rd November 2026	**Report of:**	Finance and Performance Committee
Quoracy met:		Yes		
1	Agenda and papers	Agenda and Papers		
2a	Matters referred to the attention of the Board	**Urgent and Emergency Care and Organisational Performance:** The Committee noted continued improvement in urgent and emergency care performance, including sustained achievement of ambulance handover measures, and received updates on actions being taken to support service delivery through the winter period. Members also discussed increasing demand pressures across a number of services and the importance of understanding the underlying drivers to support future planning and performance improvement. **Productivity Improvement:** The Committee welcomed evidence of sustained productivity improvements within the Regional Cataract Service, with performance exceeding Welsh Government benchmarks. Members recognised the success of the collaborative approach adopted and		

		highlighted the potential to apply similar methodologies, supported by robust performance intelligence and benchmarking, across other clinical services. **Digital and Cyber Resilience:** The Committee discussed emerging risks relating to cyber security, including third-party supplier assurance and the increasing use of connected technologies across the organisation. Members also considered the longer-term sustainability of digital programmes, noting challenges associated with future funding arrangements and the need to ensure digital resources remain focused on strategic organisational priorities.
2b	Assurance	**Performance and Governance Arrangements:** The Committee received assurance regarding the Health Board's performance management and escalation arrangements, including oversight of recovery plans and performance improvement activity across key service areas. Members were assured that governance processes remained in place to monitor performance against Ministerial priorities and organisational objectives. **Information Governance and Digital Delivery:** The Committee received assurance regarding information governance compliance, cyber security arrangements and delivery of the digital transformation portfolio. Members noted strong performance in areas including subject access request compliance, cyber security patching and progress against a range of digital programmes supporting service improvement and modernisation.
2c	Review of Risks	The Committee reviewed key areas of risk and noted the following: **Growing Service Demand:** Members considered the impact of increasing demand across a range of services, including outpatient referrals and follow-

		up activity, recognising the potential implications for future performance and waiting times. **Digital Sustainability and Cyber Risk:** The Committee discussed risks associated with the future affordability and sustainability of digital programmes, particularly in the context of continued reliance on non-recurrent funding sources, as well as emerging cyber security risks relating to supplier assurance and connected device management.

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:**	**Strategic Risk Report, November 2026**
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Chief Executive Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Head of Corporate Risk and Assurance

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

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Board is asked to approve a revised Strategic Risk Register (SRR) of 13 principal risks.

Following approval of the Risk Appetite Statement, the SRR has been reviewed to present the Health Board's principal risks more clearly. Each principal risk now has one clear risk event, one accountable Lead Executive and its own threats, each tested against the applicable risk appetite.

This gives the Board a clearer view of which exposures are within or outside appetite. It also aligns each risk more directly with the strategic objectives set out in the IMTP / Annual Plan.

Cefndir / Background

In September 2026 the Board approved the revised Risk Appetite Statement. It sets 17 appetite parameters across ten themes, ranging from Averse (score 5 or below) to Transformational (score 20 or below).

A key principle of the Statement is that appetite is set by the specific exposure, not by the theme a risk sits under. For example, industrial action (SRR 001D) sits under workforce, but is assessed against the Limited appetite for essential service

continuity (score 8 or below), because its main impact is on patients' timely access to care.

The Board previously approved nine principal strategic risks and 21 sub-risks. When these were moved into the refreshed risk template and tested against the new Statement, several gaps were identified, as set out below.

Asesiad / Assessment

Gaps identified

1. **SRR 001 had a disproportionate number of causes attributed to it.** It held up to eleven threats across five Executive owners, covering workforce, planning, service models, finance and quality.

2. **Some risk events described consequences or causes, not a loss of control.** This makes risks harder to score and to measure through key risk indicators.

3. **Unmapped appetite parameters.** The most significant were patient quality, safety and safeguarding (Limited, 8 or below) and legal and statutory compliance (Averse, 5 or below), leaving potential exposures out of the Board's view.

4. **Significant exposures were missing or hidden.** Planned care, mental health and primary care sustainability are priorities in the Health Board's plan, yet none had a principal risk recorded against it.

   Finance, one of the Health Board's most significant risks and an area of targeted intervention, appeared only as a cause within SRR 001 rather than as a risk in its own right.

Approach Taken to Strengthen the SRR

Each principal risk has been reviewed against four questions:

1. Does it describe a single event?
2. Could each threat cause that event on its own?
3. Does the event come before its consequences?
4. Can the event be measured?

Each threat was then mapped to the appetite parameter for its own exposure. Appendix A sets out how each risk has changed.

Proposed Register

The table below summarises the 13 proposed principal risks. The full register of 27 threats, with current and target scores and appetite and assurance positions, where

available, is set out in the dashboard at Appendix B. A quick-reference summary of the 13 risks by reference number is provided at Appendix 1 of this report.

Ref & Theme	Principal risk	Lead Executive	Change
SRR 001 Workforce	There is a risk that the Health Board does not have sufficient staff with the right skills available, when and where they are needed, to deliver safe and sustainable services.	Director of Workforce & OD	Now a standalone workforce risk; event reworded
SRR 002 Estate & Critical Infrastructure	There is a risk of failure of critical estate or infrastructure.	Chief Operating Officer	Minor rewording to the event
SRR 003 Patient Safety, Quality and Safeguarding	There is a risk that care is not consistently delivered to the required standards of safety, quality and safeguarding.	Director of Nursing	New
SRR 004 Emergency Preparedness & Business Continuity	There is a risk that the Health Board is unable to maintain or recover essential services within required timescales during or following a major, critical or business continuity incident.	Director of Strategy, Planning & Partnerships	Unchanged
SRR 005 Patient Access and Flow	There is a risk that patients are unable to access or move through the most appropriate care setting within a clinically appropriate timescale.	Chief Operating Officer	Three new threats: planned care, mental health, primary care
SRR 006 Digital Services & Information	There is a risk that critical digital services or the information they hold become unavailable, compromised, unreliable or unfit for current and future clinical and organisational needs.	Director of Digital	Event tightened
SRR 007 Partnership & System Working	There is a risk that the Health Board and its partners are unable to plan, commission and deliver coordinated, sustainable health and care pathways across organisational boundaries.	Director of Strategy, Planning & Partnerships	Event tightened
SRR 009 Prevention & Population Health	There is a risk that the Health Board and its partners do not shift resources and activity towards prevention at the scale and pace required.	Director of Public Health and Strategic Partners	New
SRR 010 Health & safety	There is a risk that staff, patients and visitors are exposed to workplace health and safety hazards that are not adequately controlled.	Director of AHPs & Health Science	Unchanged

SRR 011 Climate Resilience & Decarbonisation	There is a risk that the Health Board is unable to maintain safe and resilient services in response to climate change or deliver the required reduction in carbon emissions and environmental impact.	Director of Finance & Procurement	Unchanged
SRR 012 Legal, Statutory & Regulatory Compliance	There is a risk that the Health Board breaches its legal, statutory or regulatory duties.	Director of Corporate Governance	New
SRR 013 Financial Recovery & Sustainability	There is a risk that the Health Board cannot bring and sustain expenditure within available resources, resulting in failure to meet its statutory financial duties.	Director of Finance & Procurement	New (was SRR 001 G)
SRR 014 Strategy, Planning and Sustainable Service Models	There is a risk that the Health Board does not deliver the service change set out in its strategy and plans, at the scale and pace needed to keep services sustainable	Director of Strategy, Planning & Partnerships	New (was SRR 001 E, F, I)

***N.B**. SRR 008 (patient, staff and public experience) is retired as a principal risk and becomes a threat under SRR 003.*

Seven new threats have not yet been scored: SRR 003A, 003B, 005B, 005C, 005D, 009A and 012A. Subject to the Board's approval, full risk assessments will be completed for these threats.

Position Against Risk Appetite

Of the 20 threats scored, 10 are within appetite and 10 are outside. Nine of those outside appetite has a Limited threshold of 8: SRR 001B, 001D, 002B, 004B, 005A, 006A, 007A, 010A and 013A. The tenth, SRR 006B, scores 20 against a Progressive threshold of 16.

The largest gaps are SRR 013A, Financial Recovery and Sustainability (20 against 8), and SRR 005A, Patient Access and Flow (16 against 8). The Statement also expects target scores to be within appetite, but the targets for SRR 001B (staff wellbeing) and SRR 005A are 9, above their threshold of 8.

Under the Statement, positions outside appetite require explicit acceptance by the Board, supported by treatment actions, or acceptance that further reduction is not reasonably practicable.

As strategic risks, many of these threats will take a number of years to bring within appetite, so it is not realistic to set a date by which each will do so. Instead, the treatment actions contained within the individual risk assessments in Appendix B set out the planned reduction in each score, and the Board's acceptance of these positions will be reviewed through each Strategic Risk Report and as part of the annual review of the Risk Appetite Statement.

Threats with a Secondary Appetite

Under the Statement, the most adverse applicable parameter determines a threat's appetite status, but only where the exposure is credible and material. Where an exposure has different causes, owners or controls, it should be recorded as a separate, linked risk. Applying this test to threats with a legal and statutory compliance exposure (Averse, 5 or below):

- **SRR 003B** (Safeguarding): compliance with Deprivation of Liberty Safeguard assessments, Looked after Children (LAC) assessments and safeguarding capacity could directly breach statutory duties, and are managed through the same controls. This threat has not yet been scored.

- **SRR 010A** (Health and safety): the statutory duty is the core of the threat. As SRR 010A is already outside appetite (12 against 8), this widens the gap but does not change the number of threats outside appetite.

	SRR 003B Safeguarding	**SRR 010A Health and safety**
Main exposure	Patient safety and safeguarding (Limited, 8)	Patient safety and health and safety (Limited, 8)
Legal duty involved	Mental Capacity Act / LAC / DoLS and safeguarding duties	Health and Safety at Work Act and related regulations
Credible and material?	**Yes.** DoLS compliance, LAC backlog and gaps in safeguarding capacity directly risk unlawful deprivation of liberty and breaches of statutory duty.	**Yes.** Failing to identify, assess and manage workplace hazards is itself a breach of statutory duty.
Outcome	**Apply Averse (5)**	**Apply Averse (5)**

The Averse threshold of 5 is therefore proposed for both SRR 003B and SRR 010A.

Assurance Position

Appendix B also shows whether there is evidence that the controls for each scored threat are working effectively. This is separate from the appetite position. Of the 20 scored threats, eight have Positive assurance, 11 Reasonable and one Limited.

The Limited rating is for SRR 005A, reflecting continuing pressure across urgent and emergency care and limited evidence that controls are delivering sustained improvement in patient flow, delayed pathways and ambulance handovers.

Assurance ratings for the seven new threats will be set once they are assessed.

Appendices

- **Appendix A – Themed Strategic Risk Register:** how the revised register was developed, setting out each principal risk, its threats, the appetite parameter applied and what has changed.

- **Appendix B – Proposed Strategic Risk and Assurance Dashboard:** the full register with current and target scores, appetite and assurance positions, and the 18 completed risk assessments.

  The assessments for SRR 007B and SRR 011A are being finalised; their dashboard information is included.

Argymhelliad / Recommendation

The Board is requested to:

- **APPROVE** the revised Strategic Risk Register of 13 principal risks and 27 threats;
- **AGREE** the appetite parameter and threshold applied to each threat, including applying the Averse appetite to SRR 010A, currently Limited appetite, as it carries a direct statutory exposure;
- **NOTE** that the 10 threats currently outside appetite, and the target scores above appetite for SRR 001B and SRR 005A, are being managed through the treatment actions set out in the risk assessments at Appendix B; and,
- **NOTE** that if the seven new threats are agreed by the Board, these will be assessed and reported to the Board in January.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The Strategic Risk Report is informed by Datix, ensuring a bottom-up approach to risk escalation.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	At each meeting, the relevant Committee will monitor the risk theme relevant to its responsibilities.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Not Applicable
• **Service Activity & Performance**	Not Applicable
• **Financial**	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Choose an item.

Appendix 1 – Summary of Principal Strategic Risks and 27 Threats

Strategic Risk ID	Principal Risk	Threats
SRR 001	There is a risk that the Health Board does not have sufficient staff with the right skills available, when and where they are needed, to deliver safe and sustainable services.	Due to insufficient workforce supply, recruitment constraints, skills shortages and difficulties retaining staff in key disciplines and specialties.
		Due to sustained workload pressures, workplace stressors and insufficient organisational capacity to protect staff wellbeing and manage sickness absence.
		Due to gaps in leadership capacity, capability, accountability and succession at critical levels of the organisation.
		Due to national employment disputes resulting in industrial action and reduced workforce availability.
SRR 002	There is a risk of failure of critical estate or infrastructure.	Due to the scale and severity of backlog maintenance affecting critical estate and infrastructure.
SRR 003	There is a risk that care is not consistently delivered to the required standards of safety, quality and safeguarding.	Due to the Quality Management System not yet being fully embedded and consistently applied from ward to Board, and operational pressures reducing capacity for professional leadership, quality governance and patient safety oversight.
		Due to rising demand and complexity, limited specialist safeguarding capacity, shortfalls in safeguarding training compliance and completion of Deprivation of Liberty Safeguards (DoLS) assessments, and constrained availability of suitable placements and care packages
		Due to fragmented systems for gathering and analysing patient, staff and public feedback, inconsistent involvement arrangements, and insufficient accountability for translating feedback into demonstrable improvements in care.
SRR 004	There is a risk that the Health Board is unable to maintain or recover essential services within required timescales during or following a major, critical or business continuity incident.	Due to major incident training not being mandatory, limited embedding of Joint Emergency Services Interoperability Principles (JESIP), and operational pressures restricting the capacity to regularly test and exercise emergency and business continuity plans internally and with multi-agency partners.
		Due to incomplete critical service impact assessments, limited testing and exercising of response and recovery arrangements, competing operational priorities, and dependencies on third-party providers and suppliers.

SRR 005	There is a risk that patients are unable to access or move through the most appropriate care setting within a clinically appropriate timescale.	Due to sustained demand and patient acuity exceeding available capacity across urgent, emergency, acute, critical care and community pathways, compounded by constraints in transfer and discharge arrangements and inconsistent whole-system coordination and escalation.
		Due to demand for elective, cancer and diagnostic services exceeding available capacity and the pace at which sustainable service improvements can be delivered.
		Due to demand and complexity of need exceeding available capacity across mental health and learning disability services, including access to assessment, psychological therapies and appropriate local care and placements.
		Due to workforce shortages and wider fragility in general practice, limited access to NHS dental services, and insufficient primary and community care capacity to support the planned shift of care from hospital to community settings.
SRR 006	There is a risk that critical digital services or the information they hold become unavailable, compromised, unreliable or unfit for current and future clinical and organisational needs.	Due to the full or partial failure or interruption of digital systems and infrastructure caused by a cyber security breach
		Due to weaknesses in programme governance, system design and configuration, testing, interoperability, data migration, implementation planning, or workforce readiness when introducing new digital systems.
		Due to fragmented architecture, ageing or unsupported technology, inadequate infrastructure resilience or capacity, constrained investment, insufficient specialist workforce capacity, and inconsistent application of agreed digital standards.
SRR 007	There is a risk that the Health Board and its partners are unable to plan, commission and deliver coordinated, sustainable health and care pathways across organisational boundaries.	Due to financial pressures, misaligned organisational priorities, differing planning cycles and insufficiently clear partnership accountability and decision-making arrangements.
		Due to fragility in specialist services arising from workforce shortages, limited capacity and dependence on regional or supra-regional delivery arrangements.
SRR 009	There is a risk that the Health Board and its partners do not shift resources and activity towards prevention at the scale and pace required.	Due to resources and investment remaining concentrated in hospital-based care, limited population health intelligence to target and measure interventions, and insufficient capacity and coordination with partners to deliver the 1,001 Critical Days and Best Start in Life commitments.
SRR 010	There is a risk that staff, patients and visitors are exposed to workplace health and safety hazards that are not adequately controlled.	Due to inconsistent identification, assessment and management of workplace hazards, insufficiently embedded health and safety responsibilities, gaps in training and weaknesses in monitoring, escalation and action completion.

SRR 011	There is a risk that the Health Board is unable to maintain safe and resilient services in response to climate change or deliver the required reduction in carbon emissions and environmental impact.	Due to increasing exposure to extreme weather, an ageing and complex estate, dependence on carbon-intensive buildings, energy, transport, medicines and supply chains, incomplete climate-risk and emissions data, constrained capital and revenue funding, and climate adaptation and decarbonisation not being consistently embedded across organisational decision-making
SRR 012	There is a risk that the Health Board breaches its legal, statutory or regulatory duties.	Due to inconsistent implementation and monitoring of compliance requirements, and gaps in assurance over their delivery across the Health Board, including the Duty of Quality, Duty of Candour, Welsh language standards and equality duties.
SRR 013	There is a risk that the Health Board cannot bring and sustain expenditure within available resources, resulting in failure to meet its statutory financial duties.	Due to recurrent expenditure and demand pressures exceeding available income, additional costs arising outside the approved plan, insufficient delivery of sustainable savings, and the pace of productivity and service transformation being inadequate to reduce the underlying deficit.
SRR 014	There is a risk that the Health Board does not deliver the service change set out in its strategy and plans, at the scale and pace needed to keep services sustainable	Due to strategic plans not being sufficiently informed by population need, health inequalities and socio-economic conditions, or supported by credible workforce, financial and delivery assumptions.
		Due to service models that are not sufficiently integrated, affordable, resilient to workforce pressures or aligned with changing population need and demand.
		Due to improvement plans not delivering the required change at the necessary pace, compounded by inconsistent performance management, accountability and timely intervention.

Strategic Risk Register – Proposal

Following approval of the Risk Appetite Statement, the Strategic Risk Register (SRR) has been reviewed to present the Health Board's principal risks more clearly.

Each principal risk now has one clear risk event, one accountable Lead Executive and its own threats, each tested against the applicable risk appetite. This gives the Board a clearer view of which exposures are within or outside appetite, and links each risk more directly to the IMTP, Annual Plan and strategic objectives. The structure is also easier to maintain: new threats can be added to the relevant principal risk as they are identified, while keeping its focus clear.

'**New**' does not represent a new risk or exposure it simply means gaps in the strategic risk profile have been identified and addressed through the review.

The review concluded the following position:

Category and Key	SRR Reference
New Principal Risk	001, 003, 009, 012, 013, 014
Additional Threats added	003A & B, 005B, C & D
Risk Event or Threat reworded	006 A, 007
Retired from the Risk Register	008 (now threat 003 C)
Unchanged	002, 003C, 004, 006B & C, 007A & B, 010, 011

Summary of the Changes

New Reference	Risk Theme	Lead Executive	Status	Previous Reference	Revised Profile
SRR 001	Workforce	Director of Workforce & OD	New Principal Risk	SRR 001 A–D	Threats remain unchanged
SRR 002	Estate And Critical Infrastructure	Chief Operating Officer	Unchanged	SRR 002 B	SRR 002 B *(SRR 002 A was de-escalated to the CRR)*
SRR 003	Patient Safety, Quality and Safeguarding	Director of Nursing	New Principal Risk	SRR 008	SRR 003 A - C
SRR 004	Emergency Preparedness and Business Continuity	Director of Strategy, Planning & Partnerships	Unchanged	SRR 004 A–B	No change
SRR 005	Patient Access and Flow	Chief Operating Officer	Additional threats	SRR 005 A	SRR 005 A - D
SRR 006	Digital Services and Information	Director of Digital	Tightened the principal risk	SRR 006 A–C	SRR 006 A - C *(SRR 006A reworded)*
SRR 007	Partnership and System Working	Director of Strategy, Planning & Partnerships	Tightened the principal risk	SRR 007 A–B	No change
SRR 008	Risk absorbed in SRR 003 so SRR 008 is Retired.				
SRR 009	Prevention and Population Health	Director of Public Health and Strategic Partners	New	New	SRR 009 A
SRR 010	Health and Safety	Director of AHPs & Health Science	Unchanged	SRR 010	No change
SRR 011	Climate Resilience and Decarbonisation	Director of Finance & Procurement	Unchanged	SRR 011	No change
SRR 012	Legal, Statutory and Regulatory Compliance	Director of Corporate Governance	New Principal Risk	New	SRR 012 A
SRR 013	Financial Recovery and Sustainability	Director of Finance & Procurement	New Principal Risk	SRR 001 G	SRR 013 A
SRR 014	Strategy, Planning and Sustainable Service Models	Director of Strategy, Planning & Partnerships	New Principal Risk	SRR 001 E, F, I	SRR 014 A - C

Proposed Strategic Risk Register

The summary of changes is organised by the 13 proposed themes, setting out the event (principal risk) for each and the threats being mitigated. Where a risk appetite is highlighted, the Board needs to agree which parameter best aligns with the exposure, noting that the most restrictive parameter governs.

New Principal Risk

SRR 001: Workforce			
There is a risk that the Health Board does not have sufficient staff with the right skills available, when and where they are needed, to deliver safe, sustainable services.			
Ref	**Threat**	**Appetite Theme and Parameter Applied**	**Threshold**
001 A	Due to insufficient workforce supply, recruitment constraints, skills shortages and difficulties retaining staff in key disciplines and specialties.	**Workforce** Workforce capacity, capability, role redesign and new ways of working: **Measured**	**12 or below**
001 B	Due to sustained workload pressures, workplace stressors and insufficient organisational capacity to protect staff wellbeing and manage sickness absence.	**Workforce** Staff health, wellbeing and statutory workforce requirements: **Limited**	**8 or below**
001 C	Due to gaps in leadership capacity, capability, accountability and succession at critical levels of the organisation.	**Workforce** Workforce capacity, capability, role redesign and new ways of working: **Measured**	**12 or below**
001 D	Due to national employment disputes resulting in industrial action and reduced workforce availability.	**Service Delivery & Performance** Essential service continuity and timely access where delay may cause harm: **Limited**	**8 or below**

Unchanged

SRR 002: Estate and Critical Infrastructure			
There is a risk of failure of critical estate or infrastructure.			
Ref	**Threat**	**Appetite Theme and Parameter Applied**	**Threshold**
002 B	Due to the scale and severity of backlog maintenance affecting critical estate and infrastructure.	**Estates & Infrastructure** Statutory safety and compliance, critical infrastructure and medical equipment: **Limited**	**8 or below**

New Principal Risk and 2 Additional Threats

SRR 003: Patient Safety, Quality and Safeguarding			
There is a risk that care is not consistently delivered to the required standards of safety, quality and safeguarding.			
Ref	**Threat**	**Appetite parameter**	**Threshold**
003 A	Due to the Quality Management System not yet being fully embedded and consistently applied from ward to Board, and operational pressures reducing capacity for professional leadership, quality governance and patient safety oversight.	**Patient Safety & Quality** Patient Safety, Safeguarding, Health & Safety and mandatory clinical standards: **Limited**	**8 or below**
003 B	Due to rising demand and complexity, limited specialist safeguarding capacity, shortfalls in safeguarding training compliance and completion of Deprivation of Liberty Safeguards (DoLS) assessments, and constrained availability of suitable placements and care packages	**Patient Safety & Quality** Patient Safety, Safeguarding, Health & Safety and mandatory clinical standards: **Limited** **Governance, Accountability & Compliance** (Secondary, to confirm: Legal and statutory compliance, Averse 5)	**8 or below** (5 or below - to confirm)
003 C	Due to fragmented systems for gathering and analysing patient, staff and public feedback, inconsistent involvement arrangements, and insufficient accountability for translating feedback into demonstrable improvements in care.	**Patient Safety & Quality** Evidence-based quality improvement and clinical innovation: **Measured**	**12 or below**

Unchanged

SRR 004: Emergency Preparedness and Business Continuity			
There is a risk that the Health Board is unable to maintain or recover essential services within required timescales during or following a major, critical or business continuity incident.			
Ref	**Threat**	**Appetite Theme and Parameter Applied**	**Threshold**
004 A	Due to major incident training not being mandatory, limited embedding of Joint Emergency Services Interoperability Principles (JESIP), and operational pressures restricting the capacity to regularly test and exercise emergency and business continuity plans internally and with multi-agency partners.	**Service Delivery & Performance** Essential service continuity and timely access where delay may cause harm: **Limited**	**8 or below**
004 B	Due to incomplete critical service impact assessments, limited testing and exercising of response and recovery arrangements, competing operational priorities, and dependencies on third-party providers and suppliers.	**Service Delivery & Performance** Essential service continuity and timely access where delay may cause harm: **Limited**	**8 or below**

Three Additional Threats Added

SRR 005: Patient Access and Flow			
There is a risk that patients are unable to access or move through the most appropriate care setting within a clinically appropriate timescale.			
Ref	**Threat**	**Appetite Theme and Parameter Applied**	**Threshold**
005 A	Due to sustained demand and patient acuity exceeding available capacity across urgent, emergency, acute, critical care and community pathways, compounded by constraints in transfer and discharge arrangements and inconsistent whole-system coordination and escalation.	**Service Delivery & Performance** Essential service continuity and timely access where delay may cause harm: **Limited**	**8 or below**
005 B	Due to demand for elective, cancer and diagnostic services exceeding available capacity and the pace at which sustainable service improvements can be delivered.	**Service Delivery & Performance** Essential service continuity and timely access where delay may cause harm: **Limited**	**8 or below**
005 C	Due to demand and complexity of need exceeding available capacity across mental health and learning disability services, including access to assessment, psychological therapies and appropriate local care and placements.	**Service Delivery & Performance** Essential service continuity and timely access where delay may cause harm: **Limited**	**8 or below**
005 D	Due to workforce shortages and wider fragility in general practice, limited access to NHS dental services, and insufficient primary and community care capacity to support the planned shift of care from hospital to community settings.	**Service Delivery & Performance** Essential service continuity and timely access where delay may cause harm: **Limited**	**8 or below**

One Threat Reworded

SRR 006: Digital services and information			
There is a risk that critical digital services or the information they hold become unavailable, compromised, unreliable or unfit for current and future clinical and organisational needs.			
Ref	**Threat**	**Appetite Theme and Parameter Applied**	**Threshold**
006 A	Due to the full or partial failure or interruption of digital systems and infrastructure caused by a cyber security breach	**Digital Data & Cyber** Cyber security, information governance, data integrity and critical system resilience: **Limited**	**8 or below**
006 B	Due to weaknesses in programme governance, system design and configuration, testing, interoperability, data migration, implementation planning, or workforce readiness when introducing new digital systems.	**Digital Data & Cyber** Digital transformation, automation and new technology: **Progressive**	**16 or below**
006 C	Due to fragmented architecture, ageing or unsupported technology, inadequate infrastructure resilience or capacity, constrained investment, insufficient specialist workforce capacity, and inconsistent application of agreed digital standards.	**Digital Data & Cyber** Digital transformation, automation and new technology: **Progressive**	**16 or below**

Risk Event Reworded

SRR 007: Partnership and System Working			
There is a risk that partnership arrangements fail, to deliver coordinated and sustainable health and care pathways across organisational boundaries.			
Ref	**Threat**	**Appetite Theme and Parameter Applied**	**Threshold**
007 A	Due to financial pressures, misaligned organisational priorities, differing planning cycles and insufficiently clear partnership accountability and decision-making arrangements.	**Partnerships & System Working** Statutory accountability, governance and safety in joint arrangements: **Limited**	**8 or below**
007 B	Due to fragility in specialist services arising from workforce shortages, limited capacity and dependence on regional or supra-regional delivery arrangements.	**Partnerships & System Working** Integration, collaboration and shared delivery models; **Progressive**	**16 or below**

New Principal Risk

SRR 009: Prevention and Population Health			
There is a risk that the Health Board and its partners do not shift resources and activity towards prevention at the scale and pace required.			
Ref	**Threat**	**Appetite Theme and Parameter Applied**	**Threshold**
009 A	Due to resources and investment remaining concentrated in hospital-based care, limited population health intelligence to target and measure interventions, and insufficient capacity and coordination with partners to deliver the 1,001 Critical Days and Best Start in Life commitments.	**Partnerships & System Working** Integration, collaboration and shared delivery models: **Progressive**	**16 or below**

Unchanged

SRR 010: Health and Safety			
There is a risk that staff, patients and visitors are exposed to workplace health and safety hazards that are not adequately controlled.			
Ref	**Threat**	**Appetite Theme and Parameter Applied**	**Threshold**
010 A	Due to inconsistent identification, assessment and management of workplace hazards, insufficiently embedded health and safety responsibilities, gaps in training and weaknesses in monitoring, escalation and action completion.	**Patient Safety & Quality** Patient Safety, Health & Safety and mandatory clinical standards: **Limited** **Governance, Accountability & Compliance** (Legal and statutory compliance, **Averse**)	**8 or below** (5 or below - to confirm)

Unchanged

SRR 011: Climate Resilience and Decarbonisation			
There is a risk that the Health Board is unable to maintain safe and resilient services in response to climate change or deliver the required reduction in carbon emissions and environmental impact.			
Ref	**Threat**	**Appetite Theme and Parameter Applied**	**Threshold**
011 A	Due to increasing exposure to extreme weather, an ageing and complex estate, dependence on carbon-intensive buildings, energy, transport, medicines and supply chains, incomplete climate-risk and emissions data, constrained capital and revenue funding, and climate adaptation and decarbonisation not being consistently embedded across organisational decision-making	**Estates & Infrastructure** Estates & Infrastructure, Capital investment, modernisation, rationalisation and decarbonisation: **Measured**	**12 or below**

New Principal Risk

SRR 012: Legal, Statutory and Regulatory Compliance			
There is a risk that the Health Board breaches its legal, statutory or regulatory duties. *Scope: the organisation-wide framework for monitoring and assuring compliance. Duties managed in other principal risks (e.g., safeguarding in SRR 003, health and safety in SRR 010) are cross-referenced, not duplicated.*			
Ref	**Threat**	**Appetite Theme and Parameter Applied**	**Threshold**
012 A	Due to inconsistent implementation and monitoring of compliance requirements, and gaps in assurance over their delivery across the Health Board, including the Duty of Quality, Duty of Candour, Welsh language standards and equality duties.	**Governance, Accountability & Compliance** Legal, statutory, regulatory and professional compliance: **Averse**	**5 or below**

New Principal Risk

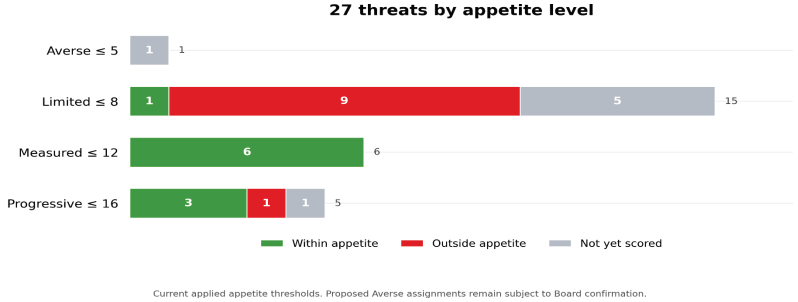
SRR 013: Financial Recovery and Sustainability			
There is a risk that the Health Board is unable to bring and sustain expenditure within available resources and consequently fails to meet its statutory financial duties.			
Ref	**Threat**	**Appetite Theme and Parameter Applied**	**Threshold**
013 A	Due to recurrent expenditure and demand pressures exceeding available income, additional costs arising outside the approved plan, insufficient delivery of sustainable savings, and the pace of productivity and service transformation being inadequate to reduce the underlying deficit.	**Financial Sustainability** Statutory financial duties, probity and financial control: **Limited** (Secondary: Investment, productivity and value improvement, Measured 12)	**8 or below**

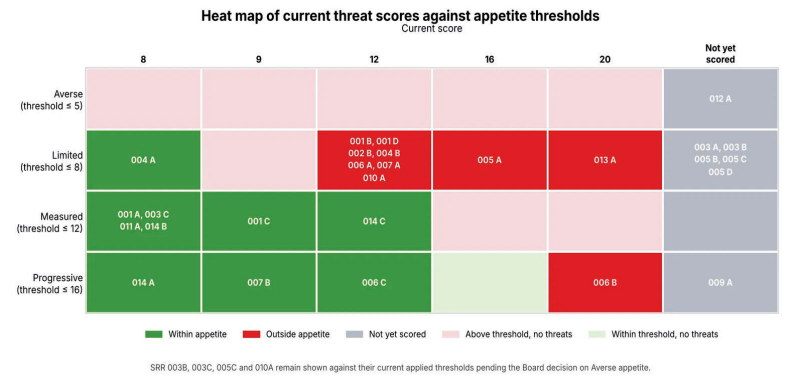
New Principal Risk

SRR 014: Strategy, Planning and Sustainable Service Models			
There is a risk that the Health Board does not deliver the service change set out in its strategy and plans, at the scale and pace needed to keep services sustainable.			
Ref	**Threat**	**Appetite Theme and Parameter Applied**	**Threshold**
014 A	Due to strategic plans not being sufficiently informed by population need, health inequalities and socio-economic conditions, or supported by credible workforce, financial and delivery assumptions.	**Transformation & Innovation** Programme delivery, implementation and benefits realisation: **Progressive**	**16 or below**
014 B	Due to service models that are not sufficiently integrated, affordable, resilient to workforce pressures or aligned with changing population need and demand.	**Service Delivery & Performance** Performance improvement, productivity, pathways and service redesign**: Measured**	**12 or below**
014 C	Due to improvement plans not delivering the required change at the necessary pace, compounded by inconsistent performance management, accountability and timely intervention.	**Service Delivery & Performance** Performance improvement, productivity, pathways and service redesign**: Measured**	**12 or below**

Proposed Strategic Risk and Assurance Dashboard and Register

Principal risks	Threats	Threats scored	Within appetite	Outside appetite	Not yet scored
13	**27**	**20**	**10** current score is within or below threshold	**10** current score above threshold	**7** new threats





Key Messages:

- The SRR has been restructured into themes. Each principal risk now clearly describes the loss of control (the Event) that would threaten delivery of strategic objectives, and the causes that could lead to it.
- **10** of the 20 scored threats are outside their appetite threshold. **Nine** of these (SRR 001B, 001D, 002B, 004B, 005A, 006A, 007A, 010A and 013A) have a Limited appetite (threshold 8), and **one**, SRR 006B, has a Progressive appetite (threshold 16).
- It is proposed that the appetite for SRR 010A Health and Safety is reduced from Limited (threshold 8) to Adverse (threshold 5). SRR 010A is already outside appetite (12 against 8), so this widens the gap to 12 against 5 but does not change the number of threats outside appetite.
- The largest gaps are SRR 013A Financial Recovery (20 against 8) and SRR 005A Patient Flow (16 against 8).
- Two threats have target scores above appetite: 001B Staff Wellbeing and 005A Patient Flow (target 9 against threshold 8).

N.B. The risk assessments for SRR 007B and SRR 011 are not included in this document as they are being finalised. However, the information required for the Dashboard is available.

Risk Reference	Principal Risk and Risk Event	Threat	IMTP Link	Underpinning Corporate Risks	IMTP Performance Measures	Appetite for Threat	Current Score	Target Score	Assurance the Risk is being Managed Effectively
SRR 001 A–D Director of Workforce & OD	**Workforce** There is a risk that the Health Board does not have sufficient staff with the right skills available, when and where they are needed, to deliver safe and sustainable services. ***New principal risk***	a) Due to insufficient workforce supply, recruitment constraints, skills shortages and difficulties retaining staff in key disciplines and specialties.	**Enabler:** Workforce & Culture	**CRR 001, 004, 006, 008, 011, 012, 024, 025, 026, 030, 036**	Reduction in vacancies, turnover and time to hire; 30% reduction in agency spend; over 90% consultant job-plan compliance.	**Measured** **≤ 12** *Within*	**8**	**4**	**Positive**
		b) Due to sustained workload pressures, workplace stressors and insufficient Health Board capacity to protect staff wellbeing and manage sickness absence.		**CRR 006**	Reduction in sickness absence from the 2024/25 position and Occupational Health waiting times; improvement in staff wellbeing indicators.	**Limited** **≤ 8** *Outside*	**12**	**9** *Above appetite*	**Positive**
		c) Due to gaps in leadership capacity, capability, accountability and succession at critical levels of the Health Board.		**CRR 027**	Improvement in PADR compliance; increased leadership-development participation and succession-plan coverage.	**Measured** **≤ 12** *Within*	**9**	**6**	**Positive**
		d) Due to national employment disputes resulting in industrial action and reduced workforce availability.		**No linked risks**	Reduction in days lost, service disruption and cancelled activity; timely recovery of affected activity.	**Limited** **≤ 8** *Outside*	**12**	**8**	**Reasonable**
SRR 002 B Chief Operating Officer	**Estate and Critical Infrastructure** There is a risk of failure of critical estate or infrastructure.	b) Due to the scale and severity of backlog maintenance affecting critical estate and infrastructure.	**Enabler:** Estates	**CRR 005, 016, 021**	Reduction in high-risk backlog; increased planned-maintenance completion and statutory compliance; delivery of Targeted Estates Fund priorities.	**Limited** **≤ 8** *Outside*	**12**	**6**	**Reasonable**
SRR 003 A–C Director of Nursing	**Patient Safety, Quality and Safeguarding** There is a risk that care is not consistently delivered to the required standards of safety, quality and safeguarding. ***New principal risk***	a) Due to the Quality Management System not yet being fully embedded and consistently applied from ward to Board, and operational pressures reducing capacity for professional leadership, quality governance and patient safety oversight. ***New threat***	**Better Care:** Improving Quality & Experience; **Enabler**: Quality Management System	***To be confirmed***	Delivery of outstanding Audit Wales quality governance recommendations (5 of 16 complete); reduction in healthcare associated infections; QMS embedded ward to Board.	**Limited** **≤ 8** *Not yet scored*	**TBC**	**TBC**	*Not yet assessed*
		b) Due to rising demand and complexity, limited specialist safeguarding capacity, shortfalls in safeguarding training compliance and completion of Deprivation of Liberty Safeguards (DoLS) assessments, and constrained availability of suitable placements and care packages. ***New threat***	**Better Lives:** Safe Spaces; **Better Health**: Babies, Children & Young People	***To be confirmed***	Level 1–2 safeguarding training at 90%; Level 3 training demand met; DoLS assessment compliance; reduction in outstanding Looked After Children health checks (403).	**Limited** **≤ 8** *Averse ≤ 5 to confirm* *Not yet scored*	**TBC**	**TBC**	*Not yet assessed*
		c) Due to fragmented systems for gathering and analysing patient, staff and public feedback, inconsistent involvement arrangements, and insufficient accountability for translating feedback into demonstrable improvements in care. ***Previously SRR 008 a***	**Enabler**: Quality	**CRR 002, 019, 030**	100% of live Civica areas collecting and using feedback; improved response and early-resolution rates; improved 30-working-day concerns compliance; increased completion of feedback actions.	**Measured** **≤ 12**	**8**	**4**	**Positive**
SRR 004 A–B Director of Strategy, Planning & Partnerships	**Emergency Preparedness and Business Continuity** There is a risk that the Health Board is unable to maintain or recover essential services within required timescales during or following a major, critical or business continuity incident.	a) Due to major incident training not being mandatory, limited embedding of Joint Emergency Services Interoperability Principles (JESIP), and operational pressures restricting the capacity to regularly test and exercise emergency and business continuity plans internally and with multi-agency partners.	**Enablers**: Quality; Digital, Data & Technology; Estates; Workforce	**No linked risks**	Completion of scheduled plan reviews and exercises; reduction in overdue actions; maintenance of 24-bed level three surge capacity.	**Limited** **≤ 8** *Within*	**8**	**6**	**Positive**
		b) Due to incomplete critical service impact assessments, limited testing and exercising of response and recovery arrangements, competing operational priorities, and dependencies on third-party providers and suppliers.		**CRR 028, 029, 034, 035**	Increased proportion of current and tested plans; reduction in overdue actions and service disruption; improvement against recovery times.	**Limited** **≤ 8** *Outside*	**12**	**6**	**Reasonable**
SRR 005 A–D Chief Operating Officer	**Patient Access and Flow** There is a risk that patients are unable to access or move through the most appropriate care setting within a clinically appropriate timescale.	a) Due to sustained demand and patient acuity exceeding available capacity across urgent, emergency, acute, critical care and community pathways, compounded by constraints in transfer and discharge arrangements and inconsistent whole-system coordination and escalation.	**System Change:** Urgent & Emergency Care; **Enablers**: Quality, Workforce, Digital	**CRR 011, 013, 014, 015, 036, 037**	Reduction in one-hour ambulance handovers to 500 and 12-hour waits to 750; improvement in four-hour performance to 80%; reduction in delayed pathways to 160.	**Limited** **≤ 8** *Outside*	**16**	**9** *Above appetite*	**Limited**
		b) Due to demand for elective, cancer and diagnostic services compounded by constraints on the timely delivery of sustainable improvements in access and productivity. ***New threat***	**Better Care:** Access & Sustainability	***To be confirmed***	Cancer pathways treated within target against the 75% Ministerial expectation (56% in April 2026); no diagnostic waits over 8 weeks.	**Limited** **≤ 8** *Not yet scored*	**TBC**	**TBC**	*Not yet assessed*
		c) Due to demand and complexity of need exceeding available capacity across mental health and learning disability services, including access to assessment, psychological therapies and appropriate local care and placements. ***New threat***	**Better Care:** Access & Sustainability; Service redesign (Mental Health)	***To be confirmed***	Psychological therapies at 70% within 26 weeks; CAMHS Part 1a at 80%; reduction in out-of-area placements.	**Limited** **≤ 8** *Not yet scored*	**TBC**	**TBC**	*Not yet assessed*
		d) Due to workforce shortages and wider fragility in general practice, limited access to NHS dental services, and insufficient primary and community care capacity to support the planned shift of care from hospital to community settings. ***New threat***	**Better Care:** Place Based Care; Access & Sustainability	***To be confirmed***	Stability of GP services and managed practices; access to NHS dental services; community capacity for place-based care.	**Limited** **≤ 8** *Not yet scored*	**TBC**	**TBC**	*Not yet assessed*

Risk Reference	Principal Risk and Risk Event	Threat	IMTP Link	Underpinning Corporate Risks	IMTP Performance Measures	Appetite for Threat	Current Score	Target Score	Assurance the Risk is being Managed Effectively
SRR 006 A–C Director of Digital	**Digital Services and Information** There is a risk that critical digital services or the information they hold become unavailable, compromised, unreliable or unfit for current and future clinical and organisational needs.	a) Due to the full or partial failure of existing digital infrastructure and systems caused by a cyber security breach. ***Threat reworded***	**System Change:** Relevant to all; **Enabler:** Digital, Data & Technology	**CRR 028, 029, 032, 036**	Improvement in critical-system availability; reduction in critical incidents and unsupported systems; delivery of infrastructure-renewal milestones.	**Limited** **≤ 8** *Outside*	**12**	4	**Reasonable**
		b) Due to weaknesses in programme governance, system design and configuration, testing, interoperability, data migration, implementation planning, or workforce readiness when introducing new digital systems.		**CRR 020, 029, 030**	Increased delivery to time, cost and scope; achievement of readiness and training requirements; reduction in implementation incidents.	**Progressive** **≤ 16** *Outside*	**20**	**6**	**Reasonable**
		c) Due to fragmented architecture, ageing or unsupported technology, inadequate infrastructure resilience or capacity, constrained investment, insufficient specialist workforce capacity, and inconsistent application of agreed digital standards.		**CRR 020, 021, 022, 028, 029, 032, 033, 035**	Delivery of Digital Strategy and infrastructure-renewal milestones; increased technical-architecture compliance and digital inclusion.	**Progressive** **≤ 16** *Within*	**12**	**8**	**Reasonable**
SRR 007 A–B Director of Strategy, Planning & Partnerships	**Partnership and System Working** There is a risk that partnership arrangements fail, to deliver coordinated and sustainable health and care pathways across organisational boundaries.	a) Due to financial pressures, misaligned organisational priorities, differing planning cycles and insufficiently clear partnership accountability and decision-making arrangements.	**System Change**: Place Based Care **Enabler:** Regional Plans	**CRR 014, 017, 018**	Increased delivery of partnership milestones; expansion of Integrated Neighbourhood Teams; increased delivery against agreed partner commitments.	**Limited** **≤ 8** *Outside*	**12**	**4**	**Positive**
		b) Due to fragility in specialist services arising from workforce shortages, limited capacity and dependence on regional or supra-regional delivery arrangements.		**CRR 012, 018**	Reduction in fragile services, vacancies and service disruption; increased delivery of regional programme milestones.	**Progressive** **≤ 16** *Within*	**9**	**4**	**Reasonable**
SRR 009 A Director of Public Health and Strategic Partners	**Prevention and Population Health** There is a risk that the Health Board and its partners do not shift resources and activity towards prevention at the scale and pace required. ***New principal risk***	a) Due to resources and investment remaining concentrated in hospital-based care, limited population health intelligence to target and measure interventions, and insufficient capacity and coordination with partners to deliver the 1,001 Critical Days and Best Start in Life commitments.	**Better Health:** Prevention; Health Protection; Babies, Children & Young People	***To be confirmed***	Reduction in the healthy life expectancy gap; narrowing the 17% gap in bowel screening uptake; delivery of 1,001 Critical Days commitments.	**Progressive** **≤ 16** *Not yet scored*	**TBC**	**TBC**	*Not yet assessed*
SRR 010 A Director of AHPs & Health Science	**Health and Safety** There is a risk that staff, patients and visitors are exposed to workplace health and safety hazards that are not adequately controlled.	a) Due to inconsistent identification, assessment and management of workplace hazards, insufficiently embedded health and safety responsibilities, gaps in training and weaknesses in monitoring, escalation and action completion.	**Enablers:** Quality; Workforce & Culture	**No linked risks**	Reduction in RIDDOR incidents and overdue actions; 85% manual-handling training compliance; increased completion of risk assessments.	**Limited** **≤ 8** *Outside* *Averse ≤ 5 to confirm*	**12**	**6**	**Reasonable**
SRR 011 A Director of Finance & Procurement	**Climate Resilience and Decarbonisation** There is a risk that the Health Board is unable to maintain safe and resilient services in response to climate change or deliver the required reduction in carbon emissions and environmental impact.	a) Due to increasing exposure to extreme weather, an ageing and complex estate, dependence on carbon-intensive buildings, energy, transport, constrained capital and revenue funding, and climate adaptation and decarbonisation not being consistently embedded across organisational decision-making.	**Enabler:** Green Health	**CRR 031**	Reduction in carbon emissions and energy use; 50% viable renewable-energy installation by 2026; increased LED coverage and waste compliance.	**Measured** **≤ 12** *Within*	**8**	**8**	**Reasonable**
SRR 012 A Director of Corporate Governance	**Legal, Statutory and Regulatory Compliance** There is a risk that the Health Board breaches its legal, statutory or regulatory duties. ***New principal risk***	a) Due to inconsistent implementation and monitoring of compliance requirements, and gaps in assurance over their delivery across the Health Board, including the Duty of Quality, Duty of Candour, Welsh language standards and equality duties.	**All aims** (Cross-cutting statutory compliance)	***To be confirmed***	Duty of Quality and Candour training uptake; Welsh language and equality compliance; timely assurance of learning to the Welsh Risk Pool.	**Averse** **≤ 5** *Not yet scored*	**TBC**	**TBC**	*Not yet assessed*
SRR 013 A Director of Finance & Procurement	**Financial Recovery and Sustainability** There is a risk that the Health Board is unable to bring and sustain expenditure within available resources and consequently fails to meet its statutory financial duties ***New principal risk***	a) Due to recurrent expenditure and demand pressures exceeding available income, additional costs arising outside the approved plan, insufficient delivery of sustainable savings, and the pace of productivity and service transformation being inadequate to reduce the underlying deficit. ***Previously SRR 001 g***	**Enabler:** Finance	**CRR 008, 017, 024, 025, 026, 041**	Achievement of financial balance; delivery of £40 million savings; increased recurrent savings; reduction in the underlying deficit.	**Limited** **≤ 8** *Outside*	**20**	**8**	**Reasonable**
SRR 014 A–C Director of Strategy, Planning & Partnerships	**Strategy, Planning and Sustainable Service Models** There is a risk that the Health Board does not deliver the service change set out in its strategy and plans, at the scale and pace needed to keep services sustainable. ***New principal risk***	a) Due to strategic plans not being sufficiently informed by population need, health inequalities and socio-economic conditions, or supported by credible workforce, financial and delivery assumptions. ***Previously SRR 001 e***	**System Change:** Prevention & Population Health; **Enabler:** Performance Expectations	**CRR 010, 017**	Improvement across the eight Planning Maturity Matrix domains; increased delivery of IMTP milestones and performance expectations.	Progressive **≤ 16** *Within*	**8**	**6**	**Positive**
		b) Due to service models that are not sufficiently integrated, affordable, resilient to workforce pressures or aligned with changing population need and demand. ***Previously SRR 001 f***		**CRR 004, 006, 008, 011, 012, 017, 024, 026, 027, 034, 036, 037**	100% GP access-standard compliance; increased community-care capacity; delivery of service-model and place-based care milestones.	**Measured** **≤ 12** *Within*	**8**	**6**	**Positive**
		c) Due to improvement plans not delivering the required change at the necessary pace, compounded by inconsistent performance management, accountability and timely intervention. ***Previously SRR 001 i***	**System Change**: Relevant to all; **Enablers:** Performance Expectations, Workforce & Culture	**CRR 011, 027, 030, 033**	Increased delivery of IMTP and Ministerial expectations; improvement against agreed trajectories; reduction in escalated measures.	**Measured** **≤ 12** *Within*	**12**	**8**	**Reasonable**

Key for the Risk Register

	Appetite: current score within threshold		Appetite: current score above threshold		Not yet scored or assessed		
	Score 1–4 (low)		Score 5-8 (moderate)		Score 9–12 (high)		Score 15–25 (extreme)

Descriptions for the Control and Assurance Ratings

Control Rating	Description		Assurance Rating	Criteria
Effective	The control is operating as intended and there is evidence that it is reducing the likelihood and/or impact of the risk.		**Positive**	Multiple sources of evidence demonstrate the control is consistently effective. Independent assurance supports the conclusion.
Partially Effective	The control is operating but does not fully address the risk, is not consistently applied, or evidence of effectiveness is mixed.		**Reasonable**	Evidence demonstrates the control is generally effective, although some gaps or weaknesses exist.
Ineffective	The control is not operating as intended, is not consistently applied, or there is little evidence that it is reducing the risk.		**Limited**	Some evidence exists, but it is incomplete, inconsistent or does not fully demonstrate effectiveness.
			No Assurance	Little or no evidence exists that the control is effective.

RISK APPETITE	**WORKFORCE: Capacity, capability, role redesign and new ways of working / Measured / Score 12 and below**	**Publication Status**	**Public**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**		
IMTP	**Section 4: Enabler – Workforce & Culture**		
Linked Corporate Risks	**CRR 001, 004, 006, 008, 011, 012, 024, 025, 026, 030, 036**		
SRR 001 A *(Risk Event)*	**There is a risk that the Health Board does not have sufficient staff with the right skills available, when and where they are needed, to deliver safe, sustainable services.**		
Threat *(As a result of / Due to)*	**Due to insufficient workforce supply, recruitment constraints, skills shortages and difficulties retaining staff in key disciplines and specialties.**		

	Patient	**Staff**	**Organisation**
Impact *(Consequences of the threat)*	• Adverse impacts on delivery of care to patients across acute and non-acute settings.	• Non-compliance with safe staffing principles and standards. • Increased workload.	• Operational disruptions. • Reduced quality of services. • Reputational damage. • Financial strain – use of agency and bank staff.

		Risk Scoring Guidance	**Current Level**	**Target Level**	**Trajectory of the risk**
Lead Executive Director	Director of Workforce & Organisational Development				**Stable**
Delegated Committee of the Board	People & Culture Committee	**Likelihood**	2 (Unlikely)	2 (Unlikely)	
Initial Date of Assessment	June 2023	**Impact**	4 (Major)	2 (Minor)	
Last Reviewed	October 2026	**Risk Score**	**8 (Moderate)**	**4 (Low)**	
Next Review (Six-monthly based on current risk score)	April 2027	The current risk score is **WITHIN** the Appetite Threshold. The Target score to be achieved is **WITHIN** the Appetite Threshold.			

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	**Assurance Evidence** *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	**Control Effectiveness**	**Gap In Assurance**	**Further Action to Address Gaps in Assurance**	**Assurance Rating**
People Plan 2025–2030 and strategic workforce planning *Preventative control* Board-approved People Plan with workforce plans aligned to the IMTP, the Gwent Strategic Workforce Action Plan and supply/demand modelling.	**1st line:** People Plan tracker; Nursing and HCSW supply and demand tracker. **2nd line:** Workforce Dashboard and People Plan progress reported to Executive Committee, People & Culture Committee and Board. External quarterly vacancy reporting to WG. RN vacancies reduced from 330 WTE to 71 WTE (Sept 2026). **3rd line:** Workforce planning external audit action plan (2024) and Structured Assessment response (Aug 2025);	**Partially Effective**	• 10-year supply and demand predictions remain in draft and the link between workforce, service and financial plans is not yet evidenced.	• Finalise 10-year supply and demand model with HEIW; • Report People Plan outcome measures (vacancies, turnover, time to hire) to P&CC; • Close workforce planning audit actions.	**Reasonable**
Recruitment pipeline and modernisation *Preventative control* National and international recruitment campaigns, over-recruitment of newly qualified nurses, centralised talent pools, Future Nurse Academy and the Recruitment & Selection Policy (Sept 2025).	**1st line:** Recruitment KPIs; Medical & Dental and student streamlining fill-rate reports. Zero RN vacancies forecast in rostered areas **2nd line:** Vacancy and time-to-hire reporting via the Workforce Dashboard; Workforce Supply Oversight Group (HEIW-led, Executive membership). **3rd line:** External quarterly vacancy reporting to WG; Internal Audit of Right to Work and International Recruitment (April 2026).	**Partially Effective**	• Medical and hard-to-fill posts remain exposed; • Impact of 1,000 new NHS England trainee posts up to August 2027 on Welsh medical supply not yet quantified; • Removal HCSW roles from Immigration Salary List from 1 Jan 2027; • Ability to recruit B3 HCSWs is expected to be more challenging but impact is not yet quantified.	• Report Right to Work / International Recruitment audit outcome to P&CC; • Model impact of NHS England trainee posts and of the Immigration Salary List change on HCSW recruitment; • Deliver training-doctor fill-rate dashboard. • Monitor workforce risks for those whose visas are expiring and develop entry level and apprenticeship pathways to strengthen B3 HCSW workforce.	**Reasonable**

Retention programme *Preventative control* Retention lead and two-year action plan, Internal Retention Group, NHS Wales Nurse Retention Plan, HCSW retention plan, flexible retirement and the HCSW Band 2/3 framework.	**1st line:** Turnover and exit data analysis; new starter surveys. **2nd line:** Internal Retention Group; turnover reported via Workforce Dashboard; HEIW all-Wales retention self-assessment baseline. **3rd line:** NHS Wales Staff Survey (Oct–Nov 2025); Internal Audit Staff Culture (Q3 2024/25).	**Partially Effective**	• Retention impact not yet evidenced across all staff groups (deep dive limited to Estates & Facilities); • latest local survey showed a reduction in staff wellbeing; • Staff Culture audit outcome not recorded.	• Report turnover trend against People Plan target and Staff Survey 2025 results to P&CC; • Report Staff Culture audit outcome and management actions.	**Reasonable**
Safe staffing and effective deployment *Recovery control* Nurse Staffing Levels (Wales) Act 2016 compliance, SafeCare, e-rostering, e-job planning and medical E-Systems (e-locum, e-agency).	**1st line:** Weekly filled/unfilled shift reports; Medical Staffing Co-ordinator review of rotas; cross-site operational calls. Patchwork rostering live for Resident/LED doctors from 5 Aug 2026 (Surgery and Anaesthetics: new-contract doctors only); ESR sickness absence interface and annual leave recording live via Patchwork. **2nd line:** Routine reporting against nurse staffing levels to Board. External reporting on Nurse Staffing Levels; **3rd line:** National Nursing Acuity Audits.	**Partially Effective**	• E-job planning compliance static at 64.3% (Aug 2026) against 80% trajectory for 2026/27; • Patchwork not yet in place for Consultant/SAS doctors (planned completion May/June 2027) or for existing doctors in Surgery and Anaesthetics.	• Deliver revised e-job planning trajectory (Medical Director); • Regular reporting of rostering progress tracker to Medical Assurance group and benefits to P&CC.	**Reasonable**
Establishment control and variable pay reduction *Recovery control* Variable Pay Reduction Plan and ESR establishment control, overseen by the Value & Sustainability Board, limiting the financial impact of agency and bank reliance. Additional controls from 1 Sept 2026: mandatory breaks for Medical Bank & Agency and Medical Director approval for off-contract agency use.	**1st line:** Weekly agency usage reports for HCSW/RN; Monthly reporting of Patchwork Medical bank and agency data. **2nd line:** Variable Pay Programme Board reporting to Value & Sustainability Board; establishment control delivery plan agreed by Executive Committee. Establishment dashboard operational (excluding Medical & Dental). Agency doctor Direct Engagement increased from 58% to 89% over 10 months, saving £730k to date. **3rd line:** No independent assurance identified.	**Partially Effective**	• Establishment dashboard does not yet cover Medical & Dental (under review for implementation later in 2027); • Impact of the 30% agency spend reduction (expected from Oct 2026) not yet evidenced • Bespoke medical model not yet developed; • No independent review; • Progress against 30% agency spend reduction not reported.	• Extend established dashboard to Medical and Dental and report agency spend against the 30% reduction target to P&CC and F&PC; • consider inclusion in Internal Audit plan.	**Limited**
Education, training and new roles pipeline *Preventative control* HEIW Education & Training Plan, IMTP education commissioning, flexible routes into registered nursing, cadets, and new and advanced roles.	**1st line:** Training place and pathway completion data (c.35 flexible-route RNs per year). **2nd line:** IMTP education commissioning; Gwent Workforce Board programme. **3rd line:** Strategic Workforce Implementation Board reporting to the Minister.	**Partially Effective**	• No local evaluation of whether new roles are reducing vacancy hotspots; • Resident Doctor contract reform elements still in negotiation with BMA.	• Evaluate new and advanced roles against vacancy hotspots; • Report Medical & Dental Recruitment & Retention Strategy 2025–2030 progress. • IMTP educational commissioning commencing November 26 supported by evidenced based workforce planning data and supply pipelines	**Reasonable**

Further Actions to Improve Control Effectiveness *What actions are required to strengthen existing controls or reduce the risk exposure to within the Health Board's risk appetite?* *(Short, Medium, and Long-Term Plans need to be included)*	**Further Actions to Reduce Impact** *What actions are required to limit the consequences for patients, staff and the organisation if the threat materialises?* *(Short, Medium, and Long-Term Plans need to be included)*
Short term (0–12 months) • Work with HEIW for earlier notification of unfilled and part-time training posts. • Implementation of HCSW band 2/3 National Framework • Expand talent pools into high-turnover areas such as Facilities and Health Records. • Retention: develop career pathways (e.g., non-clinical to clinical); implement Talent Management and succession planning workshops. • Organisational turnover and exit analysis (initial deep dive into Estates & Facilities). • Workforce planning training prospectus (launched May 2025) and HEIW Workforce Planning Hub (2026 dates); recruitment training for managers to reduce time to hire. • IMTP educational commissioning commencing November 26 supported by evidenced based workforce planning data and supply pipelines • Development of a training-doctor fill-rate dashboard; review of nurse streamlining preferences exceeding vacancies. • Development of HCSW pathway including apprenticeship offer • Analyse Patchwork bank and agency data to identify high-usage areas and convert to substantive roles.	**Short term (0–12 months)** • Utilise SafeCare to support effective deployment in adult wards. • Resident/LED doctor Patchwork rolled out for August 26 changeover with published rosters. Consultant implementation plan resumed Oct 26 for final roll out June 27 • Commence establishment control process to support medical establishments • E-job planning: revised trajectory commissioned by the Medical Director to reach 80% in 2026/27 (54% in Feb 2026). • Variable pay: action plan based on the WHC to reduce bank and agency usage. Additional Bank controls implemented in Sept 26 to reduce costs and to improve wellbeing. • Extend scope of Advanced Clinical Practitioners to reduce pressure on medical capacity.
Medium term (12–24 months) • Explore overseas clinical attachments in other Divisions (currently Medicine only) to create a pipeline for senior grades.	**Medium term (12–24 months)** None identified

• Continued implementation of new roles (Physician Associates, CAAPs, enhanced, advanced and consultant roles); increase Band 4 assistants in Community/Mental Health and Cardiac Physiology. • Registered Nursing Associate role with placements from September 2027 subject to regulatory approval. • Partnership with DWP: 12-week placements for unemployed people (up to 50 candidates per year). • 10-year workforce supply and demand predictions (draft) and HEIW supply/demand modelling initiatives. • Regional strategic workforce plans (Orthopaedics, Radiology, Ophthalmology, Endoscopy, Women's Health Units, Vascular).	
Long term (24–36 months) • HEIW expansion of Primary Care training capacity, including the Primary Care Academy. • Deliver the Medical & Dental Recruitment & Retention Strategy 2025–2030.	**Long term (24–36 months)** None identified
Further Controls to be Implemented At present, no additional controls have been identified. The focus is on strengthening the effectiveness, consistency, and maturity of existing preventative and recovery controls.	
Longer-term capital dependency • No capital dependency identified.	

RISK APPETITE	**WORKFORCE: Staff health, wellbeing, and statutory workforce requirements / Limited/ Score 8 and below**				**Publication Status**	**Public**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**					
IMTP	**Section 4: Enabler – Workforce & Culture**					
Linked Corporate Risks	**CRR 006**					
SRR 001 B *(Risk Event)*	**There is a risk that the Health Board does not have sufficient staff with the right skills available, when and where they are needed, to deliver safe, sustainable services.**					
Threat *(As a result of / Due to)*	**Due to sustained workload pressures, workplace stressors and insufficient organisational capacity to protect staff wellbeing and manage sickness absence.**					
Impact *(Consequences of the threat)*	**Patient** • Adverse impacts on delivery of care to patients across acute and non-acute settings.	**Staff** • High absence levels, with some sustained long periods. • Non-compliance with safe staffing principles and standards.			**Organisation** • Reputational damage to the Health Board as an employer. • Work-related claims. • Financial implications.	
Lead Executive Director	Director of Workforce & Organisational Development	**Risk Scoring Guidance**	**Current Level**	**Target Level**	**Trajectory of the risk**	
Delegated Committee of the Board	People & Culture Committee	**Likelihood**	3 (Possible)	3 (Possible)	**Stable**	
Initial Date of Assessment	June 2023	**Impact**	4 (Major)	3 (Moderate)		
Last Reviewed	October 2026	**Risk Score**	**12 (High)**	**9 (High)**		
Next Review (Quarterly based on current risk score)	January 2027	The current risk score is **OUTSIDE** of the Appetite Threshold. The Target score to be achieved is **OUTSIDE** of the Appetite Threshold.				

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	**Assurance Evidence** *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	**Control Effectiveness**	**Gap In Assurance**	**Further Action to Address Gaps in Assurance**	**Assurance Rating**
Attendance Management *Recovery control* All Wales Managing Attendance at Work Policy, absence and referral trend monitoring through the Workforce Performance Dashboard, and targeted 'hot spot' plans.	**1st line:** Monthly sickness monitoring reports; regular meetings with Divisions. **2nd line:** Workforce Dashboard reported to Executive Team, TUPF, LNC and People & Culture Committee. **3rd line:** Internal Audit Sickness Absence 2023/24 – Reasonable; Long Term Sickness Absence Management review (2023/24).	**Partially Effective**	• Independent assurance dates from 2023/24; • The assessment does not show sickness absence trend against the 2024/25 baseline (IMTP measure).	• Report sickness absence against 2024/25 baseline to P&CC; • Seek follow-up audit coverage.	**Reasonable**
Occupational Health (OH) and Employee Wellbeing Service *Recovery control* Additional OH capacity, OPAS G2 system with NWSSP, external Employee Assistance Programme (Vivup) and regional OH partnership working.	**1st line:** OH referral trends and waiting times. **2nd line:** Summary of Wellbeing and OH activity in dashboard reporting to Executive Team and P&CC. **3rd line:** SEQOHS accreditation achieved August 2026	**Partially Effective**	• Not known whether support is reaching all staff; • OH waiting-time trend not reported;	• Continue divisional engagement on available support; • Report OH waiting times and SEQOHS outcome to P&CC.	**Reasonable**
Culture, Psychological Safety and Speaking Up *Preventative control* Speaking Up Safely, Respect & Resolution, the Avoidable Employee Harm Programme, Schwartz Rounds, staff networks and the Strategic Equality Plan.	**1st line:** Speaking Up Safely action plan; Avoidable Employee Harm Programme (60–70% reduction in investigations over 3 years). **2nd line:** People & Culture Committee reporting; Health Board wellbeing surveys. **3rd line:** NHS Wales Staff Survey; Internal Audit Staff Culture (Q3 2024/25).	**Partially Effective**	• Mixed evidence: Staff Survey 2024/25 shows improved culture and diversity, but the latest local survey shows reduced staff wellbeing; • Staff Culture audit outcome not recorded.	• Report Staff Culture audit outcome; • Deliver and report the staff survey action plan on engagement and work-related stress.	**Reasonable**
Safe Working Conditions – Rest & Facilities Charter *Preventative control* BMA Rest and Facilities Charter compliance assessment and action plan; Staff Welfare Charter.	**1st line:** Compliance assessment and action plan. **2nd line:** Reporting of compliance to the Local Negotiating Committee. **3rd line:** Monitoring of compliance via NHS Employers.	**Partially Effective**	• Compliance position is reported to LNC only and not visible to P&CC.	• Include Charter compliance position in P&CC wellbeing reporting.	**Reasonable**

Further Actions to Improve Control Effectiveness *What actions are required to strengthen existing controls or reduce the risk exposure to either within target or risk appetite?* *(Short, Medium, and Long-Term Plans need to be included)*	**Further Actions to Reduce Impact** *What actions are required to limit the consequences for patients, staff and the organisation if the threat materialises?* *(Short, Medium, and Long-Term Plans need to be included)*
Short term (0–12 months) • Increase wellbeing initiatives, including long-term programmes within large departments (e.g., Maternity). • Identify, train and develop Respect and Resolution advocates; take a data-based approach to Respect and Resolution processes. • Work with Professional Nurse Advocates to offer high-quality support to nursing colleagues; trained mediator network. • Implement, develop and embed Speaking Up Safely in line with the Welsh Government Framework. • Next phase of the Avoidable Employee Harm Programme – transfer benefits to Respect and Resolution processes. • Pilot of 'Safe atmospheres' training in theatres; Schwartz Rounds 10-year celebration events. • Staff Survey action plan addressing engagement and work-related stress; planning for the 2026 staff survey. • Review of staff diversity networks; buddy system for international medical staff; empowerment passport for disabled staff.	**Short term (0–12 months)** • Enhanced financial wellbeing offer. • Support for Trade Union representatives and members with rapid escalation where appropriate. • 'Safe Space' conversations for senior medical leaders (Faculty of Medical Leadership & Management). • Work with trade union and national partners to improve attendance (Wellbeing Passport, alternative roles, health promotion).
Medium term (12–24 months) • Actions to bring the target score (9) within appetite (8 or below)	**Medium term (12–24 months)** • Regional occupational health partnership with Cardiff & Vale and Cwm Taf (Phase 1 collaborative physician procurement complete).
Long term (24–36 months) None identified	**Long term (24–36 months)** None identified
Further Controls to be Implemented At present, no additional controls have been identified. The focus is on strengthening the effectiveness, consistency, and maturity of existing preventative and recovery controls.	
Longer-term capital dependency No capital dependency identified.	

RISK APPETITE	**WORKFORCE: Capacity, capability, role redesign and new ways of working / Measured / Score 12 and below**			**Publication Status**	**Open**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**				
IMTP	**Section 4: Enabler – Workforce & Culture**				
Linked Corporate Risks	**CRR 027**				
SRR 001 C *(Risk Event)*	**There is a risk that the Health Board does not have sufficient staff with the right skills available, when and where they are needed, to deliver safe, sustainable services.**				
Threat *(As a result of / Due to)*	**Due to gaps in leadership capacity, capability, accountability and succession at critical levels of the organisation.**				
Impact *(Consequences of the threat)*	**Patient** • Adverse impacts on delivery of care to patients across acute and non-acute settings.	**Staff** • Adverse impacts on staff recruitment and retention.		**Organisation** • Failure to deliver Health Board priorities, required improvements and achieve sustainability. • Poor levels of accountability and delivery. • Reputational damage to the Health Board as an employer.	
Lead Executive Director	Director of Workforce & Organisational Development	**Risk Scoring Guidance**	**Current Level**	**Target Level**	**Trajectory of the risk** **Stable**
Delegated Committee of the Board	People & Culture Committee	**Likelihood**	3 (Possible)	3 (Possible)	
Initial Date of Assessment	June 2023	**Impact**	3 (Moderate)	2 (Minor)	
Last Reviewed	October 2026	**Risk Score**	**9 (High)**	**6 (Moderate)**	
Next Review (Quarterly based on current risk score)	January 2027	The current risk score is **WITHIN** the Appetite Threshold. The Target score to be achieved is **WITHIN** the Appetite Threshold.			

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	**Assurance Evidence** *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	**Control Effectiveness**	**Gap In Assurance**	**Further Action to Address Gaps in Assurance**	**Assurance Rating**
Talent Management and Succession Planning *Preventative control* Talent Management and Succession Planning Framework with resources and workshops available to all leaders; NHS Wales National Succession Strategy 2017–2027; Participation in national talent programmes, including the Aspiring Chief Executive programme and Aspiring Executive Director Talent Pool.	**1st line:** Workshop uptake (114 of 120 places booked) **2nd line:** Talent and Succession reported to P&CC reporting on People Plan progress. **3rd line:** HEIW monitoring frameworks for progress against national programmes. No identified independent assurance	**Partially Effective**	• Evidence reflects workshop bookings (114 of 120 places) rather than attendance. • No measure of succession-plan coverage for critical posts; independent assurance not specified. • No independent review or audit specific to this area.	• Report workshop attendance against the target leadership population, by division, and succession-plan coverage for critical roles to P&CC; • Measure success of national programmes directly to career progression • Develop local talent pools to inform succession planning, ensuring inclusion at each step • Commission an independent review/audit over the next 2 years	**Limited**
Leadership Development Offer *Preventative control* Mapped leadership journey: Clinical Director and Directorate Manager programmes, Nursing & Midwifery Leadership Academy, Core Leadership (c.200 staff a year), HEIW aspiring Director/CEO programmes and masterclasses, Good Governance Institute Board development	**1st line:** Evaluation of internal leadership programmes and regular review of the offer aligned to the HEIW Leadership and Management Standards **2nd line:** P&CC reporting against People Plan 2025–2030. **3rd line:** HEIW monitoring frameworks for progress against national programmes, No identified independent assurance	**Partially Effective**	• Evaluation measures participation rather than impact on accountability or performance. • No independent review or audit specific to this area.	• Introduce impact evaluation of leadership programmes; • Develop very senior leadership programme (2026/27).	**Limited**
Performance Appraisal and Management Competency *Preventative control* PADR process supported by masterclasses, and engagement with the management competency framework being adopted in Wales.	**1st line:** PADR completion at team level **2nd line:** PADR reported via dashboard and performance reports to Executive Committee, Executive EoY review meetings; P&C Committee and TUPF. PADR cross departmental and professional working group addressing compliance and quality **3rd line:** No identified independent assurance	**Partially Effective**	• Compliance gap of over 20% • Lack of more robust outcome measures on quality • No independent review or audit specific to this area	• Develop quality outcome measures • Develop mechanisms to use PADR outcomes to capture as succession planning data.	**Limited**

Targeted Divisional Leadership and Culture Support *Recovery control* Bespoke support for senior management teams in clinical and non-clinical settings, including leadership and culture work in MHLD and other areas new resources available on SharePoint to provide a range of mechanisms to support staff and managers. Various toolkits, guidance and access to an evidenced based suite of resources.	**1st line:** WOD divisional reporting. **2nd line:** Executive Committee reporting through performance report and bespoke papers as required; Updates to P&C Committee via People Plan progress or bespoke reports **3rd line:** Findings included in the Audit Wales Structured Assessment 2025; Audit Wales Quality Governance follow-up (2025)	**Partially Effective**	• MHLD work drawing conclusion and reported to Executive Committee with agreement to work towards exit plan • Work in progress to support processes to identify organisational priority areas and provide OD support • No independent review or audit specific to this area.	• OD interventions proposal to be considered at Executive committee December 2026.	**Reasonable**

Further Actions to Improve Control Effectiveness *What actions are required to strengthen existing controls and reduce the risk exposure to within the Health Board's risk appetite?* *(Short, Medium, and Long-Term Plans need to be included)*	**Further Actions to Reduce Impact** *What actions are required to limit the consequences for patients, staff and the organisation if the threat materialises?* *(Short, Medium, and Long-Term Plans need to be included)*
Short term (0–12 months) • Talent and succession planning development workshops rolled out across the Health Board throughout 2026/27 as part of the wider Leadership and Management offer • Embed the Talent and Succession planning workshop into all internal Leadership and Management programmes. • Designated talent management and succession planning resources on the intranet, updated regularly. • Explore leadership funding options with USW (Government grants and apprenticeship levy). • Continued commitment to NHS graduate schemes. • Review of leadership journey and planning of a very senior leadership development programme (2026/27).	**Short term (0–12 months)** • Scale the MHLD leadership and culture approach across the Health Board by [date to be confirmed].
Medium term (12–24 months) • Work with HEIW to inform a national development programme for managers. • Engagement with the management competency framework to be adopted in Wales (following NHS England implementation).	**Medium term (12–24 months)** • None identified
Long term (24–36 months) • Talent Management and Succession Planning Internal Audit	**Long term (24–36 months)** • None identified
Further Controls to be Implemented • At present, no additional controls have been identified. The focus is on strengthening the effectiveness, consistency, and maturity of existing preventative and recovery controls.	
Longer-term capital dependency • No capital dependency identified.	

RISK APPETITE	**SERVICE DELIVERY & PERFORMANCE: Essential service continuity and timely access where delay may cause harm / Limited / Score 8 and below**			**Publication Status**	**Open**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**				
IMTP	**Section 4: Enabler – Workforce & Culture**				
Linked Corporate Risks	**No linked corporate risks**				
SRR 001 D *(Risk Event)*	**There is a risk that the Health Board does not have sufficient staff with the right skills available, when and where they are needed, to deliver safe, sustainable services.**				
Threat *(As a result of / Due to)*	**Due to national employment disputes resulting in industrial action and reduced workforce availability.**				
Impact *(Consequences of the threat)*	**Patient** • Adverse impacts on delivery of care to patients across acute and non-acute settings.	**Staff** • Non-compliance with safe staffing principles and standards. • Increased workload and demands on other staff not included in industrial action.		**Organisation** • Litigation and financial penalties. • Reputational damage to the Health Board and loss of public confidence.	
Lead Executive Director	Director of Workforce & Organisational Development	**Risk Scoring Guidance**	**Current Level**	**Target Level**	**Trajectory of the risk** **Stable**
Delegated Committee of the Board	People & Culture Committee	**Likelihood**	3 (Possible)	2 (Unlikely)	
Initial Date of Assessment	June 2023	**Impact**	4 (Major)	4 (Major)	
Last Reviewed	October 2026	**Risk Score**	**12 (High)**	**8 (Moderate)**	
Next Review (Quarterly based on current risk score)	January 2027	The current risk score is **OUTSIDE** the Appetite Threshold. The Target score to be achieved is **WITHIN** the Appetite Threshold.			

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	**Assurance Evidence** *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	**Control Effectiveness**	**Gap In Assurance**	**Further Action to Address Gaps in Assurance**	**Assurance Rating**
Industrial Action Response and Command Arrangements *Recovery control* All Wales Industrial Action Planning Group, local planning arrangements, command and control structure, derogation processes and business continuity plans.	**1st line:** Established processes and tools from previous industrial action; local staff redeployment assessments. **2nd line:** Reporting to Executive Team; Business Continuity groups; command and control structure stood up as required. All Wales IA group and Welsh Government planning group. **3rd line:** None identified	**Effective**	• Debrief and learning from previous action is planned but not completed; • Days lost, cancelled activity and recovery (IMTP measures) not reported.	• Complete debrief and capture learning; • Days lost, service disruption and recovery of activity after any action.	**Reasonable**
Employee Relations and Social Partnership *Preventative control* Local Negotiating Committee, Trade Union Partnership Forum and national partnership groups, with early notification of ballot outcomes via NHS Employers/WG.	**1st line:** LNC and Trade Union Partnership meetings; divisional engagement. **2nd line:** Reporting to Executive Team. Welsh Partnership Forum and Business Committee **3rd line:** None identified	**Effective**	• Local grievances remain live (Health Visitor job description); • Partnership effectiveness not formally reviewed.	• Report resolution of local disputes to P&CC; • Continue national Health Visitor working group input.	**Reasonable**
Implementation Of National Pay and Contract Agreements *Preventative control* Resident Doctor contract implementation plan, AfC and Medical & Dental pay awards 2026/27, HCSW Band 2/3 framework and Real Living Wage uplift (April 2026). Supported by the Band 2/3 Implementation Framework (draft, subject to Cabinet Secretary approval) and NHS Wales Employers guidance.	**1st line:** Band 2/3 assessments 98% complete for staff in post. **2nd line:** Resident Doctor Contract Reform Steering Group and implementation readiness assessment (with Medical Director). **3rd line:** None identified	**Partially Effective**	• Interpretation of elements of the Resident Doctor contract (e.g., overtime payments) still requiring a national position; • Band 2/3 national framework being implemented with bank-only workers.	• Further national discussions in progress. • Report Resident Doctor readiness assessment and Band 2/3 completion to P&CC.	**Reasonable**

Further Actions to Improve Control Effectiveness *What actions are required to strengthen existing controls or reduce the risk exposure to within the Health Board's risk appetite?* *(Short, Medium, and Long-Term Plans need to be included)*	**Further Actions to Reduce Impact** *What actions are required to limit the consequences for patients, staff and the organisation if the threat materialises?* *(Short, Medium, and Long-Term Plans need to be included)*
Short term (0–12 months) • Implement the WHC on AfC non-pay elements of the collective agreement 2022–24. • Early notification of consultative ballot outcomes via NHS Employers/WG; monitoring of national TU ballot responses ahead of strike ballots. • Local negotiation and response to grievances on Band 2/3 HCSW job descriptions. • Resident Doctor contract reform planning structure with Medical Director; implementation readiness assessment. • CPD/statutory and mandatory training review with TU colleagues. • Review of Health Visitor job description in partnership with TUs; contribution to national Health Visitor working group.	**Short term (0–12 months)** • Contractual reviews and disputes supported with guidance from NHS Wales Employers. • Debrief session to reflect on and capture learning for any future action.
Medium term (12–24 months) None identified	**Medium term (12–24 months)** None identified
Long term (24–36 months) • National NHS Wales Pay Strategy in discussion	**Long term (24–36 months)** • National NHS Wales Pay Strategy in discussion
Further Controls to be Implemented At present, no additional controls have been identified. The focus is on strengthening the effectiveness, consistency, and maturity of existing preventative and recovery controls.	
Longer-term capital dependency No capital dependency identified.	

RISK APPETITE	**ESTATES & INFRASTRUCTURE: Statutory safety and compliance, critical infrastructure and medical equipment / Limited / Score 8 and below**				**Publication Status**	**Open**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**					
IMTP	**Section 4: Enabler – Estates**					
Linked Corporate Risks	**CRR 005, 016, 021**					
SRR 002 B *(Risk Event)*	**There is a risk of failure of critical estate and infrastructure.**					
Threat *(As a result of / Due to)*	**Due to the scale and severity of backlog maintenance affecting critical estate and infrastructure.**					
Impact *(Consequences of the threat)*	**Patient** • Harm or injury to patients. • Adverse impacts on the delivery of care to patients across acute and non-acute settings.	**Staff** • Harm or injury to staff.			**Organisation** • Non-compliance with health and safety legislation. • Litigation and financial penalties. • Loss of estate.	
Lead Executive Director	Chief Operating Officer	Risk Scoring Guidance	**Current Level**	**Target Level**	**Trajectory of the risk** **Stable**	
Delegated Committee of the Board	Partnerships, Public Health and Planning Committee (PPHPC)	**Likelihood**	3 (Possible)	3 (Possible)		
Initial Date of Assessment	June 2023	**Impact**	4 (Major)	2 (Minor)		
Last Reviewed	October 2026	**Risk Score**	**12 (High)**	**6 (Moderate)**		
Next Review (Quarterly based on current risk score)	January 2027	The current risk score is **OUTSIDE** of the Appetite Threshold. The Target score to be achieved is **WITHIN** the Appetite Threshold.				

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	**Assurance Evidence** *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	**Control Effectiveness**	**Gap In Assurance**	**Further Action to Address Gaps in Assurance**	**Assurance Rating**
Estate's Strategy, Rationalisation and Risk-Based Capital Prioritisation *Preventative control* Estates Strategy and Rationalisation Strategy, St Woolos site rationalisation, All-Wales Targeted Estates Fund (TEF) investment and the additional £500k backlog allocation provided to the Estates and Facilities Division by the Board.	**1st line:** Estates & Facilities risk-assessment process informing investment priorities. **2nd line:** Estate condition reporting to Executive Committee and the Committee (Dec 2024, Oct 2025 St Woolos, Feb 2026). **3rd line:** Internal Audit Estates Assurance – Estate Condition (2023/24) shared with ARAC and F&PC; Audit Wales all-Wales estate condition audit (Q4 2025/26).	**Partially Effective**	• Estate condition data relies on the 2019 6-facet survey; funding remains below the scale of backlog • Audit Wales Assurance outcome not provided.	• Building condition survey for specific premises being financially supported to inform the revision of Estates Strategy • Q4 26/27 report Audit Wales findings and high-risk backlog trend to Committee in March 2027	**Reasonable**
Statutory Compliance Management *Preventative control* Designated Person-led statutory compliance forums, Health Board-wide groups (e.g., ventilation, water and medical gases) with divisional membership, with authorising engineer reporting	**1st line:** Compliance processes and active engagement with Authorising Engineers. **2nd line:** Divisional risk register reviewed monthly and discussed at Divisional Capital meeting as well as monthly Assurance Reviews with Chief Operating Officer **3rd line:** Authorising Engineer (NWSSP Specialist Estates) reports	**Partially Effective**	• Escalation of issues through many fora, but there is no single consolidated view of statutory compliance.	• Quarterly highlight report of appropriate Health Technical Memorandum (HTM) groups led by the Divisional Director to the Health and Safety Committee routinely	**Reasonable**
Planned Maintenance, Policies and Estates Workforce Competence *Preventative control* Estate's policies and SOPs, internal training programme and trained Authorised Person and Competent Person.	**1st line:** Divisional reporting of statutory and mandatory training compliance. **2nd line:** Annual organisational reporting of planned maintenance completion to Annual Divisional Executive Review and Board Committee **3rd line:** Considered by Audit Wales in July 26	**Partially Effective**	• Workforce gaps persist for skilled trades operatives (i.e., electricians and plumbers)	• Following the recent Estates work of Audit Wales recent report, the Division will develop a full briefing on workforce issues and actions in Q4 2026/27	**Limited**

Escalation and contingency for plant and infrastructure failure *Recovery control* Divisional risk register escalation and additional capital escalation; business continuity processes for critical plant; emergency or temporary plant hire arrangements (generators, boilers, chillers); critical spares; out-of-hours estates on-call; tested failure scenarios through Estate Officers meetings led by Head of Operational Estates	**1st line:** Compliance processes and active engagement with Authorising Engineers, business continuity processes exist for critical plant supported by an estates officer on-call rota; **2nd line:** Divisional risk register reviewed monthly and discussed at Divisional Capital meeting as well as monthly Assurance Reviews with Chief Operating Officer **3rd line:** Authorising Engineer (NWSSP Specialist Estates) reports	**Partially Effective**	• No organisational reporting of plant failures or their impact on clinical services by estates function directly outside of formal major incident and escalation for capital replacement	• Further review business continuity processes for critical plant. • Introduce organisational reporting of plant failures and their impact on clinical services.	**Limited**

Further Actions to Improve Control Effectiveness *What actions are required to strengthen existing controls or reduce the risk exposure to either within target or risk appetite? (Short, Medium, and Long-Term Plans need to be included)*	**Further Actions to Reduce Impact** *What actions are required to limit the consequences for patients, staff and the organisation if the threat materialises? (Short, Medium, and Long-Term Plans need to be included)*
Short term (0–12 months) • Policies reviewed with priority to out-of-date policies; all policies reviewed for effectiveness and compliance with HTM. • Drive clinical service engagement in compliance meetings where engagement is low and escalate low engagement through the divisional Assurance Reviews • Ongoing recruitment to workforce gaps - recruitment and retention plan for trades/apprenticeships. • Building condition survey funded by HB for completion in Q4 2026/27 • Additional escalation for capital funding by Estates & Facilities to prevent seasonal issues and plant failure where possible. • Report Audit Wales findings and the high-risk backlog trend to Committee in March 2027 (Q4 2026/27). • Develop a full briefing on workforce issues and actions in Q4 2026/27.	**Short term (0–12 months)** • Review business continuity plans for critical plant.
Medium term (12–24 months) • Active estate rationalisation (including leases) to reduce estate demands and prioritise capital spend on backlog. • Planning-led review of capital priorities which may give additional priority to backlog maintenance. • Revised Estates Strategy: publish the revised strategy, informed by the condition surveys.	**Medium term (12–24 months)**
Long term (24–36 months) • Delivery of the revised Estates Strategy led by the Corporate Planning team with support across the organisation including Estates and Facilities Division • St Woolos rationalisation: deliver the rationalisation, subject to WG approval of the business case.	**Long term (24–36 months)**
Further Controls to be Implemented • Quarterly highlight report from the appropriate HTM groups to the Health and Safety Committee, providing a consolidated view of statutory compliance. • Organisational reporting of plant failures and their impact on clinical services. • Reporting of the high-risk backlog trend to Committee. • Escalation of low clinical service engagement in compliance meetings through the divisional Assurance Reviews.	
Longer-term capital dependency • Continuation of the additional £500k backlog maintenance allocation to Estates & Facilities in 2027/28. • Targeted Estates Fund investment secured for 2025/26 and 2026/27; discussions with WG on 2027/28 TEF • St Woolos Hospital rationalisation – business case for WG investment being developed.	

RISK APPETITE	**PATIENT SAFETY & QUALITY: Evidence-based quality improvement and clinical innovation / Measured / Score of 12 or below**			**Publication Status**	**Open**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**				
IMTP	**Section 4: Enabler – Quality**				
Linked Corporate Risks	**CRR 002, 019, 030**				
SRR 003 C *(Risk Event)*	**There is a risk that care is not consistently delivered to the required standards of safety, quality and safeguarding.**				
Threat *(As a result of / Due to)*	**Due to fragmented systems for gathering and analysing patient, staff and public feedback, inconsistent involvement arrangements, and insufficient accountability for translating feedback into demonstrable improvements in care.**				
Impact *(Consequences of the threat)*	**Patient** • Unmet patient needs resulting in patient harm. • Adverse impacts on delivery of care across acute and non-acute settings. • Negative experience of care. • Distress, frustration and carer stress.	**Staff** • Staff dissatisfaction and frustration. • Increased absence. • Loss of confidence.		**Organisation** • Ineffective use of combined resources and delayed decision making. • Failure to deliver Health Board priorities, required improvements and longer-term sustainability. • Reputational damage and loss of public confidence.	
Lead Executive Director	Director of Nursing	**Risk Scoring Guidance**	**Current Level**	**Target Level**	**Trajectory of the risk** **Stable**
Delegated Committee of the Board	Patient Quality, Safety and Outcomes Committee	**Likelihood**	2 (Unlikely)	2 (Unlikely)	
Initial Date of Assessment	June 2023	**Impact**	4 (Major)	2 (Minor)	
Last Reviewed	October 2026	**Risk Score**	**8 (Moderate)**	**4 (Low)**	
Next Review (Six-monthly based on current risk score)	April 2027	The current risk score is **WITHIN** the Appetite Threshold. The Target score to be achieved is **WITHIN** the Appetite Threshold.			

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	**Assurance Evidence** *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	**Control Effectiveness**	**Gap In Assurance**	**Further Action to Address Gaps in Assurance**	**Assurance Rating**
Patient Feedback System (Civica) *Preventative control* Person-centred care and national surveys via Civica, including SMS surveys in ED and MIUs (March 2025), maternity surveys and a bereavement survey.	**1st line:** Monthly Civica reports to divisional leaders for live areas. **2nd line:** Regular reporting to the PQSO Committee; Monthly reporting of Civica through RoadMap **3rd line:** Llais Advocacy reports	**Partially Effective**	• Roll-out of surveys not yet complete across all areas; • Patient experience KPIs and themes not yet extracted by department.	• Complete graduated Civica roll-out; • Build KPIs and themes into a template report and ward accreditation. • SBAR will be taken to Executive Team re SMS allocation	**Limited**
PALS and Concerns Handling *Recovery control* PALS service (from October 2023) with Datix module, Patient Liaison Officer at GUH and immediate escalation to clinical teams. Formal concerns are managed under LTP.	**1st line:** Immediate feedback and escalation following PALS queries and concerns; monthly PALS reporting. **2nd line:** Quarterly updates to Quality Management Group and IQPD; PALS data reported through monthly Roadmap. **3rd line:** Bi-monthly Llais reports; advocacy reports.	**Partially Effective**	• 30-working-day concerns compliance and early-resolution rates (IMTP measures) not reported in the assessment. • Rising call volumes are preventing a proactive face-to-face PALS presence.	• Include concerns compliance and early-resolution trend in PQSO reporting. *(LTP Team)* • Review PALS capacity	**Limited**
Public Involvement and Engagement *Preventative control* Patient Experience and Involvement Strategy and Framework; People Participation Panels (including Deaf people), Big Conversations, community listeners and dementia hubs, Patient Experience Community of Practice	**1st line:** People Participation Panels; Culturally Competent Accreditation (silver, Oct 2024). **2nd line:** Feedback is reported through QMG, Listening and Learning QPSOG and the PQSO Committee. **3rd line:** HIW inspections; Llais Advocacy reports	**Partially Effective**	• Involvement arrangements vary across services.	• Community of Practice feedback will be shared at QMG and with Divisions • Set a minimum involvement standard for all services to apply.	**Reasonable**
Translating Feedback into Action *Recovery control* 'You said, we did' information, Civica surveys built into ward accreditation, and oversight of Medical Examiner reports for experience actions.	**1st line:** Civica data - Departmental 'You said, we did' information. **2nd line:** No assurance identified **3rd line:** No independent assurance identified.	**Partially Effective**	• Learning from feedback is not consistently shared by departments, directorates and divisions; • Completion of actions not tracked.	• Track completion of feedback actions (IMTP measure) and report to the PQSO Committee. • Reporting from Divisions on "You Said, we Did" to be captured in Divisional QMG assurance reports.	**Limited**

Feedback Informing Strategic Decisions and Service Design. *Preventative control.* Patient stories at Board, requirement for engagement and involvement evidence in business cases and service change proposals, equality impact assessments, and engagement with Llais on service change	**1st line:** Business cases and service change proposals include engagement evidence. **2nd line:** Board and Committee report templates require patient and public feedback to be considered **3rd line:** Llais feedback on service change engagement.	**Partially Effective**	• Evidence shows feedback is included but not that it changed decisions • Template compliance and EqIA quality are not tested • No triangulated view of patient feedback • No independent (3rd line) review of engagement	• Quarterly patient insight report to PQSC, including "you said, we did" • Sample audit of reports, business cases and EqIAs • Action log for Board patient stories • Engagement review in 27/28 internal audit plan	**Limited**
Staff Feedback and Voice *Preventative Control* NHS Staff Survey, Speaking Up Safely arrangements and Staff Stories	**1st line:** divisional staff survey action plan, staff stories **2nd line:** ABUHB Staff Survey, reporting to the People and Culture Committee and the Board. **3rd line:** NHS Wales Staff Survey, 2025/26 Internal Audit: Speaking Up Safely arrangements- **Limited**	**Partially Effective**	• Staff survey is periodic, with no in-year pulse data • Limited monitoring of divisional action plan delivery and impact • Internal Audit of Speaking Up Safely arrangements (2025/26) gave Limited Assurance.	• Quarterly pulse survey reported to PCC • Six-monthly RAG reporting of divisional plans to PCC • Workforce culture dashboard • Implement the recommendations from the Speaking Up Safely internal audit.	**Limited**

Further Actions to Improve Control Effectiveness *What actions are required to strengthen existing controls or reduce the risk exposure to either within target or risk appetite?* *(Short, Medium, and Long-Term Plans need to be included)*	**Further Actions to Reduce Impact** *What actions are required to limit the consequences for patients, staff and the organisation if the threat materialises?* *(Short, Medium, and Long-Term Plans need to be included)*
Short term (0–12 months) • Structured, graduated roll-out of Civica so divisional teams can use and access data, with PCCT training on data entry and retrieval (short-term grant funding for Band 2 data entry support). • Expand the dementia community hubs and Community Listeners across Gwent. • Add an engagement review to the 2027/28 internal audit plan. • Introduce an action log for Board patient stories. • Develop a workforce culture dashboard.	**Short term (0–12 months)** • Improve 30-working-day concerns compliance and early resolution rates (IMTP measures), led by the LTP Team. • Review PALS capacity, as rising call volumes are preventing a proactive face-to-face presence. Use the review to decide how drop-in clinics can be delivered on hospital sites, with rooms agreed with Facilities. • Deliver British Sign Language (BSL) training for PALS and Chaplaincy staff. • Complete the End-of-Life Care Board (EOLCB) refresh, aligned to the national specification and competency framework.
Medium term (12–24 months) • Extend Civica to all remaining services, including community services.	**Medium term (12–24 months)** • Internal Audit review of patient experience and concerns handling, to provide independent assurance to be undertaken in 2 years (2028/29)
Long term (24–36 months) • Evaluate delivery of the Patient Experience and Involvement Strategy and refresh it, informed by feedback.	**Long term (24–36 months)** • None identified
Further Controls to be Implemented • Patient experience KPIs and themes reported by department and included in ward accreditation. • Regular reporting of involvement reach, including People Participation Panels and the Community of Practice, to QMG and the Listening and Learning Forum. • Compliance testing of the existing requirement for patient and public feedback and involvement evidence, through sample audit of business cases, service change proposals, Board reports and EqIAs. • Regular reporting of 30-working-day concerns compliance and early resolution rates to the PQSO Committee. • Tracking of feedback actions, with "You said, we did" reporting in divisional QMG assurance reports and a quarterly patient insight report to PQSOC. • Integrated service-level reporting of patient feedback, staff feedback, concerns and incidents to identify themes. • Minimum involvement standard applied by all services. • Quarterly pulse survey reporting to PCC. • Six-monthly RAG reporting of divisional plans to PCC • Patient and public feedback embedded in service planning and the IMTP process.	
Longer-term capital dependency • No capital dependency identified.	

RISK APPETITE	**SERVICE DELIVERY & PERFORMANCE: Essential service continuity and timely access where delay may cause harm / Limited / Score 8 or below**			**Publication: Public**	**Open**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**				
IMTP	**Section 3: System Change; Section 4: Enablers – Quality; Digital, Data & Technology; Estates; Workforce & Culture**				
Linked Corporate Risks	**No linked corporate risks**				
SRR 004 A *(Risk Event)*	**There is a risk that the Health Board is unable to maintain or recover essential services within required timescales during or following a major, critical or business continuity incident.**				
Threat *(As a result of / Due to)*	**Due to major incident training not being mandatory, limited embedding of Joint Emergency Services Interoperability Principles (JESIP), and operational pressures restricting the capacity to regularly test and exercise emergency plans internally and with multi-agency partners.**				
Impact *(Consequences of the threat)*	**Patient** • Adverse impacts on delivery of care to patients across acute and non-acute settings. • Harm or injury to patients. • Inability to respond to the demands of the incident in relation to casualty management	**Staff** • Inability to respond to a major incident to meet the needs of those affected. • Harm or injury to staff.		**Organisation** • Breach of statutory duties under the Civil Contingencies Act 2004. • Litigation and financial penalties. • Reputational damage and loss of public confidence.	
Lead Executive Director	Director of Strategy, Planning and Partnerships	**Risk Scoring Guidance**	**Current Level**	**Target Level**	**Trajectory of the risk** **Stable**
Delegated Committee of the Board	Partnerships, Public Health and Planning Committee	**Likelihood**	2 (Unlikely)	2 (Unlikely)	Critical incidents declared throughout 2026. Business continuity also tested by severe weather, flooding in Monmouthshire and pathology system outages.
Initial Date of Assessment	June 2023	**Impact**	4 (Major)	3 (Moderate)	
Last Reviewed	October 2026	**Risk Score**	**8 (Moderate)**	**6 (Moderate)**	
Next Review (Six-monthly based on current risk score)	April 2027	The current risk score is **WITHIN** the Appetite Threshold. The Target score to be achieved is **WITHIN** the Appetite Threshold.			

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	**Assurance Evidence** *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk)*	**Control Effectiveness**	**Gap In Assurance**	**Further Action to Address Gaps in Assurance**	**Assurance Rating**
Major Incident Plans and Command Structure *Recovery control* Major incident plans and local/divisional action cards, strategic/tactical/operational command (gold, silver, bronze), loggists and all-Wales logbooks.	**1st line:** Plans and action cards in place and consistently under review. **2nd line:** EPRR Group; reports to the Committee on emergency preparedness. EPRR Annual Report 2024/25 to PPHPC. Major incident plans reported as active and regularly tested **3rd line:** Reasonable; Exercise Euclid (June 2024, c.100 participants with external observers) demonstrated an effective response. Continuous training of operational staff.	**Effective**	• Most recent independent assurance on major incident response dates from 2023/24. • No defined role for Independent Members during a major incident	• Maintain the rolling programme of training and review of action cards. • Deliver the Board briefing on major incidents and define the Independent Member role.	**Reasonable**
Training and exercising programme *Preventative control* Strategic on-call and Executive 2-day training, quarterly gold/silver awareness sessions and the continuous training of operational staff, and participation in UK, Wales, LRF and Health Board exercises.	**1st line:** Training records. **2nd line:** Learning and development spreadsheets of incidents **3rd line:** Outcome and feedback from national exercises (Solaris, Pegasus, Counter terrorism exercise).	**Partially Effective**	• Major incident training is not mandatory and JESIP is not fully embedded; • No organisational training compliance in place. • Pandemic and Public Health incident plans need updating and exercising	• Major incident training to be mandatory for the whole organisation and resources to be made available to test and exercise major incident. • Service engagement in training staff. • Update and exercise the pandemic and Public Health incident plans.	**Reasonable**
Multi-agency resilience partnership *Preventative control* Strategic and tactical engagement with the Gwent Local Resilience Forum and performance and improvement Wales (P&I) joint planning and training across Wales.	**1st line:** Regular LRF & P&I liaison. **2nd line:** Reports to the Committee. Gwent LRF has strong engagement and is regarded as one of the most effective partnerships in Wales. **3rd line:** LRF and national exercise outcomes. Wales-wide NHS debrief of the June–July 2026 heatwave.	**Effective**	• Exercise and debrief recommendations still to be implemented.	• Implement recommendations from national exercises and incident report findings and inquires.	**Reasonable**

Debrief and organisational learning *Recovery control* Departments and services to engage with the debrief of incidents process. Multi-stakeholder debriefs following incidents would lead to a review of plans and action cards	**1st line:** Departmental and stakeholder debriefs. **2nd line:** Debrief reports to EPRR Group. **3rd line:** No independent assurance identified.	**Partially Effective**	• No organisational and service EPRR thematic risk register. • No consolidated tracking of debrief actions across repeat critical incidents.	• Development of service EPRR thematic risk register • Keep a single debrief action log across incidents and report overdue actions to the Committee.	**Limited**
Business continuity planning *Preventative control* Service-owned business continuity plans using EPRR templates, tools and guidance; EPRR audits of departments; digital resilience work with Digital Services.	**1st line:** Service business continuity plans; **2nd line:** Business continuity update to PPHPC; Plans tested by real incidents (severe weather, flooding, pathology system outages). **3rd line:** Internal Audit: Business Continuity Plan 2025/26: **Reasonable**; Technical Continuity 2024/25: **Reasonable**; Cyber Security 2025/26: **Reasonable**.	**Partially Effective**	• No organisation-wide measure of plan currency and testing. • Critical asset register incomplete; communication routes if email and Teams fail not yet clear; supplier incident planning raised	• Report business continuity plan currency and testing by division to PPHPC. • Complete the critical asset register and run a cyber or major system outage exercise.	**Reasonable**

Further Actions to Improve Control Effectiveness *What actions are required to strengthen existing controls or reduce the risk exposure to either within target or risk appetite?* *(Short, Medium, and Long-Term Plans need to be included)*	**Further Actions to Reduce Impact** *What actions are required to limit the consequences for patients, staff and the organisation if the threat materialises?* *(Short, Medium, and Long-Term Plans need to be included)*
Short term (0–12 months) • Continue to deliver training programmes to support staff preparedness to respond to an incident. • Divisional and service engagement with local exercises for areas to practise and embed their major incident response. • Organisational engagement with multi agency exercises. • Mandatory training: agree major incident and JESIP training as mandatory for relevant roles, with a training needs analysis and compliance reported to PPHPC. • Business continuity: report plan currency and testing by division; complete the EPRR department audits and the critical asset register. • Digital resilience: run a cyber or major system outage exercise and confirm communication routes if email and Teams are unavailable. • Board preparedness: deliver the Board briefing on major incidents and define the Independent Member role.	**Short term (0–12 months)** • Organisational engagement with EPRR processes. • Learning from critical incidents: single debrief action log covering the January 2026 and June–July 2026 critical incidents, with heatwave lessons built into the extreme weather plan.
Medium term (12–24 months) • Development of a pandemic plan to support pandemic pathways (HCIDs, e.g., MPOX). (Awaiting sign off) • Pandemic preparedness: update and exercise the pandemic and Public Health incident plans, taking account of Exercise Pegasus learning. • Independent assurance: commission independent assurance of major incident response, as the last dates from 2023/24.	**Medium term (12–24 months)** • Prolonged outages: manual fallback processes for critical services during outages lasting weeks, including staff fatigue and volume pressures. • Supplier incidents: business continuity requirements for critical suppliers built into contracts.
Long term (24–36 months) • Consistent engagement from service with the planning and training process.	**Long term (24–36 months)** • Embedded learning: annual report to PPHPC showing how learning from incidents and exercises has changed plans.

Further Controls to be Implemented

- Recovery and service restoration: recovery plans and structure, with a priority order and target timescales for restoring essential and planned services after an incident.
- EPRR governance and accountability: named Accountable Emergency Officer, EPRR policy, EPRR Group terms of reference, and an annual EPRR assurance report to PPHPC and Board against Civil Contingencies Act duties.
- Risk assessment and hazard-specific plans: plans mapped to the Gwent LRF Community Risk Register and National Risk Register, including mass casualty, CBRN/HAZMAT decontamination, evacuation and shelter, fuel and power failure, and severe weather.
- Critical infrastructure resilience: tested resilience for power, water, medical gases and IT (generator testing and IT disaster recovery), linked to Estates and Digital assurance.
- Warning, informing and staff call-out: public warning and informing arrangements, and a staff alerting and call-out system that works without email and Teams, tested regularly.
- Protective security and lockdown: site lockdown plans, security risk assessments and readiness for Martin's Law (Terrorism (Protection of Premises) Act 2025).
- Staff welfare after incidents: psychological and wellbeing support for staff built into plans, with uptake reported after incidents.
- Mutual aid: arrangements with neighbouring health boards, the Welsh Ambulance Services NHS Trust and critical care networks, under the multi-agency partnership control.

Longer-term capital dependency

- No capital dependency identified.

RISK APPETITE	**Service Delivery & Performance: Essential service continuity and timely access where delay may cause harm / Limited / 8 or below**			**Publication Status**	**Open**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**				
IMTP	**Section 3: System Change; Section 4: Enablers – Quality; Digital, Data & Technology; Estates; Workforce & Culture**				
Linked Corporate Risks	**CRR 028, 029, 034, 035**				
SRR 004 B *(Risk Event)*	**There is a risk that the Health Board is unable to maintain, respond to, or recover essential services within required timescales during or following a critical or business continuity incident.**				
Threat *(As a result of / Due to)*	**Due to incomplete critical service impact assessments, limited testing and exercising of response and recovery arrangements, competing operational priorities, and dependencies on third-party providers and suppliers.**				
Impact *(Consequences of the threat)*	**Patient** • Harm or injury to patients. • Adverse impacts on delivery of care to patients across acute and non-acute settings.	**Staff** • Staff absence (injury, wellbeing). • Harm or injury to staff.		**Organisation** • Disruption to operational flow if services fail to prepare BCPs against the 5 key themes. • Loss of infrastructure. • Financial implications due to staff absence. • Breach of statutory duties under the Civil Contingencies Act 2004. • Litigation and financial penalties. • Reputational damage and loss of public confidence.	
Lead Executive Director	Director of Strategy, Planning and Partnerships	**Risk Scoring Guidance**	**Current Level**	**Target Level**	**Trajectory of the risk** **Stable**
Delegated Committee of the Board	Partnerships, Public Health and Planning Committee	**Likelihood**	3 (Possible)	2 (Unlikely)	
Initial Date of Assessment	June 2023	**Impact**	4 (Major)	3 (Moderate)	
Last Reviewed	October 2026	**Risk Score**	**12 (High)**	**6 (Moderate)**	
Next Review (Quarterly based on current risk score)	January 2027	The current risk score is **OUTSIDE** of the Appetite Threshold. The Target score to be achieved is **WITHIN** the Appetite Threshold.			

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	Assurance Evidence *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	Control Effectiveness	Gap In Assurance	Further Action to Address Gaps in Assurance	Assurance Rating
Business continuity policy, plans and impact assessments *Recovery control* BC Policy and response guidance, templates updated April 2025, divisional/directorate/service BCPs, generic service BC supporting plan and intranet repository.	**1st line:** Plans and action cards; divisional/service BC risk registers. **2nd line:** Services audited against the organisational BC dashboard; reports to the Committee (most recent Jan 2026). **3rd line:** Internal Audit Business Continuity Planning (2025/26) – Reasonable.	**Partially Effective**	• BCPs and business impact assessments not yet in place across all key operational areas against the 5 key themes.	• Report BCP and BIA coverage by Division from the BC dashboard to the Committee; close audit recommendations.	**Reasonable**
Business continuity testing and exercising *Preventative control* Service-level BC exercises and multi-agency exercises (Solaris, Pegasus, Mighty Oak), with a 2026 requirement for services to test at least two key-theme plans.	**1st line:** Service BC training records; debriefs and tracked improvement actions; staff awareness and role-specific training. **2nd line:** Debrief reports to EPRR Group. **3rd line:** Outcome and feedback from national exercises.	**Partially Effective**	• Proportion of plans tested is not reported; testing limited by operational pressures.	• Report proportion of current and tested plans (IMTP measure) and progress against the 2026 testing requirement.	**Limited**
Incident escalation and response governance *Recovery control* EPRR Group, C3 command structure, BC Incident Response Group for escalating incidents and organisation-wide warn-and-inform via Communications. Governance supports strategic, tactical and operational decision-making, prioritisation of services, mutual aid, transition to recovery and formal debrief.	**1st line:** Departmental and stakeholder debriefs. Incident logs, action and decision records, situation reports, communications records, handovers, debriefs and recovery plans **2nd line:** EPRR Group; Committee reporting. EPRR Group review of incidents, themes, lessons and action closure **3rd line:** Internal Audit Business Continuity Planning (2025/26) – Reasonable, external or multi-agency debrief where applicable.	**Effective**	• No EPRR thematic risk register to aggregate and track BC risks and lessons.	• Develop an EPRR risk register and BC lessons-learned repository.	**Reasonable**

Critical infrastructure and third-party dependency resilience *Recovery control* Dedicated BC lead for IT applications and networks, and LRF multi-agency planning for loss of power and water.	**1st line:** IT applications and networks BC lead. **2nd line:** Thematic assurance from Digital, Estates, Workforce, Procurement and EPRR governance, with material exceptions escalated through risk management arrangements **3rd line:** No independent assurance identified.	**Partially Effective**	• No assurance on the continuity arrangements of critical third-party providers and suppliers.	• Map critical supplier dependencies and seek assurance on their continuity arrangements; report to the Committee.	**Limited**

Further Actions to Improve Control Effectiveness *What actions are required to strengthen existing controls or reduce the risk exposure to either within target or risk appetite?* *(Short, Medium, and Long-Term Plans need to be included)*	**Further Actions to Reduce Impact** *What actions are required to limit the consequences for patients, staff and the organisation if the threat materialises?* *(Short, Medium, and Long-Term Plans need to be included)*
Short term (0–12 months) • Ongoing support to develop BCPs – templates and guidance made more user-friendly and accessible via SharePoint. • Continued engagement with Divisions, Directorates and services to conduct BIAs, develop plans, train staff, test, exercise and review plans. • Each Division to identify outstanding BCPs against the 5 key themes on their risk register and escalate to the Health Board risk group. • BC dashboard enabling Divisions and Directorates to manage, RAG-rate and assure their BC arrangements; services audited against it. • Services required to test and exercise at least 2 key-theme plans and the alert, coordinate and escalate procedures in 2026. • Develop an off-the-shelf BC exercise for Divisions, Directorates and services; further loss-of-IT exercises planned for 2026/27. • Work with the Corporate Governance Directorate (Head of Corporate Risk and Assurance) to improve BCPs across key operational areas.	**Short term (0–12 months)** • Embed a single alert, activation and escalation pathway following the C3 structure. • Improve incident cascade with the Communications team for timely organisation-wide awareness. • Task and finish group on BC recommendations from the Exercise Mighty Oak debrief; LRF multi-agency response plan for loss of power and loss of water. • Joint working with partners – Exercise Pegasus. • Training operational management teams to respond to and co-ordinate BC incidents affecting patient flow/care (commenced). • Create a BC lessons-learned repository for services.
Medium term (12–24 months) • Work with the wider planning team so BC requirements are considered when developing new processes, initiatives or technology • Validate alignment between service recovery time objectives and the recovery capabilities of enabling services and suppliers. • Introduce periodic thematic deep dives to the oversight Committee.	**Medium term (12–24 months)** • Run cross-system exercises involving acute, community, primary care, mental health, local authorities, commissioned services and key suppliers. • Demonstrate that lessons are closed, embedded and retested. • Develop recovery strategies for dependencies where minimum service levels cannot currently be maintained within required timescales
Long term (24–36 months) • Embed business continuity as a routine component of organisational planning, assurance and investment decisions. • Establish trend reporting demonstrating improved plan quality, exercise maturity, action closure and reduced dependency risk. • Periodically benchmark the Health Board continuity management system against recognised good practice.	**Long term (24–36 months)** • Demonstrate through exercising and incident evidence that prioritised services can be maintained or recovered within agreed tolerances.
Further Controls to be Implemented At present, no additional controls have been identified. The focus is on strengthening the effectiveness, consistency, and maturity of existing preventative and recovery controls.	
Longer-term capital dependency • No capital dependency identified.	

RISK APPETITE	**Service Delivery & Performance / Limited/ 8 or below**			**Publication Status**	**Open**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**				
IMTP	**Section 3: System Change – Urgent & Emergency Care; Section 4: Enablers – Quality; Workforce & Culture; Digital, Data & Technology**				
Linked Corporate Risks	**CRR 011, 013, 014, 015, 036, 037**				
SRR 005 A *(Risk Event)*	**There is a risk that patients are unable to access or move through the most appropriate care setting within a clinically appropriate timescale.**				
Threat *(As a result of / Due to)*	**Due to sustained demand and patient acuity exceeding available capacity across urgent, emergency, acute, critical care and community pathways, compounded by constraints in transfer and discharge arrangements and inconsistent whole-system coordination and escalation.**				
Impact *(Consequences of the threat)*	**Patient** • Avoidable deaths and significant harm. • Delayed discharges from acute and non-acute settings resulting in deteriorating patients. • Delays in releasing ambulances from hospital sites back into the community.	**Staff** • Increased workload. • Fatigue and burnout.		**Organisation** • Litigation and financial penalties. • Reputational damage and loss of public confidence.	
Lead Executive Director	Chief Operating Officer	**Risk Scoring Guidance**	**Current Level**	**Target Level**	**Trajectory of the risk** **Stable**
Oversight Forum	Patient Quality, Safety and Outcomes Committee	**Likelihood**	4 (Likely)	3 (Possible)	
Initial Date of Assessment	June 2023	**Impact**	4 (Major)	3 (Moderate)	
Last Reviewed	October 2026	**Risk Score**	**16 (Extreme)**	**9 (High)**	
Next Review (Monthly based on current risk score)	November 2026	The current risk score is **OUTSIDE** of the Appetite Threshold. The Target score to be achieved is **OUTSIDE** of the Appetite Threshold.			

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	**Assurance Evidence** *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	**Control Effectiveness**	**Gap In Assurance**	**Further Action to Address Gaps in Assurance**	**Assurance Rating**
Whole-System Escalation and Full Capacity Protocol *Recovery control* Escalation Policy and Framework, Executive-agreed Maximum Capacity Plan with risk-assessed boarding, and ambulance-focused escalation communications.	**1st line:** The assessment records that the Escalation Framework has been enacted and has been ineffective in mitigating threats and impact to services. **2nd line:** Performance against measures reported to Executive Committee. **3rd line:** Internal Audit Intra-Site Patient Transfers – **Reasonable** (ARAC, 9 July 2024).	**Ineffective**	Negative first-line assurance; no evidence the framework is improving ambulance handovers or flow.	Complete simplified escalation SOP and divisional 'red lines'; report handover and boarding performance monthly to Committee.	**Limited**
Daily System Flow Management *Preventative control* Twice-daily Our Next Patient (ONP) calls, Site-to-Site (S2S) meetings, Flow Centre co-ordination, weekly system safety flow forum and weekend planning.	**1st line:** ONP and S2S outputs; Flow Centre dashboards and live trackers. **2nd line:** Monthly Divisional Assurance reviews; cross-divisional meetings. **3rd line:** GIRFT visit report; Winter Sprint (Dec 2025 – Jan 2026).	**Partially Effective**	Operational evidence demonstrates active use of ONP and system-flow controls, with clear actions and escalation. However, further outcome evidence is required to demonstrate that these interventions are delivering sustained improvement in overall patient flow, delayed pathways and ambulance handover performance.	Report outcomes of ONP/S2S actions and delayed-pathway trend against the target of 160.	**Limited**
Performance, Accountability and Operational Framework *Preventative control* Performance and Accountability Framework, enhanced monitoring for UEC (level 4), divisional mid- and end-of-year reviews and IQPD with Welsh Government.	**1st line:** Performance reports against measures. **2nd line:** Executive Committee; Planning and Performance Committee; mid/end-of-year divisional reviews. **3rd line:** Monthly IQPD meetings with WG; Ministerial Advisory Group report.	**Partially Effective**	Operational Framework (defining service response to demand and escalation) still being refined through ONP.	Complete Operational Framework service reviews and report impact on 4-hour, 12-hour and handover performance.	**Reasonable**

Front-Door Capacity and Patient Movement *Recovery control* ED extension (opened 17 December, phase 2 to follow), additional ED consultants, expanded transfer lounge and SDEC for low-acuity patients.	**1st line:** ED performance metrics. **2nd line:** Executive Committee performance reporting. **3rd line:** No independent assurance identified.	**Partially Effective**	Benefits of new capacity not yet evidenced in performance data.	Report benefits realisation of ED extension and transfer lounge against handover and 4-hour targets.	**Limited**
Discharge and Step-Down Partnerships *Preventative control* Regular meetings with Local Authorities on package-of-care delays and length of stay, Flow Centre step-down allocation, reablement, repatriation with neighbouring Health Boards and WAST dialogue.	**1st line:** Delayed pathway data; daily repatriation calls. **2nd line:** No organisational-level reporting of partnership discharge performance identified. **3rd line:** Ministerial Advisory Group report focus areas.	**Partially Effective**	Joint assessment and community bed delays persist; No shared partner performance reporting.	Agree joint discharge measures with social care and PCC Division and report to Committee.	**Limited**

Preventative Controls to reduce Likelihood ***What actions are required to strengthen existing controls or reduce the risk exposure to either within target or risk appetite?*** *(Short, Medium, and Long-Term Plans need to be included)*	**Recovery Controls to reduce Impact** ***What actions are required to limit the consequences for patients, staff and the organisation if the threat materialises?*** *(Short, Medium, and Long-Term Plans need to be included)*
Short term (0–12 months) • **Discharge acceleration:** daily board rounds identify definite and potential discharges early; weekend discharge lists shared proactively. • **Step-down co-ordination**: Flow Centre books and allocates step-downs; maximise community bed usage with reablement teams. • **Data-driven oversight:** new dashboards to track EDDs and 'red reasons'. • Develop Our Next Patient UEC recovery plan (Board Development Session April 2026) • Divisional programme of projects across the system to support flow. • Work with social care and PCC Division on joint assessment and community bed delays to improve discharge reliability. • Regular reset days/fortnights to correct worsening patterns in flow, waits to be seen and handovers. • **Proactive flow and Rapid Release arrangements:** use of the Rapid Release Protocol, pre-emptive patient movement and early identification of appropriate patients to create capacity ahead of predicted demand. • **Ambulance handover improvement:** daily monitoring of 45-minute handover performance, active management of breaches, rapid offload capacity and targeted cross-site diversion where required to maintain safe flow. • **Cross-site capacity management:** dynamic use of capacity across acute and local hospital sites, including transfers and targeted diversion, to balance system pressure and maintain safe flow. • **Delayed pathway management:** systematic review of medically fit patients and escalation of barriers to discharge, with community and system partners supporting timely movement to the most appropriate setting. • **Transfer lounge optimisation:** early movement of suitable discharge and step-down patients to transfer lounges to release inpatient capacity and support earlier patient movement.	**Short term (0–12 months)** • **Full Capacity Protocol**: boarding under strict risk assessment, with dayrooms/therapy spaces only as a last resort; boarding 'red lines' reinforced. • **Contingency for delays:** open additional community beds and use SDEC for low-acuity patients where step-downs stall. • **Rapid offload strategy:** Flow Centre monitors ambulance waits and redistributes crews; prioritise high-risk patients for cubicles. • **Simplified SOP** to standardise escalation pathways, boarding criteria and discharge prioritisation; formalise divisional 'red lines'. • Expanded transfer lounge supporting transport booking and early patient movement. • **Discharge conversion work:** proactive divisional review of definite and potential discharges, including deep dives where required, to maximise earlier discharge and create capacity. • **Home-first/frailty review:** earlier review of patients identified for step-down to maximise discharge home or community support and reduce avoidable transfers between inpatient settings. **Forward capacity planning:** proactive identification and protection of bed, assessment and escalation capacity ahead of anticipated peaks in demand, including overnight and weekend resilience.
Medium term (12–24 months) None identified	**Medium term (12–24 months)** None identified
Long term (24–36 months) None identified	**Long term (24–36 months)** None identified
Further Controls to be Implemented At present, no additional controls have been identified. The focus is on strengthening the effectiveness, consistency, and maturity of existing preventative and recovery controls.	
Longer-term capital dependency ED extension phase 2 to start in the new financial year.	

RISK APPETITE	**DIGITAL, DATA & CYBER: Cyber security, information governance, data integrity and critical system resilience / Limited / Score 8 or below**		**Publication Status**	**Open**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**			
IMTP	**Section 3: System Change (relevant to all); Section 4: Enabler – Digital, Data & Technology**			
Linked Corporate Risks	**CRR 028, 029, 032, 036**			
SRR 006 A *(Risk Event)*	**There is a risk that critical digital services or the information they hold become unavailable, compromised, unreliable or unfit for current and future clinical and organisational needs.**			
Threat *(As a result of / Due to)*	**Due to the full or partial failure or interruption of digital systems and infrastructure caused by a cyber security breach.**			
Impact *(Consequences of the threat)*	**Patient** • Unintended harm or injury to patients. • Delayed appointments, diagnosis or treatments.	**Staff** • Unintended harm or injury to staff. • Increased workload arising from the activation of business continuity arrangements. • Reduced ability to access the digital systems and information required to deliver services.		**Organisation** • Prolonged disruption to critical clinical and corporate services. • Loss, corruption or unauthorised disclosure of information. • Failure to meet statutory or regulatory requirements. • Litigation, financial loss or regulatory penalties. • Reputational damage and loss of public confidence.
Lead Executive Director	Director of Digital	**Risk Scoring Guidance**	**Current Level**	**Target Level**
Delegated Committee of the Board	Finance and Performance Committee (F&PC)	**Likelihood**	3 (Possible)	2 (Unlikely)
Initial Date of Assessment	June 2023	**Impact**	4 (Major)	4 (Major)
Last Reviewed	October 2026	**Risk Score**	**12 (High)**	**8 (Moderate)**
Next Review (Quarterly based on current risk score)	January 2027	The current risk score is **OUTSIDE** of the Appetite Threshold. The Target score to be achieved is **WITHIN** of the Appetite Threshold.		**Trajectory of the risk** **Stable**

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	**Assurance Evidence** *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	**Control Effectiveness**	**Gap In Assurance**	**Further Action to Address Gaps in Assurance**	**Assurance Rating**
Compliance with Network & Information Systems Regulations (NIS) *Preventative control* NIS Cyber Assurance Framework remedial action plan accepted by the Welsh Government Cyber Resilience Unit, strong technical controls in place, monthly vulnerability scanning and patching compliance monitoring.	**1st line:** Monthly Cyber Report (vulnerabilities, patching) to Service Delivery Management Group, cyber security dashboard showing key performance indicators, risk management arrangements. **2nd line:** Cyber security metrics and action plan reporting to Information Governance Group and Finance & Performance Committee, annual board SIRO report. **3rd line:** Cyber Resilience Unit Cyber Assurance Framework audit in June 2026 showed overall improvement; Cyber Security audit (April 2023) – **Substantial**; Shadow IT audit 205/26 - **Reasonable**	**Effective**	• Limited assurance that Shadow ICT services operating outside DDAT governance arrangements are consistently identified, secured, supported and subject to appropriate lifecycle management.	• Internal Audit of Shadow ICT complete with management actions agreed	**Reasonable**
Infrastructure Resilience and Failover *Recovery control* Dual-data-centre arrangements, resilient network infrastructure, system failover capability and recovery arrangements are maintained for critical digital services.	**1st line:** Results from live failover testing, including a failover event completed without service impact. **2nd line:** No routine organisational reporting of critical-system availability identified. **3rd line:** Audit Wales Infrastructure and Network Controls audit.	**Effective**	• Critical-system availability, unsupported systems and infrastructure-renewal milestones (IMTP measures) not reported; • No documented lifecycle control for ageing technology.	• Introduce reporting of critical-system availability and unsupported systems to F&PC; • Set out infrastructure renewal plan.	**Reasonable**

Cyber Incident Response and Exercising *Recovery control* Cyber incident response, escalation and recovery arrangements are supported by Cyber Incident Planning and Response-accredited staff and a programme of internal and external scenario-based exercises.	**1st line:** Quarterly in-house tabletop exercises involving technical teams and wider responders. (2 completed by April 2026). **2nd line:** Incident reporting to the Cyber Resilience Unit. **3rd line:** Tarian (South Wales Police cyber unit) exercises (2025); NHS England Immersive Labs exercises.	**Effective**	• Outcomes, lessons and resulting actions from cyber exercises are not routinely reported to the Finance and Performance Committee.	• Include cyber exercise outcomes, lessons identified, agreed actions, responsible owners and progress to completion in routine reporting to the F&PC.	**Reasonable**
Information Governance and Staff Cyber Awareness *Preventative control* Trained SIRO and Deputy SIRO, Mandatory information governance and cyber security training, staff awareness activity, phishing simulations and established information governance and cyber security oversight arrangements are in place	**1st line:** Mandatory training compliance and phishing simulation results. **2nd line:** Oversight through the Information Governance Group and cyber governance arrangements. **3rd line:** No independent assurance identified.	**Partially Effective**	• Phishing simulation results indicate continuing staff susceptibility, mandatory training compliance requires improvement, and no current independent assurance has been identified over the effectiveness of workforce cyber awareness arrangements.	• Implement the procured phishing simulation and targeted training platform, improve mandatory information governance and cyber security training compliance, and report trends, areas of increased vulnerability and follow-up interventions through the relevant governance arrangements.	**Reasonable**

Further Actions to Improve Control Effectiveness *What actions are required to strengthen existing controls or reduce the risk exposure to within the Health Board's risk appetite?* *(Short, Medium, and Long-Term Plans need to be included)*	**Further Actions to Reduce Impact** *What actions are required to limit the consequences for patients, staff and the organisation if the threat materialises?* *(Short, Medium, and Long-Term Plans need to be included)*
Short term (0–12 months) • NIS Assurance Group bi-monthly meetings with action owners on audit recommendations; next Cyber Assurance Framework audit in spring 2027. • Align DDaT to ISO 27001, implement NIS CAF controls and CIS benchmarks for operating systems (with Information Governance). • Internal Audit review of Shadow IT (2026). • Daily firewall reports, with monthly trends to the Service Delivery Management Group. • Improve the Vulnerability Management Service to identify vulnerable third-party applications. • Internet of Things device security reporting as new firewalls are deployed. • Ingest NHS England SOC indicators-of-compromise feed into security tooling. • Improve IG and cyber security mandatory training compliance; phishing simulation tool with in-built training procured.	**Short term (0–12 months)** • Regular NHS England Immersive Labs tabletop exercises; Tarian technical exercises. • Quarterly in-house scenario-based tabletop exercises for technical teams and wider responders.
Medium term (12–24 months) • None Identified	**Medium term (12–24 months)** • None Identified
Long term (24–36 months) • None identified	**Long term (24–36 months)**
Further Controls to be Implemented • At present, no additional controls have been identified. The focus is on strengthening the effectiveness, consistency, and maturity of existing preventative and recovery controls.	
Longer-term capital dependency • No capital dependency identified.	

RISK APPETITE	**DIGITAL, DATA & CYBER: Digital transformation, automation and new technology / Progressive / Score 16 or below**		**Publication Status**	**Open**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**			
IMTP	**Section 3: System Change (relevant to all); Section 4: Enabler – Digital, Data & Technology**			
Linked Corporate Risks	**CRR 020, 029, 030**			
SRR 006 B *(Risk Event)*	**There is a risk that critical digital services or the information they hold become unavailable, compromised, unreliable or unfit for current and future clinical and organisational needs.**			
Threat *(As a result of / Due to)*	**Due to weaknesses in programme governance, system design and configuration, testing, interoperability, data migration, implementation planning or workforce readiness when new digital systems are introduced.**			
Impact *(Consequences of the threat)*	**Patient** • Unintended harm or injury arising from system design, configuration, data or implementation failures. • Delays, disruption or deterioration in the delivery and continuity of patient care. • Clinical decisions being made using incomplete, inaccurate, inaccessible or incorrectly migrated information.	**Staff** • Unintended harm or injury to staff. • Increased workload, duplication and reliance on manual or temporary processes. • Reduced staff productivity and confidence arising from inadequate system functionality, training or readiness. • Disruption caused by system downtime, implementation defects or unsuccessful business change.	**Organisation** • Disruption to critical clinical and corporate services. • Loss, corruption, unauthorised disclosure or inaccurate migration of information. • Failure to achieve intended clinical, operational or financial benefits. • Additional costs arising from delays, remedial work, contract disputes, system reconfiguration or extended use of legacy systems. • Failure to meet statutory, regulatory, contractual or information-governance requirements. • Litigation, regulatory action or financial penalties. • Reputational damage and loss of public and staff confidence.
Lead Executive Director	Director of Digital	**Risk Scoring Guidance**	**Current Level**	**Target Level**
Delegated Committee of the Board	Finance and Performance Committee (F&PC)	**Likelihood**	4 (Likely)	2 (Unlikely)
Initial Date of Assessment	June 2023	**Impact**	5 (Catastrophic)	3 (Moderate)
Last Reviewed	September 2026	**Risk Score**	**20 (Extreme)**	**6 (Moderate)**
Next Review (Monthly based on current risk score)	October 2026	The current risk score is **OUTSIDE** of the Appetite Threshold. The Target score to be achieved is **WITHIN** the Appetite Threshold.		**Trajectory of the risk** **Stable**

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	**Assurance Evidence** *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	**Control Effectiveness**	**Gap In Assurance**	**Further Action to Address Gaps in Assurance**	**Assurance Rating**
Digital Programme and Project Governance *Preventative control* A formal project-management framework provides proportionate lifecycle stages, defined tolerances for time, cost, scope, quality, safety and readiness, and project or programme boards led by service Senior Responsible Owners and clinical leads. The Digital Programme and Project Steering Group monitors portfolio delivery, with recovery plans and escalation through the DDaT Group where significant risks, red delivery confidence or tolerance breaches arise	**1st line:** Monthly project-board reports and bi-monthly DPPSG dashboards evidence delivery against approved milestones, budget, scope, risks, dependencies, benefits and readiness criteria. Directorate risk-meeting records evidence review and escalation of material risks. Recovery plans, exception reports and DDaT Group decisions evidence intervention where projects or national programmes breach tolerance. **2nd line:** DDaT Group, F&PC and Executive Committee receive aggregated portfolio, risk, readiness and exception reporting where corrective action or escalation is required. Escalation of material programme risks beyond project tolerances to the Corporate Risk Register, including LIMS and RISP. **3rd line:** Internal Audit Stakeholder Engagement on IT Projects (2023/24) – **Substantial.**	**Partially Effective**	• No recent independent assurance. Last audit was in 2023/24.	• Complete the planned 2026/27 Internal Audit reviews of ePMA and the Portfolio Management Office, agree management responses with accountable owners and delivery dates, and monitor recommendations through the DDaT Group and F&PC.	**Reasonable**

Service Readiness and Business Change *Preventative control* Business change and service-readiness control requiring completed change-impact and readiness assessments; named service and clinical ownership; role-based training and competence thresholds; workforce and clinical-backfill plans; operational procedures; business-continuity and downtime arrangements; cutover plans; support and service-transition plans and divisional readiness approval before go-live. Monthly divisional engagement meetings provide oversight of readiness risks, actions and escalation with divisional management teams.	**1st line:** Completed readiness and change-impact assessments; training-completion and competence reports; approved workforce and backfill plans; cutover, rollback and business-continuity plans; open-action and exception logs; and documented project-board and divisional go-live approval. **2nd line:** Divisional Engagement Meetings and the Digital Portfolio Oversight Meeting challenge readiness, capacity and dependency risks and escalate material exceptions through DDaT governance. **3rd line:** Internal Audit Stakeholder Engagement on IT Projects (2023/24) – **Substantial.**	**Partially Effective**	• Go-live readiness and training completion are not yet reported consistently to the DDaT Group and F&PC for all major implementations. Independent assurance dates from 2023/24.	• Introduce consistent reporting to the DDaT Group and F&PC for all major digital implementations, covering overall readiness, training and competence completion, workforce capacity, unresolved defects, business-continuity preparedness, outstanding safety actions and the basis for the go-live recommendation. • Track relevant 2026/27 audit recommendations to completion.	**Reasonable**
Clinical Safety and Implementation Assurance *Preventative and Recovery control* Project-assurance arrangements cover clinical safety, information governance, health records, cybersecurity and equality requirements, supported by milestone monitoring, project health checks and formal tracking of assurance actions. Clinical, information, security and implementation exceptions must be resolved or formally accepted before go-live. Post-implementation incident, stabilisation and residual-risk arrangements provide escalation and corrective action following deployment.	**1st line:** Approved milestone plans; completed health checks; assurance-action logs; test-completion and defect reports; user-acceptance testing results; implementation-incident reports; completed go-live checklists; clinical assurance reports; and documented transfer of accepted residual risks to Service Management. **2nd line:** Independent Clinical Safety Officer review of hazard analysis, clinical risk controls and clinical assurance reports, with unresolved exceptions escalated through clinical and DDaT governance. **3rd line:** Internal Audit Risk Management (2023/24) - **Reasonable.**	**Partially Effective**	• Independent assurance dates from 2023/24, and there is limited current independent assurance that clinical safety, implementation-assurance and residual-risk requirements are applied consistently across all major digital programmes.	• Use the planned 2026/27 ePMA and Portfolio Management Office audits to assess the consistent application of clinical safety and implementation-assurance requirements, and track relevant recommendations through DDaT and clinical governance arrangements.	**Reasonable**
National Programme and Supplier Management *Recovery control* National programme and supplier-governance arrangements include senior representation at relevant programme and contract forums; monitoring of delivery milestones, dependencies, defects, service levels and contractual commitments; evidence-based acceptance of deliverables; and escalation through local and national governance where delivery falls outside tolerance. Local contingency and mitigation plans are maintained where national or supplier delivery could affect Health Board implementation or service continuity.	**1st line:** National programme and supplier-performance reports; meeting records; milestone, dependency, defect and service-level monitoring; deliverable-acceptance records; and local risk, mitigation and contingency plans. **2nd line:** DDaT and executive governance review national programme delivery confidence, supplier performance, Health Board exposure, local mitigations and matters requiring national escalation. matters requiring executive or national escalation. **3rd line:** Welsh Government DDaT Leadership Board oversight and the Audit Wales Digital Transformation review 2025/26.	**Partially Effective**	• National supplier delivery remains outside direct Health Board control and accountability between national and local organisations is not yet fully defined. The National Digital Blueprint is underway.	• Use the National Digital Blueprint to define and document national and local responsibilities, decision rights, acceptance criteria, escalation routes and accountability. Implement relevant Audit Wales recommendations and report progress through the DDaT Group and Finance and Performance Committee.	**Reasonable**
Benefits Management and Lessons Learned *Preventative control* The Benefits Management Framework requires benefits to be defined, baselined, quantified and assigned to named owners, with realisation plans, tolerances and reporting through project and portfolio governance. Lessons from previous and current implementations are recorded, reviewed at initiation and stage gates, and incorporated into project planning and control arrangements.	**1st line: A**pproved benefits profiles; baselines; named benefit owners; benefit-realisation plans; benefits trackers; delivery reports; project closure reports; and lessons-learned logs. **2nd line:** The Digital Programme and Project Steering Group and DDaT Group challenge benefit ownership, baselines, forecasts, delivery tolerances and realised value, requiring recovery plans where benefits are not measurable, on track or sustained. **3rd line:** Internal Audit Benefits Management (2023/24) – **Substantial.**	**Partially Effective**	• Independent assurance dates from 2023/24. There is limited aggregated assurance that intended benefits are being realised and sustained after implementation, and that lessons learned are consistently translated into changes across the digital portfolio.	• Strengthen portfolio reporting of realised and sustained benefits and establish a consistent process for aggregating, sharing and evidencing the implementation of lessons learned. • Use relevant 2026/27 audit findings to refine the Benefits Management Framework and monitor agreed recommendations to completion.	**Reasonable**

Technical design, configuration, testing and data assurance *Preventative control* Technical assurance across the project lifecycle requires approved user, clinical, technical and non-functional requirements; design and configuration reviews; architecture and interoperability assurance through the Technical Design Authority; controlled data-migration planning; approved testing strategies; defined defect exit thresholds; and documented multidisciplinary approval before go-live.	**1st line:** Approved user and technical requirements. Design, configuration and change-control records. Approved test strategy and test-completion reports. Clinical scenario, integration and user-acceptance testing. Data-migration plan and data-quality results. Defect reports against agreed exit criteria. Go-live checklist and project-board go/no-go decision. **2nd line:** Technical Design Authority review and design decision. Architecture, interoperability and infrastructure assurance. Independent assurance reviews by clinical safety, information governance, cyber security and health records specialists. PMO health checks and monitoring of assurance actions. Escalation of exceptions through DPPSG and the DDaT Group. **3rd line:** Digital Transformation Audit by Audit Wales 2025/26.	**Partially Effective**	• Requirement's traceability is not yet consistently evidenced across projects, limiting assurance that approved user, clinical and technical requirements have been carried through procurement, design, configuration, testing, acceptance and delivery.	• Implement a proportionate requirements-traceability approach for all relevant projects, with named ownership, lifecycle updates and review at procurement, design, configuration, testing, acceptance and go-live assurance points. • Report compliance through project boards and escalate material exceptions through the Digital Programme and Project Steering Group.	**Reasonable**

Further Actions to Improve Control Effectiveness *What actions are required to strengthen existing controls or reduce the risk exposure to within the Health Board's risk appetite?* *(Short, Medium, and Long-Term Plans need to be included)*	**Further Actions to Reduce Impact** *What actions are required to limit the consequences for patients, staff and the organisation if the threat materialises?* *(Short, Medium, and Long-Term Plans need to be included)*
Short term (0–12 months) • Complete the 2026/27 ePMA and Portfolio Management Office audits and track agreed actions. • Strengthen reporting on project delivery, readiness, training, safety, dependencies and benefits. • Implement the Audit Wales Digital Transformation recommendations. • Complete health checks for high-risk or red-rated projects and track actions. • Require time-bound recovery plans for projects outside agreed tolerances. • Introduce requirements traceability across the project lifecycle. • Standardise readiness and go-live reporting for major implementations.	**Short term (0–12 months)** • Require approved cutover, rollback, downtime and recovery plans before go-live. • Establish enhanced support and escalation arrangements after implementation. • Transfer accepted residual risks to named operational owners. • Escalate incidents affecting safety, continuity or data integrity promptly.
Medium term (12–24 months) • Embed requirements traceability across the digital portfolio. • Clarify national and local accountability through the Digital Blueprint. • Strengthen benefits-realisation and lessons-learned reporting. • Update project controls using internal and external assurance findings.	**Medium term (12–24 months)** • Test implementation, rollback and recovery arrangements for high-risk projects. • Test data restoration and reconciliation following significant migrations. • Use post-implementation reviews to improve future deployments.
Long term (24–36 months) • Embed an integrated portfolio-assurance framework. • Demonstrate consistent compliance with project and implementation standards. • Use trend reporting to evidence improved delivery outcomes.	**Long term (24–36 months)** • Establish a recurring implementation-resilience testing programme. • Evidence recovery of priority services within agreed timescales.
Further Controls to be Implemented • Standardised requirements traceability, readiness reporting, • Rollback and post-go-live support, • Benefits-realisation monitoring and portfolio-wide learning.	
Longer-term capital dependency • Multiple digital projects are dependent on capital funding.	

RISK APPETITE	**DIGITAL, DATA & CYBER: Digital transformation, automation and new technology / Progressive / Score 16 or below**		**Publication Status**	**Open**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**			
IMTP	**Section 3: System Change (relevant to all); Section 4: Enabler – Digital, Data & Technology**			
Linked Corporate Risks	**CRR 020, 021, 022, 028, 029, 032, 033, 035**			
SRR 006 C *(Risk Event)*	**There is a risk that critical digital services or the information they hold become unavailable, compromised, unreliable or unfit for current and future clinical and organisational needs.**			
Threat *(As a result of / Due to)*	**Due to fragmented architecture, ageing or unsupported technology, inadequate infrastructure resilience or capacity, constrained investment, and inconsistent application of agreed digital standards.**			
Impact *(Consequences of the threat)*	**Patient** • Unintended harm or injury to patients. • Delays or disruption to diagnosis, treatment and continuity of care. • Reduced access to accurate and timely clinical information. • Inability to adopt digital capabilities that improve patient care and outcomes	**Staff** • Unintended harm or injury to staff. • Increased workload and reliance on manual or duplicated processes. • Reduced productivity due to unreliable, slow or unsuitable digital systems. • Difficulties recruiting and retaining specialist digital staff. • Increased pressure on key individuals and teams where specialist skills are limited.		**Organisation** • Disruption to critical clinical and corporate services. • Loss, corruption or unauthorised disclosure of information. • Failure to meet statutory, regulatory or digital standards. • Increased cost of maintaining ageing or unsupported technology. • Inability to deliver digital transformation and strategic priorities. • Failure to realise intended service, productivity or financial benefits. • Litigation, regulatory action or financial penalties. • Reputational damage and loss of public and staff confidence.
Lead Executive Director	Director of Digital	**Risk Scoring Guidance**	**Current Level**	**Target Level**
Delegated Committee of the Board	Finance and Performance Committee (F&PC)	**Likelihood**	3 (Possible)	2 (Unlikely)
Initial Date of Assessment	June 2023	**Impact**	4 (Major)	4 (Major)
Last Reviewed	October 2026	**Risk Score**	**12 (High)**	**8 (Moderate)**
Next Review (Quarterly based on current risk score)	January 2027	The current risk score is **WITHIN** the Appetite Threshold. The Target score to be achieved is **WITHIN** the Appetite Threshold.		**Trajectory of the risk** **Stable**

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	**Assurance Evidence** *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	**Control Effectiveness**	**Gap In Assurance**	**Further Action to Address Gaps in Assurance**	**Assurance Rating**
Digital Strategy and Architecture *Preventative control* Digital strategy and enterprise-architecture arrangements set the direction, principles and standards for digital investment, infrastructure, information and technology, aligned with the Health Board's ten-year strategy and service priorities.	**1st line:** Draft strategies, architecture principles, standards, roadmaps, decision records and evidence of architecture review. **2nd line:** Board and DDaT governance scrutiny of the Digital Transformation Strategy and supporting strategies, including alignment with the Gwent 2035 strategy and the Integrated Medium-Term Plan. **3rd line**: No current independent assurance identified.	**Partially Effective**	• Digital strategies are not yet approved or fully embedded, architecture compliance is not routinely reported, and no current independent assurance has been identified.	• Approve and implement the digital strategies and introduce architecture-compliance reporting.	**Limited**
New Digital Service Request (NDSR) Governance *Preventative control* NDSRs are submitted through the Seren portal and assessed for strategic alignment, architecture, information governance, cyber security, patient safety, records, support, capacity and affordability before approval.	**1st line:** NDSR performance monitoring. **2nd line:** Quarterly reporting to DDaT Group; F&PC reporting. **3rd line:** No independent assurance identified.	**Effective**	• The effectiveness of the New Digital Service Request process has not been independently tested.	• Evaluate NDSR performance and include the process in a future Internal Audit plan.	**Reasonable**

Digital Investment and Portfolio Prioritisation *Preventative control* The DDaT Annual Operational Plan, prioritisation framework, portfolio-optimisation arrangements and divisional oversight meetings align digital investment and delivery capacity with the Integrated Medium-Term Plan and agreed organisational priorities.	**1st line: A**pproved DDaT Annual Operational Plan, prioritised portfolio, resource and capacity assessments, delivery milestones, dependency logs and divisional oversight records. **2nd line:** DDaT Group and Finance and Performance Committee reporting on delivery, resource capacity, investment constraints and material exceptions. **3rd line:** No independent assurance identified.	**Partially Effective**	• Investment and specialist capacity constrain delivery, and there is no routine reporting of progress against the DDaT Annual Operational Plan or the effect of capacity gaps on agreed priorities.	• Report delivery against the DDaT plan, including investment and specialist-capacity constraints.	**Reasonable**
Digital Delivery Methodology and Standards *Preventative control* Agreed product-management, agile delivery, DevOps, business-analysis and ITIL-aligned service-management standards support the consistent design, delivery, adoption and operation of digital services.	**1st line:** Product backlogs, sprint reporting, service-performance measures, adoption records, standards assessments and exception logs. **2nd line: D**DaT governance oversight of compliance with agreed delivery and service-management standards. F&PC reporting. **3rd line:** Internal Audit LINC Programme – **Reasonable**; Network Infrastructure (VPN) – **Reasonable** (2023/24); EDRMS audit planned Q4 204/25 **Reasonable**	**Partially Effective**	• Limited assurance that the EDRMS will meet the organisation's future requirements and integrate effectively with other digital solutions. • Consistent application of product-management and service-management standards across DDaT has not been evidenced.	• Monitor delivery of the EDRMS upgrade and implementation of the Internal Audit recommendations. • Extend agreed product-management, agile-delivery and service-management standards across ICT.	**Reasonable**

Further Actions to Improve Control Effectiveness *What actions are required to strengthen existing controls or reduce the risk exposure to within the Health Board's risk appetite?* *(Short, Medium, and Long-Term Plans need to be included)*	**Further Actions to Reduce Impact** *What actions are required to limit the consequences for patients, staff and the organisation if the threat materialises?* *(Short, Medium, and Long-Term Plans need to be included)*
Short term (0–12 months) • Approve the digital strategies and introduce architecture-compliance reporting. • Report delivery, investment and capacity constraints against the DDaT plan. • Implement and monitor the EDRMS audit recommendations and planned system upgrade. • Extend product-management, agile-delivery and service-management standards across ICT. • Evaluate the New Digital Service Request process.	**Short term (0–12 months)** • Identify critical digital services, technologies and specialist roles. • Maintain continuity, cross-cover and succession arrangements. • Prioritise resources where service continuity or patient care is at risk. • Escalate critical technology, capacity and workforce constraints.
Medium term (12–24 months) • Embed approved digital strategies and architecture standards. • Align investment and specialist capacity with agreed priorities. • Implement priority technology-lifecycle and infrastructure improvements. • Evaluate whether EDRMS improvements meet future integration and organisational requirements.	**Medium term (12–24 months)** • Strengthen supplier, cross-cover and knowledge-transfer arrangements. • Test continuity arrangements for critical technology or capability loss.
Long term (24–36 months) • Maintain sustainable technology, workforce and investment plans. • Demonstrate consistent compliance with digital standards. • Use performance trends to evidence improved digital capability and resilience.	**Long term (24–36 months)**
Further Controls to be Implemented • Technology lifecycle and infrastructure-capacity management; • digital workforce and succession planning; • architecture-compliance monitoring; • product management for core applications.	
Longer-term capital dependency • Delivery depends on sufficient capital and revenue investment to replace ageing or unsupported technology, improve infrastructure capacity and resilience, and maintain the specialist workforce required to support critical digital services.	

RISK APPETITE	**PARTNERSHIPS & SYSTEM WORKING: Statutory accountability, governance and safety in joint arrangements / Limited / Score 8 or below**	**Publication Status**	**Open**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**		
IMTP	**Section 3: System Change – Place Based Care; Section 4: Enabler – Regional Plans**		
Linked Corporate Risks	**CRR 014, 017, 018**		
SRR 007 A *(Risk Event)*	**There is a risk that partnership arrangements fail, to deliver coordinated and sustainable health and care pathways across organisational boundaries.**		
Threat *(As a result of / Due to)*	**Due to change in Welsh Government funding arrangements, misaligned organisational priorities, differing planning cycles and insufficiently clear partnership accountability and decision-making arrangements.**		
Impact *(Consequences of the threat)*	**Patient** • Unmet patient need due to cessations of current services resulting in harm • Fragmented pathways, delay, duplication or gaps in care. • Inequitable access, poorer experience and avoidable harm.	**Staff** • Employment uncertainty where services rely on time-limited funding. • Conflicting priorities, unclear accountability and duplicated effort. • Increased workload and reduced confidence in partnership decisions	**Organisation** • Financial risk with potential cessation of funding due to needing to continue services or from services ceasing and the staff being without a permanent role • Delayed decision making. • Failure to deliver Health Board priorities, required improvements and longer-term sustainability. • Reputational damage and loss of public confidence.

		Risk Scoring Guidance	Current Level	Target Level	Trajectory of the risk
Lead Executive Director	Director of Strategy, Planning and Partnerships				**Stable**
Delegated Committee of the Board	Partnerships, Public Health and Planning Committee	**Likelihood**	4 (Likely)	2 (Unlikely)	
Initial Date of Assessment	June 2023	**Impact**	3 (Moderate)	2 (Minor)	
Last Reviewed	October 2026	**Risk Score**	**12 (High)**	**4 (Low)**	
Next Review (Quarterly based on current risk score)	January 2027	The current risk score is **OUTSIDE** of the Appetite Threshold. The Target score to be achieved is **WITHIN** the Appetite Threshold.			

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	Assurance Evidence *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	Control Effectiveness	Gap In Assurance	Further Action to Address Gaps in Assurance	Assurance Rating
Transition Planning for Potential Cessation of RIF *Recovery control* Transition Planning undertaken for all RIF funded services and staff so that risk to staff and services if funding is withdrawn is clear	**1st line:** PMO co-ordinating completion of the transition planning and escalating where there are gaps, impact assessments and decision logs **2nd line:** PMO Assurance reporting to the RPB and Committee. **3rd line:** Regional Integration Fund Internal Audit report; independent assurance against action closure	**Partially Effective**	• Welsh Government transition arrangements beyond 2027/28 remain uncertain; transition plans and partner decisions are not yet complete or consistently quality-assured; evidence of outcome and value is variable.	• Work with Divisions to complete transition plans and Workforce to explore opportunities should staff roles be under risk • Implement and close audit recommendations	**Limited**
Statutory Partnership Governance (RPB and PSB) *Preventative control* Gwent Regional Partnership Board (Partnership Arrangements (Wales) Regulations 2015) and Gwent Public Services Board and associated groups operate through agreed terms of reference, schemes of delegation, decision and escalation routes, conflict management and transparent reporting to constituent bodies.	**1st line:** Terms of reference, membership, attendance, declarations, decision and action logs, programme governance, PMO reporting to the Director of Strategy, Planning and Partnerships; Regional Leadership Group reporting. **2nd line:** Regional Leadership Group, PPHPC and Board scrutiny of decisions, delivery, risks and partner commitments. **3rd line:** Internal Audit RPB Governance Review (2024/25) – Limited Assurance (ARAC Sept 2024); Internal Audit Partnership Arrangements (2024/25) – Limited Assurance.	**Partially Effective**	• Limited Assurance audit recommendations open; • implementation plan from the RPB governance review not yet evidenced.	• Agree one consolidated partnership-governance improvement plan; • introduce a partnership assurance dashboard; • Implement and close audit recommendations	**Limited**

Integrated Operational Arrangements *Recovery control* Joint operational working including integrated arrangements and multidisciplinary teams such as Community Resource Teams and Integrated Neighbourhood Teams.	**1st line:** Operational team activity. **2nd line:** Programme, RPB and PPHPC reporting against agreed outcomes, variation and benefits **3rd line:** No independent assurance identified.	**Partially Effective**	• No systematic reporting of outcomes or evaluation of schemes.	• Introduce outcome reporting and scheme evaluation for integrated services, including Integrated Neighbourhood Team expansion.	**Limited**
Partnership Funding and Capital Governance *Preventative control* Renewed strategy for strategic partnership capital with revised governance processes.	**1st line:** Partnership capital processes. Funding agreements, business cases, contracts, financial monitoring, reconciliations, scheme registers and benefits reports. **2nd line:** PPHPC scrutiny **3rd line:** Internal Audit or other independent review of material partnership funds and schemes.	**Partially Effective**	• Governance of financial control arrangements for partnership funding identified as a gap.	• Establish a complete partnership funding and commitments register; standardise approval and monitoring; identify contingent liabilities and recurrent consequences; obtain periodic independent assurance on material schemes.	**Limited**
Gwent 35 Long-Term Strategy with a Partnership Focus *Preventative control* Health Board long-term strategy built around a partnership approach, aligned to partner priorities.	**1st line:** Strategy deployment plans, named partner commitments, milestones and outcome measures. **2nd line: RPB, PSB, PPHPC and Board reporting on delivery, dependencies and exceptions. 3rd line:** No independent assurance identified.	**Partially Effective**	• Delivery against agreed partner commitments not reported.	• Report delivery of partnership milestones and partner commitments to the Committee. • Develop a joint outcomes and accountability framework aligned to Gwent 35 and the Area Plan; assign lead and contributing partners; report delivery, dependencies, benefits and overdue commitments.	**Limited**

Further Actions to Improve Control Effectiveness *What actions are required to strengthen existing controls or reduce the risk exposure to either within target or risk appetite? (Short, Medium, and Long-Term Plans need to be included)*	**Further Actions to Reduce Impact** *What actions are required to limit the consequences for patients, staff and the organisation if the threat materialises? (Short, Medium, and Long-Term Plans need to be included)*
Short term (0–12 months) • Transition Plans of RIF funded services/staff fully completed • Implementation plan to be developed accounting for the RPB governance review and recent survey	**Short term (0–12 months)** • Commission external reviews where required to support recovery and improvement in areas of significant concern • Assess patient, equality, quality and workforce impacts before any service cessation or material change.
Medium term (12–24 months) • Close outstanding Internal Audit recommendations with evidence of sustainable implementation.	**Medium term (12–24 months)** • Evaluate integrated and place-based models against access, outcomes, equity, experience, flow and value.
Long term (24–36 months) • Demonstrate mature partnership governance with clear accountability, transparent decisions and reliable delivery. • Integrate partnership priorities, resources, risks and benefits into routine Health Board planning and assurance. • Obtain periodic independent assurance over major partnership arrangements.	**Long term (24–36 months)** • Demonstrate sustained improvements in population outcomes and coordinated care attributable to partnership working. • Maintain resilient, affordable pathways with agreed funding, workforce and contingency arrangements.
Further Controls to be Implemented • Partnership governance and accountability framework. • Partnership funding, commitments and contingent-liabilities register. • Shared outcomes, performance and benefits dashboard. • Standard partnership exit, transition and service-continuity requirements.	
Longer-term capital dependency • No capital dependency identified.	

RISK APPETITE	**PATIENT SAFETY & QUALITY: Patient Safety, Health & Safety and mandatory clinical standards / Limited / Score 8 or below**	**Publication Status**	**Open**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**		
IMTP	**Section 4: Enablers – Quality; Estates; Workforce & Culture**		
Linked Corporate Risks	**CRR 041**		
SRR 010 *(Risk Event)*	**There is a risk that staff, patients and visitors are exposed to workplace health and safety hazards that are not adequately controlled.**		
Threat *(As a result of / Due to)*	**Due to inconsistent identification, assessment and management of workplace hazards, insufficiently embedded health and safety responsibilities, gaps in training and weaknesses in monitoring, escalation and action completion.**		
Impact *(Consequences of the threat)*	**Patient** • Unintended physical harm to patients. • Psychological trauma. • Loss of confidence in the safety of healthcare services	**Staff** • Unintended physical harm to staff. • Psychological trauma. • Increased levels of staff sickness and reduced wellbeing • Reduced staff morale, engagement, and confidence in workplace safety	**Organisation** • Enforcement action, investigation, or prosecution by the Health and Safety Executive (HSE) or other regulatory bodies. • Loss, damage, or closure of estate and facilities resulting from unsafe environments or significant incidents. • Financial implications arising from claims, legal costs, fines, remediation works, service disruption. • Adverse publicity and reputational damage, leading to reduced public confidence and stakeholder trust. • Increased regulatory scrutiny and potential impacts on compliance ratings and governance arrangements

		Risk Scoring Guidance	Current Level	Target Level	Trajectory of the risk
Lead Executive Director	Director of Allied Health Professions and Health Science				**Stable**
Delegated Committee	Patient Quality, Safety and Outcomes Committee (PQSOC)	**Likelihood**	3 (Possible)	2 (Unlikely)	
Initial Date of Assessment	01 December 2023	**Impact**	4 (Major)	4 (Major)	
Last Reviewed	October 2026	**Risk Score**	**12 (High)**	**8 (Moderate)**	
Next Review (Quarterly based on current risk score)	January 2027	The current risk score is **OUTSIDE** of the Appetite Threshold. The Target score to be achieved is **WITHIN** the Appetite Threshold.			

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	**Assurance Evidence** *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	**Control Effectiveness**	**Gap In Assurance**	**Further Action to Address Gaps in Assurance**	**Assurance Rating**

Health And Safety Governance and Accountability *Preventative control* H&S Policy and Legislative & Statutory Register. H&S Committee with an Executive Chair and three subgroups (H&S Operational, Fire Safety Management, Violence Prevention and Reduction), reporting to PQSOC. Competent H&S advice (MHSWR Reg 7), strengthened by new Deputy Heads of H&S and of VPR. Board development sessions.	**1st line:** Health and safety performance, risks, incidents, and learning are reviewed through Divisional Quality and Patient Safety Forums, providing local oversight and management accountability. RIDDOR compliance is included as a performance indicator within Divisional Assurance Reviews, supporting divisional monitoring of statutory reporting requirements and health and safety performance. **2nd line:** The Health and Safety Committee and its sub-groups provide organisational oversight of health and safety performance, compliance, risk management, and assurance, reporting through governance structures to PQSOC. The Health, Safety and Fire Annual Report 2025/26 provides a comprehensive assessment of performance, key risks, control effectiveness, incidents, audit findings, and improvement actions. **3rd line:** Internal Audit 2024/25 concluded Limited Assurance, identifying weaknesses in aspects of the Health Board's health and safety control framework and governance arrangements. Health and Safety Executive (HSE) inspections provide independent external scrutiny of compliance with health and safety legislation and the effectiveness of organisational arrangements for managing health and safety risk.	**Partially Effective**	• There is limited assurance that learning arising from HSE inspections is consistently embedded across the Health Board. Whilst inspection findings and recommendations are addressed locally, mechanisms for monitoring implementation, evidencing sustained improvement, and sharing learning organisation-wide require further strengthening. • Divisional accountability for health and safety is not applied consistently across all Divisions and service areas, resulting in variations in governance arrangements, risk management practices, oversight of corrective actions, and local assurance processes. This limits the organisation's ability to demonstrate a consistently mature approach to health and safety management.	• Develop a formal process for tracking, monitoring, and evidencing implementation of actions arising from HSE inspections, including the dissemination of lessons learned across all Divisions. • Standardise Health and Safety reporting through Divisional Assurance Reviews, including performance indicators for incidents, RIDDOR compliance, risk assessments, training, audit actions, and inspection findings. • Incorporate learning from HSE inspections, internal audits, incidents, and claims into Health Board-wide improvement programmes and assurance reporting.	**Limited**
Hazard Identification and Risk Assessment *Preventative control* H&S policies and procedures (5 policies and 14 guidance documents reviewed in 2025/26). Corporate and divisional H&S risks held on DatixWeb. Local and specific risk assessments, including COSHH, DSE and lone working. Risk assessor training (27 courses, 155 staff trained in 2025/26).	**1st line:** Local risk assessments are completed and maintained by service areas to identify hazards, assess risks, and implement appropriate control measures Directorate and departmental risk registers are used to record, monitor, and escalate risks that cannot be managed effectively at a local level. **2nd line:** A programme of health and safety workplace inspections and management audits provides oversight of hazard identification, risk control implementation, and compliance with Health Board policies and procedures. The DatixWeb reporting and monitoring system supports the recording, investigation, monitoring, and trend analysis of incidents, risks, and corrective actions, providing organisational oversight of emerging hazards and control effectiveness. **3rd line:** Health and Safety Executive (HSE) inspections provide independent external scrutiny of the Health Board's arrangements for hazard identification, risk assessment, risk control, and compliance with health and safety legislation.	**Partially Effective**	• There is no organisation-wide performance measure for risk assessment completion, review, or quality, limiting assurance that risk assessments are current, comprehensive, and consistently implemented across all services and departments. • The Health Board does not currently maintain a thematic Health and Safety Risk Register, reducing visibility of cross-cutting and recurring risks, limiting strategic oversight, and constraining the ability to identify common themes and emerging organisational risks. • Four health and safety policy and guidance documents have been carried forward into 2026/27 for review or implementation, reducing assurance that the policy framework remains fully current, compliant, and aligned with operational requirements and emerging risks.	• Introduce Health Board-wide KPIs for risk assessment completion, review compliance, and quality assurance reporting. • Develop and implement a Thematic Health and Safety Risk Register to provide oversight of significant and recurring organisational risks. • Complete the review and approval of the four outstanding health and safety policies and guidance documents during 2026/27	**Limited**

Fire safety *Preventative control* Arrangements under the Regulatory Reform (Fire Safety) Order 2005, with delegated responsibility through the Executive Director of AHP & Health Science to the Fire Safety Manager. Fire risk assessments on a 12, 24 or 36-month cycle by risk, recorded on FARS. Fire wardens. Capital fire safety improvement programme.	**1st line:** Trained Fire Wardens across the Health Board undertake routine fire safety inspections and checks within their designated areas of responsibility, providing local assurance regarding compliance with fire safety requirements. **2nd line:** The Fire Safety Management Group provides strategic oversight of fire safety governance, compliance, performance, and associated improvement actions across the Health Board. **3rd line:** Independent assurance is provided through inspections and regulatory engagement with South Wales Fire and Rescue Service, together with independent reviews undertaken by NHS Wales Shared Services Partnership (NWSSP) Specialist Estates Services. During 2025/26, no enforcement action was taken by South Wales Fire and Rescue Service, providing further external assurance regarding the effectiveness of the Health Board's fire safety management arrangements.	**Partially Effective**	• Fire safety risks remain outstanding and require capital investment, predominantly across legacy estate sites. These include reliance on an obsolete fire alarm system within parts of the Royal Gwent Hospital and known fire compartmentation defects, including fire wall deficiencies on inpatient wards, which may compromise progressive horizontal evacuation and reduce available evacuation time in the event of a fire. • Fire safety training compliance remains below target at 84% against an organisational target of 85%. In addition, the current training provision is primarily eLearning-based and does not provide sufficient assurance regarding staff competence in undertaking practical evacuation procedures, particularly within inpatient and higher-risk clinical environments.	• Review and update the risk-based fire safety capital programme, prioritising fire alarm system replacement and compartmentation defects. • Review the fire training strategy to incorporate practical evacuation exercises and competency assessments in inpatient areas. • Monitor progress through the Fire Safety Management Group and escalate significant risks via the Health and Safety Committee	**Reasonable**
Violence Prevention and Reduction *Preventative control* Violence Prevention & Reduction Policy and VPR Strategic Plan 2026–2028. Obligatory Response to Violence in Healthcare. VPR team risk assessments and staff support. Partnership with Gwent Police and the Anti-Violence Collaborative. All-Wales Violence & Aggression Passport training (Modules A–D).	**1st line:** Violence and Aggression (V&A) incidents are reported and monitored through Datix Cymru. The Violence Prevention and Reduction (VPR) Team actively engages with operational governance arrangements, including Emergency Department Violence Prevention Panels and Mental Health and Learning Disabilities touchpoint meetings, to support local oversight, learning, and implementation of risk reduction measures. **2nd line:** All Violence and Aggression incidents are reviewed and validated by the Corporate Health and Safety Team to ensure data quality, consistency of classification, and appropriate escalation of significant events and trends. Compliance with Violence Prevention and Reduction training is monitored corporately and currently stands at 85%, meeting the Health Board target. **3rd line:** HSE Inspections provide external scrutiny and independent assurance regarding the Health Board's management of violence and aggression risks	**Partially Effective**	• There is currently no formal training needs analysis to determine whether Violence Prevention and Reduction (VPR) training content, delivery methods, and competency requirements are appropriately aligned to individual staff roles, environments, and risk profiles. • Patient searching arrangements within mental health settings are not yet supported by a comprehensive policy framework, creating the potential for inconsistent practice and gaps in the management of risks associated with prohibited or harmful items. • There is no established baseline assessment against the All-Wales Violence Prevention and Reduction Standards, limiting the Health Board's ability to objectively assess compliance, identify areas for improvement, and demonstrate progressive implementation of best practice.	• Undertake a comprehensive VPR Training Needs Analysis to ensure training provision is proportionate to role-specific risks and competency requirements. • Finalise and implement a Patient Searching Policy for mental health settings, supported by staff training and governance arrangements. • Complete a baseline assessment against the All-Wales Violence Prevention and Reduction Standards and develop an improvement plan to address identified gaps.	**Limited**
Health and Safety Training *Preventative control* Statutory and mandatory training through ESR eLearning (H&S, fire, manual handling, VPR) against an 85% target. Manual handling delivered to the All-Wales Manual Handling Passport, supported by cascade trainers. Risk assessor and RIDDOR awareness training for managers.	**1st line:** Electronic Staff Record (ESR) compliance dashboards and automated alerts are used by line managers to monitor mandatory health and safety training compliance and address overdue training requirements at a local level. **2nd line:** Health and safety training compliance is reported through ESR and monitored through the Health Board's governance and performance management arrangements, enabling oversight of compliance trends and escalation of areas of concern. **3rd line:** Inspections and regulatory activity undertaken by the Health and Safety Executive (HSE) and South Wales Fire and Rescue Service provide independent external scrutiny of the Health Board's compliance with health, safety, and fire safety requirements, including the adequacy of staff training arrangements where relevant.	**Partially Effective**	• Manual handling training compliance remains below the organisational target, with high levels of non-attendance affecting the Health Board's ability to demonstrate that staff possess the required competencies to undertake manual handling activities safely. • There is currently no dedicated health and safety training programme for managers, limiting assurance that managers have the knowledge and skills required to discharge their health and safety responsibilities, including risk assessment, incident investigation, statutory compliance, and the management of workplace risks.	• Improve manual handling training compliance through targeted interventions, escalation of non-attendance, and increased access to training provision. • Develop and implement a Health and Safety for Managers training programme covering legal responsibilities, risk management, incident investigation, and safety leadership. Consider piloting the national Health and Safety for Managers training. Developed by CTM UHB	**Limited**

Monitoring, Incident Reporting and Learning *Preventative & Detective control* Active monitoring through the 3-year workplace inspection and management audit programme, with actions recorded on AMaT. Reactive monitoring through Datix Cymru and statutory RIDDOR reporting. Learning shared through safety information sheets, debriefs and alerts.	**1st line:** Inspection and audit actions are assigned to ward and department managers through the AMaT system, enabling local ownership, monitoring, and completion of corrective actions arising from inspections, audits, and risk assessments. **2nd line:** Health and Safety alerts are disseminated across the Health Board to support organisational learning and implementation of corrective actions. **3rd line:** Internal Audit has provided independent scrutiny of control arrangements and identified high-priority findings.	**Partially Effective**	• Inspection and audit actions recorded on AMAT are not progressed sufficiently, reducing assurance that identified risks, control weaknesses, and compliance issues are being addressed in a timely manner. • RIDDOR reports continued to be submitted outside required reporting timescales, indicating weaknesses in incident identification, escalation, and statutory reporting processes. • Staff health and safety incidents are increasing, alongside an increase in RIDDOR-reportable incidents. There is currently insufficient analysis to determine whether these trends reflect improved reporting and reporting culture, increased exposure to risk, deteriorating control measures, or a genuine increase in workplace harm.	• Implement a recovery plan to reduce overdue inspection and audit actions, with escalation of high-risk and long-outstanding actions through governance structures. • Strengthen RIDDOR reporting arrangements through manager training, improved guidance, and regular compliance reviews. • Undertake a thematic analysis of staff incidents and RIDDOR-reportable events to determine whether increases are attributable to reporting culture, exposure to risk, or actual increases in harm. • Develop integrated health and safety intelligence reporting that combines incident, audit, inspection, claims, and risk data to identify trends and inform preventative action. • Introduce Board-level performance indicators via PQSOC for overdue actions, RIDDOR compliance, incident recurrence, and organisational learning effectiveness.	**Limited**
Specialist Hazard Controls *Preventative control* Safer sharps arrangements. Respiratory protective equipment and face fit testing (COSHH ACoP L5). COSHH arrangements. Manual handling equipment examined and maintained under LOLER and PUWER through an external contract.	**1st line:** Local COSHH assessments are undertaken to identify, assess, and control risks arising from hazardous substances within clinical and non-clinical areas. Equipment service, maintenance, and inspection records are maintained to provide assurance that work equipment and safety-critical equipment remain safe and fit for purpose. **2nd line:** Reporting and monitoring of needle-stick and sharps injuries provides oversight of exposure risks and informs preventive actions. Face fit testing programmes provide assurance that staff required to wear respiratory protective equipment (RPE) have access to appropriately fitted equipment and can achieve an effective seal. **3rd line:** Health and Safety Executive (HSE) inspections provide independent external scrutiny of compliance with legislation and the effectiveness of arrangements for managing specialist hazards, including hazardous substances, work equipment, and occupational health risks.	**Partially Effective**	• There is no comprehensive assurance that all staff required to wear Respiratory Protective Equipment (RPE) have a current and valid face fit test, limiting confidence that respiratory protection arrangements are effective and compliant across all relevant services. • Needle-stick and sharps injuries are reported and monitored, but there is insufficient analysis of underlying causes, contributing factors, locations, equipment types, and recurring themes. This limits the organisation's ability to identify targeted interventions and reduce recurrence. • Some manual handling equipment is obsolete or approaching the end of its operational life, creating potential reliability, safety, and maintenance risks, and reducing assurance that staff have access to appropriate equipment to undertake moving and handling activities safely.	• Establish a centralised monitoring system to provide assurance that all staff requiring RPE have completed and maintain valid face fit testing. • Undertake thematic analysis of sharps and needle-stick injuries to identify root causes, high-risk areas, and preventative measures. • Complete an organisation-wide review of manual handling equipment, prioritising replacement of obsolete equipment through a risk-based capital and procurement programme.	**Reasonable**

Emergency Response, Post-Incident Support and Learning *Recovery control* Fire evacuation and emergency procedures, and first aid provision. Post-incident investigation and debriefs. Occupational health and wellbeing support, and VPR team support for staff through the criminal justice process. Personal injury claims managed with Legal Services.	**1st line:** Post-incident debriefs are undertaken following significant events to identify immediate lessons learned and required corrective actions. The Violence Prevention and Reduction (VPR) team provides support to staff following violence and aggression incidents reported through Datix Cymru, helping to ensure staff welfare needs are addressed and learning is captured. **2nd line:** Fire evacuation exercise programme implemented, with each exercise supported by a formal debrief and written report to identify learning opportunities and areas for improvement. **3rd line:** Independent scrutiny is provided through engagement with South Wales Fire and Rescue Service, including regulatory inspections, operational liaison, and feedback arising from fire safety audits and exercises where applicable.	**Partially Effective**	• First aid provision is not routinely monitored at an organisational level, limiting assurance that sufficient trained first aiders, equipment, and arrangements are consistently available across all sites and services. • Investigation timeliness is not monitored consistently across the Health Board, reducing assurance that incidents are investigated promptly, lessons are identified in a timely manner, and corrective actions are implemented before risks recur.	• Establish Health Board-wide monitoring of first aid provision, including trained first aiders, coverage levels, and compliance with local requirements. • Introduce performance indicators for incident investigation timeliness and completion of corrective actions. • Implement a risk-based programme of fire exercises to increase coverage across departments, sites, and higher-risk areas.	**Limited**

Further Actions to Improve Control Effectiveness *What actions are required to strengthen existing controls or reduce the risk exposure to either within target or risk appetite?* *(Short, Medium, and Long-Term Plans need to be included)*	**Further Actions to Reduce Impact** *What actions are required to limit the consequences for patients, staff and the organisation if the threat materialises?* *(Short, Medium, and Long-Term Plans need to be included)*
Short term (0–12 months) • **Internal Audit recommendations:** Implement and close the three high-priority and two remaining medium-priority recommendations from the 2024/25 Internal Audit Limited Assurance review, with progress monitored and reported through ARAC. • **Divisional accountability:** Strengthen Divisional Assurance Reviews by expanding performance indicators beyond RIDDOR reporting to include overdue actions, risk assessment completion, and mandatory training compliance. • **Overdue actions:** Reduce the backlog of overdue inspection and audit actions, prioritising the red-rated actions, with progress monitored through Quality Operating Framework (QOF) performance measures. • **RIDDOR:** Introduce mandatory RIDDOR awareness training for managers and establish a performance target for statutory reporting timescales, improving compliance • **Manual handling training:** Deliver the revised Manual Handling Strategy by expanding the cascade trainer model, improving training accessibility and scheduling, reducing non-attendance, and implementing the revised learning pathway. • **Managers' competence:** Pilot and evaluate the national Health and Safety for Managers training programme to strengthen management capability and accountability for health and safety. • **Risk assessment:** Launch the revised risk assessment training programme, including COSHH awareness, and establish a thematic Health and Safety Risk Register to strengthen organisational oversight of strategic risks. • **Violence Prevention & Reduction:** Approve, implement and monitor the Patient Search Policy and commence a Health Board-wide Violence Prevention and Reduction (VPR) Training Needs Analysis to ensure training provision is proportionate to risk. • **Fire safety:** Review the fire safety training needs analysis for inpatient nursing staff, formalise arrangements for recording practical evacuation training, and improve fire warden reporting and assurance processes. • **Face fit testing:** Review the Face Fit Testing Strategy and associated resource allocation to improve utilisation rates, increase assurance of compliance, and reduce non-attendance. • **H&S KPIs and performance report:** Develop a quarterly Health and Safety performance report for the Health and Safety Committee and PQSOC, incorporating key performance indicators for risk assessments, overdue actions, training compliance, incidents, RIDDOR timeliness, and trend analysis. • **Workforce consultation:** Strengthen consultation arrangements with Trade Union Health and Safety Representatives and the Health and Safety Committee, supported by a communication programme to reinforce individual and managerial health and safety responsibilities across the workforce.	**Short term (0–12 months)** • **Learning from events:** Continue the development and dissemination of Health and Safety Safety Information Sheets and strengthen the sharing of lessons learned through Divisional Quality and Patient Safety Forums to promote organisational learning and reduce the likelihood of recurrence. • **Investigation standard:** Establish a Health Board-wide standard and target timescale for the investigation of health and safety incidents and RIDDOR-reportable events, supported by monitoring through the Datix Cymru focused review process to improve the timeliness and quality of investigations. • **Post-incident support:** Develop routine reporting on the uptake of Occupational Health, Wellbeing, and Violence Prevention and Reduction (VPR) support services following workplace incidents, including violence and aggression, to provide assurance that affected staff receive appropriate support and interventions. • **First aid:** Confirm that first aid needs assessments have been completed and remain current across all sites and services and implement monitoring arrangements to provide assurance that adequate first aid provision is maintained in line with operational requirements and risk profiles.

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<td><u>Medium term (12–24 months)</u>
• Culture plan: Develop and implement a three-year Health and Safety Culture Plan to strengthen safety leadership, workforce engagement, personal accountability, reporting culture, and continuous improvement across the Health Board.
• H&S Management System: Undertake a comprehensive review of the Health and Safety Management System against the principles of HSG65: Managing for Health and Safety, identifying areas for improvement and strengthening arrangements for leadership, risk profiling, planning, implementation, monitoring, and review.
• Audit programme: Complete the three-year Health and Safety Audit Programme and integrate the Health and Safety inspection proforma into the ward accreditation process to strengthen local assurance and provide greater visibility of compliance and risk management performance.
• VPR Standards: Implement the All-Wales Violence Prevention and Reduction (VPR) Standards, establish a baseline assessment of compliance, and deliver the objectives contained within the VPR Strategic Plan 2026-2028 to improve prevention, governance, staff support, and organisational learning.
• Fire risk management: Implement a fire risk management system aligned with the Fire Assessment and Risk Management System (FARS) framework and maintain Tier 3 Fire Risk Assessor competence in accordance with the requirements of the Building Safety Act and emerging best practice.</td>
<td><u>Medium term (12–24 months)</u>
• Fire safety assurance: Develop and monitor Health Board-wide Key Performance Indicators for fire evacuation drills and exercises, providing routine assurance on completion rates, outcomes, and lessons learned. Extend the fire exercise programme beyond the 12 departments covered during 2025/26 to provide broader assurance of emergency preparedness across clinical and non-clinical services.
• Claims learning: roduce an annual thematic review of personal injury claims for consideration by the Health and Safety Committee, focusing on recurring causes, emerging trends, contributory factors, lessons learned, and opportunities for risk reduction. Findings should be triangulated with incident, audit, inspection, and risk data to inform preventative action and improve organisational learning.</td>
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<td><u>Long term (24–36 months)</u>
• Culture plan: Complete implementation and evaluation of the three-year Health and Safety Culture Plan, demonstrating measurable improvements in safety leadership, workforce engagement, reporting culture, learning, and personal accountability across the Health Board.
• Follow-up audit: Commission an Internal Audit follow-up review to assess the effectiveness of actions implemented in response to the 2024/25 Limited Assurance report and provide independent assurance that identified control weaknesses have been addressed and sustained improvements achieved.</td>
<td><u>Long term (24–36 months)</u>
• Evacuation resilience: Complete the remediation of fire compartmentation defects, including fire wall improvements, and replace obsolete fire alarm systems across legacy sites, subject to capital funding approval. This will strengthen the integrity of fire safety measures and support safe and effective progressive horizontal evacuation arrangements within inpatient areas.</td>
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<td colspan="2"><u>Further Controls to be Implemented</u>
• Health Board Search Policy for Mental Health and Learning Disability settings to provide a consistent framework for patient searching, strengthen the management of prohibited and harmful items, and support staff safety.
• All-Wales Violence Prevention and Reduction (VPR) Standards to establish a consistent, evidence-based approach to the prevention, management, reporting, and learning from violence and aggression incidents.
• Health and Safety for Managers Training and mandatory RIDDOR awareness training for managers to improve management competence, strengthen accountability, and ensure statutory reporting requirements are met consistently and within prescribed timescales.
• Manual Handling Learning Pathway to provide a structured and risk-based approach to developing and maintaining moving and handling competence across relevant staff groups.
• Thematic Health and Safety Risk Register and a quarterly Health and Safety KPI Performance Report to strengthen strategic oversight, improve organisational intelligence, and provide enhanced assurance regarding risk management, training, incident trends, overdue actions, and compliance performance.
• Fire Risk Management System aligned with FARS to strengthen fire risk governance, improve consistency of fire risk assessment and action tracking, and support compliance with legislative and professional standards.</td>
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<td colspan="2"><u>Longer-term capital dependency</u>
• Fire safety: residual fire safety risks require capital investment and remediation. These risks are concentrated within legacy estate locations, including Nevill Hall Hospital, Royal Gwent Hospital, St Cadoc's Hospital, St Woolos Hospital and County Hospital.
• Royal Gwent Hospital fire alarm: Replacement of the fire alarm system within C and D Block (£857k), together with associated fire stopping works (£80k), is planned for completion by the end of 2026/27. However, approximately 80% of B Block, all of A Block, Blocks 9 and 10, and Friars House continue to rely on an obsolete fire alarm system and will require further investment to achieve full compliance and resilience.
• Royal Gwent Hospital ward fire walls: Remediation of known ward fire wall defects remains necessary to support effective progressive horizontal evacuation arrangements. Delivery of these works will require full or partial ward decant arrangements and associated operational planning.
• Nevill Hall Hospital: Replacement of fire alarm components within the service tunnel infrastructure is required to maintain the reliability and effectiveness of fire detection and alarm systems.
• 2026/27 programme: Planned schemes include the installation and remediation of fire barriers within theatre and inpatient ward areas at St Woolos Hospital, together with fire door replacement and improvement works at Oak Ward and Ty Siriol, County Hospital.
• Manual handling equipment: Replacement of obsolete manual handling equipment remains dependent upon the successful approval and delivery of capital investment bids submitted during 2025/26 and 2026/27. Failure to secure funding may limit the Health Board's ability to modernise equipment and maintain long-term assurance regarding manual handling safety and reliability.</td>
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RISK APPETITE	**FINANCIAL SUSTAINABILITY: Statutory financial duties, probity and financial control / Limited / Score 8 or below**			**Publication Status** / **Open**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**			
IMTP	**Section 4: Enabler – Finance**			
Linked Corporate Risks	**CRR 008, 017, 024, 025, 026, 041**			
SRR 013 A *(Risk Event)*	**There is a risk that the Health Board is unable to bring and sustain expenditure within available resources and consequently fails to meet its statutory financial duties**			
Threat *(As a result of / Due to)*	**Due to recurrent expenditure and demand pressures exceeding available income, additional costs arising outside the approved plan, insufficient delivery of sustainable savings, and the pace of productivity and service transformation being inadequate to reduce the underlying deficit.**			
Impact *(Consequences of the threat)*	**Patient** • Possible reduced access to, or delays in, services where resources are reprioritised.	**Staff** • Possible increased workload and operational pressure arising from vacancy controls, workforce reductions or service change, if service rationalisation efficiency not delivered.		**Organisation** • Failure to meet the statutory financial duty to break even. • Escalation under NHS Wales oversight and intervention arrangements. • Failure to deliver organisational priorities and required improvements. • Reduced capacity to invest in services, workforce, infrastructure and transformation. • Requirement to prioritise, redesign or disinvest in services. • Reputational damage and loss of public and stakeholder confidence.
Lead Executive Director	Director of Finance and Procurement	**Risk Scoring Guidance**	**Current Level**	**Target Level**
Delegated Committee of the Board	Finance and Performance Committee (F&PC)	**Likelihood**	5 (Almost Certain)	2 (Unlikely)
Initial Date of Assessment	October 2026	**Impact**	4 (Major)	4 (Major)
Last Reviewed	November 2026	**Risk Score**	**20 (Extreme)**	**8 (Moderate)**
Next Review (Monthly based on current risk score)	December 2026	The current risk score is **OUTSIDE** of the Appetite Threshold. The Target score to be achieved is **WITHIN** the Appetite Threshold.		**Trajectory of the risk** **Stable** The risk remains extreme. Although the forecast deficit reduced to £33.7 million at Month 6, the improvement primarily reflects a reduction in the Welsh Risk Pool forecast. Delivery remains dependent on full achievement of £44.9 million savings and identification of a further £6.9 million of mitigating action and recurrent savings improvement.

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	**Assurance Evidence** *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	**Control Effectiveness**	**Gap In Assurance**	**Further Action to Address Gaps in Assurance**	**Assurance Rating**
Financial Governance and Control Framework *Preventative control* Standing Orders (SOs), Standing Financial Instructions (SFIs), Scheme of Delegation, Financial Control Procedures, budget delegation and budgetary control, Financial Budget Intelligence (FBI); Appropriately trained Finance Team (capacity and capability) Budget holder training and other business training tools; Executive groups and structures established to deliver statutory duties	**1st line:** Budget-holder compliance with SO's, SFI's and Financial Control Procedures; monthly budget monitoring and forecasting; delegated-budget reporting; Day 5 financial reviews; and divisional financial-performance meetings. **2nd line:** Monthly Finance Performance Reports and Welsh Government monitoring returns; F&PC scrutiny; Executive oversight; and financial governance reporting to the Audit, Risk and Assurance Committee. **3rd line:** Audit Wales Review of Cost Savings Arrangements, 2025, Structured Assessment 2025, including follow-up of the Review of Cost Savings Arrangements, Internal Audit Annual Report 202- Reasonable.	**Effective**	• Audit outcomes for 2025/26 not available at time of update (Oct 26)	• Record the 2025/26 audit outcomes and identify, implement and track outstanding management actions arising from relevant audit recommendations.	**Reasonable**
Savings Delivery through the Value & Sustainability Board (VSB) *Preventative control* V&SB workstreams and divisional programmes, savings delivery and monitoring arrangements, opportunities pipeline, Pre-Investment Panel and cost intervention procedures.	**1st line:** Divisional savings plans, scheme-level RAG ratings, monthly delivery monitoring, validation of savings and recovery action for underperforming schemes. **2nd line: V**SB oversight; monthly Finance Performance Reports; F&PC scrutiny; and Executive review of unidentified or high-risk savings. **3rd line:** Internal Audit Financial Sustainability (2024/25) – **Reasonable** (Sept 2025).	**Effective**	• The scale and recurrence of savings may be insufficient to reduce the underlying deficit at the required pace	• Deliver the savings plan, increase recurrent savings and address underperforming schemes.	**Reasonable**

Medium-Term Financial Planning and Recovery Arrangements *Preventative control* Delivery of 3-year Financial Recovery Plan, Executive Group and structures	**1st line:** V&SB oversight **2nd line:** Board and F&PC oversight of the recovery plan. **3rd line:** Monthly financial monitoring returns and Enhanced Monitoring (TI) meetings with Welsh Government.	**Effective**	• The Financial Recovery plan has not yet been achieved, and recurrent financial balance remains dependent on substantial savings, control of emerging pressures and sustained service transformation. • There is insufficient evidence that service transformation and productivity programmes are delivering recurrent benefits at the scale and pace required to reduce the underlying deficit.	• Deliver the Financial Recovery plan via V&SB, Executive Committee and monitored by the Board.	**Reasonable**
Financial Accountability and Escalation *Preventative and corrective* Performance & Accountability Framework, financial escalation meetings, budget holder recovery deep dives and existing Grip & Control self-assessment arrangements.	**1st line:** Regular AFD meetings and budget holder deep dives. **2nd line:** Performance escalation meetings; Board briefing sessions on the financial position; F&PC scrutiny, with additional meetings convened where required. **3rd line:** WG Enhanced Monitoring arrangements.	**Partially Effective**	• Mitigating actions need delivery	• Constant focus on delivery of the Financial Recovery plan.	**Reasonable**

Further Actions to Improve Control Effectiveness *What actions are required to strengthen existing controls or reduce the risk exposure to either within target or risk appetite?* *(Short, Medium, and Long-Term Plans need to be included)*	**Further Actions to Reduce Impact** *What actions are required to limit the consequences for patients, staff and the organisation if the threat materialises?* *(Short, Medium, and Long-Term Plans need to be included)*
Short term (0–12 months) • Identify and deliver the remaining £6.9 million mitigation. • Deliver the £44.9 million savings plan and increase recurrent savings. • Control additional in-year cost pressures. • Align service, workforce and financial plans. • Strengthen benefits realisation from service transformation.	**Short term (0–12 months)** • Apply quality and equality impact assessments to material recovery schemes where patient care is impacted. • Protect patient safety, statutory services and critical workforce capacity. • Monitor cumulative service, workforce and quality impacts. • Ensure safety is a maintained as a zero-tolerance principle.
Medium term (12–24 months) • Deliver medium-term recovery milestones. • Reduce the underlying recurrent deficit. • Replace non-recurrent savings with sustainable improvements. • Implement further Value and Sustainability opportunities.	**Medium term (12–24 months)** • Evaluate the effects of implemented recovery schemes. • Revise schemes where delivery is not being achieved. • Identify further savings
Long term (24–36 months) • Achieve and sustain recurrent financial balance. • Maintain an approved and deliverable long-term plan.	**Long term (24–36 months)** • Embed quality, workforce and benefits monitoring in financial savings plans.
Further Controls to be Implemented • No separate additional controls have been identified at this stage. Planned work focuses on strengthening existing arrangements and completing the improvement actions set out above.	
Longer-term capital dependency • No direct capital dependency has been identified for the operation of the financial-control framework. However, some productivity, transformation and service-redesign opportunities may require capital or invest-to-save funding.	

RISK APPETITE	**TRANSFORMATION & INNOVATION - Programme delivery, implementation and benefits realisation / Progressive / Score 16 or below**			**Publication Status**	**Open**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**				
IMTP	**Section 3: System Change – Prevention & Population Health; Section 2: Drivers – Performance Expectations**				
Linked Corporate Risks	**CRR 010, 017**				
SRR 014 A *(Risk Event)*	**There is a risk that the Health Board does not deliver the service change set out in its strategy and plans, at the scale and pace needed to keep services sustainable.**				
Threat *(As a result of / Due to)*	**Due to strategic plans not being sufficiently informed by population need, health inequalities and socio-economic conditions, or supported by credible demand forecasting, workforce, financial and delivery assumptions.**				
Impact *(Consequences of the threat)*	**Patient and Population** • Increased patient acuity levels, avoidable illness and preventable admissions • Worsening of health inequalities. • Worsening of health outcomes.	**Staff** • Increased clinical complexity • Increased workload and skills requirements		**Organisation** • Increased demand. • Failure to train teams in multi-morbidity management. • Failure to comply with the Well-being of Future Generations (Wales) Act. • Reputational damage and loss of public confidence.	
Lead Executive Director	Director of Strategy, Planning and Partnerships	**Risk Scoring Guidance**	**Current Level**	**Target Level**	**Trajectory of the risk** **Stable**
Delegated Committee of the Board	Partnerships, Public Health and Planning Committee	**Likelihood**	2 (Unlikely)	2 (Unlikely)	
Initial Date of Assessment	June 2023	**Impact**	4 (Major)	3 (Moderate)	
Last Reviewed	October 2026	**Risk Score**	**8 (Moderate)**	**6 (Moderate)**	
Next Review (Six-monthly based on current risk score)	April 2027	The current risk score is **WITHIN** the Appetite Threshold. The Target score to be achieved is **WITHIN** the Appetite Threshold.			

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	**Assurance Evidence** *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	**Control Effectiveness**	**Gap In Assurance**	**Further Action to Address Gaps in Assurance**	**Assurance Rating**
IMTP Planning and Delivery Framework *Preventative control* Gwent 35 Strategy, Integrated Medium Term Plan and Annual Plan with associated KPIs and delivery and outcomes reporting.	**1st line:** Annual Plan delivery plans, milestones, measures and programme reports, Gwent Joint Strategic Assessment, **2nd line:** IMTP delivery and outcomes reporting to Committees and Board **3rd line:** Internal Audit Annual Plan/IMTP - **Reasonable**	**Partially Effective**	• Effectiveness of plans in delivering improvement is not yet evidenced.	• Report IMTP milestone delivery and Planning Maturity Matrix progress to Board.	**Reasonable**
Population Health Intelligence and Needs Assessment *Preventative control* Population Needs Assessment and Area Plan (RPB), Public Health Wales surveillance and population health management segmentation.	**1st line:** Public Health Wales surveillance data. **2nd line:** RPB reporting to Board and the Committee. **3rd line:** No independent assurance identified.	**Partially Effective**	• Area Plan is being refreshed and population health management remains at test-and-learn stage.	• Report refreshed Area Plan and population health management evaluation to Committee. Strengthen demand forecasting and demonstrate how intelligence changes decisions	**Limited**
Gwent Marmot Region Programme – Tackling Inequalities *Preventative control* Gwent Marmot Region programme to address the social determinants of health, Annual Plan delivery plans, milestones, measures and programme reports.	**1st line:** Programme activity, inequalities impact assessments and delivery measures. **2nd line:** Health Board wide Prevention Programme Board, RPB and PPHPC reporting **3rd line:** No independent assurance identified.	**Partially Effective**	• Outcome measures not regularly reported	• Ensure RPB Annual Delivery Plan 27/28 includes clear, system wide deliverables and report performance against these	**Limited**

Further Actions to Improve Control Effectiveness *What actions are required to strengthen existing controls or reduce the risk exposure to either within target or risk appetite? (Short, Medium, and Long-Term Plans need to be included)*	**Further Actions to Reduce Impact** *What actions are required to limit the consequences for patients, staff and the organisation if the threat materialises? (Short, Medium, and Long-Term Plans need to be included)*

Short term (0–12 months) • Area Plan being refreshed through the RPB. • Population health management – test and learn using segmentation and risk stratification with linked data to target resource. • Establish Prevention Programme Board in the Health Board with regular reporting of outcomes	**Short term (0–12 months)** • Strengthen equality and health-impact assessment of service changes. • Use community insight and lived experience to test whether access routes and interventions are equitable.
Medium term (12–24 months) • Integrate demand forecasting, population outcomes and inequalities into annual planning and resource allocation. • Develop place-based dashboards showing variation in access, experience and outcomes. • Commission independent evaluation of priority prevention programmes	**Medium term (12–24 months)** • Scale interventions that demonstrate improved access or outcomes and stop or redesign those without evidence of impact. • Align workforce and service capacity to forecast need by place and population group
Long term (24–36 months) None identified	**Long term (24–36 months)** None identified
Further Controls to be Implemented At present, no additional controls have been identified. The focus is on strengthening the effectiveness, consistency, and maturity of existing preventative and recovery controls.	
Longer-term capital dependency • No capital dependency identified.	

RISK APPETITE	**SERVICE DELIVERY & PERFORMANCE: Performance improvement, productivity, pathways and service redesign / Measured / Score 12 or below**			**Publication Status**	**Open**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**				
IMTP	**Section 3: System Change – Prevention & Population Health; Section 2: Drivers – Performance Expectations**				
Linked Corporate Risks	**CRR 004, 006, 008, 011, 012, 017, 024, 026, 027, 034, 036, 037**				
SRR 014 B *(Risk Event)*	**There is a risk that the Health Board does not deliver the service change set out in its strategy and plans, at the scale and pace needed to keep services sustainable.**				
Threat *(As a result of / Due to)*	**Due to service models that are not sufficiently integrated, affordable, resilient to workforce pressures or aligned with changing population need and demand.**				
Impact *(Consequences of the threat)*	**Patient** • Increased demand. • Increased patient acuity levels. • Worsening of health inequalities. • Worsening of health outcomes.	**Staff** • Increased workload. • Skills not aligned to new models. • Reduced recruitment, retention and engagement.		**Organisation** • Failure to train teams in multi-morbidity management. • Failure to comply with the Well-being of Future Generations (Wales) Act. • Reputational damage and loss of public confidence.	
Lead Executive Director	Director of Strategy, Planning and Partnerships	**Risk Scoring Guidance**	**Current Level**	**Target Level**	**Trajectory of the risk** **Stable**
Delegated Committee of the Board	Partnerships, Public Health and Planning Committee	**Likelihood**	2 (Unlikely)	2 (Unlikely)	
Initial Date of Assessment	June 2023	**Impact**	4 (Major)	3 (Moderate)	
Last Reviewed	October 2026	**Risk Score**	**8 (Moderate)**	**6 (Moderate)**	
Next Review (Six-monthly based on current risk score)	April 2027	The current risk score is **WITHIN** the Appetite Threshold. The Target score to be achieved is **WITHIN** the Appetite Threshold.			

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	**Assurance Evidence** *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	**Control Effectiveness**	**Gap In Assurance**	**Further Action to Address Gaps in Assurance**	**Assurance Rating**
IMTP Strategic Programmes and Service Planning *Preventative control* Clear strategy in Gwent 35, IMTP and associated KPIs, Strategic Transformation Programmes	**1st line:** Validated Performance information, Programme and service plans, business cases, delivery milestones and benefits **2nd line:** IMTP delivery and outcomes reporting to Board; Transformation Programmes reporting to the Committee. **3rd line:** Internal Audit IMTP Planning (2023/24) – **Reasonable;** IMTP Service Plans (2024/25) – Reasonable.	**Partially Effective**	• The Clinical Services Plan and supporting delivery architecture are still developing; individual service plans do not consistently evidence integrated clinical, workforce, financial, estate, digital and benefits assumptions	• Complete the Clinical Services Plan; establish minimum planning standards and integrated gateway assurance; report delivery, dependencies, benefits and exceptions to Committee.	**Reasonable**
Fragile Services and Regional Planning *Recovery control* South East Wales plan for fragile services via a regional Clinical Services Plan and Health Board Clinical Services Plan	**1st line:** Service-level information on service stability and risks. **2nd line:** Regional planning reporting to the PPHP Committee. **3rd line:** Internal Audit Partnership Arrangements (2024/25) – **Limited.**	**Partially Effective**	• SEW Clinical Services Plan still in development; • Limited Assurance audit recommendations open.	• Complete SEW fragile services plan and enhanced LGH model review; • Implement and close audit recommendations.	**Limited**
Population Needs-Led Service Design *Preventative control* Population Needs Assessment and Area Plan (RPB), Public Health Wales surveillance and population health management.	**1st line:** Public Health Wales surveillance data (COVID, flu and other communicable diseases) and Joint Strategic Assessment and Indicator Framework **2nd line:** RPB reporting to Board and the Committee. **3rd line:** No independent assurance identified.	**Partially Effective**	• Outdated Area Plan; • Population health management at test-and-learn stage.	• Report how the refreshed Area Plan and population segmentation are shaping service models.	**Limited**

Further Actions to Improve Control Effectiveness *What actions are required to strengthen existing controls or reduce the risk exposure to either within target or risk appetite? (Short, Medium, and Long-Term Plans need to be included)*	**Further Actions to Reduce Impact** *What actions are required to limit the consequences for patients, staff and the organisation if the threat materialises? (Short, Medium, and Long-Term Plans need to be included)*
Short term (0–12 months) • Area Plan being refreshed through the RPB. • Population health management – test and learn using segmentation and risk stratification with linked data to target resource. • Identify fragile services and ensure interim safety and continuity plans are current.	**Short term (0–12 months)** • Development of the SEW plan for fragile services. • Review of enhanced local general hospital service models to ensure sustainable quality services. • Update of the Clinical Services Plan

Medium term (12–24 months) • Annual review of organisational strategy and progress against the outcomes • Use post-implementation review to stop, adapt or scale changes.	**Medium term (12–24 months)**
Long term (24–36 months) Review the effectiveness of revised performance and assurance arrangements and embed continuous improvement processes.	**Long term (24–36 months)** • Embed organisational learning from recovery interventions and improvement programmes across the Health Board.
Further Controls to be Implemented At present, no additional controls have been identified. The focus is on strengthening the effectiveness, consistency, and maturity of existing preventative and recovery controls.	
Longer-term capital dependency • No capital dependency identified.	

RISK APPETITE	**SERVICE DELIVERY & PERFORMANCE: Performance improvement, productivity, pathways and service redesign / Measured / Score 12 and below**		**Publication Status**	**Open**
GWENT 35 STRATEGY	**Better Health – Better Care – Better Lives**			
IMTP	**Section 2: Drivers – Performance Expectations; Section 3: System Change (relevant to all); Section 4: Enabler – Workforce & Culture**			
Linked Corporate Risks	**CRR 011, 027, 030, 033**			
SRR 014 C *(Risk Event)*	**There is a risk that the Health Board does not deliver the service change set out in its strategy and plans, at the scale and pace needed to keep services sustainable.**			
Threat *(As a result of / Due to)*	**Due to improvement plans not delivering the required change at the necessary pace, compounded by inconsistent performance management, accountability and timely intervention.**			
Impact *(Consequences of the threat)*	**Patient** • Unintended patient harm. • Negative public/patient experience.	**Staff** • Reduced staff morale leading to potential absence from work.		**Organisation** • Loss of patient/public trust and confidence. • Scrutiny from external organisations. • Adverse publicity. • Punitive actions. • Financial implications.
Lead Executive Director	Director of Strategy, Planning and Partnerships	**Risk Scoring Guidance**	**Current Level**	**Target Level**
Delegated Committee of the Board	Finance and Performance Committee	**Likelihood**	3 (Possible)	2 (Unlikely)
Initial Date of Assessment	April 2024	**Impact**	4 (Major)	4 (Major)
Last Reviewed	October 2026	**Risk Score**	**12 (High)**	**8 (Moderate)**
Next Review (Quarterly based on current risk score)	January 2027	The current risk score is **WITHIN** the Appetite Threshold. The Target score to be achieved is **WITHIN** the Appetite Threshold.		**Trajectory of the risk** **Stable**

Key Strategic Control *(Type of control Preventative / Recovery reducing the likelihood/ impact of the threat)*	**Assurance Evidence** *(Assurance Mapping across the Three Lines Model that evidences the controls are effectively managing the risk.)*	**Control Effectiveness**	**Gap In Assurance**	**Further Action to Address Gaps in Assurance**	**Assurance Rating**
Performance Management and Accountability Framework *Preventative control* Framework revised and approved in 2025, with Executive and Divisional Director accountability letters and monthly divisional assurance meetings.	**1st line:** Divisional Management Teams; monthly/fortnightly divisional oversight meetings. **2nd line:** Reporting via Executives to F&PC; End of year and mid-year reviews and Executive Committee. **3rd line:** Internal Audit 2024/25: Divisional Governance Arrangements: **Reasonable**, Performance and Accountability Framework: **Reasonable**; Head of Internal Audit opinion 2025/26 – **Reasonable**; Audit Wales Structured Assessment 2025.	**Partially Effective**	• Findings of the PM&AF review launched in Q4 not yet reported. • System-wide effectiveness of the Framework	• Sign off framework adjustments; • Report PM&AF review findings; • Year-end reassessment of divisions and audit outcome to F&PC.	**Reasonable**
Escalation and Intervention *Recovery control* Internal escalation triggers with improvement plans, fortnightly oversight and deep dives, aligned to the national Escalation Framework.	**1st line:** Escalation meetings and deep dives. **2nd line:** Executive Committee; Planning and Finance monthly touchpoints. **3rd line:** Welsh Government and NHS Executive external scrutiny under the revised (Sept 26) Escalation Framework.	**Partially Effective**	• Findings from directorate reviews linked to escalation status not yet reported; • No evidence that escalation is reducing the number of escalated measures.	• Report directorate review findings and movement in escalated measures to F&PC, and progress against the Welsh Government de-escalation criteria to F&PC quarterly.	**Reasonable**
Corporate Performance Capacity and Insight *Preventative control* Strengthened corporate performance team, business partnering and analytical support.	**1st line:** Standardised divisional assurance templates. **2nd line:** Established reporting to Executive Committee, F&PC and Board. **3rd line:** Audit Wales Structured Assessment 2025	**Partially Effective**	• No evidence yet that strengthened capacity is improving delivery against trajectories. • Data quality issues in some performance measures.	• Track improvement against agreed trajectories and IMTP/Ministerial expectations in F&PC reporting. • Report closure of data quality actions to F&PC.	**Limited**
System-Wide Quality and Performance Oversight *Recovery control* System Leadership Team and cross-divisional working, with reporting to Quality, People and Patient Safety committees.	**1st line:** Cross-divisional monthly meetings. **2nd line:** Reporting to Quality Management Group, P&CC and PQSO Committee. **3rd line:** HIW inspections; Llais feedback; Audit Wales Structured Assessment 2025	**Partially Effective**	• No consolidated view of external inspection findings against improvement plans. • Redevelop the Quality Outcomes Framework report	• Include external inspection findings in quarterly performance assurance reporting. • Implement the Audit Wales recommendations on tracking HIW and Ombudsman recommendations and on the Quality Outcomes Framework report.	**Reasonable**

Delivery of Improvement and Recovery Plans *Preventative control* Transformation programmes and the refreshed Value and Sustainability Programme, with Executive ownership and programme plans setting out outcomes and benefits.	**1st line:** Programme boards and divisional delivery plans. **2nd line:** Annual Governance and Performance Report **3rd line**. Internal Audit Financial Sustainability (2024/25), Waiting List Management (2024/25) Reasonable: Job Planning (2024/25) Limited; Audit Wales Structured Assessment 2025:	**Partially Effective**	• Delivery is uneven: Planned Care recovery is strong, but urgent and emergency care, cancer and community services are below plan. • Programme plans with defined benefits not yet complete for all transformation programmes.	• Complete programme plans with benefits for all transformation programmes, and report delivery against the 2026/27 plan by priority area (urgent and emergency care, cancer, planned care) to F&PC.	**Limited**

Further Actions to Improve Control Effectiveness *What actions are required to strengthen existing controls or reduce the risk exposure to either within target or risk appetite? (Short, Medium, and Long-Term Plans need to be included)*	**Further Actions to Reduce Impact** *What actions are required to limit the consequences for patients, staff and the organisation if the threat materialises? (Short, Medium, and Long-Term Plans need to be included)*
Short term (0–12 months) • Undertake a 6-month review of Performance Management and Accountability arrangements aligned to the national framework. • Revise and implement standardised (pre-populated) Divisional Assurance Templates as part of the Performance Management Framework review. • Introduce focused performance agendas targeting areas of concern, working in partnership with Business Partners. • Ensure appropriate business partnering and analytical support is available to Divisions. • Complete Programme Plans for all Transformation Programmes, with clearly defined outcomes and benefits. • Utilise deep-dive reviews and escalation processes to support timely intervention and improvement.	**Short term (0–12 months)** • Commission external reviews where required to support recovery and improvement in areas of significant concern • Level 4 action plans: deliver the targeted intervention action plans and report progress to Board after each bi-monthly escalation meeting.
Medium term (12–24 months) • Align internal performance management mechanisms with national escalation arrangements. • Realign organisational capacity and/or redefine roles and responsibilities in line with revised escalation triggers.	**Medium term (12–24 months)** • Develop a structured improvement and recovery framework informed by internal and external reviews.
Long term (24–36 months) • Review the effectiveness of revised performance and accountability arrangements and embed continuous improvement processes.	**Long term (24–36 months)** • Embed organisational learning from recovery interventions and improvement programmes across the Health Board.
Further Controls to be Implemented • Consolidated tracker of external inspection and Ombudsman recommendations.	
Longer-term capital dependency • No capital dependency identified.	

LLAIS

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

Llais Gwent Region

Report for Aneurin Bevan University Health Board, Public Board Meeting.

November 2026



Accessible formats

This document is also available in Welsh. If you would like it in another format or language, contact us at gwentregion@llaiscymru.org or on 01633 838516.

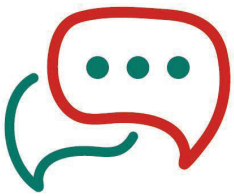
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About Llais

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

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

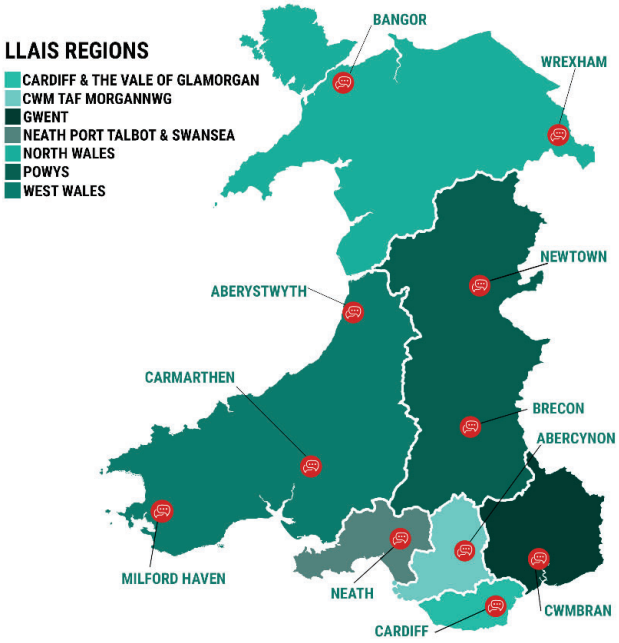
We seek out both good and bad stories so we understand what works well and how services may need to get better. And we look to particularly talk to those whose voices are not often heard.

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

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

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

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



Introduction

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

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

While remaining independent, we want to also work collaboratively with health and social care decision-makers. We will bring them rich data, including people's views, concerns and real experiences, sharing what works and what doesn't to help them in the drive to make services better.

We'll also make representations to health boards and local authorities; contribute to groups and boards; respond to formal consultations and publish reports on the issues that matter most to the people of Wales.

We also want to work with national initiatives and with other organisations, including community groups, who are concerned with health and social care. We particularly want to work with those who can help us hear from those whose voices are seldom heard.

Our Strategic Focus 2026-27



We will continue to work to deliver the 5 priorities set out in our Strategic Plan:

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

This year, we will focus on[1]:

- Engaging effectively with people in communities with poorer health and wellbeing, and children and young people.
- Learning from complaints and lived experience, to make meaningful representations that lead to positive change.
- Demonstrating change through follow-up and reporting.
- Embedding the People's Principles as a public accountability standard that's used to frame the way services are planned, designed and delivered.

Alongside these priorities, we will continue to deliver our core statutory functions and day-to day work, listening to people across Wales. This includes supporting people to have their voices heard through our enquiries and complaints advocacy services, gathering insight through engagement and lived experience, and working with partners and communities to ensure that people's views inform decisions about health and social care. Equity, diversity and inclusion will continue to underpin all of our work. We will deliver the commitments set out in our Strategic Equality Plan so that no one is left behind, and that the voices of people whose experiences are often heard less are reflected in our engagement, insight and influence.

[1] https://www.llaiswales.org/news-and-reports/reports/llais-annual-plan-2026-2027

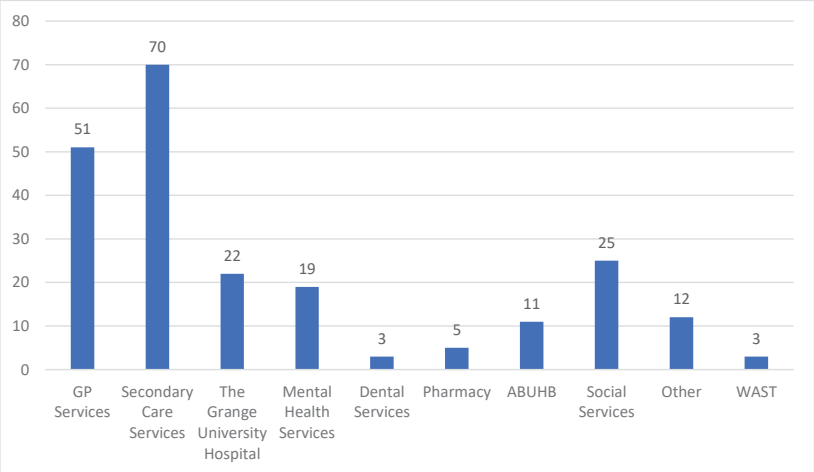
Local Insights and Engagement

- **Gwent Advocacy Service**

September - October 2026

During this reporting period, 218 people contacted the Llais Gwent advocacy service for support. Of these, 132 remain active, comprising 37 enquiries, 41 formal complaints and 46 potential complaints currently being assessed or supported.

A further 86 cases were closed, resolved through “early point of contact” including information, advice and signposting.



July-August vs September-October 2026

During September and October, the Advocacy Service recorded 218 contacts, compared with 188 contacts during July and August, representing an increase of 16%. Advocacy activity remains focused on supporting people experiencing difficulties accessing services, concerns about communication, delays in care and treatment, and quality of care concerns.

Key changes observed during July and October included:

- **GP Services** concerns increased from 44 to 51 cases, with recurring themes relating to referrals, appointment availability, diagnosis, communication and not feeling listened to.
- **Secondary Care Services** remained the largest area of concern, although contacts reduced slightly from 76 to 70 cases. Long waiting times, delays in treatment, communication issues, discharge concerns and access to specialist services continued to feature prominently.

- **Mental Health Services** concerns reduced slightly from 23 to 19 cases, but issues relating to Autism and ADHD assessments, access to support, and care transitions remained.
- **Social Services** concerns increased from 12 to 25 cases, with people reporting concerns about care planning, safeguarding, relationships with social workers and the quality of support received.
- Concerns relating to The Grange University Hospital increased from 4 to 22 cases, with people raising issues around waiting times, communication, bed availability and patient experience.

Overall, the themes remain consistent with previous reporting periods, with delays in accessing care, communication issues, service coordination and feeling listened to continuing to drive demand for complaints advocacy support.

Listening, Learning and Improving Care Spotlight

At a time when access to GP services and effective communication with healthcare providers continue to be concerns raised across Wales, this case demonstrates the value of supporting individuals to have their voices heard. While system-wide challenges remain, small but meaningful changes can make a significant difference to people's experiences. Through independent advocacy, clients are empowered to raise concerns constructively, services are supported to listen and learn, and positive improvements can be achieved that benefit both individuals and the wider healthcare system.

The Complaints Advocacy Service supported client in raising concerns about their experience with their GP Practice. Living with a long-term health condition, they felt that their communication needs were not always being recognised or accommodated, leaving them feeling unheard and frustrated during interactions with healthcare services.

With complaints advocacy support, the client was able to share their experiences, explain the impact the situation had on them, and navigate the complaints process with greater confidence. The advocate worked alongside the client to ensure their concerns were clearly communicated and that their voice remained at the centre of discussions with the GP Practice.

Importantly, the GP Practice listened to the client's concerns, engaged positively with the complaint, and demonstrated a willingness to learn from the experience. As a result, meaningful changes were agreed, including improvements to communication arrangements, the introduction of reasonable adjustments, and enhancements to record management practices to better reflect the client's individual needs.

These changes have helped the client feel more understood, respected, and supported when accessing healthcare services, while also strengthening the Practice's ability to provide person-centred care in the future.

This case highlights the value of Independent Complaints Advocacy in helping people to have their voices heard and their experiences acknowledged. It also demonstrates how a constructive complaints process, where services listen and respond positively, can lead to meaningful improvements that make a real difference to people's healthcare experiences.

- **Llais publishes findings on the impact of the pause to gender-affirming surgery in Wales**

Llais has published a report highlighting the experiences of people affected by the pause to gender-affirming surgeries, surgical assessments and new referrals through the Welsh Gender Service. People told us about the significant impact the pause has had on their mental health and wellbeing, the distress of cancelled surgeries, uncertainty about what happens next, and concerns about communication throughout the process. Many described feeling “in limbo” while waiting for information about their care and called for clearer communication, greater transparency about the review process, emotional support, and involvement in decisions affecting them. Llais has shared these findings with the NHS Wales Joint Commissioning Committee (NWJCC) and will continue to raise the concerns and questions of those affected while seeking assurances around communication, support and future access to care.

Further information is available in the full article.

- **Children and Young People**

During this reporting period, we engaged with 900 young people who consistently highlighted long waiting times, difficulties accessing mental health, GP and dental services, and feeling unheard when seeking support. They told us they want services that are easier to access, more responsive, and designed around their needs, with greater emphasis on listening, trust and early support.

Key Themes:

Access and Waiting Times

- Long waits for GP, hospital, CAMHS and dental appointments.
- Difficulty accessing support before reaching crisis point.
- Desire for more local, flexible and youth-friendly services.

Mental Health Support

- Strong demand for more mental health provision.
- Concerns that support is difficult to access and comes too late.
- Young people want earlier intervention and more trusted adults to talk to.

Being Heard and Taken Seriously

- Young people want professionals to listen and believe them.
- Several examples of feeling dismissed or not taken seriously.
- Importance of trust, privacy and confidentiality.

Awareness and Communication

- Better promotion of services and support is needed.
- Preference for a mix of face-to-face, digital and anonymous ways to seek help and provide feedback.

"I had to wait till in crisis with drug addiction and alcohol – dropped out of school in year 10, didn't get help for 18 months. Now 8 months clean, CAMHS saved me but took too long."

"Having been through the care setting, there is not enough support. You already feel lonely and upset, yet no one wants to listen."

"Actually listen to us and what we're saying."

"What happens when you leave school? I will tell you – you are left alone and any progress you have made is erased. The gap between child and adult services is poor for MH."

- **Urgent and Emergency Care**

Between 13 October and 1 November, Llais went live with The Urgent and Emergency Care online survey and started a series of engagement visits within the Adult and Paediatric Emergency Departments to gather feedback directly from patients, families and carers. The project explores people's experiences before attending the Emergency Department, reasons for attendance, access to alternative services, and experiences of care, communication and coordination within the department.

The project has been designed as a phased patient experience programme aligned to concerns Llais are hearing. This will form independent insight and help assess whether changes being implemented via the UEC Programme Board are making a meaningful difference for people accessing urgent and emergency care services.

The initial engagement phase will provide a baseline understanding of patient experiences ahead of winter pressures. We will plan for further winter engagement activities, including targeted conversations and focus groups, to explore emerging themes in greater depth during periods of anticipated increased demand.

"I was moved between different bays and required to try and sleep in the walkways."

"The whole service needs to be reviewed in terms of how waiting times can be reduced. I have seen so many poorly people leave A&E as they can no longer wait."

"The staff try their best, but the system is broken."

"Staff were compassionate and worked quickly to help me. The medical team on both A&E resus and Respiratory High Care were amazing."

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

LLAIS GWENT
Urgent and Emergency Care
People's Experience Dashboard

Your experience. Your voice. Helping shape care in Gwent

At a glance
- 17 lived experiences shared
- 16 on-site engagement at both Adults and Children's Emergency Departments

Total responses

295

Respondents by area
- Blaenau Gwent = 21
- Caerphilly = 69
- Monmouthshire = 51
- Newport = 53
- Torfaen = 99
- Other = 2



Most reported issues
- Long waiting times
- Communication and information sharing
- Access to GP and urgent care services
- Feeling listened to
- Repeating information between services

What was the main reason you came to the Emergency Department?
- Advised by a healthcare professional = 141
- Felt condition was an emergency = 71
- Worried symptoms were serious = 69
- Brought by ambulance = 16
- Already tried another service = 7
- Couldn't get help elsewhere = 4
- Unsure where else to go = 4
- Other = 15

Access to care before reaching the Emergency Department

Many people described challenges obtaining the right care before attending the ED, including:
- Difficulty securing GP appointments
- Long waits for NHS 111 callbacks or clinical advice
- Being referred between multiple services before receiving treatment
- Attending Minor Injury Units or other services which were unable to meet their needs, resulting in onward referral to the Emergency Department

Waiting times

People described:
- Waiting 10–24+ hours to see a doctor
- Long waits for investigations and test results
- Spending prolonged periods in chairs, corridors and waiting areas
- Delays despite being referred by health professionals

"Sat in a chair for 21 hours whilst receiving IV antibiotics. No beds."

Communication & Information Sharing

People frequently reported:
- Repeating their story multiple times
- Receiving conflicting information
- Lack of updates during long waits
- Poor communication between services

"Every doctor you see you have to re-explain yourself. There is no continuity of care."

Reporting Period
13.10.26 – 03.11.26

- **Gwent Summary (April – October)**

The information below provides summary highlights of how peoples experiences and feedback have been amplified across Gwent during April – October 2026 through engagement, advocacy, representations and strategic influencing activities, providing valuable insight to support service improvement and decision making.

2474
People engaged

Amplified Citizen Experiences

Engaged with **2474** people across community events and outreach, ensuring lived experience continuously informs our work.

We attended:

- Carers groups
- Veterans' groups
- Dementia groups
- Colleges
- Wellbeing events
- Youth networks
- Deaf Communities
- LGBTQIA+ groups
- Population Needs Assessment
- Newport Children's

41
Representations

Citizen Voice Influenced Strategic Decision-making

Raised **41** formal representations with NHS/Social Care Providers on issues including:

- GP Access
- Homelessness
- Mental Health services
- Pharmacy access
- Dental portal and Gwent dental Services
- Health inequalities

11
Service changes

Support Service Improvement

Monitored service changes, ensuring public interest were considered during:

- Practice closures
- Relocation of Glyn Ebwy Surgery
- Pharmacy changes
- Mental Health LD Pilot for crisis assessments for 18–65-year-olds
- Pilot Older Person Pathway in the Caerphilly locality
- Mental Health LD pilot for crisis

16
On-site engagements

Listening in healthcare settings

We undertook on-site engagement in a range of care settings to understand people's experiences of accessing urgent and emergency care.

- Children's Emergency Department
- Adults Emergency Department
- Pharmacies
- Hospital settings
- GP

656
Advocacy contacts

Supporting people through Advocacy

During this period **656** people contacted Llais for advocacy, support or advice.

The most consistent themes emerging from advocacy cases relate to:

- Access to services
- Waiting times
- Communication
- Mental health support
- Patient experience

BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY HEALTH BOARD

DATE OF MEETING	**Monday 28th September 2026 at 09:00**
VENUE	**Conference Centre, St Cadoc's Hospital and Microsoft Teams**

PRESENT	Andrew Morgan	Chair
	William Smart	Vice Chair
	Paul Deneen	Independent Member (Community)
	Dafydd Vaughan	Independent Member (Digital)
	Neil Patrick	Independent Member (Community)
	Penny Jones	Independent Member (Community)
	Akmal Hanuk	Independent Member (Third Sector)
	Helen Sweetland	Independent Member (University)
	Helen Cunningham	Independent Member (Local Authority)
	Iwan Jones	Independent Member (Finance)
	Vivek Goel	Independent Member (Trade Union)
	Nicola Prygodzicz	Chief Executive
	Leanne Watkins	Chief Operating Officer
	Tracy Daszkiewicz	Director of Public Health
	Jennifer Winslade	Director of Nursing
	Rob Holcombe	Director of Finance & Procurement
	Paul Solloway	Director of Digital
	Hannah Evans	Director of Strategy, Planning and Partnerships
	Sarah Simmonds	Director of Workforce and OD
	Dr Seema Srivastava	Medical Director
	Peter Carr	Director of AHPs and Health Science
IN ATTENDANCE	Rani Dash	Director of Corporate Governance
	Naomi Murtagh	Head of Board Business
	Lisa Charles	Regional Director, Llais Cymru
	Karen Newman	Assistant Director of Communication & Engagement
	Thoko Owino	Aspiring Board Member



APOLOGIES		

	PRELIMINARY MATTERS
ABUHB 2809/01	**Welcome and Introductions** The Chair welcomed everyone to the meeting, in particular members of the public who had joined the meeting to observe. It was noted that the meeting would be livestreamed and published on the Health Board's website following the meeting.
ABUHB 2809/02	**Declarations of Interest for Noting** There were no declarations of interest raised.
ABUHB 2809/03	**Consent Agenda** The Chair introduced the Consent Agenda and asked if there were any items to be brought forward for discussion. There were no requests made.
ABUHB 2809/04	**Update from the Chair** Andrew Morgan (AM), Chair, provided an update on key activities undertaken since the previous Board meeting. • The Chair reported positive progress in finance and urgent and emergency care, recognising the efforts of staff and Executive colleagues in improving ambulance handovers and patient flow. Whilst performance had improved significantly, operational pressures remained. • The Board heard that Welsh Government and NHS Performance and Improvement had recognised the progress made by the Health Board. Encouraging progress had also been made against financial savings targets, although the underlying financial position remained challenging. • The Chair provided an update on development of the national Well-led framework, which sought to strengthen



	consistency around expectations, escalation and de-escalation arrangements across NHS Wales and was expected to be finalised in the coming months. Paul Deneen (PD), Independent Member, sought assurance regarding the alignment of the Well-led framework with compassionate leadership. The Chair advised that discussions had focused on strengthening collaboration, consistency and accountability, and that Well-led reviews could provide valuable assurance when applied appropriately and consistently. The Board **NOTED** the update from the Chair.
ABUHB 2809/05	**Update from the Chief Executive** Nicola Prygodzicz (NP), Chief Executive, provided an update on key organisational priorities and activities, including: • The Chief Executive recognised the efforts of staff in improving urgent and emergency care through delivery of the Rapid Release Protocol and discharge initiatives, which had contributed to improvements in patient flow, ambulance response times and delayed discharges. Performance and quality indicators continued to be monitored to ensure improvements remained sustainable. • The Chief Executive highlighted cancer services as an ongoing priority, noting that the Audit Wales report had recognised increasing demand and activity whilst identifying challenges across a number of tumour sites. Work had continued to inform the development of the future cancer plan. • The Chief Executive reported that additional Welsh Government funding had been identified to support planned care recovery and diagnostic performance. Positive progress in cataract and endoscopy services had been demonstrated during a recent ministerial visit to Nevill Hall Hospital. The Chief Executive and the Chair had also visited Llantrisant Health Park and discussed future opportunities for the development, particularly in relation to orthopaedic services.



	• The Board heard that place-based care remained a key strategic priority, with continued focus on prevention, community support and reducing avoidable hospital attendance. • The Chief Executive reflected on the recent mental health "Let's Do" summit, which had focused on partnership working and service improvement, with three projects identified for further testing over the next 90 days. • The Chief Executive highlighted recent climate awareness activity and the importance of strengthening understanding of the Health Board's environmental responsibilities. The Board also noted recent staff recognition events and congratulated teams shortlisted for Royal College of Nursing and NHS Wales Awards. The Board **NOTED** the update from the Chief Executive.
ABUHB 2809/06	**Cancer Services: Priority Programme & Review End of Strategy** Leanne Watkins (LW), Chief Operating Officer, presented the Cancer Programme Priority Review and Cancer Strategy Evaluation 2020–2025. LW reported continued growth in demand and variable performance between tumour sites. The Board heard that suspected cancer referrals had continued to increase and that, in some areas, demand had grown faster than improvements in diagnostic and treatment capacity. A cancer recovery plan had been developed, with particular focus on lower gastrointestinal and urology pathways, alongside proposals for a Cancer Command Centre to strengthen oversight, patient tracking and pathway management. Board members sought assurance regarding delivery against trajectories, clinical outcomes, screening inequalities, tertiary pathways, research and workforce sustainability. LW advised that weekly reporting had been introduced for tumour sites



	below trajectory and that a pilot Cancer Command Centre had been planned, subject to funding. The refreshed cancer plan would place greater emphasis on measurable outcomes, prevention, personalised care, research and a sustainable workforce. The Board heard that work had continued to improve information sharing with tertiary providers and distinguish delays arising within and outside the Health Board. The Board **NOTED** the contents of the Cancer Programme Priority Review. The Board **NOTED** the contents of the Cancer Strategy Evaluation 2020–2025.
ABUHB 2809/07	**Priority Programme Review: Place Based Care** Tracy Daszkiewicz (TD), Director of Public Health, presented the Priority Programme Review for Place-Based Care. TD advised that Place-Based Care had been positioned as the delivery mechanism for the Gwent 2035 Strategy, supporting a shift towards prevention, proactive support and community-based partnership working. The programme had built upon existing local structures and sought to improve the use of population data and community intelligence to understand inequalities and local need. Board members sought assurance regarding the move from design to delivery, community leadership and engagement, sustainable funding, the targeted use of resources and avoidance of duplication. TD advised that Integrated Services Partnership Boards had supported community and workforce involvement and that capacity and cost models had been developed to identify existing resources and gaps. The Board heard that Welsh Government had confirmed continued support for health and social care integration, although the value and conditions of future funding had not yet



	been confirmed. Members emphasised that responsibility for prevention extended across the Health Board and would need to remain embedded within clinical and strategic programmes. Nicola Prygodzicz (NP), Chief Executive, emphasised that the next phase would require delivery across the 26 identified places, supported by local data and clearly defined outcomes. The Board **NOTED** the context, policy alignment and framing for the Health Board's strategic programme for Place-Based Care and its pivotal role in driving the Gwent 2035 Strategy forward. The Board **NOTED** the progress made to date. The Board **NOTED** the key next steps and further work required.
ABUHB 2809/08	**Integrated Performance Report** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the operational performance position. Improvement had continued in diabetes care, community pharmacy and optometry activity, ambulance handovers and long waits, although diagnostics, orthopaedics, audiology and outpatient follow-ups had remained areas of challenge. Mental health services had continued to perform positively against key standards. Ambulance handover performance had met the relevant de-escalation criteria. However, pathway of care delays had deteriorated during September and would remain a focus of the Urgent and Emergency Care and Winter Plans. Sarah Simmonds (SS), Director of Workforce and Organisational Development, reported that workforce indicators had remained broadly stable, with reductions in high-cost variable pay. Sickness absence had remained a concern and continued to be addressed through local and national interventions.



	Jennifer Winslade (JW), Director of Nursing, reported positive patient experience, improved incident reporting timescales and mortality within the expected range. Further work had remained necessary to improve incident closure and learning and to address gram-negative and Staphylococcus aureus infections. Safeguarding performance had remained strong. Board members sought assurance regarding pathway of care delays, outpatient follow-up arrangements, 12-hour emergency department waits and stroke performance. The Board heard that improvements in ambulance handovers had not displaced risk elsewhere and that work had continued to improve patient flow, staffing models and alternative pathways. Peter Carr (PC), Director of Allied Health Professions and Health Science, confirmed that stroke patients had received the necessary scans, although performance against the 20-minute standard had remained below the required level. Improvement work had continued with radiology and national partners. The Board **NOTED** the progress against key performance metrics using the latest available validated information. The Board **NOTED** the insight and actions identified in the context of performance achievement. The Board **NOTED** the progress against the planned milestones as at Quarter 1.
ABUHB 2809/09	**Month 05 2026/27, Financial Performance Report** Robert Holcombe (RH), Director of Finance and Procurement, presented the Month 05 2026/27 Financial Performance Report. RH reported a year-to-date revenue deficit of £30 million and a forecast year-end deficit of £41.6 million, both in line with plan. Savings of £11 million had been delivered against a planned £6 million within the £45 million savings requirement, although recurrent savings had remained approximately £8 million below requirement.



	The Board heard that all identified savings schemes had been assessed as green or amber, although delivery had remained dependent upon timing and operational circumstances. Approximately £3 million of additional cost pressures had required mitigation, with risks relating to resident doctors, energy, Joint Commissioning Committee savings and winter costs. Board members sought assurance regarding recurrent delivery and further mitigations. RH advised that work had continued to accelerate workforce savings and strengthen controls over variable pay, procurement and non-pay expenditure. The Board **NOTED** the Month 05 2026/27 financial position, including the year-to-date deficit, forecast year-end position and progress against the savings requirement. The Board **NOTED** the financial risks and further mitigating actions required.
ABUHB 2809/10	**Winter Plan** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Winter Plan 2026/27 and learning from winter 2025/26. HE advised that attendances and admissions during the previous winter had increased by approximately 10%, contributing to high bed occupancy, increased pathway of care delays and a critical incident in January 2026. The emerging plan had focused on preventing avoidable admissions, protecting acute capacity, accelerating discharge and strengthening system oversight and escalation. No additional Welsh Government winter funding had been expected at that stage, and available resources had already been substantially committed to existing pressures.



	Board members sought assurance regarding demand modelling, surge capacity, pathway of care delays, trusted assessor(s) and available resources. HE advised that modelling for October 2026 to March 2027 would inform surge arrangements. Trusted assessor(s) had not yet been fully implemented across all sites, while finance, workforce and data sharing had remained key delivery risks. The Board **NOTED** the learning from winter 2025/26 and the development of the Winter Plan 2026/27. The Board **NOTED** the proposed priorities, actions and system-wide arrangements for managing winter demand. The Board **NOTED** the risks associated with workforce capacity, funding, pathway of care delays and delivery of the planned interventions.
ABUHB 2809/11	**Maternity & Neonatal Services Annual Report** Jennifer Winslade (JW), Director of Nursing, presented the Maternity and Neonatal Services Annual Report. JW reported improved early access to antenatal care, perinatal optimisation and infection prevention measures. Compliance with the perinatal optimisation bundle for babies born before 34 weeks had increased to 74%. The rate of hypoxic-ischaemic encephalopathy had reduced, while overall maternity experience had been reported positively by 85% of women. Board members sought assurance regarding medical staffing and the potential impact on service safety and culture. JW advised that challenges had remained within the neonatal resident doctor workforce. Seema Srivastava (SS), Medical Director, confirmed that safe staffing arrangements had been in place and that discussions with Health Education and Improvement Wales had continued. Staff listening had also informed a multidisciplinary improvement plan.



	The Board **NOTED** the Maternity and Neonatal Services Annual Report and the progress made in improving access, quality, safety and patient experience. The Board **NOTED** the continuing workforce challenges within neonatal services and the actions being taken to maintain safe staffing and strengthen the position.
ABUHB 2809/12	**Quality Annual Report** Jennifer Winslade (JW), Director of Nursing, presented the Quality Annual Report and outlined progress made during 2025/26 in strengthening the quality management system and embedding the duties of quality and candour. JW highlighted strengthened governance, wider patient feedback, improved incident oversight and increased quality improvement capability, including improvement staff embedded within divisions and 70 staff trained as improvement coaches. Board members sought assurance regarding sustained impact, consistent implementation, timely closure of incidents and audit actions, unwarranted variation and reliable validated data. JW acknowledged that assurance had remained more limited in these areas and advised that the 2026/27 priorities would focus on avoidable harm, deterioration, clinical effectiveness, accessible care, quality intelligence and measurable improvement. The Board **NOTED** the progress made during 2025/26 in strengthening the Health Board's quality management system. The Board **RECEIVED** the Quality Annual Report for assurance. The Board **NOTED** the areas where assurance had remained limited, particularly where sustained impact, consistent implementation, timely action closure, reduced unwarranted



	variation or reliable validated data had not yet been demonstrated. The Board **SUPPORTED** the priorities identified for 2026/27.
ABUHB 2809/13	**Health, Safety & Fire Annual Report** Peter Carr (PC), Director of Allied Health Professions and Health Science, presented the Health, Safety and Fire Annual Report. PC reported strengthened leadership, governance and compliance during 2025/26. Annual fire risk assessments had been completed, although residual risks associated with the ageing estate, fire compartmentation and alarm systems had continued to require investment and remediation. Violence and aggression had remained a significant workforce risk, particularly in emergency care, mental health and community lone working. Board members sought assurance regarding support and prosecution arrangements. PC advised that case managers had supported staff and liaised with police and prosecution services, although outcomes had depended upon the available evidence and willingness of affected staff to proceed. Manual handling compliance had deteriorated and work had commenced to revise the training model and strengthen local accountability. The Board **NOTED** the Health, Safety and Fire Annual Report and the progress made during 2025/26. The Board **NOTED** the residual risks relating to the ageing estate, manual handling compliance and violence and aggression towards staff. The Board **NOTED** the actions being taken to strengthen compliance, workforce safety and fire safety arrangements.



ABUHB 2809/14	**Welsh Language** Sarah Simmonds (SS), Director of Workforce and Organisational Development, presented the Welsh Language Standards Annual Report. SS highlighted progress in bilingual services, staff language development and community and education engagement. Staff had accessed a range of learning opportunities, including the Codi Hyder programme. The Board received a staff story video presentation featuring a neurological physiotherapist, which demonstrated how Welsh-language learning had increased the confidence and vocabulary required to use Welsh with patients, families and colleagues, particularly when supporting people affected by stroke, brain injury, anxiety or memory difficulties. The Board heard that a physiotherapy pilot would increase the availability of Welsh-language clinical consultations and that further work had been planned to promote Welsh-essential recruitment and Welsh-language healthcare careers. Board members emphasised the importance of embedding the active offer within clinical services as part of quality, communication and person-centred care. The Board **RECEIVED** the Welsh Language Standards Annual Report for assurance. The Board **NOTED** the progress made in strengthening bilingual services and supporting staff to use Welsh within the workplace. The Board **SUPPORTED** the continued development of Welsh language clinical services, staff learning and Welsh-essential recruitment.
ABUHB 2809/15	**Key Matters from Committees of the Board**



	Andrew Morgan (AM), Chair, presented the key matters and assurance reports received from the Committees of the Board and invited the relevant Committee Chairs to highlight any matters requiring further consideration. The Committee Chairs highlighted matters considered at their respective meetings, including areas of assurance, matters requiring continued oversight and issues escalated for the Board's attention. The Board heard that concerns regarding the completeness, currency and quality of consultant job plans had arisen across several areas of assurance and required collective Board consideration. AM confirmed that the Board would hold a closed meeting to discuss these concerns. The Board also noted the continued Committee oversight of financial recovery, urgent and emergency care, cancer performance, digital sustainability and the timely completion of audit and improvement actions. These matters would continue to be monitored through the relevant Committees, with any significant concerns escalated to the Board. The Board **NOTED** the key matters and assurance reports received from the Committees of the Board. The Board **NOTED** the matters requiring continued Committee oversight and further Board consideration.
ABUHB 2809/16	**Risk Management and Assurance Framework** Nicola Prygodzicz (NP), Chief Executive, presented the revised Risk Management and Assurance Framework, Risk Appetite Statement and supporting procedures. NP advised that the documents had been strengthened following feedback from the Audit, Risk and Assurance Committee and wider governance discussions. The Board considered the proposed risk domains and thresholds and



	emphasised the importance of consistent application and alignment between operational, corporate and strategic risks. The Board **APPROVED** the revised Risk Management and Assurance Framework. The Board **APPROVED** the revised Risk Appetite Statement. The Board **NOTED** the supporting procedures and arrangements for implementation.
ABUHB 2809/17	**Strategic Risk Report, September 2026** Nicola Prygodzicz (NP), Chief Executive, presented the Strategic Risk Report for September 2026. NP advised that six strategic risks had remained outside the Board's agreed risk appetite and that work had continued to strengthen alignment with the supporting corporate risk registers. Board members discussed whether cyber should be recorded as a separate strategic risk. The Board heard that cyber risk had been considered by the Audit, Risk and Assurance Committee, incorporated within existing digital and security risks, and would continue to be monitored through Committee and private Board reporting arrangements. The Board **NOTED** the assurance provided that the strategic risks had been appropriately identified, assessed and managed. The Board **NOTED** the six strategic risks that had remained outside the agreed risk appetite. The Board **APPROVED** the transfer of SRR 002A from the Strategic Risk Register to the Corporate Risk Register. The Board **APPROVED** the Strategic Risk Register for September 2026.



ABUHB 2809/18	**Report from Llais, Gwent Region** Lisa Charles (LC), Regional Director, Llais Gwent, presented the report and highlighted recent engagement regarding mental health, urgent and emergency care, Welsh-language services and access to dentistry. The Board heard that engagement with children, young people and communities whose voices had not routinely been represented had continued. Feedback on the 19 Hills Health and Wellbeing Centre had been positive, with suggestions for improved signage, digital access and person-centred arrangements being taken forward. LC advised that Llais had continued to work with the Health Board and primary care to resolve concerns at the earliest opportunity and support individuals through the formal complaints process where necessary. The Board **NOTED** the report from Llais, Gwent Region.
	CONSENT AGENDA
	The Board **APPROVED** the Discretionary Capital Approval Update.
ABUHB 2809/19	The Board **APPROVED** the Draft Minutes of the Health Board Meeting, held on: • **29th July 2026**
	The Board **APPROVED** the Report on Sealed Documents and Chair's Actions.
	The Board **NOTED** the Board Action Log with Updates
	The Board **NOTED** the Emergency Preparedness, Resilience and Response Annual Report.
	The Board **NOTED** the Pharmaceutical Needs Assessment.
	The Board **NOTED** the Executive Committee Chair's report
	The Board **NOTED** the Strategic Partnership Updates: a. Regional Partnership Board b. Public Service Board
	The Board **NOTED** the overview of Joint and Partnership Committee Activity a. NHS Wales Joint Commissioning Committee



	b. NHS Wales Shared Services Partnership Committee
	The Board **NOTED** the Summary of Board Business held In-Committee
	OTHER MATTERS
ABUHB 2809/20	**Any Other Business** Paul Deneen (PD), Independent Member, requested an update on arrangements for monitoring and preventing inappropriate staff access to patient health records. Nicola Prygodzicz (NP), Chief Executive, confirmed that an update had already been scheduled for a future Board meeting. There was no further business raised.
ABUHB 2809/21	**Date of the Next Meeting:** Wednesday 18th November 2026.

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:**	Approval of a Board-Level Assurance Statement for Infection Prevention and Control and Decontamination
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jennifer Winslade – Executive Nurse Director
SWYDDOG ADRODD: **REPORTING OFFICER:**	Moira Bevan – Head of Service Infection Prevention

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

Ar Gyfer Penderfyniad/For Decision

The purpose of this paper is to outline the requirement for a Board-level Assurance Statement for Infection Prevention and Control (IPC) and Decontamination arising from the Welsh Healthcare Associated Infection (HCAI) Board Assurance Framework (March 2026), and to seek endorsement following presentation at the Quality Management Group in September.

The requirement forms part of the expectations within the Welsh HCAI Board Assurance Framework and associated Welsh Government Quality Statement.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Welsh Healthcare Associated Infection (HCAI) Board Assurance Framework requires Health Boards to demonstrate clear Board-level governance, accountability and oversight for Infection Prevention and Control. The Framework includes an expectation that organisations have an Executive Board-level statement outlining collective responsibility for minimising the risks associated with infection, antimicrobial resistance and decontamination, and the controls in place to manage those risks.

Whilst Aneurin Bevan University Health Board (ABUHB)
has established governance, risk management and assurance arrangements for Infection Prevention and Control, a formal Board-level Assurance Statement has



not previously been approved. The proposed statement has therefore been developed to provide explicit Board-level assurance and meet the requirements outlined within the national framework.

Cefndir / Background

The Health Board maintains comprehensive arrangements for monitoring, managing and escalating Infection Prevention and Control risks. Existing governance arrangements include oversight through the Infection Prevention and Antimicrobial Stewardship Group (IPAS), Quality Management Group (QMG), Executive Team and Board reporting structures. These arrangements support surveillance, performance monitoring, risk management, audit activity, outbreak management, organisational learning and compliance with national standards.

The Welsh HCAI Board Assurance Framework identifies twelve standards that organisations should demonstrate to provide assurance regarding Infection Prevention and Control.

Standard 1 requires appropriate governance, accountability structures and management systems to be in place, together with evidence of Board oversight and collective responsibility. The proposed Assurance Statement has been developed to support compliance with this requirement.

Asesiad / Assessment

The Health Board has robust governance arrangements supporting Infection Prevention and Control, decontamination and antimicrobial stewardship. These include:

- Executive leadership and accountability through a named Executive Director.
- Established surveillance and monitoring systems, including ICNET, dashboards and routine reporting.
- Defined escalation, risk management and incident reporting arrangements.
- Oversight of antimicrobial stewardship, water safety and decontamination through established specialist groups and sub committees.
- Routine performance reporting through organisational governance structures, including IPAS, QMG and Board committees.
- Ongoing assurance through audit, accreditation, quality improvement activity and risk management processes.

Approval of the proposed Board Assurance Statement will provide a formal articulation of the Board's collective responsibility for Infection Prevention and Control and demonstrate alignment with the expectations of the Welsh HCAI Board Assurance Framework. It will strengthen organisational assurance and provide clear evidence of Board-level oversight.

Proposed Board Assurance Statement
The Health Board is committed to delivering safe, high-quality care by minimising the risk of healthcare-associated infection, antimicrobial resistance and risks associated with decontamination.



The Board recognises its collective responsibility for ensuring effective systems of governance, assurance and accountability are in place to prevent, identify, manage and mitigate these risks.

The Board through the Patient Quality & Safety Outcomes Committee receives regular assurance via sub committees and their established governance arrangements, including infection surveillance, risk management processes, performance reporting, audit activity, incident reviews and specialist oversight groups. These arrangements support compliance with relevant legislation, national standards, the Welsh HCAI Code of Practice and Welsh Government requirements.

The Board is assured that appropriate governance, leadership, monitoring, escalation and risk management arrangements are in place to support effective Infection Prevention and Control across the organisation and will continue to review assurance and take action where risks, gaps or areas for improvement are identified.

Argymhelliad / Recommendation

The Board is asked to:

- **Note** the requirement within the Welsh Healthcare Associated Infection Board Assurance Framework for a Board-level Assurance Statement.
- **Endorse** the proposed Board Assurance Statement for Infection Prevention and Control and Decontamination.
- **Recommend** the statement for approval, which will be included into 2026/2027 infection prevention annual report.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.4 Infection Prevention and Control (IPC) and Decontamination 2.4 Infection Prevention and Control (IPC) and Decontamination 3.1 Safe and Clinically Effective Care 3.2 Communicating Effectively
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Experience Quality and Safety Choose an item. Choose an item.



Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	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.



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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	11 November 2026
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**Governance Matters: Report on Sealed Documents and Chair's Actions**
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: **REPORTING OFFICER:**	Bryony Codd, Head of Corporate Governance

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

This report is presented for compliance and assurance purposes to ensure the Health Board fulfils the requirements of its Standing Orders in respect of documents agreed under seal and situations where Chair's Action has been used for decisions.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper presents for the Board a report on the use of Chair's Action and the Common Seal of the Health Board between 16th September to 4th November 2026

The Board is asked to note that no documents required the use of the Health Board's seal during the above period.

Chair's Action in Standing Orders requires approval by the Chair, Chief Executive and two Independent Members, with advice from the Board Secretary (the Director of Corporate Governance). All Chair's Actions require ratification by the Board at its next meeting.

Two (2) Chair's Actions were agreed during the period 16th September to 4th November 2026.

Cefndir / Background

1. Sealed Documents

The common seal of the Health Board is primarily used to seal legal documents such as transfers of land, lease agreements and other contracts. The seal may only be affixed to a document if the Board or Committee of the Board has determined it should be sealed, or if the transaction has been approved by the Board, a Committee of the Board or under delegated authority.

Under the provisions of Standing Orders, the Chair or Vice Chair and the Chief Executive or Deputy Chief Executive must seal documents on behalf of the Health Board. No documents were sealed between the 16th September and 4th November 2026.

2. Chair's Action

Chair's Action is defined by the Health Board's Standing Orders as: Chair's action on urgent matters: There may be circumstances where decisions which would normally be taken by the Board need to be taken between scheduled meetings, and it is not practical to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

The Chair's Actions approved between 16th September and 4th November 2026 are summarised below:

Date	Title
25/09/2026	**Provision of an Insourced Echocardiogram Service for Cardiology within ABUHB:** The capacity for undertaking Echocardiogram examinations with the use of substantive staff within the Cardiology Directorate did not meet demand. Funding agreed for the extension on an Insourcing Service via a Direct Award from 15th September 2026 until March 2027 initially, with an option to extend until March 2028 and again for a further year until March 2029. Options to extend will be exercised if funding is secured and the provider's performance is determined to be satisfactory and continues to conform to Provider Selection Regime (PSR) requirements. . **Total Contract Value:** 15th September 2026 – 31st March 2029 = £1,464,183 VAT exempt
09/10/2026	**Planned and Reactive Maintenance, Installation and Commissioning of CCTV, Intruder Alarm and Guardpoint 10 Access Control Systems** A Single Tender Action (STA) was undertaken in October 2025 to amalgamate 3 separate contracts for Maintenance of CCTV, Intruder Alarms and Door Access into one short-term contract to streamline processes and also ease of contract management with one provider. An open market above threshold tender exercise was undertaken and the opportunity was published on Sell2Wales and Find a Tender Service and the tender itself hosted on eTenderWales. Following this the contract was awarded to Imperial Fire & Security. **Total Value of new contract:** Up to £2.5 million exc. VAT across the maximum 10-year term. This is not committed spend and dependant on funding. This has been included to provide flexibility for future requirements. – Approx. £793,270.00 exc. VAT for the planned preventative maintenance, reactive elements, call outs, consultancy etc.

	– £964,203.60 exc. VAT inclusive of parts and equipment list. – Approx. £1,535,796 exc. VAT for any upgrade/capital works.

3. Clinical Negligence Claims

In line with the Scheme of Delegation, all clinical negligence claims over £1m are agreed between the Chair, Chief Executive, and two Independent Members (following recommendation from 2 clinical executives) outside of formal Board meetings. During the period 16th September and 4th November 2026:

Number of Clinical Negligence Claims over £1m	**Total value**
Two	Up to the sum of £25m

Asesiad / Assessment

In endorsing this report the Health Board will comply with its own Standing Orders.

Argymhelliad / Recommendation

The Board is asked to NOTE that no documents have been sealed and to NOTE the Chair's Actions that have been undertaken.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Enabler
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Choose an item. Choose an item. Choose an item. Choose an item.

Strategic Equality Objectives 2020-24	Not applicable to this report

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	None
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. Not applicable to this report

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
ACTION LOG

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
There are no actions outstanding as at 18/11/2026					

All actions in this log are currently active and are either part of the Board's forward work programme or require more immediate attention, such as an update on the action or confirmation that the item scheduled for the next Board meeting will be ready.
Once the Board is assured that an action is complete, it will be removed. This will be agreed at each Board meeting.

Aneurin Bevan University Health Board Key Issues Report			
Board Date:	18 November 2026		
Period of:	03 September 2026 to 30 October 2026	**Report of:**	The Executive Committee
Quoracy met:	N/A		

The Executive Committee meets on a weekly basis and focusses on the breadth of the organisation's business. These formal meetings are supplemented by:

- Informal Executive Team Sessions, which are used to focus on strategic developments, information sharing and Executive Team engagement.
- A weekly formal meeting which enables the Executive Team to oversee implementation of the Board's strategic priorities, take decisions and resolve issues which may be impacting delivery.
- A monthly Executive Committee Performance Meeting, which enables the Executive Team to monitor the Health Board's integrated performance to enable a focus on quality, workforce, activity and financial performance.
- Regular Executive Team development sessions focussing on the effectiveness of the Executive Team and its way of working.

Much of the business of the Executive Committee informs onward reporting to the Board's assurance committees, providing assurance to the Board on the effective management of the organisation and achievement of the Board's strategic objectives. The Executive Committee's business also informs much of the Board's formal meeting agendas, given the Executive Team's responsibility for strategy development and its implementation.

The Workplan of the Executive Committee is based on five key areas to ensure appropriate focus, oversight of the organisation's business, and enable the Chief Executive Officer and Executive Team members to discharge their responsibilities effectively:

- Quality, Safety and Culture
- Delivery, Performance and Efficiencies
- Strategic Planning and Service Development

- Strategic Partnership Arrangements
- Transformational programmes.

During the period 03 September 2026 to 30 October 2026 the following matters were some of the issues considered by the Executive Committee.

1	**Quality, Safety and Culture**	**Maternity and Neonatal Services** The Committee reviewed progress against national maternity and neonatal recommendations and the Pathways to Safer Beginnings programme. No areas were assessed as red, and progress had been made in areas including culture, clinical supervision, family engagement and equality. However, further detail was requested to provide a clearer account of achievements, remaining risks and the measurable impact of the improvement work, including benchmarking where available. The Committee also considered the Third Ockenden Report and noted that its themes were consistent with other maternity and neonatal reviews, particularly in relation to listening to women and families, effective escalation, workforce support, multidisciplinary learning and clear accountability. A Strategic Maternity and Neonatal Group was approved to strengthen strategic oversight, while operational accountability would remain within the existing divisional arrangements. **Quality Performance and Patient Experience** Quality performance remained mixed. Positive patient experience, high levels of incident reporting with low reported harm, and favourable Clostridioides difficile performance were noted earlier in the period. However, delays in some complaints responses and management of harm assessments reduced the organisation's ability to demonstrate timely learning and closure. By the end of October, patient experience scores had deteriorated, particularly within the Emergency Department. The September score was reported as 73, equivalent to 7.3 under the Welsh Government measure, placing the Health Board lowest in Wales within the relevant comparison. Although urgent and emergency care responses were disproportionately represented in the survey, the Committee commissioned further analysis to identify the services and factors driving the deterioration and to improve the balance of responses received.

		Inpatient falls also required renewed attention following three potentially catastrophic falls within the Acute Medical Unit at the Royal Gwent Hospital. Focused multidisciplinary work had commenced, with continued oversight required to demonstrate a measurable reduction in risk. **Patient Safety Incident Action Tracking** The Committee reviewed arrangements for recording and monitoring actions arising from patient safety investigations. At the time of review, 1,563 actions had been recorded on Datix Cymru, of which 87.1% were complete and 202 remained open. Nineteen open actions related to incidents from earlier years and required reconciliation before the associated governance cycle could be closed. The Committee supported the continued use of Datix Cymru as the central organisational record, with a complete and validated record targeted for 31 December 2026 and enhanced reporting arrangements expected by 31 March 2027. It was emphasised that recording actions as complete did not, in itself, demonstrate that risks had reduced or learning had been embedded. Divisions would therefore be required to confirm ownership and assess the quality and effectiveness of completed actions, with a further report to return to the Committee. **Dysphagia Management** The Committee considered the organisational response to the Dysphagia Thematic Review, which had identified the need for a coordinated approach to risks associated with the assessment and management of patients with swallowing difficulties. Ineffective management can result in choking, aspiration, malnutrition, dehydration and avoidable deterioration. A multidisciplinary Task and Finish Group had been established to oversee implementation of the recommendations, with oversight through the Nutrition and Hydration Group and escalation through the Quality Management Group where required. The Committee received assurance that appropriate governance arrangements were in place, with continued monitoring required to demonstrate sustained implementation and safer practice across services.

		Hospital Sterilisation and Decontamination Unit Investigation The investigation into the Hospital Sterilisation and Decontamination Unit theatre incident was nearing completion, and no patient harm had been identified. The Committee requested that the final findings, organisational learning, patient and staff communications, and monitoring of outstanding actions should be brought together within a single closure report. The Committee supported in principle the introduction of an electronic instrument-traceability system, subject to procurement and capital due diligence. The anticipated requirement was £320,000 in capital funding and £72,000 in annual revenue funding, with further work required to identify potential efficiencies or financial offsets. The closure report would return in December and confirm the final findings, action ownership and financial implications. **Healthcare Inspectorate Wales Inspection** The Committee reviewed the findings of the Healthcare Inspectorate Wales inspection of Hafan Deg. Immediate action had been taken in response to concerns relating to Mental Health Act administration, capacity and covert medication, medicines management, infection prevention and outbreak management. In addition to monitoring the specific actions arising from the inspection, the Committee requested that recurring themes from regulatory inspections be used to strengthen organisation-wide preparedness and peer assurance. **Site Security** Following unauthorised access to the St Woolos Hospital and St Cadoc's Hospital sites, security had been strengthened and work continued with the Police and Information Commissioner's Office. The Committee recognised the wider organisational implications and commissioned the development of a corporate security model and risk assessment covering operational security, violence prevention, CCTV, counter-terrorism preparedness and forthcoming statutory requirements. **Other Clinical Safety Matters**

		The Committee noted the immediate action taken following medication prescribing and administration errors within neonatal intensive care and continued oversight of ophthalmology improvement following a Regulation 28 report. Both matters continued to be managed through their respective clinical governance and improvement arrangements.
2	**Delivery, Performance and Efficiencies**	**Urgent and Emergency Care and Winter Resilience** Urgent and emergency care remained a significant organisational priority. Performance improved at points during the period, including consecutive days above 95%, and available quality information had not identified adverse impacts attributable to the Rapid Release Protocol. However, the Committee recognised that the improvement had not yet been consistently sustained. The main constraints remained front-door assessment, discharge, evening and weekend resilience, acute medical and older persons' service models, and workforce capacity. Following the critical incident, a formal debrief was commissioned to capture operational and clinical learning, which would be incorporated into the wider Urgent and Emergency Care Improvement Plan. The support provided by Social Services during the period was recognised. Temporary arrangements, including the Hospital to Home model, had supported discharge and were being considered for continuation. Further assurance would depend on evidence that improvements could be sustained consistently across the week and through the winter period. **Cancer and Planned Care** Cancer performance remained below the national 62-day Single Cancer Pathway target. In September, compliance was reported at 63.7% against the 75% target, with 308 patients waiting more than 62 days and 89 waiting more than 104 days. Particular pressures remained in urology, lower gastrointestinal and breast pathways.

		The Committee endorsed strengthened weekly scrutiny, a three-horizon recovery approach and a Cancer Command Centre pilot for lower gastrointestinal and urology pathways. Further assurance was sought through a consolidated and fully costed improvement plan, including a sustainable workforce and service model. The pilot would also be evaluated before any wider investment or adoption. Progress in reducing the longest planned care waits was welcomed. However, further assurance was requested regarding diagnostic data quality, information from commissioned services and children waiting more than 52 weeks, including the disproportionate representation of children from more deprived communities. **Financial and Workforce Performance** Progress in delivering savings and reducing variable pay and medical agency expenditure was welcomed. However, significant financial risks remained, and further recurrent savings were required to reduce reliance on non-recurrent measures. Uncertainty regarding planned care funding and associated activity expectations could also materially affect the year-end position. Executive scrutiny continued through expenditure controls, vacancy management, divisional reviews and the Value and Sustainability Board. Workforce analysis was also being strengthened to provide greater clarity regarding workforce growth, deployment, productivity and modernisation opportunities. Sickness absence had increased marginally, with stress, anxiety and depression accounting for more than 37% of reported cases. This remained subject to ongoing workforce oversight. The Committee approved an interim arrangement for out-of-hours Consultant Paediatrician resident work from 1 October 2026 to 31 March 2027. The arrangement provided additional clinical hours within the existing sessional payment to protect winter resilience. It was explicitly time limited and would be formally reviewed alongside the developing paediatric workforce model and wider work to standardise consultant remuneration. **Primary Care and Operational Infrastructure**

		The Committee approved the reinvestment of approximately £800,000 of available non-recurrent General Dental Services funding in initiatives intended to improve access, while recognising the risk of Welsh Government clawback. General Medical Services contract awards also progressed, supported by mobilisation arrangements and a 12-month period of enhanced monitoring. Funding of just under £12,000 was approved to maintain delivery of the School Flu Programme after regulatory changes reduced the available vaccination workforce by approximately one third. The wider workforce implications were escalated through professional routes. Operational assurance was received regarding a water-quality issue at the Grange University Hospital and an urgent IT update at Nevill Hall Hospital, with no patient harm identified. Specialist testing also confirmed that the Nevill Hall medical gas system remained safe for operational use, subject to continued monitoring. As the system was approximately 60 years old, long-term replacement would remain part of the Health Board's estates planning. The Committee also supported bringing the Nevill Hall energy service in-house to strengthen control and service continuity, with any anticipated savings to be validated following the transition.
3	**Strategic Planning and Service Development**	**Planning and Strategic Direction** The Committee endorsed an earlier and more disciplined approach to the 2027/28 Annual Plan, supported by a tiered prioritisation model. The focus would be on delivering existing strategic objectives, recovery priorities and improvement programmes rather than creating additional standalone initiatives. Divisional and corporate priorities would need to be aligned, affordable and supported by clear outcomes and accountability. Development of the Integrated Medium-Term Plan continued through the agreed planning timetable and governance framework. The Committee also requested stronger outcome measures within reporting on the Health Board's long-term strategy so that strategic impact and benefits could be demonstrated more clearly.

		The Community by Design ambition to shift 0.5% of resources into community services was supported in principle. However, further clarity was required regarding the baseline, methodology and timetable, recognising that any transfer into community services would require a corresponding change or reduction elsewhere. **Service Sustainability and Capacity** The Committee considered increasing demand and fragility within the Tuberculosis Service, including risks associated with delayed diagnosis and treatment, transmission, inequality and pressure on acute services. Service stabilisation was supported as a priority, with linked business cases for tuberculosis, Community Infection Prevention and Control, and microbiology progressing through the Prioritisation and Investment Panel. Additional nephrology consultant capacity through a joint recruitment arrangement with Cardiff and Vale University Health Board was supported in principle. Further assurance was required regarding utilisation, benefits, commissioning and funding, although recruitment was permitted to progress in parallel due to the immediate workforce risk. The Committee also considered increasing demand, waiting times and workforce constraints within the Adult ADHD Service. Temporary arrangements to pause or suspend new referrals were supported for further development while national direction and longer-term options were explored. Safeguards would be required for patients already receiving medication or clinical oversight, together with appropriate communications, engagement and staff support. **Prevention, Equality and Capital Priorities** The Committee supported the establishment of a Prevention Priority Programme Board and a single performance dashboard. Further work was requested to demonstrate the preventative activity already under way, measurable outcomes and the additional value of the proposed governance arrangements.

		The Equality, Diversity and Inclusion programme was endorsed as an organisation-wide improvement programme to be embedded within planning, service development and the Integrated Medium-Term Plan. The Committee emphasised that success should be assessed through staff experience, equity of opportunity and organisational outcomes rather than completion of actions alone. Positive progress was also noted following the dedicated organisational development and culture support provided to Mental Health and Learning Disabilities. An exit plan would support completion of the remaining actions before the dedicated support concluded in March 2027. The revised Discretionary Capital Programme prioritised essential digital infrastructure, Connecting Care, clinical equipment and asbestos management, while retaining a contingency of approximately £600,000. The programme was progressed to the Board for approval. An assessment of CCTV infrastructure was also requested to inform future capital prioritisation and the wider corporate security model.
4	**Strategic Partnership Arrangements**	**Regional, National and Local Authority Partnerships** The Committee considered partnership activity involving Welsh Government, NHS Wales organisations, regional bodies, local authorities and the third sector. Key themes included winter resilience, workforce strategy, information governance, pathology modernisation, social care capacity and service transformation. The Committee emphasised the importance of timely communication and appropriate operational and clinical involvement where national or regional changes affected local services. The proposed disaggregation of Section 33 partnership arrangements following notice from local authority partners presented potentially significant service, workforce, financial and legal implications. Before future arrangements were determined, the Committee required a comprehensive baseline assessment, legal advice, equality and service impact assessments, and formal engagement with local authority Chief Executives.

		Constructive partnership working with Social Services during urgent and emergency care pressures was recognised. Continuation of the Hospital to Home model and opportunities associated with the integrated discharge hub at the Royal Gwent Hospital were expected to support further improvement in discharge arrangements. **Mental Health Support and National Inquiries** The Committee supported a two-year funding arrangement for the Horizon sexual exploitation and sexual violence support service. The Health Board's annual contribution of approximately £66,000 would be met from existing Public Health resources, maintaining service continuity while longer-term commissioning remained uncertain. The Committee also maintained oversight of the Health Board's response to major national inquiries. A coordinated response had been established for the Grooming Gangs Inquiry Rule 9 request, which contained 127 questions and required evidence dating back to 1996. The scale of the request and the response timescale had significant organisational capacity implications. A structured self-assessment would be undertaken against the 17 recommendations arising from the Thirlwall Inquiry and the underlying patient safety principles. Relevant local actions arising from the Welsh Government response to Module 3 of the UK COVID-19 Inquiry would also be allocated to named leads and monitored through a coordinated organisational process.
5	**Transformational Programmes**	**Digital and Clinical Transformation** The successful pilot of Electronic Prescribing and Medicines Administration at Ysbyty Ystrad Fawr provided the basis for continued rollout. Lessons relating to system stability, access, training, clinical engagement, medication transcription and discharge processes had been incorporated into the programme. The Committee endorsed continued deployment while noting unresolved risks regarding sustainable funding and programme resources. Continued Executive oversight would therefore be required to ensure that the rollout remained safe, deliverable and appropriately supported.

		Continued use of Community HealthPathways beyond March 2027 was supported in principle because standardised pathways could improve consistency and reduce unwarranted variation. A final decision remained subject to affordability, stronger governance, wider organisational engagement and clearer evidence of benefits and workforce implications. **Value-Based Healthcare and Wider Transformation** The Value-Based Healthcare programme had moved from pilot activity towards wider delivery. More than 72,000 people had been onboarded to the outcomes platform, 17 clinical service areas were collecting outcomes and 54 projects were active or complete. Reported benefits included improved patient-reported outcomes, reductions in admissions and lengths of stay, and projected cost avoidance within priority pathways. The Committee requested that successful interventions should be adopted consistently and integrated more clearly into divisional assurance and corporate reporting. It also requested an assessment of the feasibility and cost of expanding patient-reported experience measures through the existing platform. Across transformation activity, the Committee emphasised that workforce and service redesign proposals should demonstrate affordability, measurable benefits and protection of service quality. The urgent and emergency care transformation programme was supported subject to procurement and governance requirements and continued evidence of improved patient outcomes.
6	**Other Formal Business**	**Standing Reports** As standing agenda items, the Executive Committee received the Quality and Safety Performance Report, Workforce Performance Dashboard, Strategic Risk Report, Financial Performance Report and Activity and Performance Report, including Ministerial Priorities. Key matters arising from these reports requiring further scrutiny or escalation are reflected within the relevant sections of this report. **Additional Formal Business**

		During the reporting period, the Committee also considered occupational sick pay assurance, the Trade Union Partnership Forum Annual Report, Welsh language statutory reporting, on-call arrangements, staff survey participation, parking, climate and sustainability matters, Charitable Funds bids and routine consent agenda business. **Recognition and Accreditation** The Committee welcomed national recognition for the Community Neurorehabilitation Team's ASTUTE model and an individual audiologist, together with further wards achieving gold accreditation. The Committee also recognised the professional accreditation achieved by the Occupational Health Service and noted positive initial feedback from the Ysbyty Ystrad Fawr surgical hub accreditation visit, with formal feedback awaited. **Board and Assurance Reporting** Relevant matters considered during the period were progressed through the appropriate Board and Committee assurance routes. Where required, the Executive Committee sought strengthened public-facing assurance, clearer outcome measures and articulation of risk, confirmation of financial implications, and improved action tracking prior to onward submission.

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:**	Regional Partnership Board Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Hannah Evans – Executive Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Amy Dolben – Assistant Director of Partnership & Integration Rebecca Stanton – Regional Children & Families Transformation Lead

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

1. Sefyllfa / Situation

2026/27 represents a significant period of transition for Regional Partnership Boards (RPBs) across Wales. RPBs are operating within a changing policy, planning and funding environment. Following the election of a new Welsh Government, an independent review of RPBs was commissioned and has been undertaken by the Institute of Public Care. Whilst the review has been completed, its findings have not yet been published and may inform the future development of regional partnership arrangements across Wales.

At the same time, the current cycle of RPB revenue and capital funding streams is due to come to an end in March 2027. Although it has been confirmed that regional funding will be in place beyond this, Boards await further detail on the funding arrangements but are advised that the priority for its deployment is likely to have evolved. This will require continued consideration of longer-term sustainability and future investment approaches to support regional priorities and a transition period for programmes of work currently funded that may be out of scope.

Alongside these developments, the region is entering a new statutory planning cycle. A refreshed Population Needs Assessment is due to be published by the end of the 2026/27 financial year and will provide an updated assessment of the care and support needs of the population. This will be followed by publication of the Market Stability Report in September 2027, providing an assessment of workforce, provider capacity and



market sustainability, and the development of a new Area Plan, due for publication in April 2028.

Collectively, these developments will provide an important opportunity to review regional priorities, strengthen the evidence base for decision-making, and ensure future plans and investments remain aligned to the needs of Gwent's population.

It is worth noting that this report is provided to the Board for information only to ensure consistent messaging and updates between the RPB and the Health Board.

2. Cefndir / Background

2.1. Welsh Government Updates

On 25 September 2026, the RPB received notification that Regional Integration Fund (RIF) and Integration and Rebalancing Capital Fund (IRCF) would continue as long-term recurrent funds for integrated care, with ongoing five-year programme cycles – the title of these funding streams is to be confirmed.

In regards RIF, Welsh Government has subsequently confirmed that funding would be maintained at the same funding quantum as in previous years, noting that risks and concerns raised by RPBs in relation to lack of uplift had been escalated to Ministers for further consideration as part of budget setting process. Since the announcement, Welsh Government has worked with RPB Leads to coproduce the scope and guidance for the next RIF. Whilst the draft guidance has not yet been shared with Leads, key developments are expected to include:

- **Integrated Community Care System (ICCS) focus:** The funding stream is likely will focus on investment in community care across the four elements of the ICCS quadrant, alongside discharge from hospital
- **Population group focus:** The funding stream will continue to focus on investment in the population groups defined under the Social Services & Wellbeing Act, with the potential addition of people with multiple/co-occurring needs (including physical disability), possibly framed within the life-course
- **Transformation focus:** The funding stream is likely to focus on investment in integrated system transformation and innovation, rather than on core, non-integrated services – however, there are specific details to be worked through
- **Outcomes focus:** Ministers have expressed an interest the outcomes of investment, meaning that RPBs will need to demonstrate how the RIF has made an impact on its populations
- **Ring-fenced continuation:** Ring-fenced funding for Dementia and Unpaid Carers is likely to continue, and there will be an expectation that regions continue to invest in children's Edge of Care services
- **One-year transition period:** To support the expected transformation focus, Welsh Government has agreed to a one-year transition period which would support RPBs sufficient time to realign their portfolios.

Further details on the next iteration of the IRCF will continue over the coming weeks, and news on the Housing with Care Fund is expected following the Senedd's budget announcement in November.

3. Asesiad / Assessment

3.1. RPB updates



Looking ahead, the Regional Partnership Board has agreed to adopt an Outcomes-Based Investment Framework to inform future investment decisions. The Framework is intended to strengthen the alignment between resource allocation, population outcomes and regional strategic priorities, providing a clearer link between investment, delivery and impact. In addition, a six-month pause has been agreed in relation to the Discharge Review. This period will enable further consideration of regional priorities, available capacity and emerging policy developments, including the implications of future funding and planning arrangements. The pause will also provide an opportunity to review the longer-term purpose, scope and potential alignment of this work with wider regional planning, investment and transformation activity.
Together, these actions are intended to support a more strategic and evidence-based approach to future investment, ensuring that resources are directed towards agreed priorities and deliver the greatest benefit for the population of Gwent.

3.2. 2026/27 RPB Revenue Funding

As of Month 6, £45,000 of RIF Core slippage has been reported by delivery partners. The RPB has agreed that Core RIF slippage arising during 2026/27, up to a cumulative value of £75,000, will be allocated to the five Gwent Integrated Services Partnership Boards (ISPBs). This funding will support ISPBs to deliver locality-based preventative initiatives over the winter period, including vaccination uptake, warmer homes initiatives and falls prevention.

3.3. 2026/27 RPB Capital Funding

As of Month 6, the RPB is projected to utilise £9.339m of its £9.774m HCF allocation. In addition, the RPB is forecast to utilise £2.378m of IRCF in 2026/27, complemented by a small revenue allocation to support the development of feasibility studies in alignment with the Strategic Capital Plan. Across the capital portfolio, there is a pipeline of £14.909m schemes for future investment.

In 2026/27, the Health Board has been awarded:

- £113k of HCF Minors funding in 2026/27 across three schemes
- £946k of IRCF funding as the lead delivery partner for two IRCF schemes
- £456k of IRCF Revenue funding for feasibility studies and regional capital programme resource.

4. Argymhelliad / Recommendation

The Board is asked to note the updates included in this report.

Appendices	

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)



Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life Getting it right for children and young adults Adults in Gwent live healthily and age well Older adults are supported to live well and independently Dying Well as part of life
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	**HCF** Housing with Care Fund **ICCS** Integrated Community Care System **IRCF** Integration and Rebalancing Care Fund **RIF** Regional Integration Fund **RPB** Regional Partnership Board
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

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



	If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves

GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	22/09/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Assurance & Risk Officer, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Juliet Brown, Chief Commissioner, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Juliet Brown, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
		Choose an item.

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer Members of the Joint Commissioning Committee (JC) with a summary of the key issues considered at its public meeting on 22 September 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

(Links to reports highlighted **September 2026 - NHS Wales Joint Commissioning Committee**).

Status	Update
Alert / Escalate	**Welsh Gender Service** The service was placed in Level 3 escalation following clinical safety and quality concerns relating to the higher surgical referral rate compared to England alongside concerns raised by clinicians working within the pathway. Gender-affirming surgery, referrals for surgery and new surgical assessments were paused while an urgent independent clinical review is undertaken. Other elements of the service, including psychological support, hormone therapy, speech and language therapy and new referrals, continue. Priority for the clinical review is being given to people whose booked surgery was paused between August and September 2026, with approximately 60 people expected to be reviewed by the end of 2026. Affected individuals had been written to and are able to access psychological support through the service if needed. Staff wellbeing is also being supported. In addition, a wider whole-service review of Gender Services is being undertaken in parallel which forms part of the routine programme of service reviews undertaken across all commissioned services. An initial report of the broader review will be provided by December 2026 with a final report to the JC by March 2027.
Advise	**Chief Commissioners Report** In addition to the Welsh Gender Service, the report incorporated Directors of Commissioning reports to highlight performance and quality issues that had arisen since updates shared at the Sub-Committee meetings in August 2026. These included: • **Welsh Fertility Services (WFI)** - Members noted that referrals to the WFI had been temporarily paused due to the absence of the designated responsible person but had since resumed on a phased basis. The incident highlighted the fragility of the current service model, with longer-term solutions being explored with Swansea Bay University Health Board. • **Neonatal Services** - Members noted the Thirlwall Report and its relevance to the NWJCC's ongoing scrutiny of quality and safety across commissioned services. It was confirmed that the report's recommendations would inform the commissioning of neonatal services from the Countess of Chester Hospital and the ongoing neonatal strategic review, ensuring that learning is embedded within future commissioning arrangements. • **Plastic Surgery Services** - Members sought assurance regarding communication with patients awaiting plastic surgery and requested clarification of contingency arrangements should additional funding not be secured. It was noted that a funding application had been submitted to Welsh Government to support the all-Wales plastics pathway and that alternative commissioning arrangements may need to be considered if unsuccessful. Patient communication arrangements with Swansea Bay University Health Board would be confirmed.

Status	Update
	• **Rural Response Model** - an update on public engagement plans for the Rural Response Model and wider ambulance and patient transport services was received. Members noted that engagement was expected to commence in October 2026 and that stakeholder discussions were helping to inform the development of a rural transport commissioning strategy for Wales. Further updates would be provided as the work progressed. • **Clinical Assessment Model** - Members received an update on the future development of the Remote Clinical Assessment model. Engagement to date had highlighted support for a more locally owned service aligned to health board Single Points of Access. Work was underway with health board partners to explore and test potential delivery models. • **Caswell Clinic** - progress was noted following implementation of the majority of required actions which had enabled the service to be de-escalated to Level 2, with routine monitoring arrangements now in place. • **Children and Young People's Gender Service** - Members noted ongoing service developments following the Cass Review, including the introduction of twice-weekly clinics in Cardiff by the Bristol service, improving access for Welsh residents. • **Traumatic Stress Wales** – It was noted that the TUPE process was underway, and the service remained on track to transfer to Public Health Wales in November 2026. **Renal Network Review** An update on the Renal Strategic Review was received and noted enhancements to the evidence base, including further analysis of health inequalities and access to home therapies. Members recognised the growing challenge of kidney disease in Wales and supported the proposed strategic priorities and work programme, noting the opportunity to improve outcomes, strengthen commissioning arrangements and support the long-term sustainability of renal services. **Individual Patient Funding Request (IPFR) Deep Dive** The deep dive is intended to improve transparency on expenditure, activity and patient outcomes. Emerging recommendations include redesign of prior approval, improved outcomes monitoring through patient-reported measures, support for repatriation, clearer commissioning responsibilities between the NWJCC and Health Boards, and simplification of the current process to reduce complexity and inequity. Final recommendations will be presented in November 2026 following engagement with Health Board IPFR teams.
Assure	The Committee received the following Sub-Committee assurance reports: - **Quality, Safety and Outcomes Sub-Committee** - **Planning, Performance and Finance Sub-Committee**

Status	Update
	- **CTM Audit, Risk and Assurance Committee** **Financial Performance Report Month 5 2026/27** The Month 5 position reported a £2.0m underspend to date and a forecast year-end underspend of £2.2m. Members noted that delivery of the £16.2m funding uplift remains challenging. A detailed review is assessing progress, slippage in planned developments, options for the remainder of the year and the likely year-end position. The outcome will be reported at Month 6 and considered at the October JC development session. **Ambulance Services Winter Dashboard Update** The enhanced Winter 2026-27 assurance arrangements and scorecard measures for emergency medical services, NHS 111 Wales and discharge and transfer services were endorsed. Members requested that median performance be considered alongside the 90th percentile and wider outcome measures so that long waits and rural variation are visible, with clearer correlation between hospital handover performance, ambulance response and patient outcomes. **Annual Plan 2026-27 Update** The Committee received an update on delivery of the 2026-27 Annual Plan and noted a broadly stable position across the nine strategic priorities, with improvement reported in the IPFR programme. Members discussed the low delivery confidence rating for the Referral Management workstream, seeking greater assurance on the anticipated benefits, delivery approach and resource requirements. It was agreed that further clarity would be required to support future decisions on investment and programme delivery. **Joint Assurance Framework** The first Joint Committee Assurance Framework was received, identifying six strategic risks and the associated controls, assurances and gaps. The framework will continue to develop to strengthen risk management and assurance arrangements for the NWJCC. Discussion focused on the financial sustainability risk, with agreement that it will be revisited to reflect the wider potential consequences for Health Boards if the £16.2m financial requirement is not achieved, with strengthened mitigation and assurance measures to be considered.
Inform	**Chair's Report** The extension of the Independent Patient Funding Request Panel Chair's term of office for up to 12 months was approved while a full recruitment process is undertaken. Meetings with Welsh Government and Ministers concerning the Welsh Gender Service were noted, together with the offer of technical briefings to political groups represented in the Senedd.

Status	Update
	Performance Report Month 4 2026/27 The Committee noted the Month 4 Performance Report, including ongoing escalation in the Welsh Gender Service and Electronic Assistive Technology Service. Continued concerns regarding long waits for some specialised services. An update was received on the accreditation risk affecting Blood and Marrow Transplantation and Advanced Therapies, noting that Cardiff & Vale University Health Board had submitted its response, including capital plans. The outcome of the accreditation review is awaited. Members also discussed ambulance performance, seeking further assurance on outcomes and rural variation, and noted that more detailed analysis would be presented to a future QSOC meeting. **Immunoglobulin Update** The proposed all-Wales commissioning approach was supported in principle, acknowledging that it would introduce consistent clinical commissioning policies, patient registration, follow-up and audit arrangements and an all-Wales Immunoglobulin Advisory Panel. Members emphasised the need to fully understand the financial implications of transferring commissioning responsibility and agreed that further financial assessment should be undertaken before the proposals return to the JC in November 2026.
Appendices	None.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC **Link to JCC Strategic Objectives(s)**	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals** 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd	Effective

(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Domains of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ Outcome for Welsh Language (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

4. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 2 of this report.

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	18 November 2026
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**NHS Wales Shared Services Partnership Committee (NWSSP) Update Report – September 2026**
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the NHS Wales Shared Services Partnership Committee as a Joint Committee of the Board.

Cefndir / Background

NHS Wales Shared Services Partnership Committee (NWSSP) was established in November 2010 and became operational in April 2011 and through its work delivers economies of scale; efficiencies and consistency of quality and process for the business and professional services that are directly managed and delivered by local NHS bodies.

The membership is comprised of representatives from each NHS organisation that use the services and from Welsh Government in an observer capacity. The NWSSP operates under the legal framework and Establishment Order of Velindre University NHS Trust. The Managing Director is the designated Accountable Officer for Shared Services in line with The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and is accountable to the Director General / CEO NHS Wales and Health Boards, Special Health Authorities and Trusts through the Shared Services Partnership Committee (the Partnership Committee). The Partnership Committee meets bi-monthly and is chaired by an Independent Member, Dr Susan Barnes.

Asesiad / Assessment

The Joint Committee last met on 15th September 2026 and the papers for the meetings are available at Committee Schedule and Papers - NHS Wales Shared Services Partnership . The Committee Chair's Assurance Report from this meeting is attached at **Appendix A**.

The Committee is next due to meet on 19th November 2026. The assurance report from this meeting will be reported to the Board once made available.

Argymhelliad / Recommendation

The Board is asked to RECEIVE this update report on NHS Wales Shared Services Partnership Committee activity.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. N/A
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Choose an item.

ASSURANCE REPORT
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Services Partnership Committee (SSPC)**
Chaired by	Dr Susan Barnes, Chair
Lead Executive	Neil Frow OBE, Managing Director, NWSSP
Author and Contact Details	Roxann Davies, Corporate Services Manager
Date of Meeting	15 September 2026

Summary of key matters including achievements and progress considered by the Committee and any related decisions made

Managing Director's Update Report – The Managing Director presented an update on key NWSSP developments since the previous meeting, with particular focus on two strategic programmes: Transforming Access to Medicines Service (TrAMS) and the Future Workforce Solution (FWS). The report highlighted continued focus on major programmes, operational resilience and partnership delivery, with the Committee receiving assurance on progress and key dependencies. The Committee emphasised the need for continued Senior Leadership Group oversight of programme delivery, workforce capacity, funding and system resilience through established governance arrangements.

The Committee **NOTED** and **DISCUSSED** the Managing Director's Update Report.

Items for Approval

NWSSP Fleet Modernisation Programme Annual Business Justification Case 2026-27 – The Committee considered the Year 2 Business Justification Case and an associated capital funding request of £1.290m, excluding VAT, to replace 22 fleet vehicles during the next financial year. The proposal forms part of the wider 10-year Fleet Modernisation Programme and comprises five Battery Electric Vehicles and 17 Plug-in Hybrid Electric Vehicles. Members noted that this mix reflects route requirements, vehicle range, charging infrastructure and service-continuity considerations, particularly for rural routes and the transportation of high-value and temperature-sensitive products. The fleet optimisation review will also consider the future ownership and managed-service model, opportunities for greater national collaboration and liaison with Welsh Ambulance Services University NHS Trust.

The Committee **APPROVED** the Year 2 Business Justification Case and associated request for capital funding of £1.290m, excluding VAT, prior to submission to Velindre Trust Board and Welsh Government.

Items for Noting

All Wales Finance and Procurement System Replacement - The Committee received an update on the procurement of a new Oracle Financial Managed Service (FMS) contract, which underpins finance, procurement and warehouse management services across NHS

Wales and is managed by NWSSP on behalf of Health Boards, Trusts and Special Health Authorities. Members noted that the current managed service contract expires on 31 March 2028, with no further extension options available, and that the approved procurement roadmap is being progressed to maintain continuity of a compliant national finance and procurement system. Assurance was provided that the Oracle upgrade to version 12.2.15 was successfully completed in July 2026 and that market engagement will now be undertaken to test supplier interest, specification deliverability and commercial models ahead of the formal procurement process.

The Committee **NOTED** the Briefing Paper and that the contract award will be presented for consideration once the procurement process has concluded.

Future Workforce Solution (People Portal Update) – The Committee received an update on the Future Workforce Solution, now branded as Porth Pobl GIG Cymru / NHS Wales People Portal, which will replace the current Electronic Staff Record system with a modern cloud-based workforce platform supporting the full employee lifecycle. The Electronic Staff Record service transferred successfully from IBM to Infosys on 1 September 2026, and the overall programme remains scheduled for completion by December 2030. However, the Early Adopter phase has been re-planned to February 2028, compressing the later delivery timetable, and future funding arrangements will be a matter for the Welsh Government to consider. A formal request has also been submitted to move the proposed NHS Wales go-live from February to the end of March 2028, avoiding financial year-end crossover and the parallel operation of two systems; a response remains outstanding. Although the NHS Business Services Authority continues to classify the programme as green, the Committee concluded that unresolved funding, resource requirements, organisational capacity and compressed timescales warranted a more cautious assurance position and continued oversight.

The Committee **NOTED** the Future Workforce Solution (People Portal) update.

Strategic Equality Plan Biannual Update - The Committee received the biannual update on NWSSP's Strategic Equality Plan development, following Welsh Government feedback on the May 2026 self-assessment, which was deferred from the July meeting. Members noted that Welsh Government agreed NWSSP's overall and workforce self-assessment scores at level 3, recognising strong governance, engagement, partnership arrangements and early progress on equality data, while assessing access and experience at level 2 due to the need for stronger evidence of how stakeholder feedback informs strategic decision-making. Assurance was provided on the actions being taken to address the feedback.

The Committee **NOTED** the current status of NWSSP's progress in developing its Strategic Equality Plan and the actions being taken to address Welsh Government feedback.

Workforce Equality Standard Update - The Committee received an update on NWSSP's Workforce Equality Standard (WES) report, which has replaced the Workforce Race Equality Standard from 2026 and is intended to support more targeted workforce equality improvement. Members noted that the initial Welsh Government report received in July

2026 did not accurately reflect NWSSP's position because of limitations relating to Single Lead Employer (SLE) staff survey participation and appraisal data. Assurance was provided that the agreed approach with Welsh Government and Health Education and Improvement Wales will provide an interim 2026 report for non-SLE colleagues and, from 2027, separate reporting for SLE and non-SLE staff using more appropriate data sources, including General Medical Council (GMC) National Training Survey data and appraisal information held by Health Education and Improvement Wales.

The Committee **NOTED** the current status of NWSSP's WES report and the agreed actions to address the identified data limitations.

Decarbonisation and Adaptation Update - The Committee received the biannual update on NWSSP's Adaptation and Decarbonisation progress to July 2026. Members noted that the overall programme was rated green, with 23 of 25 initiatives either delivered or progressing to plan. The Programme Board had challenged the underlying risk assessments to ensure that reporting was not overly optimistic, resulting in further review and strengthening assurance over the reported position. Progress highlighted included sustainable transport plans for the IP5 and Matrix House sites, increased procurement spend covered by carbon reduction plans, 16 additional electric vehicle charging points at Matrix House and the low-vision equipment initiative developed through the Cooler Climate Challenge. The Committee also noted that the Climate Response Plan would be presented at its next meeting for approval.

The Committee **NOTED** the biannual update on NWSSP's Adaptation and Decarbonisation progress.

Finance, Performance, People, Programme and Governance Updates

Finance Report – The Committee received the Finance Report as at 31 July 2026, noting a year-to-date surplus of £1.275m, primarily driven by pay underspends linked to vacancies being held, recruitment challenges and delays in backfilling posts. Members noted that, while the position remains positive at this stage, material risks remain within the financial plan, including unconfirmed funding for Electronic Prescribing, Future Workforce Solution implementation support, Radiopharmacy transitional costs and energy and fuel price pressures. Assurance was provided on the capital position, Welsh Risk Pool expenditure and key financial performance indicators, alongside continued grip and control actions, zero agency usage and work with Service Directors to identify recurrent and non-recurrent savings opportunities for NHS Wales.

People and Organisational Development Report – The Committee received the People and Organisational Development Report as at 31 July 2026, noting areas requiring continued Executive and divisional focus, including sickness absence above target in several divisions, mandatory and non-mandatory learning compliance, Professional Appraisal and Development Review (PADR) compliance, resourcing control and corporate induction compliance, which stood at 56.90%. Members welcomed the separate presentation of Single Lead Employer (SLE) data, which provided clearer visibility of issues affecting the resident doctor population, including training and sickness-management

compliance. It was noted that work would be progressed during the autumn with health boards to refresh Employment Management Agreements (EMAs) and examine the SLE data in greater detail. Members also noted activity to strengthen employee experience including preparations for the NHS Wales Staff Survey, Employee Recognition Award nominations, the Supporting You roadshow, increased engagement with Work in Confidence and wider diversity, inclusion and wellbeing activity. The assurance focus remains on sustained Senior Leadership Group and divisional action to address underperformance while maintaining focus on the moments that matter for staff.

Performance Information Report – The Committee received the Performance Information Report for April to July 2026. One key performance indicator did not meet target: in-year procurement savings excluding pharmacy were £6.3m against the July year-to-date target of £8m, owing to delays in planned contracts. Assurance was provided on mitigating actions to address this variance. Overall performance remained positive, with most reported indicators achieving target in July, the All-Wales Time to Hire target continuing to be met for more than 12 months, and professional influence benefits reaching £115m at the end of July, demonstrating the continued value delivered by NWSSP across NHS Wales.

Outcome Measures Report – The Committee received the Outcome Measures Report for July 2026, noting that the report has been refreshed to align with the four strategic objectives set out in the 2026-29 Integrated Medium-Term Plan (IMTP). Members noted strong performance across key service areas, positive trajectories in employee satisfaction and professional influence benefits, and continued contribution to decarbonisation and the foundational economy. Assurance was provided that Voice of the Customer feedback is now incorporated more directly within the Our Partners section, with organisational-level data being developed where possible to improve transparency and relevance, and that the format will continue to evolve with further measures and trend analysis during the year.

Transformation Management Office (TMO) Update Report – The Committee received an update on the current transformation and service improvement portfolio supported by the Transformation Management Office (TMO), comprising 30 active schemes and a further 10 schemes now closed. Members noted that 37% of the current portfolio is All-Wales in scope and 63% is NWSSP-focused, reflecting both partnership-wide delivery and internal service modernisation priorities. Key areas requiring continued oversight include Transforming Access to Medicines (TrAMS), which remains red overall due to delivery and timing risks; Welsh Risk Pool Assurance, which has moved to amber; and a number of amber-rated schemes including IP5 Power Resilience, Low Vision Equipment Feasibility, Primary Care Workforce Intelligence System (PCWIS) Professional Registration and Surgical Materials Testing Laboratory (SMTL) IT Modernisation. The assurance focus remains on continued delivery discipline, active risk management, benefits realisation and appropriate escalation where dependencies sit outside NWSSP's direct control.

Integrated Medium-Term Plan (IMTP) Quarter 1 2026-27 Update – The Committee received the Quarter 1 position against the 2026-27 Integrated Medium-Term Plan (IMTP) objectives, noting strong overall delivery with 91% of objectives completed or on track. Members noted that 13 objectives required escalation or mitigation, comprising two off

track, five at risk of becoming off track and six off track due to external factors. The report highlighted progress across the 140 objectives within the plan, including digital transformation, workforce, operational efficiency, strategic partnerships, sustainability and resilience. Assurance was provided that additional scrutiny has been applied through the quarterly review process to objectives off track or at risk, with targeted actions identified for Quarter 2.

NWSSP Corporate Risk Register – The Committee received the NWSSP Corporate Risk Register. The current profile comprises 16 Risks for Action: eight red-rated, seven amber-rated and one yellow-rated. The principal red-rated risks relate to cyber security; pharmaceutical supply resilience; Transforming Access to Medicines (TrAMS) and Radiopharmacy delivery; pharmacy workforce capacity; the Future Workforce Solution; and Welsh Risk Pool forecast accuracy. No new risks had been escalated since the previous meeting. The Student Streamlining Programme risk had reduced and moved to monitoring, while the COVID-19 Inquiry risk had closed following publication of the Module 5 report. The Senior Leadership Group continues to review the overall risk profile, focusing particularly on material risks affected by external dependencies, workforce capacity, programme funding or system resilience. Members were reminded that risk appetite was scheduled to be discussed as part of the SSPC Development Session on 9 October.

The Committee **DISCUSSED** and **NOTED** the above Reports.

Items for Information

The Committee received the following items for information: Finance Monitoring Returns for Months 3 and 4 of 2026-27; Personal Protective Equipment (PPE) Dashboard; NWSSP Audit Committee Assurance Reports from 15 June 2026 and 7 July 2026; Shared Services Partnership Committee (SSPC) Forward Plan 2026-27; and Annual Reports 2025-26 for NWSSP Information Governance and the Welsh Infected Blood Support Scheme.

Part B – Private

Deep Dive Presentation - The Committee received and **NOTED** a detailed presentation on Cyber Resilience within NWSSP. Members were briefed on the current cyber resilience position, areas of ongoing risk and the controls in place to support service continuity, operational resilience and protection of critical systems. The discussion reinforced the importance of continued Senior Leadership Group oversight, active risk management and sustained investment in cyber resilience as a key organisational and partnership-wide assurance priority.

The Committee discussed and **AGREED** proposals relating to:

1) Motor Fleet Insurance – Year 4 NWSSP Health Courier Services
2) Dispatch and Logistics Software for Health Courier Services
3) Provision of Cleaning and Security Services
4) All Wales Supply of Energy (Gas and Electricity)

Matters requiring Board/Committee level consideration and/or approval	
The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.	
Date of Next Meeting	Thursday 19 November 2026, 10.00am to 12.00pm

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	18 November 2026
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**NHS Wales Joint Commissioning Committee (JCC) Update Report – September 2026**
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the NHS Wales Joint Commissioning Committee (JCC) as a Joint Committee of the Board.

Cefndir / Background

The JCC is a Joint Committee of all Health Boards in NHS Wales. Membership of the JCC consists of the Chief Executive Officer of each Local Health Board; an Independent Chair (the Chair); and not more than five Non-Officer Members (NOMs). The Chair and NOMs (to be known as Lay Members) are appointed by the Welsh Ministers. The JCC's membership also includes an Associate Member, who shall have no voting rights, who will be the Chief Commissioner of the Joint Commissioning Committee Team (JCCT). The Chief Commissioner is employed by CTMUHB as the Host Body and this individual holds the Accountable Officer status, as delegated by Welsh Government, for certain elements of their role, namely the propriety and regularity for public finances as delegated to them through the JCC from Local Health Boards.

Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of services as identified below for residents within their area.

- specialised services for: · cancer and blood disorders

- cardiac conditions
- mental health and vulnerable groups · neurosciences, and · women and children.
- services where there is agreement between the Local Health Boards that they should be arranged on a regional or national basis
- emergency medical services
- non-emergency patient transport services
- emergency medical retrieval and transfer services
- NHS 111 services
- sexual assault referral centres, and
- other services as directed by the Welsh Ministers.

Asesiad / Assessment

The Joint Committee last met on 22nd September 2026. The papers for this meeting are available at Meeting Dates and Papers - NHS Wales Joint Commissioning Committee.

The Committee's Assurance Report from this meeting is attached at **Appendix A**.

The Committee is due to next meet on 24th November 2026, papers for which can also be accessed at the link above. The assurance report from this meeting will be presented to the Board once made available.

Argymhelliad / Recommendation

The Board is asked to RECEIVE this report by way of an update on NHS Wales Joint Commissioning Committee (JCC) Committee activity.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Choose an item.

Glossary of Terms

- EASC – Emergency Ambulance Service Committee
- WAST – Welsh Ambulance Service Trust+

- SDEC- Same Day Emergency Care
- ICAP – Integrated Commissioning Action Plan
- ROSC – Return of spontaneous circulation
- CHARU- Cymru High Acuity Response Units
- NEPTS- Non-Emergency Patient Transport Service
- EMRTS Cymru – Emergency Medical Retrieval and Transfer Service
- CASC – Chief Ambulance Services Commissioner
- BCUHB – Betsi Cadwalader University Health Board
- CTMUHB – Cwm Taf Morgannwg University Health Board
- C&VUHB – Cardiff and Vale University Health Board
- HDUHB – Hywel Dda University Health Board
- SBUHB – Swansea Bay University Health Board
- DHCW – Digital Health and Care Wales
- SEDC – Same Day Emergency Care
- SPC – Statistical Process Control

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:**	**Governance Matters: Summary of Board Business held In-Committee**
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: **REPORTING OFFICER:**	Naomi Murtagh, Head of Board Business

Pwrpas yr Adroddiad
Purpose of the Report

Er Gwybodaeth/For Information

The purpose of this report is to share a summary of the formal discussion of the Board at its In Committee meeting held in September 2026, and to report any key decisions taken, in-line with good governance principles and requirements set out in the Health Board's Standing Orders.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

In accordance with its Standing Orders, Aneurin Bevan University Health Board conducts as much of its formal business in public as is possible (Section 7.5). There may, however, be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary [Director of Corporate Governance]) will schedule these issues accordingly and require that any observers withdraw from the meeting. This is sometimes known as a 'Private/Confidential Board meeting' or an 'In-Committee Board meeting.' The legal basis by which observers would be asked to withdraw from such meetings, is as set out within the *Public Bodies (Admission to Meetings) Act 1960, section 1 (2)*.

In circumstances where the Board meets in a private formal session, it shall formally report any decisions taken to the next meeting of the Board in public session.

Aneurin Bevan University Health Board is committed to carrying out its business openly and transparently, in a manner that encourages the active engagement of its citizens, community partners and other stakeholders.

The purpose of this report is to share a summary of formal discussion held by the Board In Committee meeting held in September 2026 and to report any key decisions taken.

Cefndir / Background

Summary of Discussion

Digital Dictation Business Case and Contract Award

The Board considered a business case to replace the existing digital dictation system used within the Health Board. The proposal was intended to improve productivity, clinical correspondence, staff experience and mobile working. Planned Care funding had removed the requirement for upfront Health Board funding.

The Board considered the arrangements for delivering and monitoring the projected workforce savings, the proposed adoption assumptions and the transfer of funding from benefiting divisions to the Digital Directorate to meet the recurrent costs of the new system.

The Board:

- **APPROVED** the Digital Dictation Business Case and progression to contract award
- **APPROVED** the recurrent transfer of funding to support the new system.

The Board also noted the arrangements for post-implementation monitoring and benefits tracking through the established benefits framework, with progress to be reported to the Finance and Performance Committee.

Asesiad / Assessment

In endorsing this report the Health Board will comply with its own Standing Orders.

Argymhelliad / Recommendation

The Board is requested to **NOTE** this report.

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

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Enabler
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. Not applicable to this report

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	None
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	Choose an item. Choose an item. Not applicable to this report

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