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**Context**

This evidence pack has been produced by the Aneurin Bevan University Health Board in support of the Public Accountability Meeting between Welsh Ministers and the Board on 04 December 2025. It has been produced in line with the guidance from Welsh Government.

**Date submitted:** 20 November 2025

**Date of meeting:** 04 December 2025

**Completed by:** Rani Dash, Director of Corporate Governance

## 1.0 FINANCE, PLANNING AND ESCALATION

### 1.1 Finance

The Health Board developed an ambitious financial plan for 2025/26 as part of the Integrated Medium Term Plan (IMTP), presenting a balanced financial position but with significant risks inherent in savings delivery assumptions. The financial plan was based on a set of key income assumptions, had an ambitious savings target of £40m, had no flexibility for further growth and cost pressures and set out a risk of up to £25m. Discussions internally and with Welsh Government (WG) were aligned in that an ambition and drive to deliver breakeven and a further improvement on the previous control total was the right approach given progress made over previous years but with the risk levels acknowledged.

#### **Current financial position**

The month 6 (September 2025) financial position assumes annual income of £1.95 billion and is reporting a year-to-date deficit of £11.3m. The full year forecast at month 6 is a deficit of £19.9m (1%), this is adverse to the IMTP plan of financial balance and a key concern and priority for the Health Board.

The in-year deficit is driven by unforeseen cost pressures or growth as described below due to:

- National Issues - National Insurance allocation shortfall £1.2m, Microsoft365 £0.2m (£2.9m full-year).
- Urgent & emergency care ministerial priorities – Winter Wards remaining open from 2024/25, additional surge bed requirements and ITU capacity requirements £2.7m (£4.5m full-year).
- Cancer diagnostics and treatments beyond plan levels £1.5m due to further increased demand (£2.5m full-year).
- Demand growth above plan - Primary Care prescribed drugs, acute specialty drugs/diabetes pumps £1.9m, Continuing Health Care price growth £1.5m (£5.3m full-year).
- Unavoidable investments to reduce patient risk - Mental Health service acuity and demand pressures £2.2m (£4.7m full-year).

#### **Outlook for the year-end outturn**

The Health Board, following an in-depth mid-year review, is reporting a forecast deficit of £19.9m, this is after reporting expected savings of £42m against a plan level of £40m. The ambition is to improve on this deficit however mitigations will be required to manage risk and other potential cost pressures and service risks e.g. Winter plans.

There remain risks to delivery of this forecast, notably mitigating any Welsh Risk Pool increased premium, potential national pay issues, receipt of all anticipated income (including planned care funding for full costs incurred) and unexpected service pressures.

#### **Recovery actions**

The Health Board has established and embedded effective systems of internal control and operates an internal Value and Sustainability Board to identify opportunities at system and operational level and oversee delivery of savings and efficiencies, additional actions include:

- Communication & messaging throughout the organisation
- Ensuring governance & control frameworks are designed and operating effectively (evaluated positively by Audit Wales, Internal Audit and FP&D)

- Deep dive financial & operational reviews with all operational divisions and corporate teams to identify further opportunities to contain spend and make further savings
- Finance & Performance Committee deep dives
- Consider further vacancy scrutiny & workforce controls
- Procurement compliance focus
- Further enhance financial acumen training & support
- Focus on prioritising Value Based Healthcare principles and improving outcomes to optimise effectiveness and efficiency
- Balance Sheet reviews
- Regional opportunities

To further improve the recurrent financial position, the Health Board will need to consider ceasing unfunded additional elective activity, service rationalisation, prioritisation and deferring additional investments – these will be subject to internal quality impact assessments and Board consideration. Opportunities for further improvement are being sought and developed into savings delivery plans where available – this is a continuous process.

The Health Board continues to receive the second lowest funding per head of population of health boards in Wales and spends the second lowest per head of population. Seeking a more representative funding share forms part of the Health Board's long-term financial recovery planning. The in-year Health Board allocations to date (2025/26) indicate a further adverse movement in terms of funding shares, increasing the funding gap which is a key concern for the Health Board in the context of its operational and population health challenges

### **Progress against savings plan**

The Health Board has delivered savings of £111m over the previous 3 years (£65m recurrent). For 2025/26 the IMTP financial plan identified a savings target of £40m, the Health Board is expecting to deliver £42m of savings for 2025/26 with a recurrent impact of £29m.

Despite this savings performance cost pressures above planned levels are driving the deficit.

The Health Board's internal Value and Sustainability Board identifies opportunities at system level and delivers savings and efficiencies to support financial improvement. Opportunities identified for further development include:

- Workforce £2.4m
- Procurement and non-pay £1m
- Medicines Management £0.5m
- Continuing Health Care £0.9m

### **Value and sustainability plans**

The Health Board has an established Value & Sustainability Board (V&SB) which includes executive leads for the following system themes: Workforce, Medicines Management, Continuing Health Care, Procurement & Non-Pay, Service Redesign, Prevention, Digital.

Delivery for the year-to-date V&SB savings are £11.7m with a full year delivery forecast of £34.4m. In addition, there are savings, balance sheet and income benefits of £3.5m year to date and £8.1m forecast delivery. This equates to the £42.5m forecast total savings for 2025/26.

## 1.2 Enabling actions

The Health Board is making excellent progress against the enabling actions. These actions are embedded into our existing programmes and support the delivery of many of the areas of transformation. The metrics are also embedded as part of the Integrated Performance Report.

In addition, the Health Board is regularly providing the required updates to NHS Performance and Improvement (P&I) on this progress against the 6 strategic priorities as required:

- Timely Access to Care (21 actions)
- Improving Value, Optimising Outcomes and minimising variation (6 actions)
- Maximising Value for Money (4 actions)
- Population health and Prevention (1 action)
- Building Community Capacity (1 action)
- Workforce productivity (5 actions)

Of the 38 enabling actions 33 will be fully or partially delivered this year and only 5 will be challenging to achieve this year. This means 89% are expected to be delivered by March 2026.

Progress and challenges with enabling actions is set out below against the key areas:

### Timely Access to Care

The Health Board is on track to make progress against all 21 actions.

These suite of enabling actions are front and centre of the Health Board's approach to improving productivity and efficiency and contribute the delivery of the performance set out in section 2.1. They are embedded into change programmes and the performance management framework and reporting reflecting ABUHB's commitment to improving patient flow, outpatient efficiency, and theatre utilisation.

### Urgent and Emergency Care

The new ambulance handover protocol launched in September saw a significant decrease, with 448 >45 min handovers recorded (down from 922 in August) and crew hours lost being 898 (down from 2,408 in August), both for GUH ED only. Focus is now on further improvements and sustainability. As part of supporting the whole system approach and providing care in the most appropriate setting a Single Point of Access (SPoA) pilot began for winter 2025, coordinating multidisciplinary teams to promote alternative care pathways and reduce hospital conveyance via a new navigation hub. To support the Acute Frailty model, a Community Assessment Lounge is being piloted at GUH, enabling most patients to return home following a streamlined and integrated assessment. Best practice from the 50-Day Challenge Actions has been mainstreamed as business as usual with a focus on length of stays and delayed pathways of care.

### Planned Care

The planned care enabling actions have a focus through the Health Board's Planned Care programme. Key areas of delivery and success include:

- The Health Board benchmarks well for DNA rates, achieving 5.4% at end of quarter 2. Variation between specialities remains and so focus is on targeting certain specialties where rates are higher,

- Similarly, the Health board performs well on SOS and PIFU rates which consistently sit within a 13-14% range. Internally SOS/PIFU is reviewed alongside discharge rates, which have been increasing.
- HVLC Cataract Theatre Lists have improved, now regularly handling up to 7 cases per list, following a successful larger trial. HVLC General Surgery lists are being embed into BAU, aiming for six procedures on most full-day lists by year end.
- Day Surgery Rates exceeded national ambition of 80% reaching 82.9% in June. A focus has been on increasing day surgery activity in NHH which has been acknowledged through a recent “Day Surgery Unit of the year” national award.
- Theatre Session utilisation has exceeded the GiRFT standard, reaching 86.2% in Q2.

Areas in planned care for further focus include:

- Early Theatre finishes and Late Theatre starts - benefits from ‘autosend’ and golden patient initiatives have been realised at RGH, with a rollout at GUH planned for Q3.
- Direct listing for cataracts is in progress, with reporting changes coming in November. Direct Listing of Cataract referrals is progressing. A plan was communicated in September, with changes to patient letters and SOP development underway.

### **Improving Value, Optimising Outcomes, & Minimising Variation**

The Health Board is on track to deliver all but 2 of these actions.

Key areas of delivery and success include:

- The Health Board continues to lead the way in implementation and adoption of the Fracture Liaison and Bone health service. Local project aims are to identify 80% of fragility fractures and deliver bone treatment to 50% of those identified.
- Similarly, there has been progress with Diabetes pathway with positive engagement across primary and secondary care and supported by the Value in Health team.
- There are a number of Digital programmes being implemented to support safer care. Supporting the Digital Maternity Cymru programme rollout across Wales, the Health Board use of Badgernet is now live.
- To improve safety and information availability in Mental Health the EPR procurement is complete, and a business case is pending approval for contract award by late 2025.
- Cybersecurity enhancements are progressing. Reports are shared with governance groups, and a Security Incident Event Monitoring solution has been deployed.

Actions requiring further focus are:

- Full compliance with all cancer national optimum pathways requires further work with some tumour sites and will form part of a deep dive in the coming months.
- With respect to straight to test guidance whilst progress is established in some areas, further bespoke work is planned for sarcoma pathways.

### **Maximising Value for Money**

All 4 actions are embedded into Health Board processes and actions.

As per the above section, the Health Board has an established Value and Sustainability Board with programmes that mirror the national programmes, this ensures opportunities cascade immediately into local plans. Progress includes:

- Non-pay rationalisation activities identifying cost-saving opportunities in the areas of sutures, energy devices, and stapling.
- The Medicines Management workstream remains on track, key areas of focus include the uptake and utilisation of biosimilars and generics, adherence to primary care

prescribing preferences, and the enforcement of restrictions on prescriptions deemed to be of low value.

- A targeted peer review of the top 50 high-cost placements undertaken to ensure placements are right sized based on clinical need. Notwithstanding actions taken, demand into CHC continues to increase.
- Effective estate utilisation and rationalisation is a key driver of the capital programme and will be renewed via an updated facet survey to support a refreshed estates strategy.

## **Population Health and Prevention**

The Health Board is making positive progress with this action on the diabetes pathway.

There is progress against Urine ACR compliance following the launch of the communications and engagement materials distributed to all 68 General Practitioner (GP) practices across Gwent. These materials have been designed to support adoption and consistent use, ensuring a standardised approach to improving compliance rates. Initial data from the first 10 volunteer practices, which adopted the materials, indicate a positive trend. Within the first four to six weeks, there has been an average improvement in compliance of 2.5%.

Building on this progress, the Value-Based Health Care (VBHC) team has developed and agreed upon plans to expand their focus into the area of foot care.

Workstreams and specific outputs are being defined with the aim of enhancing care processes in this area, running in parallel with ongoing efforts to monitor and sustain improvements in urine ACR compliance.

## **Building Community Capacity**

The Health Board is on track to deliver against this action.

The NHS Wales App rollout is progressing and is on track. Clinic and specialty codes have been shared with DHCW programme, and screen narratives have been defined. Information will be available in the app during October 2025.

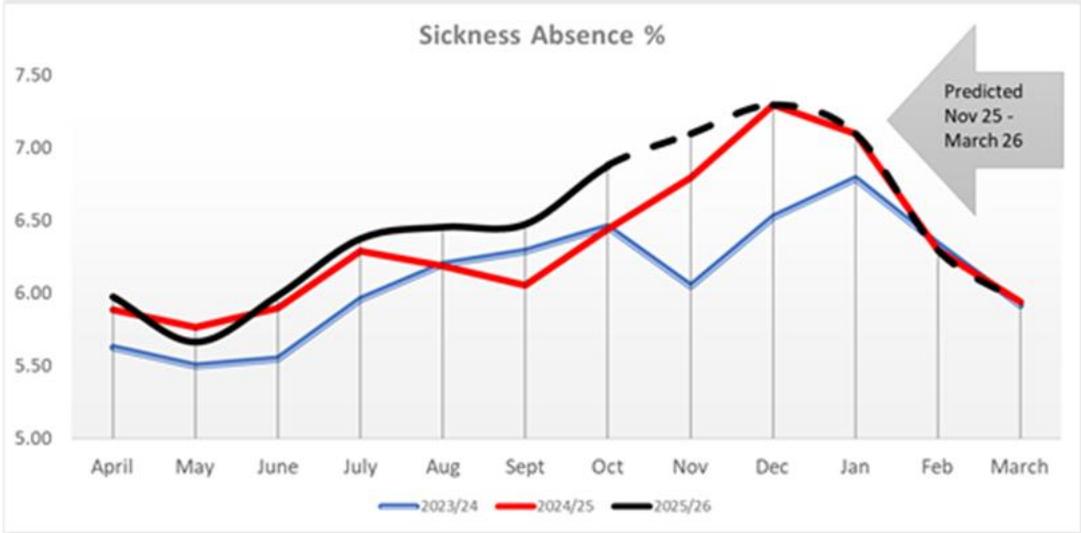
## **Workforce Productivity**

Whilst progress can be demonstrated for all the enabling actions, 3 of the 5 areas will not be fully delivered. Job planning, sickness absence and further stretching our significant reductions in variable pay continue to be key areas of focus but are unlikely to be fully delivered this year.

Job planning - compliance continues to improve through the implementation of medical e-systems as referenced in section 4.0. Notably, consultant job planning compliance has seen a marked improvement, rising to 57.2% in Q2, compared to 39% at the end of 2024/25. Organisational job planning guidance is supporting the consistency and quality of job planning outcomes in conjunction with our e-systems which will in future support improved data on medical workforce productivity. A programme of deep dives, divisional performance reviews and agreed criteria to approve vacancies/study leave are in place to continue to improve job planning compliance. This is closely aligned with the organisation's risk register. Based on current performance, with increases of around 5% each month we expect to be at 80% by the end of March 2026.

Sickness - the Health Board has experienced higher than usual sickness absence over the summer and early autumn period due to increases in respiratory illnesses. Likewise, we are currently experiencing unexpected increases in gastrointestinal illnesses. At the end of March 2025 sickness absence was 6.4%. It is anticipated that this position will be maintained by the end of March 2026 despite significant focus on sickness absence. A

comprehensive improvement plan has been developed in collaboration with trade unions. The plan considers a range of actions including the application of the Managing Attendance at Work Policy, initiatives to support staff wellbeing and prevent absence and improved consideration of flexible working opportunities.



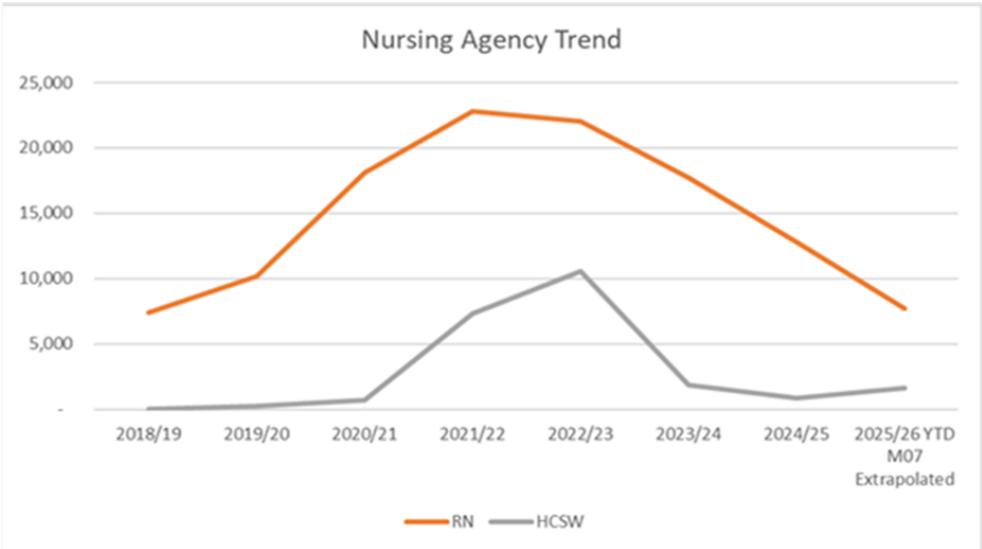
The Health Board continues to drive a strong focus as part of the Board’s People Plan on reducing variable pay recognising the importance of building sustainable teams and the positive impact that this will have on staff and patient satisfaction

There have been considerable reductions in variable pay since the introduction of a dedicated variable pay programme in 2022, this programme of work had informed the Variable Pay & Agency Control Framework that has been implemented.

Total Agency spend reduced from £60m in 22/23 to £29m in 2024/25, a reduction of over 50% in two years. A further 13.1% reduction is anticipated this year when we include additional schemes such as planned care and Handover 45/Our Next Patient.

The Health Board has reduced RN agency (wte) by 60% in the last two years however, we continue to use on average less than 1wte off contract agency per week due to unexpected and urgent demand for staff. Current average costs per month are £11k for off contract agency.

Nursing Agency Spend (May 23 to Oct 25):



The Health Board has reduced HCSW agency since the commencement of our variable pay plans in 2022 from 253wte per week to 7wte per week (October 25). For 2024/2025 we averaged 16wte HCSW agency per week however, this financial year we have seen an increase in demand for HCSW agency due to the impact of enhanced care and sickness absence, despite successes with recruitment drives, primarily related to Mental Health services. To date this year, we have averaged 26wte however since September 2025 there has been a consistent reduction in usage to 7wte per week. We expect to maintain this improvement for the remainder of the year outside of the winter planning process.

Reliance on administrative agency has significantly reduced over the last two years, reducing by 87% from 2023/24 to 2024/25 and we expect to reduce a further 10% in 2025/26. Current costs for 2025/26 are £29K per month and mainly relate to digital expertise for specific funded projects where recruitment is challenging and regional ophthalmology admin capacity.

Facilities and Estates Agency staffing continue to be a specific focus of our programme, however further reductions in agency in these areas also continue to be challenging as a result of operational delivery priorities and difficulties in recruitment of key staff groups. For example, we have reduced facilities agency staff this year by 21wte through targeted recruitment campaigns, changing service models and increasing bank supply. However, trade roles are challenging to recruit to nationally and therefore we have not made a reduction in this area. We have developed a plan to focus on further reductions and anticipate we will have eradicated facilities agency use, not including the impact of winter plans, by QTR 1 26/27. Additionally, newly developed apprenticeship roles and targeted recruitment campaigns are in progress to address the shortage of skilled trades job roles. Current costs for this financial year average £108k per month.

Medical Agency expenditure has reduced by circa 25% since 2022/23 but remains a key challenge to reduce further with an average monthly spend of £956K to date this year which has remained consistent with 2024/25. Despite improvements in reducing vacancies and the application of an internal locum bank we continue to experience requirements to rely on agency workers where there are difficulties in recruiting and where there is a need to sustain safe medical rotas. The increasing impact of less than full time resident doctors in addition to consistent and significant gaps in the allocation to the Health Board of resident doctors (specifically for medicine and neonatal care as noted in section 4.1) continues to drive requirements for agency cover. Implementation of medical e-systems has now given us an opportunity to put in place stronger controls and processes in relation to Direct Engagement workers and agency booking protocols which will come into place in December 2025, this will enable reducing agency spend.

### **1.3 Clinical service plan**

The Health Board has already undertaken considerable work to develop sustainable clinical service models as part of the Clinical Futures strategy and specifically the Grange University Hospital (GUH) model, bringing together many acute services including critical care, paediatrics, obstetrics and emergency pathways across Gwent. A GUH/Hospital system report was developed at the end of 2024 (and shared with WG as part of de-escalation deliverables) which set out the positive impact of this change on clinical, quality and performance outcomes addressing areas of fragility. There have been significant improvements since the reconfiguration in 2020 against these objectives, including improved outcomes for the most seriously unwell, improved quality and safety through greater staffing sustainability in core services such as critical care and maternity. Separation of planned and emergency activity has led to improved outcomes and productivity with elective capacity performance consistently between 96–98%, a benefit of implementing the new hospital Model.

Since the opening of GUH, focus has also been on models in the Enhanced Local General Hospital (eLGH) system where reconfiguration has notably been delivered in respect of midwifery led maternity services, MIU provision, and a consolidated model for stroke rehabilitation. Evaluations against intended outcomes for these services have been or are being undertaken. In addition, there has been redesign and delivery of integrated models of care (bring health, social care and third sector together), enabled by WG capital investment in Health and Well Being hubs in Tredegar and Newport.

The Health Board recently (July 25) approved an updated organisational strategy: Gwent35; Better Health, Better Care, Better Lives. This strategy clearly sets the intent and ambition of the Health Board to rebalance focus towards prevention and population health whilst continuing to improve quality and standards in care delivery.

With the strategy in place, focus has turned to reviewing and updating the clinical services plan. This will pull together service redesign work already in train including:

- Review and rightsizing of the model for frailty/cote services.
- Review of sustainability options for acute medicine, currently delivering a “four take” model.
- Development of models of care across mental health and LD
- Development of Place Based Care models across Gwent
- The southeast Wales regional planning agenda and national work on fragile services.
- The development of a strategic outline case for investment in NHH in response to RAAC which is testing eLGH models of care further, particularly theatres provision.

The intent is to bring these workstreams to a conclusion in the first half of next year to enable a revised clinical services plan to be developed.

#### **1.4 Service change**

Driven through the Clinical Futures Strategy the Health Board has a positive history of delivery whole system and local service change, the implementation of the GUH being a key example. Further changes delivered over the last year are summarised below:

##### **Stroke**

Stroke Rehabilitation Services in the Health Board have for some time been delivered from three different sites: Nevil Hall Hospital, Royal Gwent Hospital and Ysbyty Ystrad Fawr. Sustaining appropriate levels of staffing across the three sites had become increasingly challenging and in 2023, it was recognised that staffing levels had reached a point where it was not possible to ensure consistent, safe service delivery. As a result, an urgent service change was initiated (accompanied with wide communication with staff, public and Llais) whereby services were centralised and consolidated at Ysbyty Ystrad Fawr in Ystrad Mynach.

The temporary centralisation has provided several service benefits; these include the following: -

- Sustainability and continuity of service.
- Reduction in length of stay.
- Improved patient flow.
- Reduction in required bed base due to more efficient utilisation.
- Improved staff recruitment and retention.
- Improved workforce cross-cover.
- Enhanced therapeutic input .

It has been agreed with Llais that a 12-week period of engagement will take place, with public sessions arranged at locations across the health board catchment area to consider making this change permanent.

## **Respiratory and GIM**

In 2024 we successfully delivered a service change for Respiratory and General Internal Medicine to address service fragility through a single sited model based at Grange University Hospital with an “in reach” provision to Nevill Hall Hospital in a consistent model that has been provided to Royal Gwent Hospital. An evaluation, demonstrating a reduction in length of stay was recently received by the executive team.

## **Health and Wellbeing Centres**

Health and wellbeing centres in ABUHB bring together health, dental and community services in accessible hubs, making it easier for our population to receive integrated care closer to home. During 2023 and 2024 two developments were delivered – 19 Hills Health & Wellbeing Centre in Newport and Bevan Health & Wellbeing Centre in Tredegar. Further Health and Wellbeing Centres are being developed for Aber Valley and Monmouth, funded through the Integration and Rebalancing Capital Fund (IRCF), to re-provide GP services and other Health Board and Local Authority services. The focus is on driving through the benefits of these investments, ensuring learning is translated into the pipeline projects.

## **Day Surgery**

Over the past two years, Nevill Hall Hospital has transformed day surgery. With a clear ambition to become a Centre of Excellence, the team has reimagined how the unit operates to deliver faster, safer and more efficient care. The department has embedded High Intensity Turnover (HIT) lists and consistently delivered high-volume, low-complexity procedures with improved efficiency. These changes have not only improved access to surgery but also enhanced the overall patient experience. The unit is proud to have been recognised as the first ever Day Surgery Unit of the Month by BADS and remains firmly focused on achieving full Centre of Excellence status supported by the NHH reconfiguration programme.

Robotic-assisted surgery (RAS) was introduced to enhance precision, improve patient outcomes, and reduce recovery times by allowing surgeons to perform complex procedures through minimally invasive techniques with greater accuracy and control. The first robotic assisted urology cancer surgery was completed in June 2024 with patients benefiting from shorter recovery times and reducing length of stay by 2.2 days. The use of RAS was also expanded to Colorectal Cancer in May 2025, with the Royal Gwent Hospital being the first site in Wales to carry out colorectal surgery using the Da Vinci Robot. The next phase of the plan is to roll out access to RAS to further specialities including Gynaecology and ENT with the focus to reduce waiting times and recovery times for patients.

## **Breast Unit**

The Breast Unit at Ysbyty Ystrad Fawr opened to patients on the 5th of February 2023, following a £11 million investment from Welsh Government. The unit was created to provide high-quality, accessible care for patients across Gwent. Its purpose is to bring together diagnostic, treatment and support services in one modern facility, ensuring that people receive timely and compassionate care closer to home. A dedicated team of clinicians and support staff are in place, ensuring continuity of care and patients also benefit from one-stop clinics where results can be delivered in a single visit. The unit has already begun reducing waiting times and improving cancer performance compliance to 92.5% at the end of 2024/25.

## **Nevill Hall Hospital (NHH)**

The work on the clinical services plan development outlined above and the regional programme of work set out below cover the main future service changes the health board are pursuing to address risk, sustainability, quality and VFM issues.

One of the most significant areas of focus is the developing service models for NHH.

The Health Board has developed a Strategic Outline Case for submission to Welsh Government in 2025/26 which sets out the case for change for investment at Nevill Hall Hospital (NHH) to create a modern, safe, and sustainable facility. The primary driver is to address the RAAC issues in NHH, termed a “whole RAAC Hospital”. The Health Board, through the SOC and future cases is testing a refreshed clinical model, right-sizing of services to reflect population needs and recognising the pivotal role NHH plays in supporting the hospital system network, care close to home and critically the new Radiotherapy Unit. Investment will not only will address the risks associated with RAAC on the site, but it will also enable the delivery of a set of core capability that are critical to long-term service change.

### **1.5 Regional working**

Health Boards in south-east Wales have been engaged with active collaboration where this delivers added value to clinical service delivery, access and sustainability under the guise of the south-east Wales regional collaborative. Work has been underpinned by a portfolio of programmes including ophthalmology, orthopaedics, diagnostics and stroke. Cancer was added to the portfolio about 12 months ago and progress has been made in all areas.

Following ministerial direction, the Health Boards are committed to the Regional Joint Committee creating a step change in the effectiveness of regional working and all 3 have approved the Terms of Reference. A Joint Regional Programme Director has been appointed, and the first meeting will be 19 November.

Building on the work of the collaborative before it, the Committee will set regional commissioning plans for the region, ensuring swifter decision making to deliver more equitable outcomes for our population.

Key progress includes:

- Ophthalmology: Recurrent investment of £7m has enabled the creation of two regional cataract hubs (in Cardiff and Abergavenny) and a regional booking team who are supporting booking across the region and working towards a shared PTL. During 2024/25 and into 2025/26 the regional cataracts plan has benefited from non-recurrent investment to increase capacity. Up to September the regional plan has delivered an additional 3120 treatments compared to the same period last year and is on course to double the number of cataracts procedures in the region by the end of 2025/26. Future phases of work include other subspecialties such as occuplastics and glaucoma.
- Orthopaedics is progressing towards a high-volume lower limb arthroplasty elective centre at Llantrisant Health Park (LHP) with an OBC due to go to November Boards. This work has also delivered a standardised GIRFT-compliant clinical pathway for arthroplasty across the three health boards based on best practice from orthopaedic centres across the UK. Next phases of work include regional plans and options for other subspecialties.
- Diagnostics has delivered a draft regional radiology plan which identifies Llantrisant Health Park (LHP) as part of a regional solution to the capacity gaps. Similarly, the phase 1 business case for LHP sets out the requirements for additional endoscopy capacity in the context of plan that assumes maximisation of existing infrastructure. This

case also includes the development of an endoscopy training facility. Work is also being undertaken to plan for the regional delivery of pathology services.

- Cancer work has focused on the successful delivery of a regional radiotherapy satellite centre in NHH in Abergavenny bringing care closer to patients and reducing travel times. The programme also focuses on addressing chemotherapy capacity and service fragility through strengthened regional partnership.

## **1.6 Escalation**

### **Current escalation status (July 2025)**

- Finance, strategy and planning – Level 3.
- Performance and outcomes related to urgent and emergency care performance at the Grange University Hospital – Level 3.

The Health Board worked hard to achieve de-escalation from Targeted Intervention to Enhanced Monitoring (de-escalated in July 2025) for Finance, Strategy and Planning. The focus of the work includes:

- Delivery against key commitments across a number of domains in 2024/25 Annual Plan;
- Development of a Board and Cabinet Secretary approved IMTP for 25/26;
- Development of a Three-year Route Map for financial sustainability;
- Development of Hospital System/GUH Report setting out the performance and quality impact of the Grange system alongside the financial investment;
- Purposeful deployment of the Planning Maturity Matrix assessment;
- Development of a new organisational strategy, Gwent35; Better Health, Better Care, Better Lives, built on extensive community engagement; and
- Reinforced performance and accountability arrangements.

### **Oversight of escalation and intervention arrangements**

The Board's Finance and Performance Committee receives a bi-monthly report on performance and escalation, delivered by the Executive Director of Strategy, Planning and Partnerships. The Finance and Performance Committee scrutinises the progress against the agreed performance trajectories and produces a highlight report for the Board. The Health Board's Integrated Performance Report (IPR) is also discussed as a main agenda item at each public meeting of the Board. There are also monthly reviews with Welsh Government as part of the IQPD process.

The key areas of focus against each level and area, based on Welsh Government's Escalation Framework are summarised below:

Urgent and emergency care:

- A three-month continuous reduction of at least 15% in each month (from November 2023 baseline of 859) for ambulance handovers over an hour.
- Continuous monthly improvement towards achieving no more than 5% of patients waiting over 12-hours.
- A median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60-minutes and maintained for three months.

Finance:

- Sustain improvement in minimising the underlying deficit, controlling identified key cost drivers and realising savings.
- Develop, approve and deliver a deliverable and balanced three-year medium-term plan.
- Delivery of financial balance.

## Strategy and planning:

- Deliver the milestones and actions within the three-year medium-term plan.
- Evidence a clear roadmap and implementation of the health board's clinical services plan.
- Increase Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix.

The current performance against each of the above are covered within section 2 of this evidence pack. However, the Board has recognised the significant progress made in relation to both domains.

For urgent and emergency care in the GUH ED, 3 key de-escalation criteria were set:

*Table 1: Key de-escalation criteria for urgent and emergency care at the Grange University Hospital*

<b>GUH Emergency Department</b>	<b>Baseline Nov-23</b>	<b>De-escalation Requirement</b>	<b>Current Position Oct-25</b>
Ambulance handovers over 1 hour	858	528	425
% of patients waiting 12 hours or more in ED	15.8% (GUH only)	5%	14.2% (GUH) 7% (all AB EDMIU)
Median time from arrival at ED to assessment by a clinical decision maker (mins)	142	60	134

Actions and progress against these metrics are set out in the performance section 2.1.

Subject to the improvements demonstrated in this section being sustained for the required three months the Health Board has a clear ambition to be de-escalated from this level.

## 2.0 IMPROVING ACCESS FOR ALL

### 2.1 Performance overview

During 2025/26 the Health Board has demonstrated progress in delivery against a range of performance indicators across the breadth of our responsibilities.

The 45-minute handover protocol and "Our Next Patient" initiative at the Grange University Health Board (GUH) has led to record improvements in ambulance handover times and reduced lost hours, ensuring faster ambulance turnaround and better care for Gwent citizens. There have also been significant improvements in other parts of the pathway including reductions in those staying in an Emergency Department or Minor Injury Unit longer than 24 hours and significant reductions in Delayed Pathways of Care from circa 220 at start of year down to 167 in the October census. This is supported by a reduction in the total number of days delayed.

Despite ambulance turnaround and handover improvements, the number of patients waiting over 12 hours in the emergency department and minor injury units is not improving at a sustainable rate and the "wait to be seen" by a senior clinician at GUH ED remain static.

Both adult and CAMHS services continue to meet national standards for Parts 1a and 1b. As part of our life course approach to planning and delivery, the 8-week weight and measurement metric has shown sustained improvement over the past four years. The national insourcing outpatient programme is supporting the improved position for those patients waiting for a new outpatient appointment, reducing long waits alongside the regional cataracts programme providing increased capacity for the treatment of the whole pathway for patients waiting for cataract surgery.

The areas where the Health Board remains focused to improve performance include the Single Cancer Pathway, where in spite of some improvements earlier this year compliance has decreased over the past few months.

Oversight of performance is facilitated through the Health Board's Performance Management and Accountability Framework which sets out the reporting, the meeting architecture and escalation arrangements. An integrated performance report is presented at every Board and Finance & Performance Committee as well as via Executive team.

The sections below set out the key delivery focus and where relevant improvement actions.

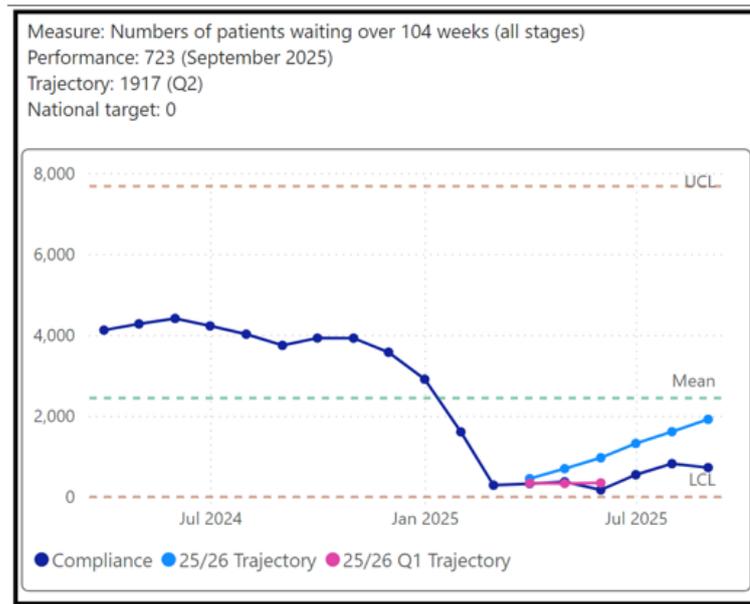
#### **Planned care and diagnostics**

##### No patients waiting more than 104 weeks for referral to treatment (RTT)

*ABUHB IMTP March 26 commitment 3,291 patients, current position 723 patients.*

- For long waiting patients (specifically over 104 weeks), there has been progress and improvements throughout the year. The Health Board's IMTP (March approved) set out a challenge of 3,291 patients waiting longer than 104 weeks at year end which was limited to small number (4) of specialties.
- Following additional funding from Welsh Government for Q1, the number of patients waiting 104 weeks had been tracking in line with an improved profile.
- In September, there was a step change in improved performance driven by internally funded WLIs and backfill in Orthopaedics and the early stages of implementation of the national insourcing outpatient programme in ENT.
- Expected delivery for patients waiting over 104 weeks have improved since the IMTP trajectories were set with the availability of additional non recurrent monies.

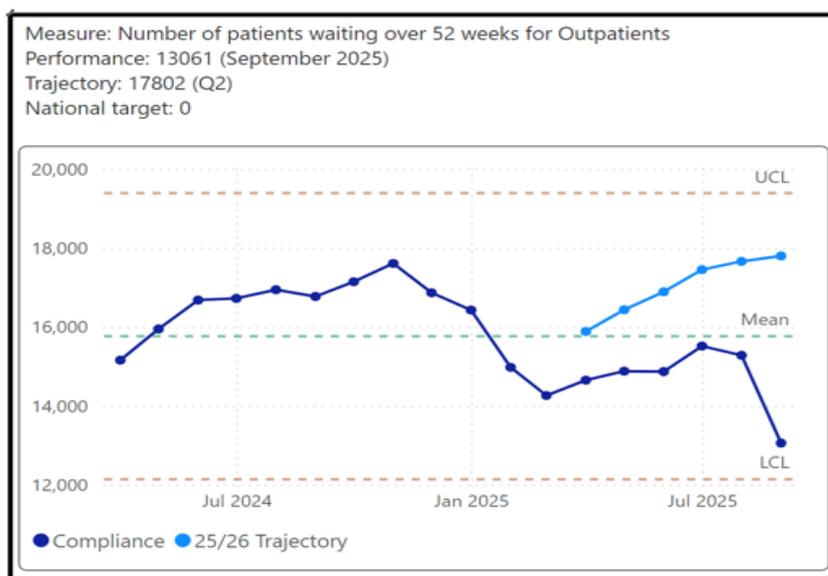
- The Health Board is working with Welsh Government to finalise the funding available to enable all patients waiting longer than 104 weeks to be treated by the end of March 2026. There remains a residual risk of up to circa 600 Orthopaedic patients that will need to be treated in quarter 4, subject to funding and available capacity.



Patients waiting over 52 weeks for first outpatient appointment

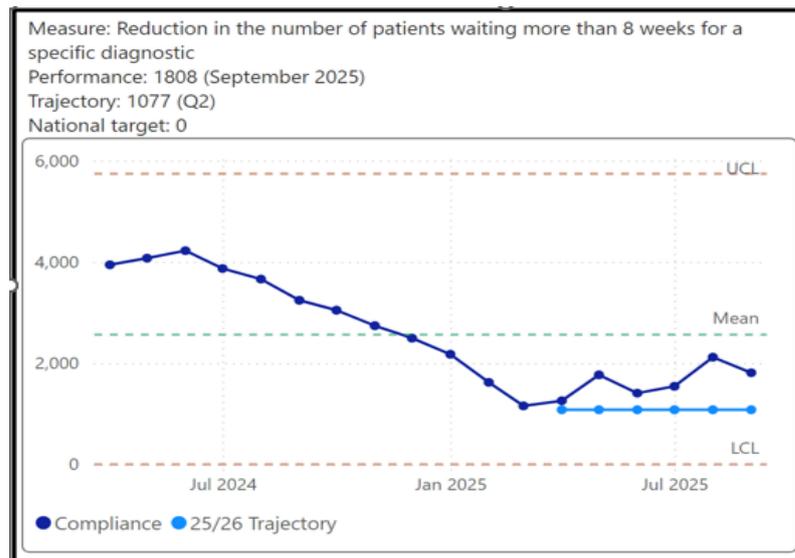
ABUHB IMTP March 26 forecast 18,095, current position 13,061.

- The Health Board’s IMTP (March approved) set out a forecast of 18,085 patients waiting longer than 52 weeks at year end for a first outpatient appointment.
- The national insourcing outpatient programme is having a significant and positive impact on the number of patients waiting over 52 weeks for a new outpatient appointment and it is expected that this improvement will continue for the remainder of 2025/26.
- This is evidenced by the reduction of this cohort from 14,655 in April 2025 down to September 2025 13,061.
- As of the first weekend of November, the Health Board is over delivering (+678) against the national insourcing outpatient programme plan.



No patients waiting more than 8 weeks for a specified diagnostic  
 ABUHB IMTP March 26 commitment 1,077, current position 1,808.

- The number of patients waiting over 8 weeks for a diagnostic test increased over the summer of 2025 which was largely due to a lack of capacity to meet demand for non-obstetric ultrasound (NOUS).
- Through a focused improvement plan, the numbers have begun to decrease with further reductions expected in October performance.
- The plan to deliver zero diagnostic waits by March 2026 was enabled by additional funding from Welsh Government in advance of assessing the impact of the 26-week national insourcing outpatient programme.
- The full impact of the national outpatient programme on diagnostics is being worked through with Welsh Government colleagues to secure the funding to enable the appropriate capacity to be commissioned to avoid any impact on the 8-week commitment with Endoscopy presenting as the key risk area.

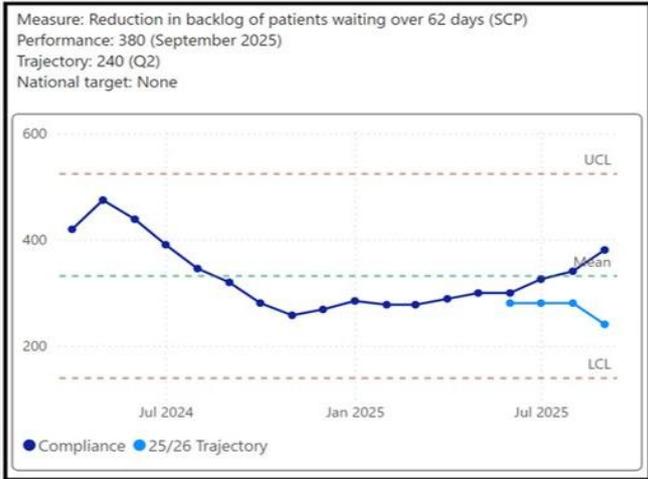
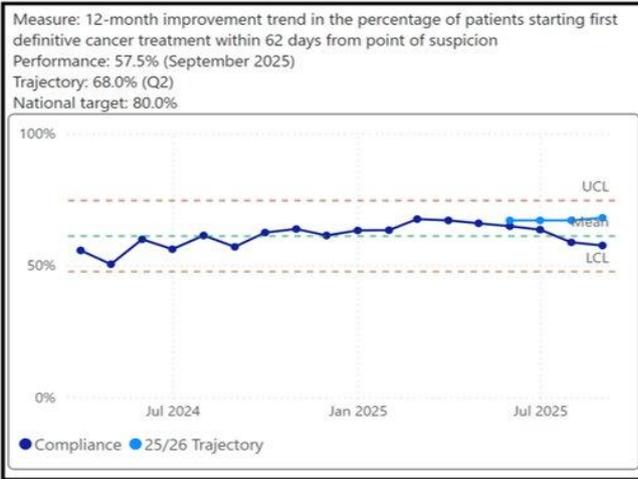


## Cancer

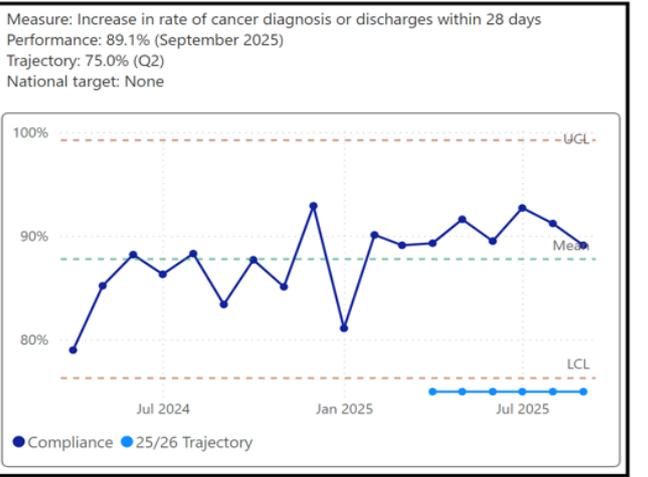
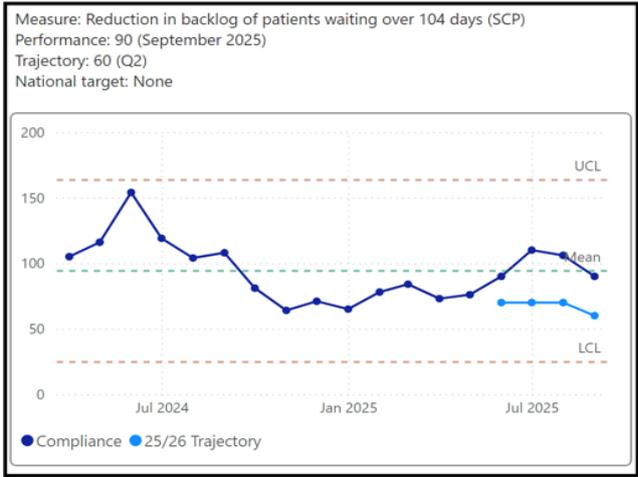
12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion building toward a national target of 80% by 31 March 2026

ABUHB IMTP March 26 commitment 70%, current position 57.5%.

- Performance against the Single Cancer Pathway (SCP) standard has been relatively stable through the first part of the year, with consistent performance differing to previous years where there was greater fluctuation month to month. Q1 performance maintained around 66%, September validated performance was 57.5%.
- The patient tracking list (PTL) for cancer, has seen a significant increase through the start of 2025/26, rising from 3,234 in April to 3,886 in July (20% increase). Figures have since reduced slightly to an average of 3,630 for Q2, with September at 3,477.
- As a result of this increase in demand, the 62-day backlog has increased (380 patients in September), now representing 10.9% of the total SCP census, slightly higher than the 10% planning assumption for the year.



- The 104-day backlog has reduced through Q2 and is tracking against the IMTP trajectory albeit at a higher level, currently at 90 for September 25, which represents 2.6% of the total SCP census.
- Actions to improve performance are multi-faceted and include tumour site specific improvement plans where compliance with national optimal pathways are driven alongside relentless waiting list tracking, management and early escalation of blockages.
- Single Cancer Pathway referrals experienced a significant increase of 34% from 2021/22 to 2024/25. As of October 2025, the profile for this year looks broadly in-line with the previous year.



**Urgent and Emergency Care**

Ambulance Handovers

- The 2025/26 delivery expectation to reduce the number of ambulance patient handovers over 1 hour towards a national target of zero by March 2026 is in line with the agreed trajectory and has met the IMTP commitment of 500 to be delivered by March 2026. As of October 2025, the performance is 425 against a trajectory of 602, this is against the Health Board’s de-escalation criteria of a three-month continuous reduction of at least 15% in each month from the November 2023 baseline of 859 for Ambulance handovers over an hour.
- Ambulance handovers and lost hours: The 45-minute handover protocol and the Our Next Patient (ONP) initiative were implemented across the AB system from 9 September, marking a significant milestone in improving ambulance handover performance.

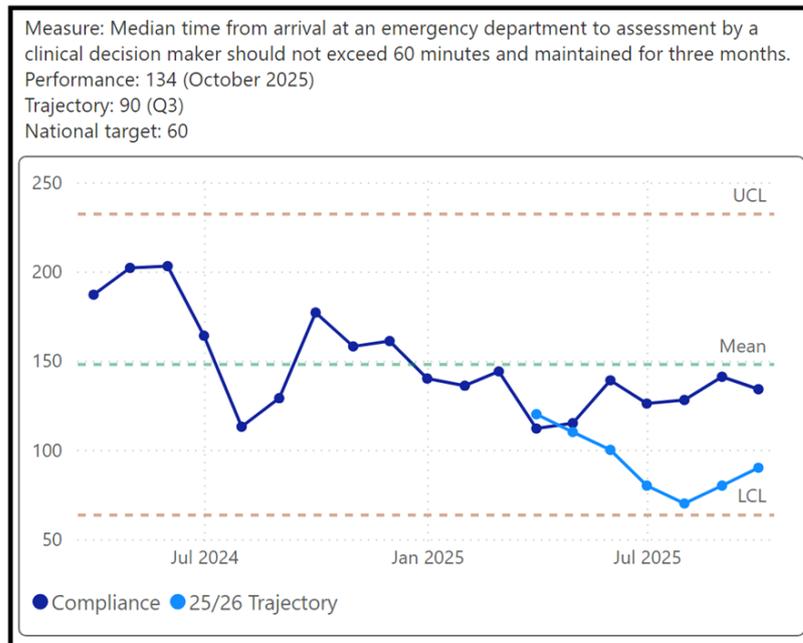
- This initiative, led at Executive Director level, was designed and delivered for the benefit of Gwent citizens, ensuring that ambulances can return to service quickly and reach those in urgent or emergency need, thereby protecting the most vulnerable patients in the community.
- The proportion and actual volume of handovers exceeding 45 minutes and one hour have fallen to their lowest full-month levels since GUH opened.
- Total Crew hours lost and average handover times have also reached record lows.
- These improvements have been delivered against a backdrop of exceptionally high demand at the GUH front door, with September attendances significantly exceeding previous years and October ranking among the busiest months since GUH opened.
- The focus of the Health Board is on sustaining the focus and improvements and, in the face of challenging days, ensuring recovery is swift and systematic.



Reduce the median time from arrival at GUH ED to assessment by a clinical decision maker (wait to be seen)

*ABUHB IMTP March 26 commitment 60, current position 134 (October).*

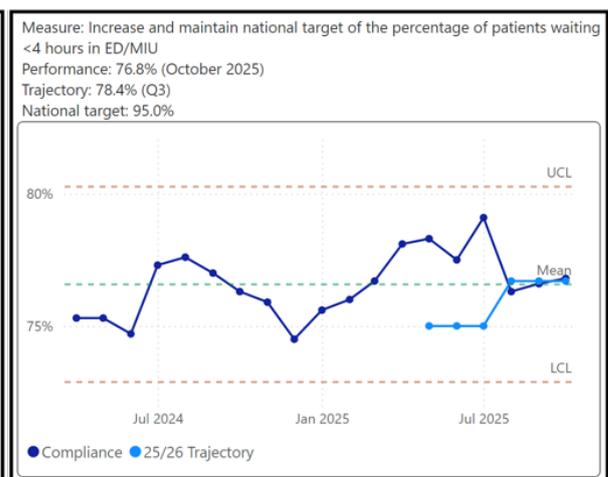
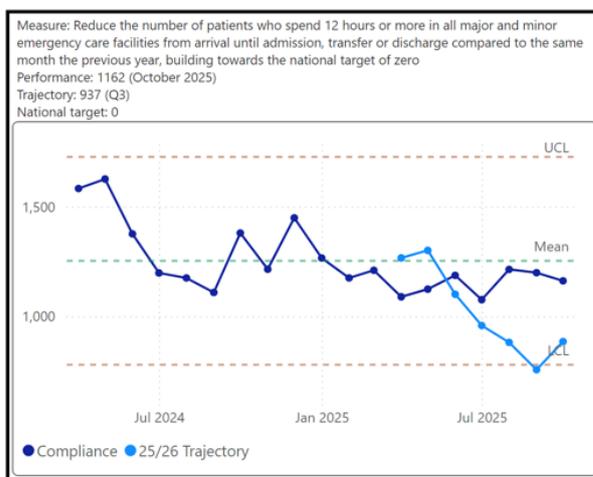
- Wait to be seen (WTBS): Clinician median wait has remained broadly static through the course of 2025/26 to date. Following Winter 2024, the Health Board made and sustained improvements to WTBS, recognising further improvement requirements remain.
- There have been some better performing days since the launch of Our Next Patient, with median, daily performance regularly under 90 min. This however is balanced with more challenging days, as well as overnight performance which can often deteriorate.
- There remain significant operational focus and an action plan in place to ensure there is a sufficient match of capacity to meet the demand and ensure that patients are seen in a timely fashion.



Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, building towards the national target of zero

*ABUHB IMTP March 26 Commitment 750, current position 1,162.*

- 12hr waits in EDMIU (Emergency Department and Minor Injury Units): Patients spending more than 12hrs across our ED and MIUs remains higher than forecast, however in the context of the demand profile there has been an improvement in 12hr compliance.
- For the proportion of patients waiting under 4 hours in ED, GUH ED performance through 2025/26 has broadly been at its highest levels since June 2021, with October reaching 55.8%. The proportion of patients waiting under 4 hours in ED and MIUs has remained relatively stable through 25/26, with October at 76.8%, tracking close to the IMTP trajectory.
- Investment in additional medical staff and protection of additional assessment space are key actions taken by the Health Board that need to consistently deliver the improved WTBS. The new waiting room also offers opportunities for increased assessment capacity.

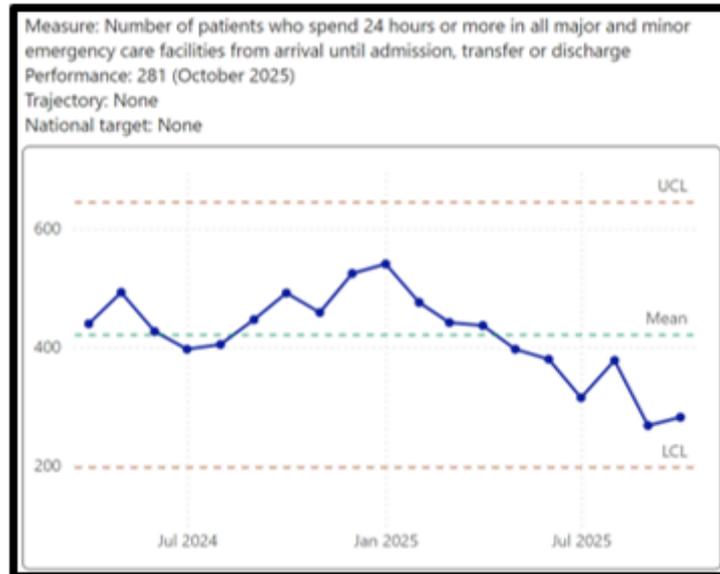


- The same is largely true when looking at 12hr compliance at GUH ED, with July performance of 86.3% (the highest since June 2021) and October at 85.8%. 12hr

compliance at ED and MIUs has also remained stable through 25/26, with October at 93%.

- Additionally, when undertaking analysis of 12hr breaches and looking at the hour's patients spend above and beyond 12hrs in the department, there has been a significant reduction through 2025/26 to date. In April the average number of hours above the 12hrs was 15.2; this had reduced to 8.7hrs in September.

The following graph also demonstrates the reduction in the number in patients waiting more than 24 hours in ED which is a key priority.



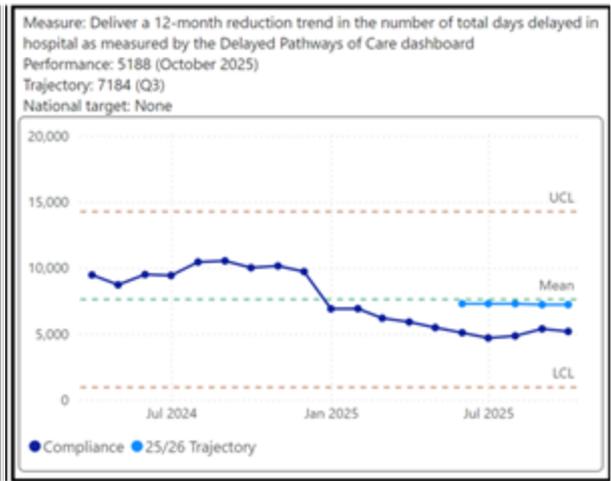
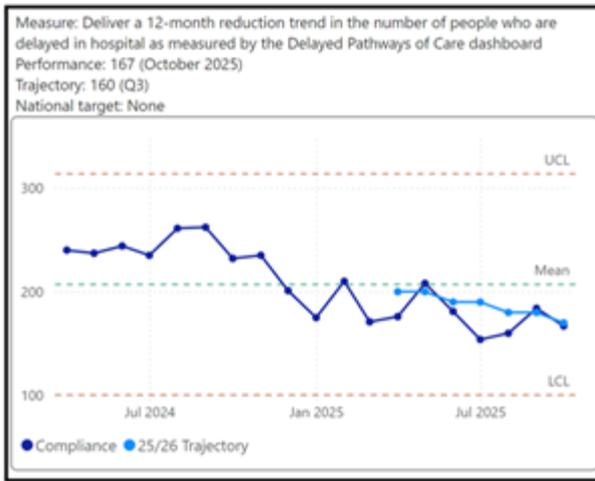
Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard

*ABUHB IMTP March 26 commitment 160, current position 167.*

Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard

*ABUHB IMTP March 26 commitment 160, current position 167.*

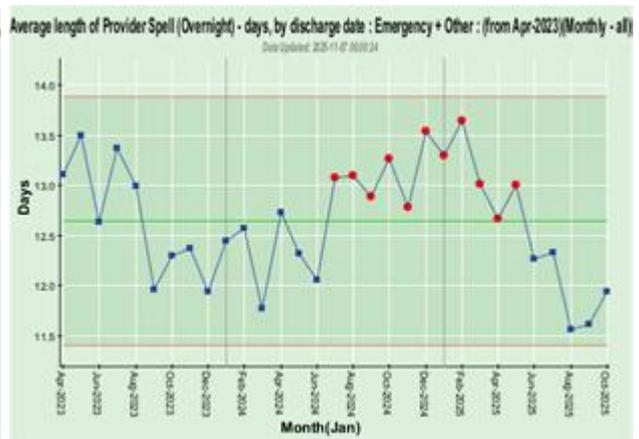
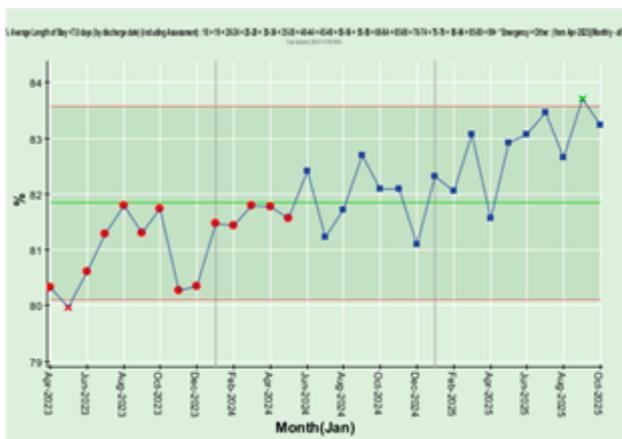
- Pathway of Care Delays (POCDs): POCDs by volume have been on an improving trajectory and October 25 is 28% lower than the same period last year, albeit slightly higher than the trajectory. Significant effort across the Health Board and with partners resulted in a step change last Winter with the improvement broadly sustained through 2025.
- The total days associated with delays has reduced by 48% since the same time last year and has also entered a period of relative stability and remains greatly reduced from the number in the first part of 2024/25.
- Regional working continues through the RPB structures and an Integrated Discharge Board that focuses on the key opportunities for further improvements in discharge.
- A criteria-led discharge pilot is underway on three wards at GUH, supporting efforts to improve patient flow. The optimal hospital flow framework has also been rolled out at GUH, aligned with the 45-minute handover protocol.
- To address delays, a weekly scrutiny panel reviews the top 25 longest-staying patients, alongside a review of the discharge policy ahead of winter to ensure timely discharge.
- Weekly length-of-stay meetings are being held across both acute and community sites, with a strong focus on assessing the next steps from the POCD data to further support timely patient discharge.



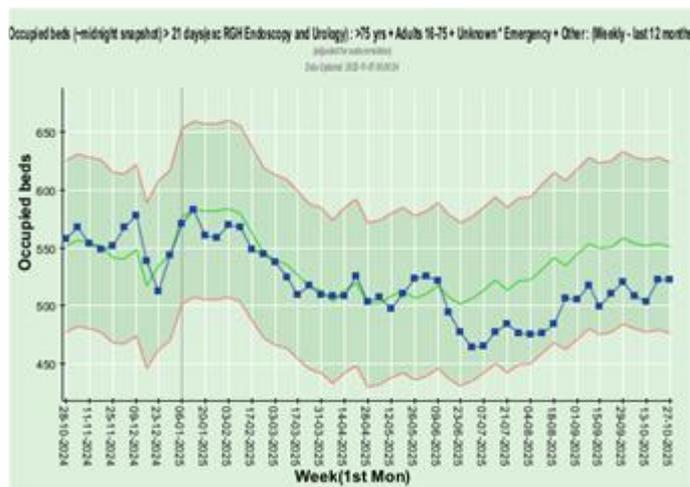
Whilst the above graphs demonstrate the improvements in POCD, the following graphs demonstrate the improvements we have seen in length of stay and discharges across the Health Board demonstrating the impact of the focused discharge work.

<7d LoS Discharge Performance

Provider Spell Length of Stay (LoS)



Occupied Beds >21days LoS



These 3 graphs show a continuous upward trend in emergency admission discharges with length of stay less than 7 days since April 2023, reduced provide spell LOS and a marked reduction in occupied beds with a LOS greater than 21 days.

In terms of other improvement plans, there are a suite of actions in train under the 6 Goals Programme, the 25/26 winter plan and the Our Next Patient Initiative including:

- An expansion to the ED waiting area to improve patient experience and additional capacity with the departments (Phase 1 operational early December 25)
- Data and intelligence led targets for patient flow moves and discharges
- Development and roll out of criteria led discharge
- Establishment of a multi-disciplinary Navigation Hub (SPOA) alongside flow centre to support redirections from hospital conveyance, this went live 27 October,
- Development of a Community Assessment Lounge and model of care that ensures patients with acute frailty needs are pulled through to a defined area with Acute frailty and therapy support
- Maximising use of the Transfer Lounge in GUH to enable early and timely flow
- Joint working with Local Authorities is critical to supporting system wide flow
- In addition to the actions above, the initiatives in train under the Winter plan will further strengthen the resilience of the urgent and emergency cares system in the coming months. These include the mobilisation of additional capacity including medical and community wards and additional care home spaces and supported discharge capacity to sustain safe services in the community and acute settings.

More strategic conversations are underway with Local Authority Chief Executives to consider our ways of working and ambitions to make a step change in community-based care building on the place-based care concept and the opportunities identified through the regional work.

## Mental Health

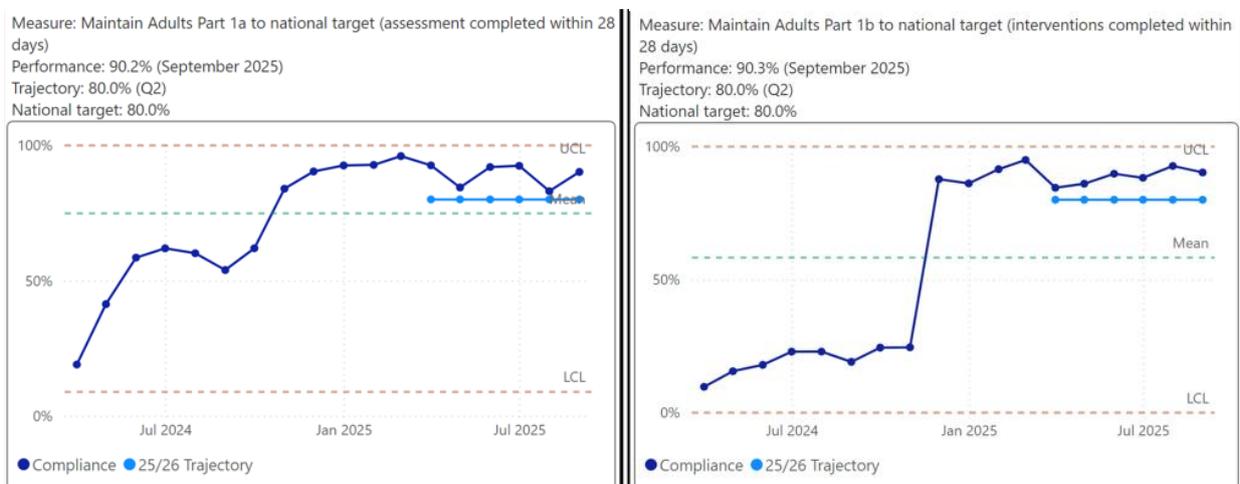
Part 1a - 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral – Over 18s

*ABUHB IMTP March 26 Commitment 1a 80%, current position 90.2%.*

Part 1b - 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS – Over 18s

*ABUHB IMTP March 26 Commitment 1b 80%, current position 90.3%.*

- Adults 1a (Assessments) & 1b (Interventions): The Health Board remains on track for performance for these measures, with the service successfully balancing both demand and capacity to ensure continued compliance with the national standard.
- This has been achieved through positive pathway redesign, D&C review and the use of Robotic Process Automation (RPA).



90% of individuals with a valid care and treatment plan

*ABUHB IMTP March 26 commitment 80%, current position 93.6%.*

- Adults Part 2: Positive delivery has been sustained all year against this standard. Care and Treatment Plan (CTP) performance improved further in September, reaching 93.6% and achieving the national standard ahead of the Q2 target
- Work continues to address issues related to clinical use of the dashboard by staff, particularly around documentation. Engagement with Local Authorities is ongoing to ensure care plan documentation is shared when they are responsible for completing it. Data cleansing remains in progress, however the volume of new Care and Treatment Plans (CTPs) and discharges from CTPs is expected to stabilise.

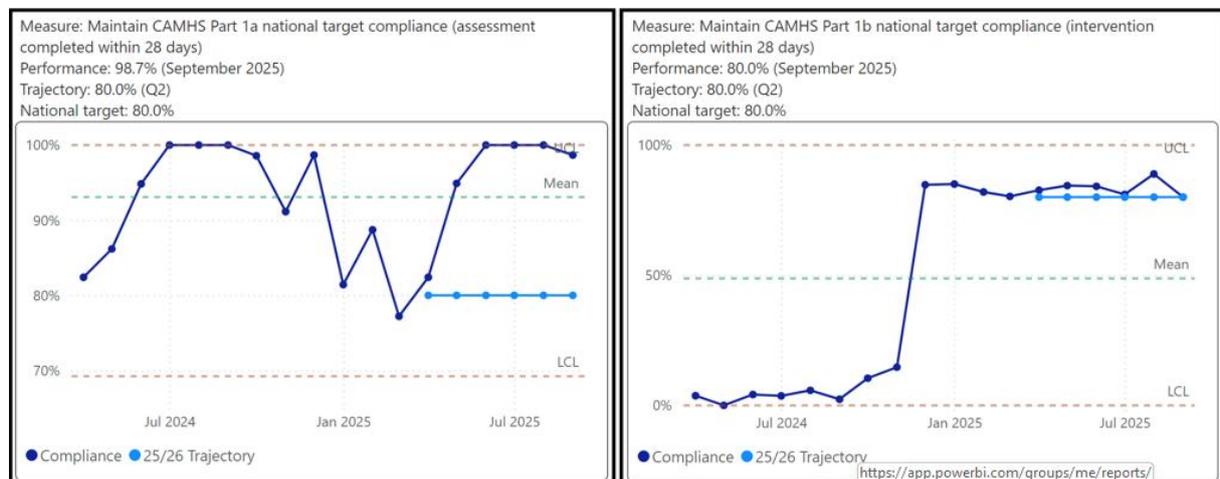
Part 1a CAMHS - 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral – Under 18s

*ABUHB IMTP March 26 commitment 80%, current position 98.7%.*

Part 1b CAMHS - 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS – Under 18s

*ABUHB IMTP March 26 commitment 80%, current position 80%.*

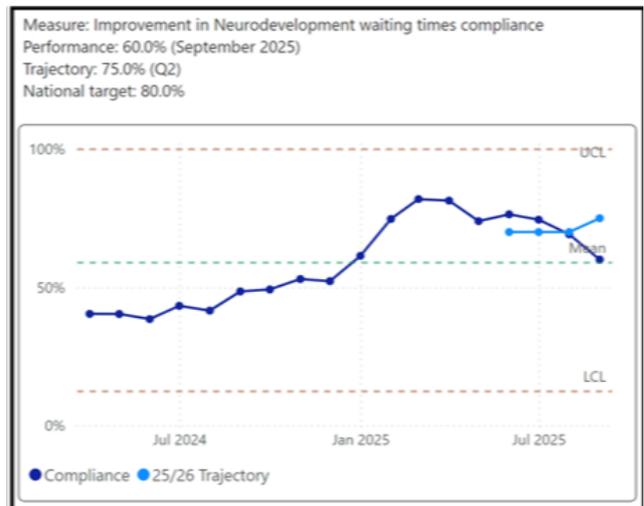
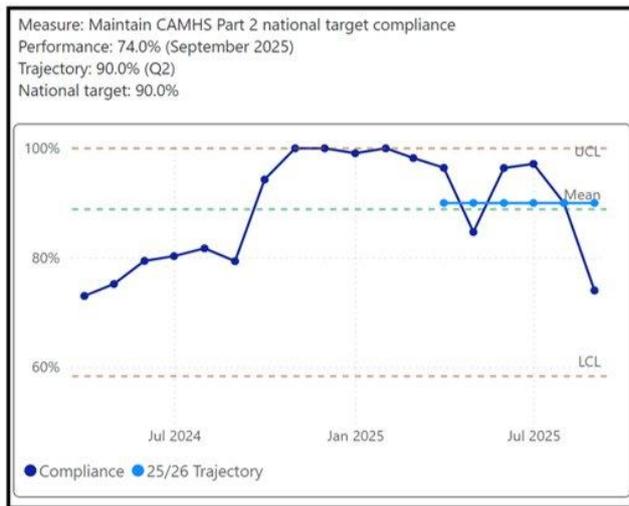
- CAMHS 1a (Assessments) & 1b (Interventions): The CAMHS service continues to consistently deliver (and exceed) the national standards for these measures.



Part 2 CAMHS - 90% of individuals with a valid care and treatment plan

*ABUHB IMTP March 26 Commitment 90%, current position 74%.*

- CAMHS Part 2: Care and Treatment Plan (CTP) compliance in CAMHS decreased in September to 74% to end Q2 below trajectory, having previously exceeded the 90% commitment target every month since October 24, with the exception of a drop in May 25.
- There is an improvement plan in place to remediate performance, focusing on areas where there is non-compliance with CTP processes, and a potential recommendation to appoint a dedicated Clinical CTP lead to ensure governance, compliance, and act as a liaison for validation and process oversight.



## CAMHS Neurodevelopmental (ND)

*ABUHB IMTP March 26 Commitment 75%, current position 60.*

- The CAMHS Neuro Developmental (ND) service has demonstrated significant improvements in reducing waits for patients over the past twelve months and sustained for the first part of the 2025/26 through continued focus on addressing the legacy backlog and implementing the new NESH system and model. These improvements were mostly seen in the under 5 age group and were 87% in June.
- Notwithstanding these improvements, the service continues to face significant strain due to rising demand and reduced capacity, impacting ability to meet the 26-week target and deliver timely care.
- September performance is currently 60% against a Q2 IMTP trajectory of 75%. There is also an increasing number of children waiting over 26 weeks. An action plan associated with a small amount of additional funding has been developed to directly target the over-26-week cohort, accelerating progress toward the RTT recovery goal.

This is a key priority area for the Health Board demonstrated through its improved performance and has been delivered through successful service redesign and is currently being held up as a national exemplar especially given its work on single point of contact, partnership and co-production.

## **2.2 Quality and Safety**

The Health Board's Quality Strategy is a three-year plan designed to deliver safe, effective, and person-centred care. It places quality and safety at the heart of all activities, recognising that risks and challenges evolve over time.

The Health Board's approach to quality is structured around six key pillars, each representing a fundamental domain of care:

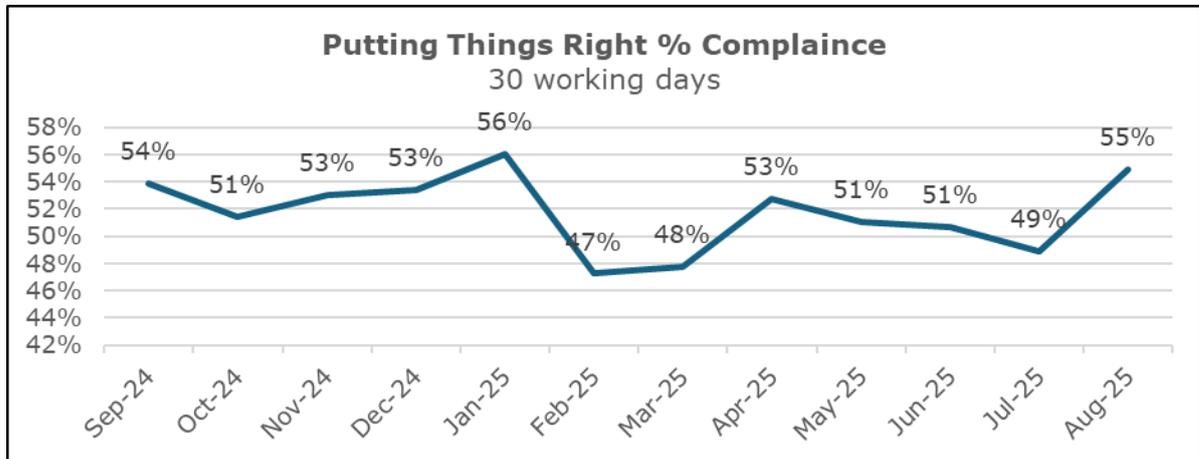
1. Patient and Staff Experience and Stories
2. Patient Safety/Incidents
3. Complaints, Concerns and Compliments
4. Health, Safety and Security
5. Infection Prevention and Control (including Antimicrobial Prescribing)
6. Safeguarding.

These pillars are aligned with the STEEEP domains (Safe, Timely, Effective, Efficient, Equitable, Person-centred), ensuring a comprehensive approach to quality. The strategy and pillars are supported by enablers such as leadership, information systems, learning and

improvement frameworks, workforce development, a positive culture, and a whole-system approach to governance and assurance.

## Complaints

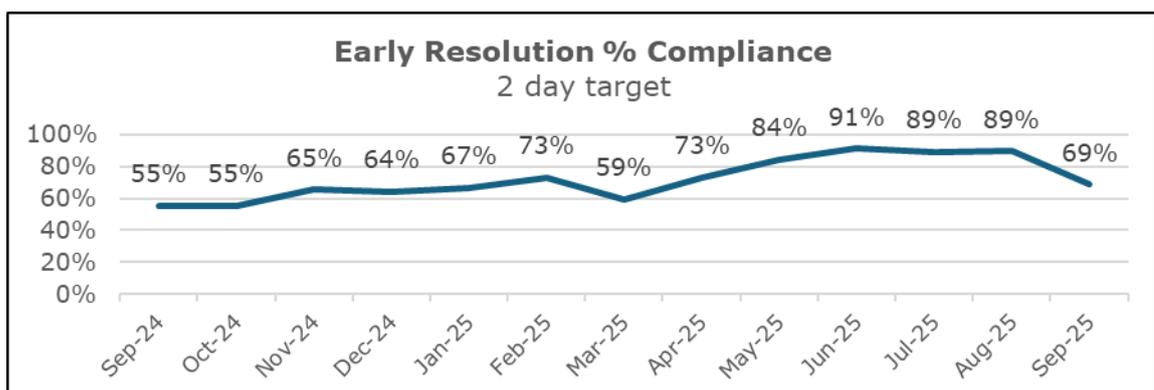
The Health Board’s Putting Things Right (PTR) process has remained broadly consistent throughout the reporting period, as demonstrated below, yet continues to fall short of the required standard. Improving Putting Things Right response compliance continues to be the single highest priority for the Quality and Patient Safety Team with a focus on the quality of the complaint investigation and responses to complainants.



Early Resolution (ER) performance has significantly improved over the past year, with no re-opened cases since December 2024 and compliance with the 2-day closure target reaching nearly 93%. This reflects the success of enhanced Putting Things Right (PTR) training, robust review processes, and the introduction of twice-weekly case reviews and dashboard monitoring. Any complaints not resolved within 48 hours are escalated to formal concerns, ensuring best practice and regulatory compliance. Communication issues—such as overcoming language barriers and responsiveness—remain the most common theme in both ER and formal complaints.

Four Investigating Officer Training sessions, supplemented by additional divisional training, have equipped staff with a stronger understanding of the PTR process and Public Services Ombudsman for Wales (PSOW) requirements, with all attendees reporting increased confidence in complaints investigation.

Weekly meetings between Concerns Managers and support officers maintain oversight of open ER matters, ensuring timely case management and addressing barriers to closure. These efforts have resulted in reduced interventions (from 37% to 28%) from the PSOW, there has been a 98% reduction in the number of people complaining to the ombudsman about the complaints process and complaints handling in 2024/25 and completion of all PSOW recommendations for 2024/25.



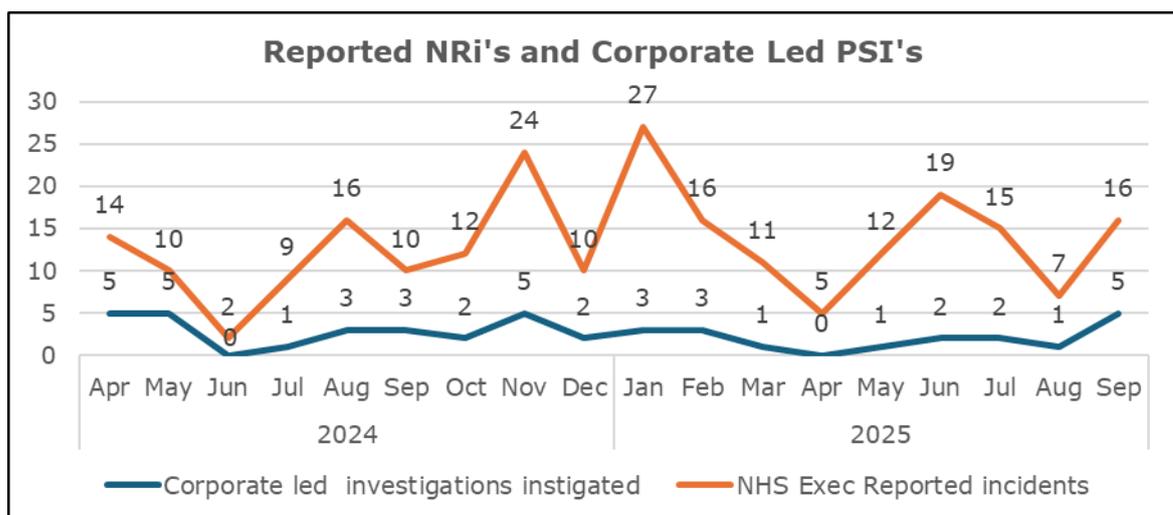
## Patient Advice and Liaison Service

The total number of contacts managed by the Patient Advice & Liaison Service (PALS) has remained steady at approximately 450 per month, with 1,393 contacts made in Q2—an increase from 1,272 in Q1. Between September 2024 and September 2025, PALS managed a total of 5,794 cases, of which only 7 were escalated to the Putting Things Right (PTR) process, representing just 0.12%. This highlights the effectiveness of PALS in resolving most concerns at an early stage. The themes across all PALS contacts have been consistent, with over 50% relating to communication issues, including language barriers. The second most common theme is access to services, followed by appointment queries. The rollout of PALS bedside stickers has commenced across the Health Board to enhance the visibility and accessibility of support for patients. PALS teams are actively supporting individuals cared for in boarding spaces, ensuring their needs are met and concerns are addressed promptly.

In collaboration with the deaf community, efforts are being made to establish PALS as a recognised point of contact for accessible support. Additional support is offered to bereaved families, providing guidance and emotional care during difficult times. PALS maintains active involvement in People Participation Panels, collaboratives, and Big Conversations to ensure that patient voices directly inform service improvements. The team also assists with digital patient stories, capturing real experiences to inform learning and drive positive change.

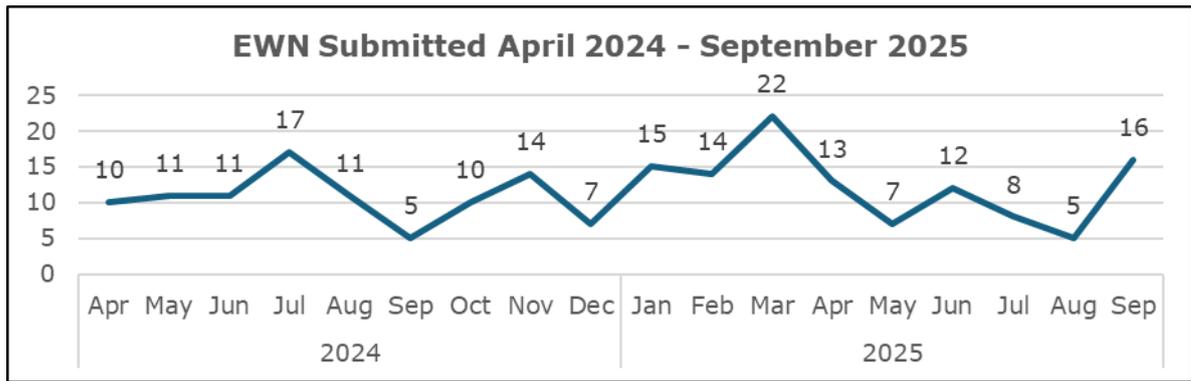
## Patient Safety Incidents

Over the past two quarters, patient safety incident volumes have remained steady, with most incidents resulting in no or low harm. A small number were categorised as moderate or above, with 38 incidents in Quarter 2 meeting the threshold for Notifiable Reportable Incidents (NRIs), a slight rise from 35 in the same period last year. However, this does not signal any unusual trends, indicating a stable incident profile overall. Case management of NRIs has improved, with higher compliance rates for internal and external reporting timeframes, though some complex cases remain challenging. To support improvement, divisional and cross-speciality meetings review incident data and monitor action plans, while benchmarking with peer organisations informs local priorities. The Family Liaison Officer (FLO) role is being developed, with new standard operating procedures and training proposals to ensure compassionate, consistent support for those affected by incidents.



There were 29 Early Warning Notifications (EWNs) reported to Welsh Government (WG) in Q2, compared to 33 submitted for the same period in 2024/25. The themes for Q2 include Mental Health service users absconding; suicide attempts and deaths (including unexpected death) among MH service users; alleged criminal offences by staff or patients;

GDPR and data loss; PRUDICS; professional practice concerns; reportable infectious diseases; and violent incidents by patients involving patients and staff. These do not represent unusual trends.



### Duty of Candour

In the first half of 2025/26 (Q1&2) there were 26 incidents that triggered Duty of Candour. This figure is based on the question – Was healthcare provided a factor? This compares to 35 cases in the first half of 2024/25 (Q1&2). These incidents included medication errors, missed diagnoses, pressure area damage, patient deterioration, inadequate discharge processes, and inadequate supervision resulting in a fall. All such cases have undergone the formal Duty of Candour process, ensuring transparency and appropriate communication with those affected.

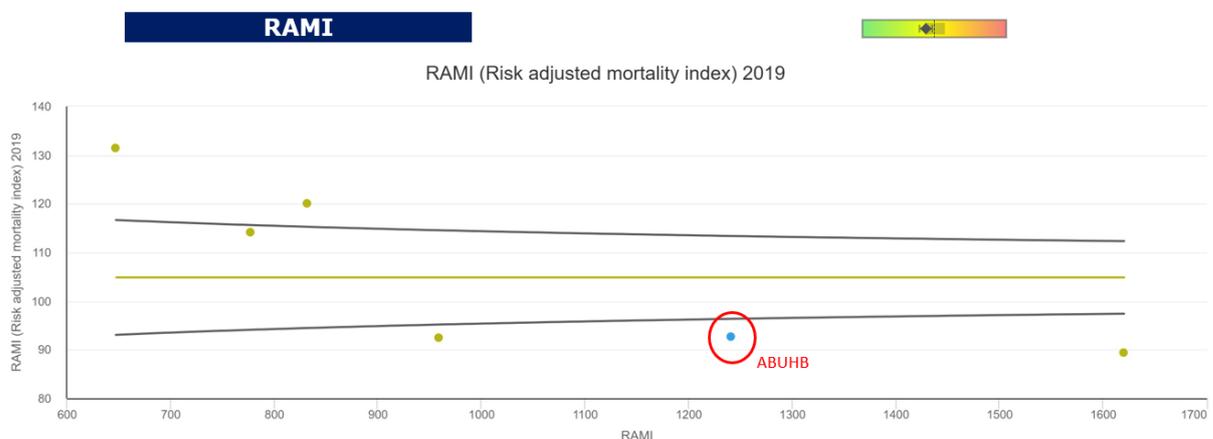
### Mortality Metrics

#### Risk Adjusted Mortality Index

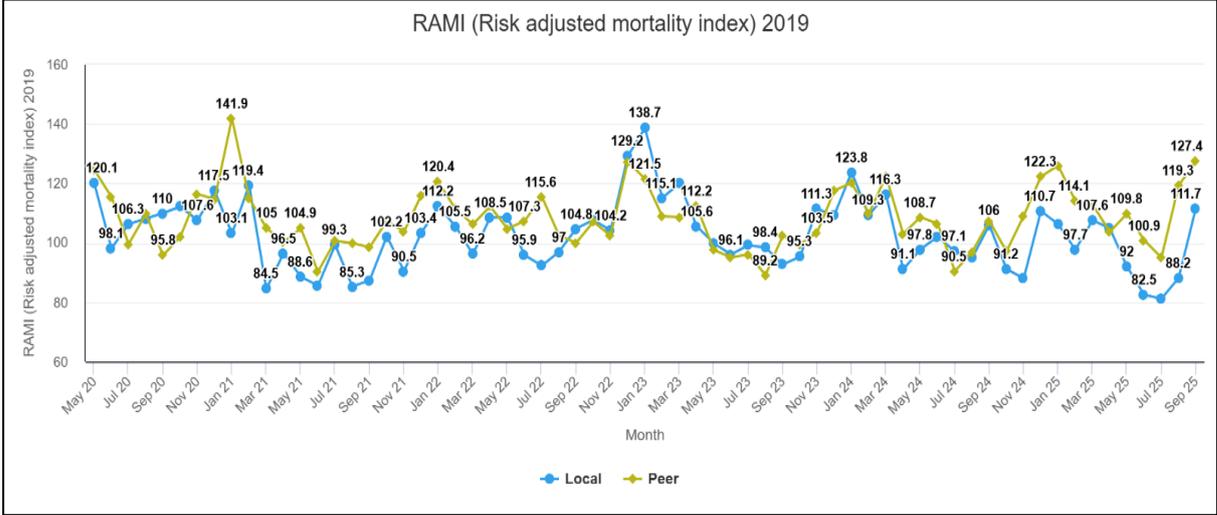
Risk Adjusted Mortality Index (RAMI) is the key metric used to measure hospital mortality developed by CHKS that accounts for patient risk factors to compare observed deaths to expected deaths.

The Health Board’s RAMI for Q2 is 92.48, a slight improvement from 92.83 in Q1. It also adjusts for individual patient risk factors and co-morbidities, enabling meaningful comparison between organisations. Learning from deaths is a key element of the Health Board’s approach to patient quality and safety.

The accuracy of RAMI is highly dependent on the completeness and precision of clinical coding, as well as timely updates to external systems used by the Health Board. There is a standard 6–8-week delay in clinical coding. This delay ensures sufficient time for coding completion and accuracy in RAMI calculations.



There has been an improvement in RAMI since the Health Board opened the Grange University Hospital (GUH) in November 2020, almost consistently since 2021. The Health Board is now consistently reporting one of the lowest RAMI in Wales, compared with a previous pre-GUH position where the Health Board reported one of the highest RAMI and was consistently above the Welsh average.



Data at a speciality level also identifies positive comparable position for the Health Board in terms of mortality:

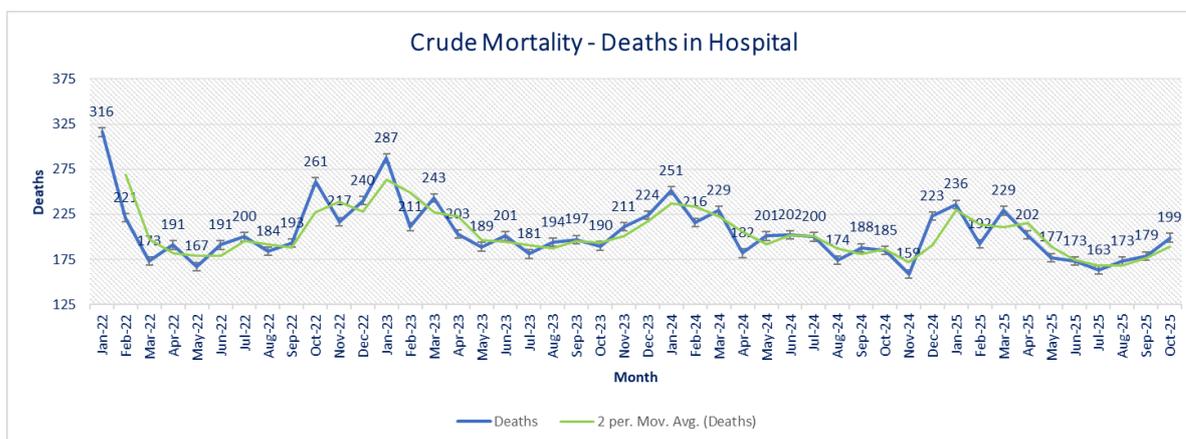
Table 2: RAMI Apr 24 to Sept 25 at speciality level

Description	RAMI Apr 25 – Sept 25	Peer value	Performance RAG
In hospital mortality within 30-days of emergency admission for stroke.	7.92%	13.99%	Light green
% mortality in hospital within 30-days of admission with myocardial infraction (aged 35 to 74).	1.06%	4.24%	Green
Rate of mortality in hospital within 30-days of non-elective surgery.	1.34%	1.65%	Light green
Rate of mortality in hospital within 30-days of elective surgery.	0.07%	0.12%	Yellow
A&E % admitted mortality.	2.04%	3.83%	Light green
A&E % unplanned attendances who died in department.	0.09%	0.14%	Light green

Crude Mortality

Crude mortality measures the number of deaths in a population over a specific period. It helps understand overall death rates in a community, region, or country by comparing current deaths to the average over the previous four years, identifying trends above or below this average. The data includes all-cause mortality and as seen in the Aneurin Bevan University Health Board.

The below graph shows the actual number of deaths recorded within the Health Board in a hospital environment. In 2025 there has been an average 15% lower deaths recorded than previous years. The graph also shows the seasonal variation in the number of deaths, most notably consistent yearly spikes in December and January.



### Adjusted Mortality Rates NELA

National Emergency Laparotomy Audit (NELA) is an annual audit examining the care provided to NHS patients who undergo emergency laparotomy (emergency bowel surgery) across hospitals in England and Wales. The audit collects and analyses data to assess standards of care, outcomes, and processes for these high-risk surgical patients.

The tenth annual report covers 23,560 patients in 176 hospitals (April 2023–April 2024). In respect of mortality, the tenth annual report concludes that for the Health Board the 30-day adjusted mortality rate dropped significantly from 9.6% in Year 9 to 5.1% in Year 10 (based on a total of 284 laparotomies), outperforming the national average (8.1%) and showing marked improvement over previous years. GUH (Grange University Hospital) ranked 23rd out of 169 hospitals.

Overall, mortality rates at GUH have reduced year-on-year, indicating stabilisation and improvement in outcomes since the initial opening year. The trend demonstrates a sustained improvement in mortality rates across the Health Board; the successful transition to a centralised acute care model, with GUH now delivering care for the most complex and high-risk patients; and a positive trajectory in patient safety outcomes, despite initial expected challenges during the reconfiguration period.

### **Infection Prevention and Control**

The Health Board has responded swiftly to infection outbreaks and emerging risks, implementing coordinated measures across various settings. For incidents involving communicable diseases, immediate contact tracing and advisory communications to GPs ensured prompt notification and monitoring of exposed individuals. Where outbreaks escalated, particularly in high-risk environments, mass treatment protocols and enhanced environmental hygiene—such as frequent curtain and linen changes—were enacted to minimise transmission.

Covid-19 outbreaks were managed through strict droplet precautions, isolation or cohorting of affected individuals, and focused staff risk assessments. Outbreaks of *Clostridioides difficile* prompted both antibiotic prescribing reviews and the use of advanced cleaning techniques, including HPV and UV disinfection.

Key lessons include the importance of rapid mobilisation, rigorous hygiene, clear communication, and adherence to infection prevention protocols. Regular reviews of antibiotic prescribing supported antimicrobial stewardship, while robust decision-making was underpinned by staff assessments and timely escalation to specialists

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	41.87	1	23.78	59.96	21.44	7.37
Betsi Cadwaladr UHB	46.41	1.44	25.08	70.9	19.89	4.32
Cardiff and Vale UHB	40.79	3.46	26.94	53.49	23.86	3.85
Cwm Taf Morgannwg UHB	40.65	0.89	25.01	85.76	32.61	2.23
Hywel Dda UHB	41.11	4.11	27.75	96.09	32.89	5.14
Powys THB	19.29	0	1.48	1.48	0	0
Swansea Bay UHB	61.94	2.56	29.69	70.64	32.25	7.68
Velindre NHST						
Wales	44	2.02	25.21	68.7	24.9	4.85

Key actions to advance antimicrobial stewardship have focused on engaging clinical leadership, strengthening collaboration, and developing robust electronic prescribing systems. Notable initiatives include active participation in Primary Care Clinical Directors meetings, close work with the ePMA lead pharmacist, and ongoing collaboration with other health boards using the 'Better' system to share workload. Antimicrobial indicators are now embedded in divisional assurance, supported by regular data analysis with the Public Health Team, while guidelines have been updated to cover patients without a defined infection source, with targeted teaching rolled out to emergency and respiratory teams. Areas identified for further improvement include accelerating Neighbourhood Care Network engagement, earlier embedding of AMS priorities in divisional teams, expanding educational outreach, strengthening data visualisation tools, and formalising feedback mechanisms through regular progress meetings.

### Welsh Government Antimicrobial Targets – Primary Care

Target 11a sets out the requirement for a reduction in total antimicrobial volume by a minimum of 10% by 2029/30, using 2019/20 as the baseline (measured in defined daily doses (DDDs) of antibiotics per 1,000 STAR-PU). The ABUHB 2024/25 full-year equivalent (FYE) position, as reported by Public Health Wales, shows a 6.6% reduction—demonstrating clear progress towards the target. The reduction in antibiotic course lengths has played a pivotal role in achieving this improvement, with the change incentivised through the 2023/24 CEPP GP incentive scheme. Looking ahead, the continued review of long-term antibiotic prophylaxis as part of the 2024/25 CEPP is expected to drive further reductions in antimicrobial volume.

### Welsh Government Antimicrobial Targets – Secondary Care

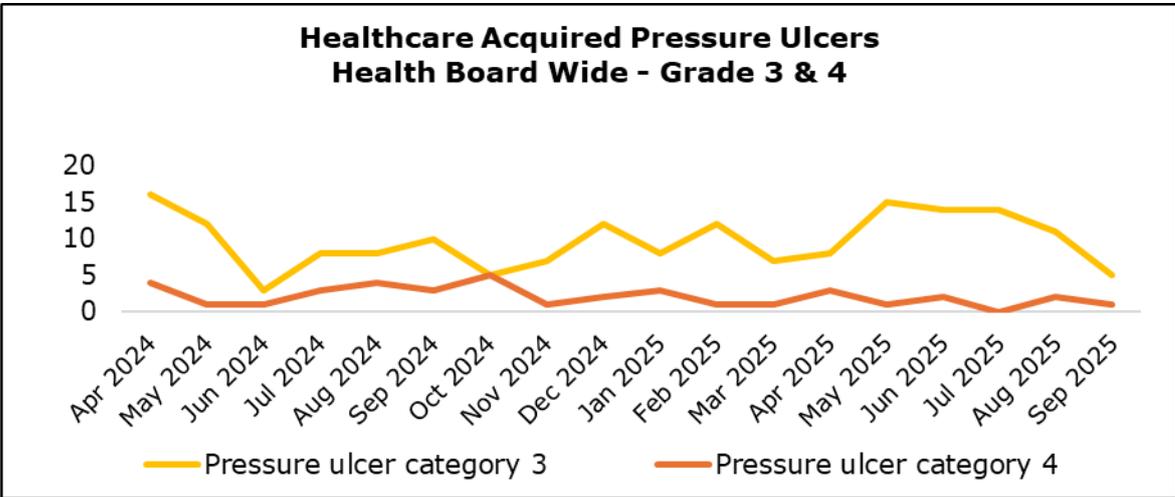
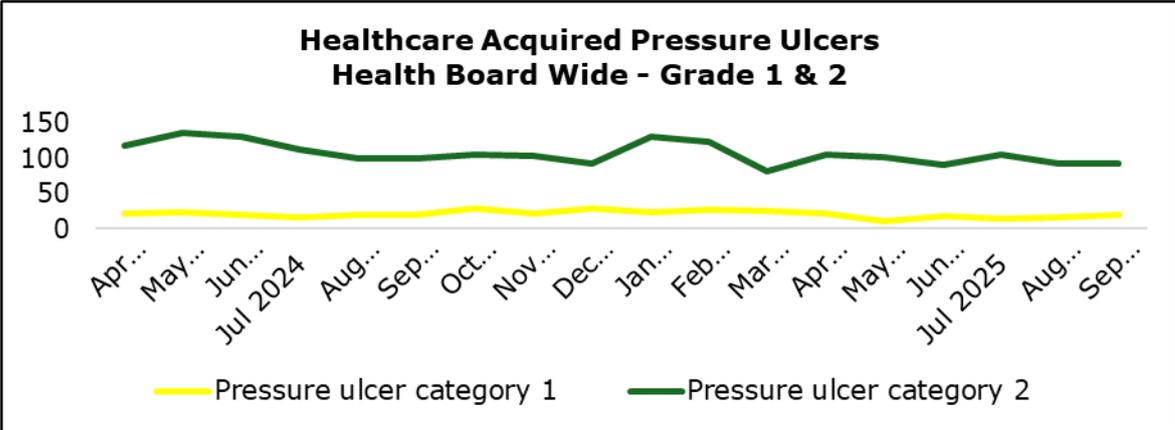
Target 11b sets out the requirement for a reduction in total antimicrobial volume by a minimum of 10% by 2029/30, using 2019/20 as the baseline (measured in defined daily doses (DDDs) of antibiotics per 1,000 STAR-PU). The ABUHB 2024/25 full-year equivalent (FYE) position received from Public Health Wales indicates a 10.9% increase in antibiotic consumption compared to the 2019/20 baseline. However, this represents a 2.4% reduction when comparing 2025/26 with 2024/25, highlighting recent progress in reversing previous upward trends.

### Pressure Damage

Recent Datix data shows that grade 2 pressure ulcers remain statistically stable across the Health Board, while grade 1 ulcers have slightly declined. However, grade 3 pressure ulcers saw a spike in October 2025, with September as an outlier due to fewer cases. All divisions are now conducting focused reviews on reported pressure damage, supported by monthly monitoring through the prevention forum.

A targeted intervention since April 2025 has dramatically reduced “no value” entries, previously around 100 per month, by improving validation and closure processes. The introduction of focused reviews for all grades has enhanced the accuracy of avoidable versus unavoidable incident reporting.

Quality improvement efforts include correct grading, avoiding duplication, and ensuring timely closure of incidents. Staff education on mattress access and reporting damaged equipment is ongoing, with resources and training being rolled out to all sites. Senior nurse sign-off for grade 2 ulcers is now standard practice, and scrutiny panels have been established to share learning and drive improvement.



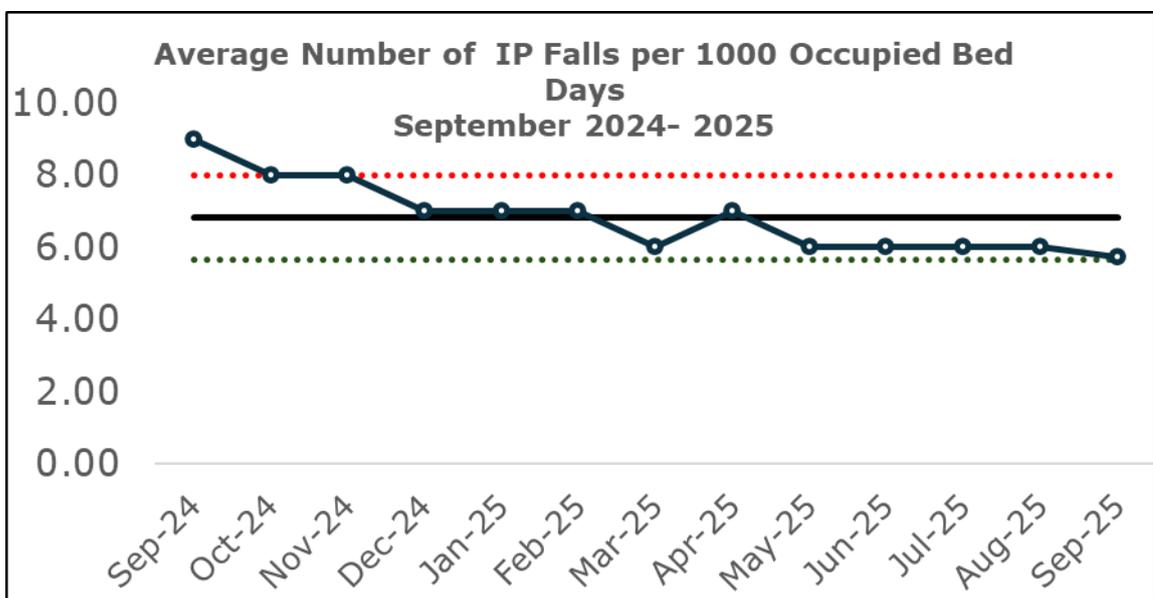
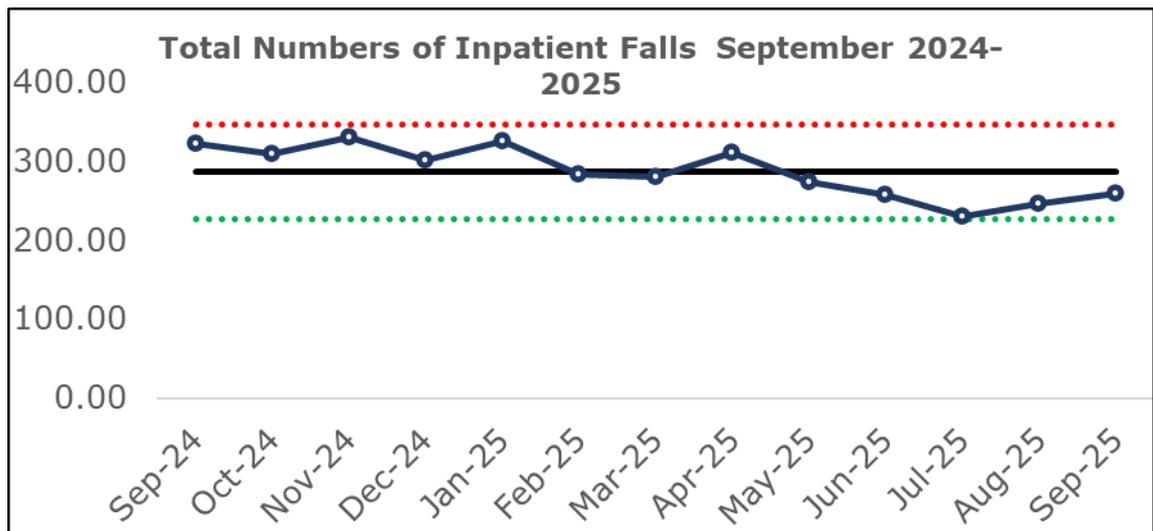
**Falls**

Falls are a significant risk of harm for hospital patients, particularly for those over the age of 75 and with frailty. Avoiding harm from hospital falls is a priority for the Health Board, which is committed to implementing actions specified by the Welsh Government to prevent adult inpatient falls, as outlined in WHC (2016)022. This includes considering the balance between preventing falls and avoiding immobility.

The improvement action plan is overseen by the Health Board’s Falls & Bone Health Strategic Group, which reports to the Executive Committee. All hospital falls that result in a fracture or serious head injury are reviewed at the weekly Clinical Executive Safety meeting, and reported to the Executive Committee, providing an opportunity for immediate make-safe action and identification of emerging trends.

The current mean average of falls incidents is 287 per month, representing a decrease since the start of quarter 1. Over the past five months, the average number of falls per 1000 occupied bed days has shown a consistent downward trajectory, tracking below the mean average, and below the UK benchmark (National Audit of Inpatient Falls). The improving rate coincides with a range of action being undertaken by the Health Board to reduce the number of inpatient falls, including the introduction of a revised process for reviewing those falls with severe injury, which enables more timely learning and corrective action, the publication of the Health Board’s revised ‘Falls Policy for Hospital Adult Inpatients’

supported by awareness raising and training and the implementation at ward level of quality improvement projects targeting a reduction in falls incidents.



Of total reported falls, 99.7% are categorised as low or no harm, with 0.28% as moderate in severity, and 0.02% representing a catastrophic outcome. There have been no catastrophic falls since November 2024, demonstrating sustained improvement as a result of actions taken by the Health Board to prevent falls and avoid harm.

### Health and Safety

The Health Board is committed to ensuring that it provides and maintains safe services to all its patients, staff, and visitors by adopting and promoting a positive safety culture. Health, Safety and Security is an identified quality pillar within the Health Board's Quality Strategy. The 'six pillars of quality' run throughout the Health Board, ensuring delivery of the highest standards of care under these domains.

The Health Board has a Strategic Health and Safety Action Plan which aims to foster a stronger safety culture by focussing on:

- Commitment and leadership
- Engagement and participation
- Communication
- Learning and competence

- Monitoring and reporting
- Accountability.

The Health and Safety Annual Report for 2024/25 included the following key achievements:

- RIDDOR Reporting Compliance: increase from 67.7% (2023/24) to 69.8% (2024/25)
- Health and Safety Statutory & Mandatory Training Compliance: increase in 2024/25 compared with 2023/24. This includes Manual Handling and Violence Prevention & Reduction training programmes.
- Health and Safety Monitoring: a programme of health, safety and environment workplace inspections was completed for wards and departments in the Acute Hospitals, Community Hospitals and Mental Health & Learning Disabilities sites. These assessments yielded an average Health Board compliance score of 89.63%.
- Health and Safety Risk Assessments: an additional 226 employees were trained in Health & Safety Risk Assessment.
- Fire Risk Assessments: 100% completed/reviewed against of the planned areas in 2024/25. This is an increase of 4% compared with 2023/24.
- Fire Alarm Systems: work was completed on upgrading the fire alarm system at St Cadoc's Hospital and a programme has commenced on replacing the fire alarm system at Royal Gwent Hospital. Fire alarm systems across the Health Board have been analysed and a planned replacement programme has been developed.
- Fire Barriers (Compartmentation): the condition of fire barriers has been analysed across hospital sites which has identified improvements required at Nevill Hall Hospital and Royal Gwent Hospital. Funding has been secured to repair the fire resisting barriers on these sites.

The Health & Safety Work Plan for 2025/26 continues to deliver actions to achieve further improvements in health, safety, security, and fire management.

### **2.3 External assessment**

#### **Public Services Ombudsman**

The Public Services Ombudsman for Wales (PSOW) investigates complaints about public services, breaches of the councillor Code of Conduct, and sets standards for complaints handling.

The Health Board responded to the PSOW's Annual Letter for 2024/25, highlighting improvements in complaint handling and organisational performance. During the period, the Health Board demonstrated significant progress in reducing upheld cases and improving complaint management, while continuing to focus on compliance and collaboration with PSOW. Key highlights include:

- In 2024/25, the Health Board received 178 new PSOW referrals and closed 176 cases, with only 3.3% of cases upheld, a notable improvement from 25 cases upheld in 2023/24.
- The Health Board managed 3,190 complaints in 2024/25, with 178 escalated to PSOW, representing 0.30 per 1,000 residents and about 5.5% of total complaints over two years.
- Interventions from PSOW decreased from 37% to 28%, and complaints about the complaints process itself dropped by 98%, from 41 to 1.
- The Health Board implemented a 'Train the Trainer' model for Investigating Officer training, scheduled divisional sessions, and enhanced complaint triage with a person-centred focus to improve communication and timeliness.

Regular collaborative meetings with PSOW staff were established from September 2025, alongside reporting on the Duty of Candour and Quality, to continue organizational enhancement and compliance.

## **Audit Wales**

The Audit Wales 2024 Structured Assessment work reviewed the Health Board's corporate governance and financial management arrangements, particularly the progress made in addressing the previous year's recommendations.

Overall, the Audit Wales report stated:

"The Health Boards Board and committee governance arrangements are stable and generally effective. However, given its financial and performance challenges, the Health Board's development of a new long-term strategy and delivery of its three-year route map are crucial to enabling the organisation to transform services to meet current and future demand."

The report went on to say that:

- **Board transparency, effectiveness, and cohesion** – "Despite reasonably effective Board and committee arrangements, the Health Board should, increase the number of patient safety leadership walk arounds, and improve committee chairs' reporting to Board".
- **Corporate systems of assurance** – "while the Health Board is strengthening its assurance arrangements and its performance management approach is improving; further work is needed."
- **Corporate approach to planning** – "the Health Board has generally effective arrangements for developing strategic plans built on good engagement. Developing a new long-term strategy is a clear priority for the Health Board. However, it needs to ensure clinical services plans are developed in consultation with all relevant stakeholders and fully reflects the changes needed to further deliver sustainable clinical service models."
- **Corporate approach to managing financial resources** - "the Health Board is improving its financial controls and has a stronger focus on value and savings delivery. However, its significant ongoing financial challenges suggest that it needs a longer-term and detailed financial strategy aligned to sustainable care models."

The Structured Assessment also considered whether the Health Board has a sound approach to setting its well-being objectives in accordance with the sustainable development principle in the Well-being of Future Generations Act. The Assessment found that, while the Health Board works well with partners to assess and understand its population needs, it needs to review its well-being objectives and ensure their delivery features more explicitly in corporate plans.

The report recommended that the Health Board needed to take the opportunity presented through the development of its new long-term strategy to more fully integrate the requirements of the Well-being of Future Generations (Wales) Act 2015 across the organisation and set well-being objectives, which the Health Board will now take forward.

Recommendations arising from the above findings are being progressed and monitored by the Health Board's Audit, Risk and Assurance Committee.

The Audit Wales' Annual Audit Report for the Health Board is available on the [Audit Wales website](#). This report summarises the findings from Audit Wales' 2024 audit work at Aneurin Bevan University Health Board undertaken to fulfil their responsibilities under the Public Audit (Wales) Act 2004.

Copies of all reports produced by Audit Wales can be accessed via [Audit Wales Publications](#).

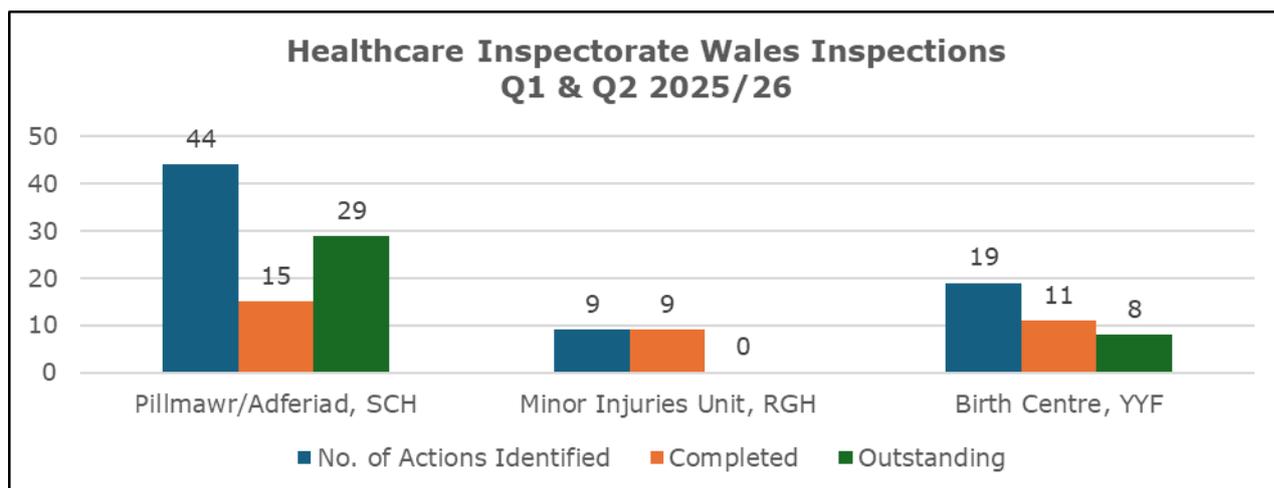
The 2025 Structured Assessment is due to be presented to the Health Board's Audit, Risk and Assurance Committee in December 2025.

Audit Reports published by Audit Wales in 2025, include:

- [Quality Governance Arrangements Follow-up](#) (June 2025)
- [Tackling the Planned Care Challenges](#) (July 2025)
- [Urgent and Emergency Care: Arrangements for Managing Demand](#) (September 2025)

### Healthcare Inspectorate Wales (HIW)

Recent HIW inspections have covered maternity services, emergency care, and the mental health and learning disability services. In response, the Health Board has developed and approved comprehensive improvement plans. Prompt responses have been provided to letters of concern, offering robust assurance and highlighting ABUHB's commitment to transparency and proactive engagement with regulators. Governance arrangements have been further strengthened, with increased oversight from the Quality Management Group, Executive Leadership Team, and the Patient Quality and Safety Outcomes Committee. Discussions on improvements are also taking place at the Patient Quality, Safety, Learning and Improvement Forum. Operational engagement is strong and has improved the systematic closure of actions.



### Llais Gwent Region

ABUHB works closely with the Llais Gwent Region to ensure that the views of patients, carers, and communities are fully considered when planning and delivering health and social care services. To strengthen this partnership, the Putting Things Right (PTR) team meets with Llais every six weeks to discuss cases where Llais is providing support. The QPS Manager also communicates with advocates and the Regional Director as needed to address especially difficult or complex cases. Regular away day sessions and meetings further support this constructive relationship. Recent engagement with the public has identified several important issues, such as access to Primary Care, Mental Health Services for Children and Young People, Safeguarding and communication barriers. ABUHB has responded to these concerns through formal letters, service improvements and joint planning with Llais.

## **2.4 Quality Management System**

The Health Board's Year 3 Quality Strategy and Implementation Plan has seen the introduction of a Quality Management System (QMS) that unifies reporting, patient experience, clinical audit, and quality improvement under one cohesive, data-driven structure. By standardising processes and focusing on key quality metrics, the QMS streamlines operations, strengthens assurance, and ensures efforts are targeted for maximum impact. At its core, the QMS fosters a culture of continuous improvement and learning, empowering staff at all levels to lead and participate in initiatives. It is supported by the Quality Management Group and guided by the 2025–2028 Quality Improvement Framework, with a strong emphasis on capability building, including training in human factors and fostering a 'Just Culture' that promotes psychological safety and openness.

Data-driven decision making is central, with the Quality Outcomes Framework (QOF) and collaboration with digital teams that has enabled automation through tools like Qlik, delivering real-time analytics and rapid responses to emerging issues. Regular, evidence-based reporting to executive and committee levels, alongside audits and progress reviews, provides transparency, accountability, and alignment with statutory requirements and quality pillars. Patient and staff feedback is triangulated with incidents, complaints, audits, and mortality reviews to identify trends and inform service redesign. Engagement with patients, families, and staff is integral, ensuring that improvement actions are meaningful and sustained.

Ward accreditation is a key enabler to the quality management system and is a structured process designed to recognise and promote high standards of care and continuous improvement across hospital wards. Accreditation is awarded at different levels, such as bronze and silver, based on the achievement of set criteria relating to patient safety, quality of care, and leadership. During the Q1 and Q2, there was notable progress in the accreditation scheme. The number of wards achieving bronze accreditation increased significantly from 10 in April 2025 to 26 by September 2025. Additionally, 8 wards were awarded silver accreditation, reflecting ongoing commitment to excellence and development and driving improvement across the Health Board.

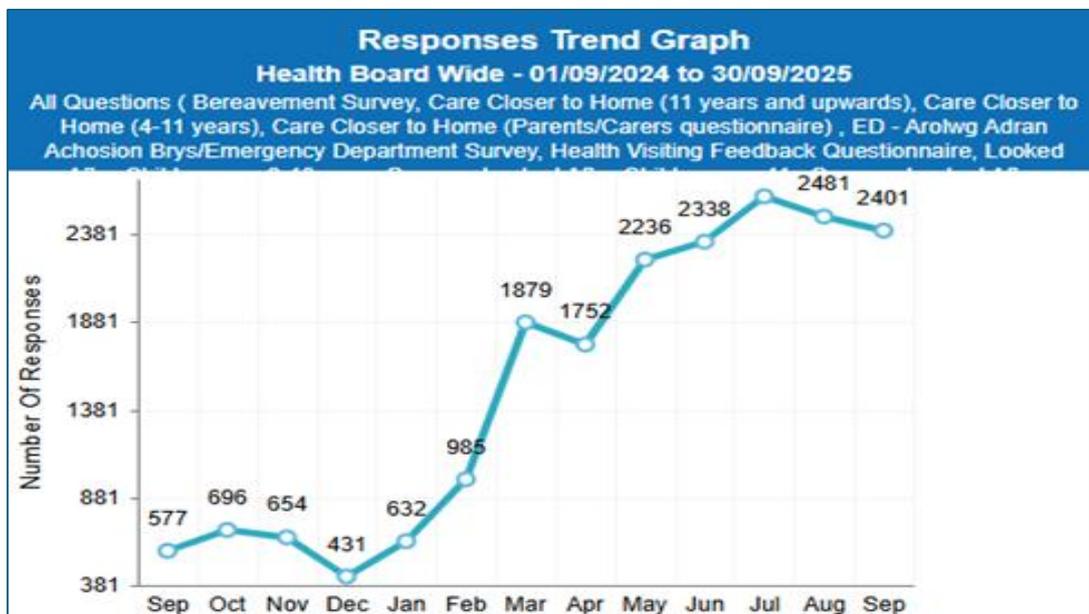
## **2.5 Fragile and challenged services**

Information in respect of fragile and challenged services is provided within sections 1.3, Clinical Service Plan, and 1.4, Service Change.

## **2.6 Patient experience**

There has been a notable rise in responses to CIVICA Patient Experience surveys, with 7,478 received in Quarter 2—July 2025 alone saw 2,596 responses. Overall satisfaction improved slightly to 87% in Q2, up from 86% in Q1, with feedback consistently highlighting compassion, emotional support, and effective communication as strengths. However, waiting times remain a persistent area of concern, with September seeing a further decline in scores for this theme.

The transition from the locally developed Person-Centred Care (PCC) Survey to the national People's Experience Survey (PES) in May 2025 has enabled consistent data collection and benchmarking across NHS Wales. PES now serves as the default tool, incorporating five core questions focused on language and overall experience, except where specialist surveys are required (e.g., Maternity, Bereavement).



The overall satisfaction score is consistently above 85% for the overall survey, with ED being our key area of focus supported by “Our Next Patient” initiative and the new waiting room environment.

	2024							2025					
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
Overall Satisfaction Score (Monthly Heat Map)													
Overall – All Surveys	90	89	88	87	93	93	85	86	86	86	88	87	86
PCC/PES Surveys	93	91	92	90	92	92	90	90	85	86	87	87	86
ED Survey/PES	77	61	60	67	77	65	67	70	*78	75	78	75	75



Patient feedback is at the heart of service improvement within Aneurin Bevan University Health Board. Insights from surveys, complaints, and direct engagement are actively used to shape care delivery and policy. For example, feedback from neurodiverse patients led to the introduction of additional needs posters and calm bags in clinical areas, the Deaf community’s input resulted in improved access to bereavement support and digital resources in British Sign Language. Stories of bereavement and pregnancy loss have

prompted the creation of dedicated support collaboratives and more compassionate facilities. Communication remains a key theme, with patient concerns about language barriers and information clarity driving enhanced staff training and culturally sensitive care pathways. Feedback on waiting times and access to services has led to real-time dashboards and process improvements, enabling quicker resolution of concerns - most of which are now addressed early by the PALS team.

### **3.0 GETTING SERVICES READY FOR THE FUTURE**

#### **3.1 Women's Health Plan**

The NHS Wales Women's Health Plan was launched in December 2024, which outlined a 10-year vision for improving health outcomes for women in Wales with a key focus on the development of Women's Health Hubs across Wales that work at the interface between primary and secondary care, and voluntary sector and beyond (where relevant).

Health boards are required 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 suggested focus on women's life course covering contraception, menopause and menstrual health
- 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.

A significant amount of work has taken place across the Health Board to progress the development of a pathfinder hub. This includes:

- Establishment of a programme board with task and finish groups to provide a specific focus to progress the three priority areas outlined above, as well as a dedicated communications and engagement group to ensure there is ongoing engagement with women and communities to inform hub development.
- £300k of pump prime Welsh Government funding has been secured to support the development, implementation and sustainability of a pathfinder hub. The funding will support a variety of projects and initiatives that intend to build capacity and learning to deliver improvements to menstrual health, contraception, post-natal contraception and abortion care, and menopause. These include, but are not exhaustive of:
  - Ongoing training and workforce development (e.g., Menopause BMC certificate, community pharmacy technician emergency contraception, ring pessary in primary care).
  - Upgrading booking and triage systems to increase capacity covering 24hrs (online out of hours).
  - Post-menopausal complex HRT clinic pilot to enable pathway from secondary care to hub within the community.
  - Investment in public health intelligence expertise to lead the development of discovery report and needs assessment.
- A workshop has taken place with relevant stakeholders to inform the design and operating model of the pathfinder hub.
- A women's health discovery report is underway with an initial focus on the three priority areas. This report will grow over time to inform the ongoing priorities for women in Gwent, in line with our 10-year Long Term Strategy to improve health outcomes and address the inequalities that exist.
- Work is underway to understand the best use of existing infrastructure and planned transformation to progress the identified priorities, building on work to develop Place

Based Care which includes the strengthening of relationships between secondary and primary care clinicians.

- A local Health Needs Assessment for contraception has been completed, and Pelvic Health research is underway as well as a Premenstrual Dysphoric Disorder (PMDD) needs assessment.

The Health Board has also established a *Women’s Network* which aims to improve the working lives of staff by:

- Building a network of women with a safe space to nurture and grow together, in an atmosphere of authentic support.
- Celebrate, recognise, and share the achievements and successes of women at all levels and their impact across the Health Board and in our wider communities.
- Raise awareness of barriers and biases facing women in the workplace and our services and be a key influence on gender equality.

### 3.2 **Maternity and Neonatal Services**

Maternity care covers outpatient and community antenatal services provided within each Borough for ease of access, with inpatient services for both maternity and neonatal services centralised to the acute site of the Grange University Hospital in 2020. The hospital offers purpose-built facilities for antenatal, intrapartum obstetric led and midwife led care and postnatal care, as well as a level 3 Neonatal service. ABUHB’s population has high areas of deprivation (average 29%).

Booking for pregnancy should occur in early pregnancy and ideally before 10 completed weeks in line with Antenatal Screening Wales Standards. A recent introduction of a self-referral system called “SPA” system has seen a 12% increase in women being booked by 10 weeks and an 11% increase in the total number of women booked for care prior to 12+6/40.

*Table 3: Maternity and Neonatal Public Health data for 2024 records (average percentage rates)*

	<b>ABUHB</b>	<b>Wales</b>
Smoking at booking	8.5%	13%
Carbon monoxide reading at booking	64%	28%
ABUHB Breast feeding	50%	64%
BMI > 30	36%	32%
BMI>35	17.5%	N/a

All midwives and nurses receive mandatory training in making every contact count and rates of training exceed 85%. The vaccination offer to all women is 90% and the public health lead midwife has supported video information to improve uptake. Smoking cessation support is available, and all women are offered referral at booking. In 2024 funding resumed to support the maternal weight management service for women with a high BMI, the service is offered across the 5 localities, other initiatives include aqua natal and cooking groups and a webpage, service leaflet and posters have been developed.

#### **Digital Maternity Records**

In 2023 the maternity services implemented a maternity digital system for patient records. This is now fully embedded in the Health Board, the digital system captures real time patient records, and is shared with the woman, (options for language of choice is available) ensuring partnership in care. Data is captured regarding, ethnicity, public health, activity (body mass index, smoking, mental health and feeding data), mode of birth and birth

outcomes. It is also able to track booking data by borough to allow planning and safeguarding alerts to protect safety. Detailed appointments are shared, notifications regarding guidelines and leaflets can be shared and the system ensures accurate data reporting. Importantly the midwife can review what the woman has read, and this affords the opportunity to revisit any missed information.

Mortality

Bereavement care is sadly part of maternity and neonatal services, and forms part of Perinatal Mortality Review Tool (PMRT) case review. All women receive the offer of follow up, including letters and support via the bereavement lead midwife, and joint appointments with their named consultant. Bereavement care forms part of both maternity and neonatal services improvement plans, with a commitment to implement the bereavement care pathway following its release. In addition, bereavement training has been added to this year’s training plan. Women who have had an untoward outcome are always offered a family liaison person or point of contact and we are keen to support these families to make improvements in care.

Significant improvements in care have been made for women having a miscarriage with a dedicated cubicle to provide privacy, a bereavement room to ensure that families have space to grieve and a remembrance garden in the grounds of the Hospital

Stillbirth and Neonatal Death rates

Maternity and Neonatal services collate and review all baby deaths via local and national audit and reporting. This is undertaken both independently and as a multi-disciplinary collective. These cases are recorded via DATIX, reported as a nationally reportable incident, and uploaded to MBRRACE in accordance with reporting pathways. Incident review and investigation occur via: -

- Multidisciplinary perinatal mortality team
- Local monthly mortality meeting
- National mortality meeting with the maternity and neonatal network
- Local audit
- Clinical Governance and quality and patient safety meetings
- Staff debrief
- For neonatal deaths a 72hour MDT review with representation from medical examiner and decision made whether PRUDIC/Coroner case.
- Learning from reviews cascaded.

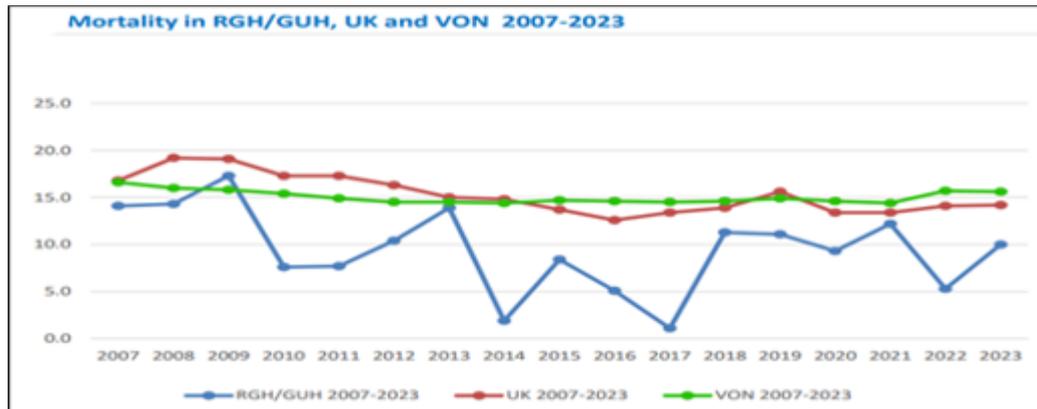
Based on available MBRRACE reporting, perinatal rates (combined stillbirth and Neonatal death) are deemed in-line with comparable health boards or trusts:

Year	Stillbirth			Neonatal Deaths		
	Number	Crude rate	Stabilised Rate	Number	Crude Rate	Stabilised Rate
2019	28	4.9	4.14	5	0.88	1.48
2020	13	2.46	3.52	6	1.14	1.58
2021	24	4.45	4.17	5	0.93	1.66
2022	23	4.25	3.67	4	0.74	1.15
2023	17	3.06	3.61	10	1.9	2.01

VON (Vermont Oxford Network) serves as a neutral, independent party in analysing and providing benchmarking data for individual centres and groups that can be used to identify local opportunities for improvement of neonatal care. Four databases collect information on very low birth weight infants, all patients cared for in a NICU, follow-up for extremely low birth weight infants, and infants cared for in resource-limited settings around the world.

The following graph shows the mortality in babies born less than or equal to 1500 grams or born less than 30 weeks over years 2007 to 2023 as a part of VON bench marking.

Since 2013, Aneurin Bevan University Health Board mortality rate has been below UK rate and VON rate.



### All Wales Perinatal Engagement Framework

The Health Board proactively seeks engagement with service users, families and the public. Themes are identified and discussed in our service user engagement forum “BABI”, which has since collaborated with the neonatal service user group “Dinky Dragons”. Maternity services have a very active social media presence, with over 14k followers. Women can access directly into maternity services via this forum, and the service is responsive to those requests. The service has a lead midwife for patient experience and there is a focus on early and effective resolution, themes from concerns are shared as part of governance and local midwifery forums and national meetings.

The service offers an “after birth” service for women who have ongoing or have traumatic distress post birth. Their experience contributes to ongoing learning and the mandatory study days are conducted through the lens of trauma informed care, utilising anonymised scenarios for learning. The CIVICA patient survey was implemented in September 2025 for pregnant and postnatal women and families, covering all perinatal duration, including those families who access neonatal services.

“Hello and Welcome” displays in multiple languages are visible in clinical settings. Displays and picture resources are in place with QR codes, enabling service users to have the option to choose their preferred language. There are posters in clinical areas with contact details of volunteers who speak English as an additional language, enhanced networking and engagement with the Roma community and a “For Dads, by Dads” group in Torfaen to support new and expectant fathers. There has been the establishment of a bespoke antenatal education programme for Bengali women led by one of the community midwives who recognised the power of providing care in a familiar language and spoke Bengali, keen to make improvements for women she now provides antenatal education for women within Newport.

As part of the maternity services booking process, all women are asked their ethnicity, their first language, and whether they need an interpreter. The maternity service uses IPADS in all clinical areas including community, this enables the use of language line, google translate and the service was one of the pilot sites for sign live for women who are deaf. Members of the maternity team including reception and admin teams attended Diverse Cymru’s Cultural Competence Awareness Sessions and, in recognition for the work undertaken and following assessment ABUHB maternity services were awarded Diverse Cymru cultural competencies silver accreditation aware, the first in Wales.

The NHS Wales '*maternity and neonatal safety support programme*' undertook an initial discovery of services across Wales in 2023, and this was followed up in 2024 with phase 2 (the implementation phase), aimed at improving care in maternity and neonatal services. 124 recommendations /actions were noted for areas of improvement with 46 actions which were aligned to the responsibility of the Health Board. Maternity and neonatal services have worked collaboratively to undertake a self-assessment and gap analysis. There has been successful implementation of the NEWTT2 early warning score, to identify at risk babies on the postnatal ward. The Mat/Neo Improvement plans reflect the key initiatives that form part of the Strategic Perinatal Workforce Plan. Work is underway to review workforce data and conduct a gap analysis and to provide assurance on compliance with (British Association of Perinatal Medicine (BAPM) Standards.

Nationally, maternity and neonatal services in the UK have been subject to several independent reviews to examine the safety and quality of care since 2015. In 2022 the Health Board also commissioned an Independent Review of the Midwife Led Birth Units. The Health Board has conducted assessments against a number of these reviews including the independent report into Swansea Bay Services producing a gap analysis in July 2025, detailing good and improving practice and areas for improvement, and findings shared with the Board.

To demonstrate a commitment to providing assurance and improving the quality of maternity and neonatal service delivery, a Maternity Improvement plan was developed to drive forward excellence in care for 2024-2027. Following this the Neonatal Intensive Care Improvement Plan was completed in 2025 to support improvement in 2025-2028. In addition, the "*National Neonatal Audit Programme (NNAP)*" assesses whether babies admitted to neonatal units in England, Scotland and Wales receive consistent high-quality care and identify areas for quality improvement and these findings also inform the Health Board's ongoing improvement work.

### **3.3 Mental Health**

Mental Health is a key priority for the Health Board with a focus on patient safety, quality improvement, transformative and innovative models of care, workforce sustainability and digital opportunities across the spectrum of services from prevention to high acuity care, working with partners and key stakeholders.

#### **Safety of Mental Health Units**

Safety of the Health Board's mental health units is assured through a combination of rigorous performance monitoring, national accreditation, alignment with safety standards, continuous policy improvement, patient and staff engagement, and external validation. These measures collectively ensure that the units remain safe, effective, and person-centred.

The Health Board continuously monitors key performance metrics, including WARRN (risk assessment) and care plan completion rates. Earlier this year, a targeted review of the Care and Treatment Planning (CTP) process was conducted to assess compliance and quality. Ongoing monitoring of both CTP and WARRN quality is facilitated through the AMaT system (Audit Management & Tracking) which is the Health Boards clinical governance data system. Several wards have recently achieved AMaT accreditation, reflecting a commitment to safe, effective, and person-centred care.

The Mental Health and Learning Disabilities Division aligns its priorities with the NHS P&I National Patient Safety Programme, focusing on improving safety and quality across inpatient services. Anti-ligature works are ongoing across the estate to enhance environmental safety. The Division is actively promoting the Safe Discharge Standards for

Wales, with a comprehensive scoping and gap analysis of the 17 standards being prepared to guide future implementation.

In recent months, policies on therapeutic engagement and observation have been refreshed to:

- Ensure thorough risk assessments upon admission.
- Emphasise least restrictive practices.
- Strengthen documentation standards for clinical decisions.
- Support transparency, accountability, and continuity of care.

Positive inspection outcomes and service improvements (such as therapeutic garden developments) have been noted.

The Health Board is exploring the development of patient training initiatives, supported by the Recovery College, to help individuals prepare for discharge more effectively. There is a strong focus on co-production, innovation, and evidence-based practice in ongoing reviews and development of models of care.

### Reducing waiting times for Mental Health Services

The Health Board's efforts to reduce waiting times are centred on the implementation of the SMART CARE model, which is specifically designed to reduce barriers to access, waiting times, and waiting lists. The model includes a centralised virtual hub with adaptable, hybrid, community-based spokes, and a single point of access for multi-disciplinary integration. Technology-enhanced services are being implemented to streamline processes and improve responsiveness.

In April 2025, the Health Board established a Neurodiversity Early Support Hub (NESH) as part of the CAMHS Neurodiversity Service to screen referrals as soon as they are receiving them to ensure parents are receiving support, signposting or where it is deemed clinically appropriate, to be offered an assessment for consideration of ASD / ADHD. The NESH helps to reduce confusion with the offer by the Health Board's SPACE Wellbeing which continues to offer support for children & young people with emotional and mental health wellbeing. Ultimately, the NESH builds on the Health Board's focus to reduce waiting times by ensuring that children get the right support at the right time.

Cessation of NDIP funding and resource constraints for Adult ADHD services will be challenging in the context of growing demand, impacting on waiting times and access to services. The Health Board is currently considering an alternative model linked to CMHTs to ensure available resource is targeted towards those with the most complex needs.

### Innovation in MH&LD services

The Health Board continues to develop its lived experience model through a peer mentor service providing guidance and support to service users, complementing traditional service models. User feedback on the service is extremely positive, evaluating highly across a range of measures.

Adult Psychology has developed number of innovative services to meet specific needs; this includes the Bespoke Repatriation Service which supports core services in offering specialist support for people who require intensive case management to function as independently within their own accommodation. Typically, this patient group will have complex needs which traditionally would have been delivered in secure residential settings.

The introduction of the Psychology Health Practitioner (PHP) service was prioritised in order to support GP practice with appropriate capacity and expertise for those patients whose

mental health needs could be more prudently met by allied healthcare therapists. Practitioners work in GP practices using an open access, single session approach.

The Psychology service is also transforming the delivery of psychological treatment for PTSD with delivery by AHPs in Community Mental Health Teams. This will help address high demand and long waiting times. The work so far has demonstrated successful clinical outcomes and high satisfaction using this innovative and intensive team approach.

A number of award-winning schemes including “*The Shared Lives Scheme*” which supports mental health patients who are in crisis receiving a therapeutic beneficial alternative through carers who are recruited to open up their homes and provide support. The scheme was awarded first place in the "Care Team" category at the National Great British Care Awards with 40 individuals supported in this period.

### **3.4 Quality Improvement and Governance**

The Health Board launched a new Quality Improvement (QI) Framework for 2025–2028, setting a clear vision for QI as a core organisational value and daily practice.

The strategy was shaped through broad engagement with staff, QI leaders, and external experts, and is aligned with the Health Board’s Quality Management System.

The Framework includes a strong focus on empowering staff at all levels to lead and participate in improvement activities, making QI an integral part of everyone’s role rather than a separate initiative.

To build QI capacity, the Health Board launched a QI Coach Programme in 2024, with a goal of “unleashing a million minutes of QI Coaching over the next four years.” The programme aims to train 75 QI Coaches per year, targeting 300 coaches integrated into services by the end of 2028. Staff are also encouraged to celebrate achievements, share best practice, and address ongoing challenges using QI principles and tools.

The Health Board has developed a QI Knowledge and Skills Framework to provide targeted training for staff at different levels. Programmes include virtual QI method/tools training and measurement training.

Key QI Programmes and Outcomes achieved by the Health Board include:

- NHS Wales Safe Care Collaborative: Resulted in a significant increase in days between cardiac arrests on Ward C0 (from 40 to 490 days), with 17 cardiac arrests avoided and potential savings of over £290k.
- Theatre Safety Programme: Achieved an increase from 90 to 518 days between Never Events in theatres, avoiding 5 Never Events and saving over £330k.
- Q Lab – Head and Neck Cancer: Halved the time from initial suspicion of cancer to decision to treat (now 31 days), with 7 potential deaths avoided and compliance with the suspected cancer pathway doubled to over 61%. The estimated health benefit value being between £2–3 million annually.

### **3.5 Population Health**

The Health Board’s Joint Strategic Assessment (JSA) provides a comprehensive overview of the health and well-being of the people of Gwent and provides partners across Gwent with a shared intelligence source about the current, future and influences of health and well-being of the population of Gwent.

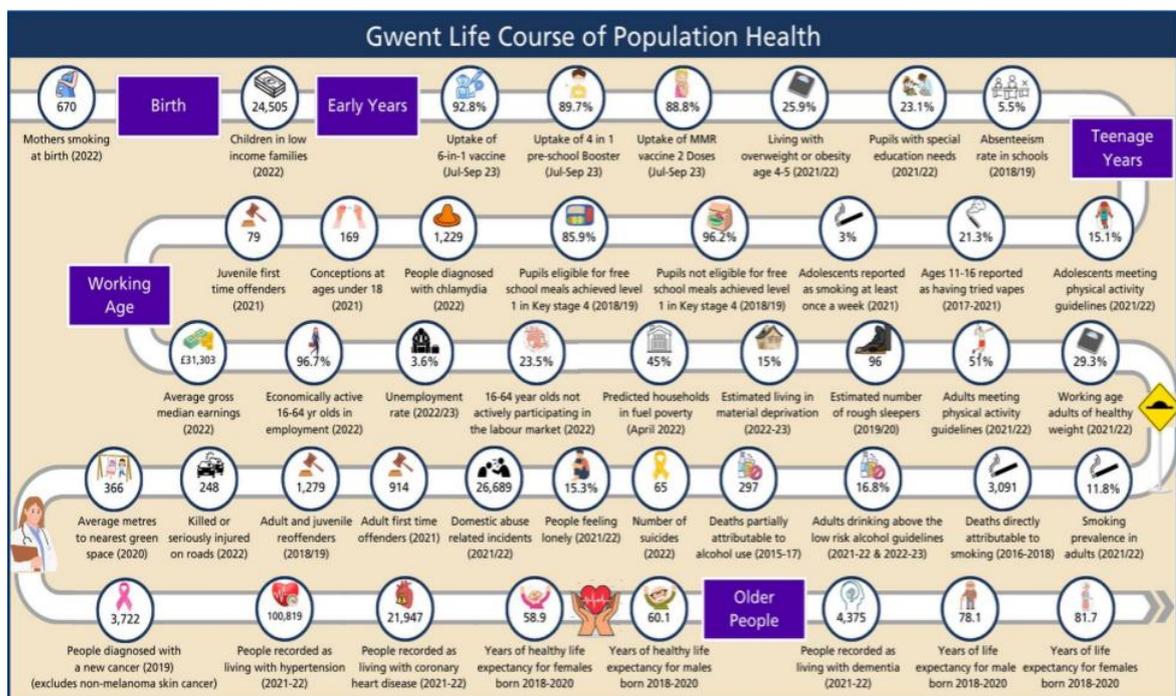
In Gwent we have the largest gap in healthy life expectancy between our least and most deprived communities of any Health Board in Wales. Male predicted years in healthy life at birth varies from 55.6 years in Blaenau Gwent to 68.7 years in Monmouthshire. Female

predicted years in healthy life at birth varies from 55.3 years in Blaenau Gwent to 69.3 years in Monmouthshire.

In 2020, around 72% of Gwent residents aged 16 and older reported being free from common mental health disorders, slightly below the Welsh national average of 74%. However, this ranged from 66% in Blaenau Gwent to 78% in Monmouthshire highlighting diverse challenges across our local communities.

The Health Board's latest Annual Director of Public Health report focuses on Preventable Premature Mortality called "*We are Gwent*". It highlights that 1 in 3 deaths in Gwent between 2018-2022 happened prematurely, the three main causes are Cardiovascular Disease, Diabetes and Cancer which could have been preventable through regular physical activity, a healthy diet, not smoking, reducing alcohol consumption and through regular health checks.

In 2021/22 Gwent had the highest recorded domestic abuse rate across all police force areas in England and Wales. The rate in Gwent was 44.6 per 1,000 of population. This is significant at 58% above the rate for Wales of 28.3 per 1,000 and 78% above the rate for England and Wales combined of 25.1 per 1,000. It does not represent all incidents of domestic abuse but only those that have come to the attention of the police.



The JSA therefore provides the evidence base and case for change highlighting the health inequity experienced by the Gwent population and informs the determination of priorities for this agenda. Therefore, it is timely that the Health Board has approved a new long-term strategy, '*Gwent 2035: Better Health, Better Care, Better Lives*', which articulates our joint commitments with the population of Gwent through to 2035. The Health Board's ambition being that by 2035 everyone has the same chance to live a long healthy life.

## Vaccination

The Health Board has set up a Vaccination Operation Group (VOG) to provide operational oversight for the scheduled, seasonal and selective immunisation programme. Task and finish groups have been set up to embed changes in systems and processes to improve uptake in specific programmes:

- Fluenz in 2- and 3-year-olds

- RSV
- Shingles
- MMR
- HPV

The Vaccination Service delivers vaccinations for specific programmes (e.g. COVID-19), settings (e.g. Care Homes) and wrap around support to provide more convenience and flexibility beyond core offer within primary care and school nursing (e.g. RSV catch up or mop-up influenza clinics).

The Vaccination Service has launched a new Vaccination Centre in Cwmbran Shopping Centre. It is open Mon-Sat 9:15am-4:30pm stocking a range of vaccinations for all ages. It complements existing immunisation providers. People are encouraged to honour any pre-booked appointments with other services (i.e. GP, Community Pharmacy, School Nursing), but anyone can walk into the vaccine centre and get a vaccination without booking, if they are eligible. Should anyone wish to check their vaccine eligibility, vaccination status or have any questions or queries, they can contact the Vaccination Booking Centre by phone or email.

The Vaccination Service is currently developing a Specialist Vaccination Equity Nurse role to focus on improving uptake in specific geographical areas and population groups (e.g. Minority ethnic communities or Inclusion Health groups). This role will be developed in line with Place Based Care principles.

The Health Board has commissioned a Mobile Vaccination Unit which will be used by the Vaccination Service within the Primary Care and Community Services, Complex and Long-Term Care Division to provide outreach into specific communities with low uptake. The unit will also be used for broader Health Protection purposes such as BBV screening or Latent TB testing in response to local incidents.

The Health Board is taking a range of actions to improve uptake and engagement, as set out below:

#### Improving uptake of RSV

- The Health Board's Public Health Midwife has mapped the arrangements between GP practices and Community Midwives in terms of the RSV vaccination offer at antenatal appointments after 28 weeks with the aim of offering vaccine in a timely and convenient way.
- The Health Board Vaccination Service has allocated an Immuniser to hospital antenatal clinics. This is a proof-of-concept and findings from this work will inform discussions relating to the role of hospital-based midwives in offering vaccinations to pregnant women.
- The Vaccination Service is offering drop-in sessions and provision in practices who are not offering the RSV vaccine.
- Individual patient activation letters have been sent to all older adults who have not taken up the offer of a vaccination via their GP.
- We will be evaluating communication touch points to understand any opportunities for improvement and innovation.

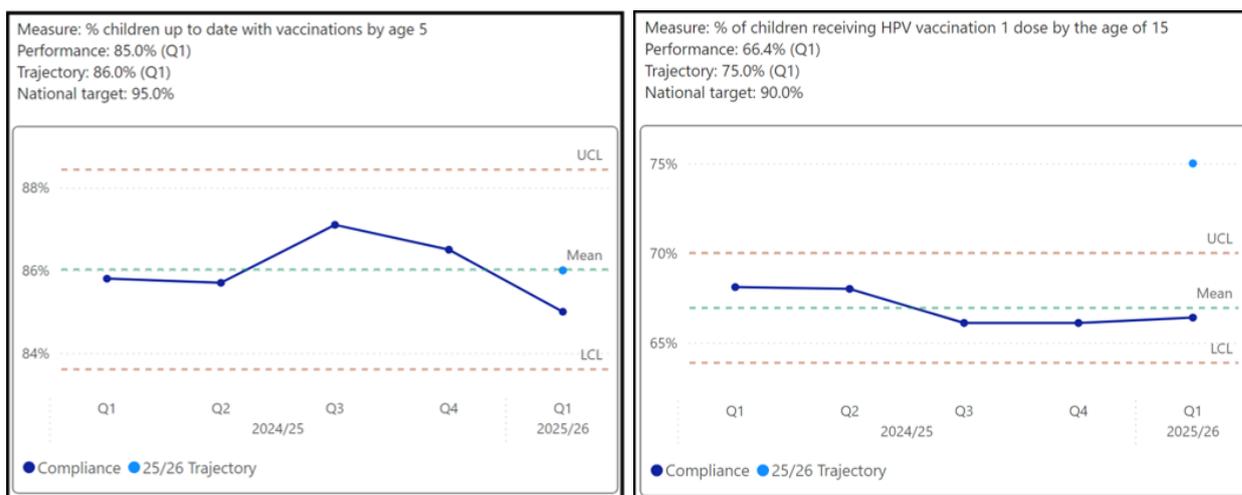
#### Improving uptake of MenACWY:

Addressing sub-optimal uptake and addressing equity in school aged children:

- Non-returned consents are followed up through school messaging, directing parents to contact the Single Point of Access (SPOA) for clinic appointments.

- Catch up cohorts (yr 10 and 11) are offered vaccination during standard cohort (yr 9) school sessions.
- Walk-in access has been available post July 2025.
- Clinic invitations and domiciliary visits are offered for looked-after children and high-barrier cases.
- Referral pathways have been established for children educated other than at school.
- A Collaboration approach with community children's nurses, extended consent timelines and the use of social story boards for children with additional needs.
- Active engagement with Ukrainian and Asylum-Seeking families to offer vaccinations.
- A tiered action plan for low uptake in mainstream schools has been implemented; universal offer in place for schools with 80%+ uptake, enhanced for 61-79~% and intensive for <60%.

### Vaccination Performance 2025/26



Childhood vaccinations: Q1 performance decreased slightly to 85%, marginally lower than trajectory (86%).

HPV: Q1 performance increased slightly but remains broadly static at 66.4% and significantly below the trajectory of 75%.

As part of the Health Board's Vaccine Equity Strategy, work is underway to develop a Gwent Data Dashboard focused on childhood immunisations. This dashboard will provide detailed analysis to identify populations and programmes that require attention, enabling the co-design of targeted interventions with both communities and clinical teams.

Collaborative work is underway to boost uptake, while investigating the reasons behind vaccination refusals. In line with a Welsh Government directive, eleven schools have been identified as areas of concern regarding HPV uptake. Action plans have been developed for each of these schools to address the issues and increase vaccination rates.

Measure: % uptake of the COVID-19 vaccination for those eligible Spring Booster

Performance: 56.45% (10/07/25, end of campaign)  
 Trajectory: 75%  
 National target: 75%

Region	Eligible population (n)	Vaccinated (n)	Coverage (%)	Of those vaccinated, number with no previous doses (n)
<b>Aneurin Bevan University Health Board</b>	<b>78,706</b>	<b>44,432</b>	<b>56.45</b>	<b>17</b>
Blaenau Gwent	8,923	4,550	50.99	1
Caerphilly	22,595	12,326	54.55	2
Monmouthshire	16,160	10,820	66.96	7
Newport	18,261	9,796	53.64	4
Torfaen	12,767	6,940	54.36	3

COVID-19 spring booster: The Health Board’s performance was higher than all Wales figure 53.18%, however this is short of the 75% target as per the ministerial delivery expectation. More broadly on seasonal, respiratory vaccination campaigns, a review of booking processes has been completed and as part of a PhD project to enhance uptake with several options being explored ahead of winter campaigns (e.g. use of text messaging services, improvement in letter wording to enhance engagement).

Measure: % uptake of the COVID-19 vaccination for those eligible Autumn Booster

Performance: 35.24% (as of 30/10/25)  
 Trajectory: 75% (Q4 25/26)  
 National target: 95%

Region	Eligible population (N)	Vaccinated (n)	Coverage (%)	Of those vaccinated, number with no previous doses (n)
<b>Aneurin Bevan University Health Board</b>	<b>82,063</b>	<b>28,919</b>	<b>35.24</b>	<b>46</b>
Blaenau Gwent	9,359	3,328	35.56	2
Caerphilly	23,613	7,225	30.60	7
Monmouthshire	16,831	9,703	57.65	28
Newport	18,983	5,902	31.09	7
Torfaen	13,277	2,761	20.80	2

COVID-19 autumn booster: Campaign commenced on 1<sup>st</sup> October 2025. Performance data includes vaccinations given and recorded on the Welsh Immunisation System up to the end of 30/10/2025. Current performance of 35.25% puts the Health Board marginally higher than all-Wales figure of 33.63%.

Measure: % uptake of the influenza vaccination amongst adults aged 65 years and over

Performance: 59.1% (as of 04/11/25)  
 Trajectory: 75% (Q4 25/26)  
 National target: 75%

		65yr and older		
		Immunised	Denominator	Uptake (%)
<b>Aneurin Bevan UHB</b>	<b>Blaenau Gwent</b>	8,930	15,385	58.0%
	<b>Caerphilly</b>	22,674	39,707	57.1%
	<b>Monmouthshire</b>	16,263	24,448	66.5%
	<b>Newport</b>	16,766	29,415	57.0%
	<b>Torfaen</b>	12,425	21,399	58.1%
	<b>AB Total</b>	<b>77,058</b>	<b>130,354</b>	<b>59.1%</b>

The Health Board's performance for residents aged 65 years and older 59.1%, as of 4<sup>th</sup> November, is higher than the all-Wales figure of 55.9%.

## **Smoking Cessation**

Behaviour Change Practitioners (formally HMQ Advisors) have been aligned to the Health Board's ten Neighbourhood Care Networks to embed MECC principles across clusters and routes into self-directed or structured support:

- Help Me Quit (smoking cessation)
- National Exercise Referral Scheme
- Community Weight Management
- Gwent Drug & Alcohol Service
- Alcohol Care Team
- Gro Health – Personalised online health programmes and expert coaching to help people manage their health

Gwent Nicotine Control Alliance: A multi- agency group of professionals across Gwent, has been re- established to provide oversight of the actions arising from the Nicotine Discovery Report. The Discovery Report, under development, will pull together evidence and best practice examples, supplemented by local insight obtained via surveys and focus groups for Gwent residents and Professionals.

Smoke free hospital environments: The Health Board has agreed fifteen recommendations to support the Health Board to meet its legal responsibilities laid down in The Public Health (Wales) Act 2017 (part 3) and the Smoke Free Premises and Vehicles (Wales) Regulations 2020.

Cardiovascular Risk: The Health Board is exploring options for amalgamating the Hypertension case finding and All Wales Diabetes Prevention Programme to create an ABCD Plus approach for prevention and management of cardiometabolic risk aligned to Place Based Care principles. As well as cardiometabolic clinic risk factors Behaviour Change Practitioners will support the management of behavioural risk factors. As well as continuing to provide a universal offer for smoking cessation a targeted offer, using a population health management approach, will be implemented, identifying and prioritising high-risk patients, particularly those with chronic respiratory conditions.

## **Diabetes Prevention and Management**

Diabetes Eight Care Processes: To improve the uptake of diabetes eight care processes both in primary and secondary care is a key priority for the Health Board. The two lowest recorded care processes are albumin urine test and foot surveillance. The Health Board, through Value Based Healthcare, has prioritised albumin urine testing and foot surveillance projects working with the ten identified GP practices. Public health has provided the initial funding for the project, enabling the dissemination of communications and the distribution of urine collection pots to patients prior to their appointments. This intervention is grounded in successful outcomes previously achieved within Cwm Taf Morgannwg University Health Board.

Diabetes Prevention Programme (DPP): The Diabetes Prevention Programme was launched in July 2022 in Caerphilly North and Blaenau Gwent West NCNs. It was extended into Blaenau Gwent East, Caerphilly East and South NCNs in 2024 and was partly extended into Newport West and East NCNs in summer 2025. The extension into Torfaen and Monmouthshire NCNs did not proceed as planned in 2025 due to staffing issues. This Programme is funded by Public Health Wales (two NCNs) and Strategic Programme for Primary Care (nine NCNs). The funding ends on 31<sup>st</sup> March 2026.

## DPP Performance Q1-Q2 2025-26

- Number of people identified by searching the GP system – 3570.
- Number of people eligible to be invited to be part of the programme – 2733.
- Number of people booked – 1255.
- Number of people who attended their appointment – 1062.

The Health Board is working to increase uptake and redesign the Programme's bilingual invitation letter to access weight management services. Non-responders were younger people and more likely to live in areas of higher deprivation.

### **Weight Management**

The Health Board uses a whole system approach to tackle obesity as per the Healthy Weight: Healthy Wales National Obesity Strategy and is a key priority as part of improving population health.

#### Healthy Weight – Whole System Approach:

- Diabetes Headliner – Parkrun: Collaboration between GPHT, Diabetes UK and parkrun. Blueprint from ABUHB Collaboration rolled out across Wales and other conditions. Promoted to those with diabetes and prediabetes & 25% increased attendance at headliner compared to normal.
- Local Development Plan consultations / Hot food takeaway planning applications: Engagement to maximise health and well-being opportunities within spatial planning across Gwent.
- Healthy Weight Assemblies and Alliance: Healthy Weight Assembly events were held across Gwent in summer 2025 to engage with stakeholders. This allowed stakeholders to collectively identify and prioritise the enablers to eat healthy and be physically active. The first Health Weight Alliance event was held on 6th November 2025. Through this platform the Health Board is providing a leadership function allowing key stakeholders to work together to tackle obesity.

#### Population health – Level 2 (L2) weight management service

- L2 digital weight management service- 5000 places available. Taking people from health board weight management service waiting list.
- L2 service commissioned through leisure – 1000 places available.
- L2 maternity weight management service.

### **3.6 Primary Care**

#### **Place Based Care**

The Health Board's new 10-year strategy, *Gwent 2035: better health, better care, and better lives*, champions population health and puts the Wellbeing of Future Generations at the heart of everything we do to improve the health of our population through partnerships. The development of the new Strategy has provided a unique opportunity to look to the future with communities to determine what matters to them; and how we can work in partnership to improve wellbeing through Place Based Care.

The Health Board and its partners are working together to break down traditional barriers between organisations, teams and funding streams to put neighbourhoods and place at the heart of the Health and Social Care System. This aims to support a rapid shift towards prevention, early intervention and self-care, focusing on what matters to people and communities. The approach will place a greater emphasis on physical and mental well-being within the context of people's day-to-day lives and on reducing health inequalities.

At the heart of the approach, aligned to Welsh Government’s Community by Design Programme, is bringing together Public Health, Primary Care and Community Services to create Integrated Neighbourhood Teams serving populations of around 20-30,000 people. Doing this is a key part of the plan for improving health outcomes for the population and tackle inequalities as set out in Building a Fairer Gwent (Marmot Report). The principles underpinning Integrated Neighbourhood Teams is rooted in a shared ownership for the health and well-being of the local population and brings together Professionals and Practitioners that have a high level of interaction with each other and the local population. Requiring a culture of collaboration with time and space to build trusted relationships, solve problems and agree more effective ways of working, we will replace complex referral and administrative systems that can often create barriers, with a more rapid, relationships-based approach to providing health, care and well-being support.

Place Based Care has long been recognised as the strategic approach for:

- Building resilient and connected communities who can support residents’ wellbeing.
- Delivering evidence-based preventative activities to the right people at the right time.
- Reducing health inequalities.
- Collaborative working, establishing effective multi-disciplinary teams around individual or system-wide decisions rather than networks for information sharing.
- Providing care closer to home and streamlining access to specialist care; and
- Reducing preventable admissions and optimal hospital discharge through a Home First approach which balances rights and responsibilities.

The Place Based Care model in the Health Board is based on a continuum from building resilient communities through to intermediate care service to prevent avoidable admissions and support timely discharge (see below).



The Health Board, with Partners, continues to progress plans to advance Place Based Care in each Borough through Integrated Services Partnership Boards, in conjunction with the local Integrated Wellbeing Networks and Neighbourhood Care Networks, focussed on:

- **Health promotion:** Whole population, determinants of health - These are population wide initiatives that address underlying factors. Primary prevention is often focussed on the places where people live, learn and work. These are the foundations or building blocks for health and wellbeing at a population level.
- **Level 1: With or at risk of long-term conditions** - 70-80% of the population. The majority of people with or at risk of long-term conditions. The focus here is on preventing conditions occurring or enabling people to live with and manage their conditions to prevent complications and slow down their progression. Even small improvements at this level can have a huge overall impact.
- **Level 2: High risk** - 15-25% of the population. These are high risk people who require care management through multi-disciplinary teams. It requires a proactive approach

with holistic and personalised care and support planning. The 'rising risk' group often require more intensive support than supported self-management. Requires integrated health and care delivery in the local community.

- **Level 3: Highly complex** - 5% of the population. These are small group of people with highly complex needs. They have multiple conditions which means that their care becomes more difficulty for them and the health and social care system to manage. This requires much more intensive case management with a dedicated professional or practitioner actively joining up the care people receive.

One of the key advantages of Place Based Care is the ability to ensure needs informed health care but also by taking a cross-sector approach enables the development of integrated teams. This has a focus on:

- Natural communities – “places” of 20-30k population.
- Shift in focus from hospital to community.
- Bringing together previously siloed teams rooted in sense of ownership for their community.
- Core generalists in each place.
- Ability to connect people into neighbourhood support and community assets.
- Social prescriber/wellbeing connected and health coach in each “place”.
- Strength based approach enabling people to live happy, independent and fulfilled lives.

### **Moving Care Closer to Home**

It is a Health Board priority to enhance community capacity to provide effective alternatives to hospital care. In practice, this means developing integrated local services in each locality, shifting suitable services out of acute hospitals into community settings, and building the necessary workforce, digital infrastructure and estates to support this change. Achievements to date include:

- **Relocating Services:** The Health Board is actively relocating (or co-locating) services from hospitals into community settings. Examples include the establishment of integrated Health & Wellbeing Centres (e.g., 19 Hills in Newport, Bevan Centre in Blaenau Gwent), which bring together GPs, community nurses, social workers, and therapists under one roof. These hubs allow patients to access a range of healthcare services locally, from routine check-ups to chronic disease management, reducing the need for hospital visits. By 2030, the Health Board plans to open further integrated hubs, e.g. Monmouth Health & Wellbeing Hub and Aber Valley in Caerphilly County.
- **Direct Community Hospital Admissions:** Admission pathways have been streamlined so that frail patients or those needing rehabilitation can be admitted directly to community hospitals, bypassing acute hospitals when appropriate. This pilot, launched in 2023, aims to double the number of patients admitted straight to community hospital beds by 2026, reducing pressure on acute sites. Furthermore, the Health Board is using the National Single Point of Access Framework to create a Community Clinical Desk which will provide patients with a safe and effective alternative to acute hospital admission, building on the extensive systems and pathways already available to clinicians and the population. The initial focus has been on people living in care homes, end of life care or people living with advanced levels of frailty.
- **Specialist Hubs:** The Health Board has introduced primary care-based Respiratory Diagnostic Hubs and is exploring similar models for frailty, diabetes, and eye care. The Welsh General Ophthalmic Services (WGOS) program has already shifted significant eye care activity into the community, reducing hospital referrals and urgent eye care appointments. To date the WGOS service has prevented 824 referrals being made into the Hospital Eye Service and MAU urgent eye care attendances have reduced

by over 1,000 appointments between 2023/24 and 2024/25 with a continuing reduction into 2025/26.

- Pharmacy and Urgent Care: Community-based vaccination centres and pharmacy prescribing services (PIPS) have been established, with tens of thousands of consultations managed in the community. The GP out-of-hours service has expanded to a 24/7 Urgent Primary Care Service, supporting redirection from Emergency Departments and Minor Injury Units, and ensuring urgent needs are met in the community.
- Supplementary Services: New local supplementary services (e.g., Ring Pessary Service, Hypertension Case Finding) and directed supplementary services (e.g., for people living with severe frailty at home) have been implemented.

### **Primary Care Workforce Development**

The Health Board is increasing nursing capacity, developing career pathways, and training more independent prescribers (including pharmacists and optometrists). Multi-disciplinary working is promoted through Integrated Neighbourhood Teams. Initiatives such as the General Practice Fellowship, Advanced Clinical Practice programs, and the Health Board's Primary & Community Care Academy support continuous professional development and skill-mix changes needed for community-based care.

### **Community Health Pathways Programme**

This web-based platform for clinical pathways in primary care has seen significant uptake, supporting the delivery of evidence-based care in community settings. The Programme has been live since April 2025 with 145 pathways published and significant increase in utilisation rates (5,500 page views per month) following targeted communication and engagement exercise in recent months. The programme is planned to continue into 2026/27, however confirmation of funding from Welsh Government is awaited.

### **General Medical Services**

The Health Board is responsible for providing General Medical Services (GMS) to residents throughout Gwent and commissions services from independent contractors through The National Health Service (General Medical Services Contracts) (Wales) Regulations 2023.

During 24/25 there were 68 General Practices responsible for providing care to patients between 08:00 and 18:30 Monday to Friday. Outside of these "core hours", access to medical care is provided by the Health Board's Out of Hours Service, which operates between 18:30 and 08:00 each weekday evening and throughout weekends and Bank Holidays.

Outside of the period the Urgent Primary Care Service provides clinical assessment including remote and face to face consultations in urgent care centres in Newport, Abergavenny and Ystrad Mynach and home visits where a patient is medically unfit to attend one of the centres. Patients are initially assessed by the 111 Wales service which is provided by the Welsh Ambulance Services Trust. More recently the Health Board has established an in-hours urgent care service in Newport and Abergavenny for those who have been diverted by the 111 service, the Emergency Department in the Grange University hospital or the Minor Injury Units in Abergavenny, Newport, Ebbw Vale and Ystrad Mynach.

General practice continues to face significant challenges, including recruitment and retention of workforce, financial constraints and managing patient expectations and demand.

During 24/25 the GP partnership of Dr Allinson & Dr Ahmed resigned their GMS contracts for five previously directly managed practices. The Health Board has assumed direct

management for all 5 practices for an initial stabilisation period; three from 1 March 2025 and two from 1 April 2025.

### **General Dental Services**

The Health Board commissions General Dental Services (GDS) throughout Gwent from independent contractors, through The National Health Service (General Dental Services Contracts) (Wales) Regulations 2006.

In 2024/25 there were 76 General Dental Contracts that were responsible for providing general dental care to patients.

Urgent Access remains a key priority for the Health Board. The Health Board has maximised the use of Emergency Dental Service (EDS) appointments by introducing a pathway between Gwent Urgent Primary Care (OOH) and in hours EDS appointments via the Dental Helpline. A number of appointments are ring fenced to enable patients that contact Urgent Primary Care the opportunity of an EDS appointment.

Following the slow start to the year in April 2025, which is an observable trend in previous years, the number of patients accessing emergency dental service has been close to the mean value and, whilst still below trajectory, is 92.4% of the total number planned as of Q2, 2025/26.

### **General Ophthalmic Services**

The delivery of General Ophthalmic Services (GOS) in Aneurin Bevan University Health Board is governed by the National Health Service (Ophthalmic Services) (Wales) 2023 Regulations, which replaced previous instructions and introduced a new clinical framework categorising services into WGOS 1–5.

Performance remains on track as of Q2, 2025/26, delivering ahead of trajectory with over 10,000 more patients having accessed optometry services than was planned. The Health Board has published its Eye Health Needs Assessment, and an Integrated Eye Care Plan is being implemented.

### **Pharmaceutical Services (Community Pharmacy)**

125 community pharmacies provide NHS pharmaceutical services to the residents of Gwent, in accordance with the terms of service laid out in the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020. Alongside dispensing services, the pharmacies provide a range of additional clinical services commissioned using provisions in the Pharmaceutical Services (Clinical Services) (Wales) Directions 2022. As independent contractors, community pharmacies also provide private services outside the remit of the NHS terms of service. These private services include delivery, provision of compliance aids and clinical services such as travel vaccinations and weight management.

As of September 2025, key performance measures related to community pharmacy include:

- Pharmacist Independent Prescribing Service (PIPS): PIPs consultations are delivering significantly ahead of trajectory, having delivered over 70% of the annualised target as of Q2. The number of Community Pharmacies providing the PIPs service has increased to 61 (from 49 in April).
- Common Ailment Scheme (CAS): CAS claims remain on track against trajectory as of Q2. 100% of practices are delivering CAS, within which: 99% offering CAS Sore Throat Test and Treat; 86% offering CAS UTI service; 100% offering emergency contraception, and 100% offering EC-Bridging and quick start.

### **3.7 Digital**

The Health Board is committed to transforming health and care services through digital innovation. Our digital strategy is rooted in empowering patients and staff through technology, and the ambition is to deliver care that is accessible, efficient and centred on patient needs, leveraging digital tools to support self-management, improve communication and streamline clinical workflows.

Below provides evidence of how digital tools are enhancing patient choice, accessibility and efficiency, with a focus on stakeholder engagement, evaluation and benefits management. The report highlights key projects including Digital Patient Communications, MyMedical Record, Badgernet and the NHS Wales App.

#### **Driving Patient Choice and Accessibility**

The NHS Wales App provides patients with secure access to their health records, appointments and digital communication. The Health Board has actively participated in national stakeholder workshops to prioritise new features, ensuring that patient and public voices shape the app's development. The App's impact is measured through user uptake, feedback and reductions in missed appointments. Continuous improvement is driven by stakeholder input and outcome indicators, such as improved patient engagement and streamlined administrative processes. To date, the Gwent Region has 122k patients actively using the App. In October 2025, the Health Board launched new functionality that enables the display of GP referrals, secondary care appointment details, 111 waiting list information and wellbeing advice through the App.

Digital inclusion initiatives, such as partnerships with Digital Communities Wales, support patients in gaining the skills and confidence to use digital health tools, addressing barriers to accessibility. The Bevan Commission has worked with identified older people lacking digital confidence and skills and recruited a friend or relative to be their digital companion. The Aneurin Bevan region has now trained 34 companions to deliver their role with more training planned. The initiative enables individuals to gain confidence using digital health services, make informed choices about their care and reduce the digital divide. The project was underpinned by prudent healthcare principles, including co-production and reaching those with the greatest needs.

#### **Enhancing Efficiency and Engagement**

Our Digital Patient Communications platform will enable patients to receive appointment reminders, health information and test results directly to their devices. This reduces missed appointments, improves patient engagement and decreases administrative workload. The platform will have interoperability with other health systems, including the NHS Wales App, ensuring seamless information flow and supporting integrated care. The move to digital letters, which will launch in November 2025, published through the Digital Patient Portal will allow patients to opt for digital letters to replace paper letters being sent by post. Patients and staff are regularly consulted through surveys and feedback mechanisms to ensure the platform meets their needs and drive continuous improvement.

#### **Empowering Self-Management**

MyMedical Record (MyMR) allows patients living with Prostate Cancer to access and update their health information, track progress and communicate with their care teams. Future integration with the NHS Wales App will provide a unified digital experience, supporting patient autonomy and choice.

The impact following the implementation of MyMR has been tracked through metrics such as patient activation, frequency of use and qualitative feedback from patients and clinicians.

Benefits include:

#### Faster Access to Test Results and Reduced Patient Anxiety

- Patients receive test results significantly faster: The average wait time for results has dropped from 14 days (in Nurse Led Clinics) to just 48 hours on MyMR.
- Patient feedback highlights reduced anxiety: Patients report that quicker access to results helps them manage their anxiety and improves their family's wellbeing.

#### Empowerment and Self-Management

- 86% of patients feel empowered to manage their own care due to the functions available in MyMR (such as access to test results and supporting information).
- 97% of patients reported feeling confident in managing their condition and knowing when and where to seek help.
- More than 50% of patients surveyed said that using MyMR made them feel empowered in managing their own care.

#### Improved Communication and Engagement

- 83% of patients reported improved communication with their healthcare team and better access to healthcare advice through MyMR.
- 100% of patients prefer using the Health Checklist in MyMR instead of phoning their healthcare team, and 67% said they would report concerns earlier rather than waiting for their next outpatient appointment.

#### Clinical Efficiency and Time Savings

- 100% of nurses reported better utilisation of their clinical time, allowing them to focus on more complex patients who need direct contact.
- Two months of Clinical Nurse Specialist (CNS) time have been saved for each of the four CNSs in the team, as support workers now handle activities related to the supported self-management pathway. This equates to a £31k non-cash releasing efficiency saving.

#### Improved Patient Engagement and Outcomes

- There has been a 10% increase in patients having bloods taken prior to appointments, attributed to reminders sent via MyMR.
- This improvement signifies that patients are more engaged with their care and are managing their condition more proactively compared to those in Nurse Led Clinics.

#### Service Quality and Monitoring

- 100% of patients responded that they feel their condition is being appropriately monitored by their healthcare team via MyMR.
- Patients expressed confidence that the digital pathway does not compromise the quality of their care.

Following the implementation of MyMR, patients using the app spoke at public board where they provided direct patient feedback and testimonials. The board supported the continued use, ongoing evaluation and further rollout of MyMR to additional clinical pathways.

### **Supporting Maternity Services**

Badgernet provides mothers-to-be with instant access to their maternity records via an electronic health record and app. This enhances patient choice, supports continuity of care and improves safety by ensuring up-to-date information is always available.

The effectiveness of Badgernet is assessed through patient satisfaction surveys, reduction in paper-based processes and improved communication between patients and maternity teams.

Benefits include:

#### Enhanced Patient Care and Safety

- Badgernet enables real-time recording of events and care throughout pregnancy, from pre-conception to postnatal stages. This ensures that all relevant information is up-to-date and accessible to both clinicians and patients, supporting safer, more coordinated care.
- There have been measurable increases in the monitoring of key health indicators at booking, such as CO2 readings, BMI over 30, alcohol and drug use. This allows for earlier identification of risks and timely, appropriate interventions.

#### Patient Empowerment and Experience

- Over 9,000 mothers have registered on the Badgernet app, giving them direct access to their pregnancy notes and empowering them to be active participants in their care.
- The system supports woman-centred care by allowing pregnant women to view and update their records, track their pregnancy, and communicate preferences and feedback to their care team.

#### Operational, Sustainability and Financial Benefits

- Reduction in paper usage and costs: The move from paper-based to digital records has led to significant financial savings on printing, stationery and post-natal mother and baby records. For example, it is estimated that 19.33 tonnes of CO2e have been saved due to reduced paper use.
- Electronic data transfer from Badgernet to the Clinical Data Repository and integration with other systems (e.g., Viewpoint for scanning) has improved the availability and quality of data for internal and Welsh Government reporting.

#### System Usage and Reach

- Widespread adoption: Since full system go-live in February 2024, Badgernet has recorded over 10,000 bookings and 6,000 births, including detailed tracking of inductions and caesarean sections.
- The system is integrated with other health organisations, supporting seamless care for patients who move between regions.

### **Stakeholder Engagement**

The Health Board's approach to digital transformation is underpinned by robust stakeholder engagement. Key activities include:

- Participation in national and local workshops to co-design digital solutions
- Regular feedback collection from patients, carers and staff
- Collaboration with digital inclusion partners to address digital literacy and access
- The Health Board's Digital Project Management Framework includes tools used on all digital projects and implementations:
  - Stakeholder Analysis and Mapping – to identify all individuals and groups with an interest in the project, assess their influence and interest, and plan engagement strategies accordingly.
  - Communication / Stakeholder Engagement Plan – to outline the means and frequency of communication with all stakeholders, both internal and external.
  - Change Acceptance Plan – to capture activities and techniques to support acceptance of change, informed by the stakeholder engagement plan.

- Resistance Management Plan – to identify potential resistance to change and strategies to address it, ensuring stakeholder concerns are managed proactively.
- Health Check and Evaluation Tools – To assess the effectiveness of stakeholder engagement and overall project health at key stages.

These activities ensure that digital tools are developed and implemented in ways that reflect the needs and preferences of the communities served.

Evaluation is embedded through:

- Quantitative metrics (e.g., uptake, reduction in missed appointments, efficiency gains)
- Qualitative feedback (e.g., patient and staff satisfaction)
- Continuous improvement cycles, informed by stakeholder input and outcome data

Our digital benefits management framework is used to ensure that digital investments deliver measurable improvements in patient experience, accessibility and operational efficiency.

The Health Board's digital transformation is delivering tangible benefits for patients and staff. Through strategic investment in digital tools, robust stakeholder engagement and rigorous evaluation and benefits management, the Health Board will continue to drive improvements in patient choice, accessibility and efficiency.

## 4.0 STRENGTHENING HOW WE RUN THE NHS

The Health Board's refreshed *People Plan (2025-2030)*, builds on the achievements of our previous plan (2022 –2025), under which the Health Board achieved improvements to staff wellbeing, reduced turnover, enhanced recruitment processes, reduced reliance on temporary workforce, and developed leadership and recognition programs, providing a strong foundation for this plan.

The refreshed five-year strategy aims to support the Health Board's long-term vision, focusing on workforce wellbeing, inclusivity, and future readiness to deliver outstanding care and address health inequalities in Gwent, as a core enabler of the Health Board's long-term strategy '*Gwent 2035: Better Health, Better Care, Better Lives*'.

The plan is structured around three pillars: *Better Health & Wellbeing, Better Working Lives, and Better Future Workforce*, reflecting the Health Board's values and commitment to workforce wellbeing, diversity and development.

The plan focusses on staff wellbeing, including work to embed wellbeing and inclusion, strengthening occupational health services, fostering a speaking-up culture, reducing sickness absence, and optimizing employee experience to create a supportive work environment.

The plan also emphasizes strategic, data-led workforce planning, expanding NHS career access, growing digital capabilities, and creating flexible roles to meet evolving healthcare demands and demographic changes.

The plan acknowledges population growth, especially among older adults, alongside a declining youth population, necessitating workforce adaptations to meet increasing healthcare needs sustainably. Actions target building a diverse workforce, inclusive recruitment and retention, embedding organizational values, enhancing career development, promoting flexible work environments, and recognizing staff contributions.

### 4.1 Workforce

#### **Reliance on Interims, Agency and Locum Staff**

The Health Board has made significant progress in building sustainable teams across the organisation, as summarised below. Whilst we have made positive progress in key areas reducing vacancies, we continue to experience challenges in recruiting in some areas including pharmacists, occupational health practitioners, psychiatrists, stroke and COTE consultants, and acute care physicians. We also experience persistent gaps in resident doctor rotas influenced by a recent increase in less than full time trainees, particularly in medicine and neonatal care.

- **Vacancies and Turnover:** Over the past five years the Health Board's substantive workforce has grown by 1,770wte (15.1%), with significant reduction in Nursing and Midwifery, Medical, and Allied Health Professionals vacancies. The Health Board has seen a sustained decrease in turnover from over 11% in 2022 to 8.67% in 2025, with Nursing and Midwifery having the lowest turnover rate of 5.92%, reflecting improved retention and supporting significant reduction in variable pay. In line with the Health Board's Nursing and Midwifery Strategy (2023 – 2026), there has been a significant reduction in Registered Nursing (RN) vacancies over recent years, and we anticipate RN vacancies within our rostered areas will be eradicated by December 2025. HCSW vacancies and turnover have also reduced from 120wte to 60wte over the last 12 months, with turnover currently at 7.58% (pre covid 9%).

- **Medical Vacancies:** Medical vacancies have reduced by almost 100wte since August 2023. Workforce planning has supported this reduction through forecasting and recruiting to anticipated vacancies as early as possible to remove delays. In addition, international recruitment has been successful in hard to fill areas such as specialty grades in Psychiatry, filling 8 out of 10 Specialty Doctor vacancies via international recruitment, with a consultant vacancy in Adult Mental Health also recruited via routine recruitment, with plans to fill the remaining vacancy in 2026. A Medical & Dental Workforce Recruitment and Retention Strategy is in development which will focus on providing opportunities for career development and progression pathways thereby improving retention and the Health Board becoming a more attractive employer.
- **Agency and Locum:** A programme of work has been in place for the past 3 years to reduce variable pay, led by the Executive Director of Workforce & OD, resulting in a substantial reduction in excess of over £34m across staff groups. Several initiatives continue to be progressed across all staff groups. The introduction of Medical E-Systems for agency, locum bank and job planning have enabled us to establish targeted interventions with the aim of reducing medical variable pay over forthcoming months.
- **Admin Review:** The Health Board has completed a review of all administrative roles. As part of this work, we continue to actively scrutinise all administrative vacancies through divisional vacancy review processes to ensure services have considered the use of digital solutions and workforce transformation opportunities ahead of recruitment.
- **During 2024/25** we achieved a 2% reduction in admin staff linked to service changes and vacancy controls. However, since March 2025, we have seen an increase linked with the transfer of GP managed practice admin staff into the Health Board and specific requirements of digital skills for example linked to e-Pharmacy.
- **Estates and Facilities, Career Pathway Development:** A structured career pathway, supported by a ring-fenced budget, has been developed to promote employment opportunities across all backgrounds. The pathway offers entry points into both facilities-based roles and longer-term careers within skilled trades (e.g., Electrical, Plumbing, and Heating Engineering). The long-term objective of this initiative is to create a sustainable pipeline of skilled tradespeople within the Gwent area, supporting enduring careers within the NHS recognising difficulties in recruitment in this area.
- **Estates and Facilities: Reducing Reliance on Agency Workers:** To address short-term workforce pressures and reduce reliance on agency staff within Facilities services (including Domestic, Hostesses, and Porters), a programme of central recruitment events in each locality have been implemented. These “one-stop shop” events provide walk-in opportunities for prospective applicants to learn about available roles, submit applications, and participate in on-the-day interviews. The most recent recruitment event attracted over 190 attendees, of whom approximately 50% were assessed as appointable. Difficulties in recruitment to facilities and estates rolls continue to be challenging. Some areas are challenged due to their geographical location which we are addressing through targeted recruitment campaigns.
- **Interims:** There are no senior external interim appointments at the Health Board, although we have moved existing internal expertise to cover vacant roles and to support cover for internal NHS secondments.

## **4.2 Leadership and succession planning**

The Health Board has several mechanisms to support the development of managers and leaders. There are five face-to-face leadership programmes available to staff:

- Leadership Development Programme (LDP) – which focuses on developing entry level / new leaders with the basic skills and management competencies to lead bringing core concepts from compassionate leadership, policy and processes to the cohort.
- Nursing and Midwifery Academy (further detail below).
- CDx for Clinical Directors (CDs) (further detail below).
- DMx for Directorate Managers (DMs) – which focuses on support and developing those who are responsible for clinical departments with focus on individual, team and system wide leadership.
- Leading People – which is a multidisciplinary leadership programme for leaders' band 8a and up and focuses on the psychosocial principles required to lead in the healthcare sector.
- Staff networks - we have created an administrative network #admintogether. Guest speakers have covered topics such as career progression, Quality Improvement and Digital innovations to support CPD opportunities for our staff.

In addition to the face-to-face development opportunities, there are also a series of 2hr online masterclass sessions which focus on key topic areas for the Health Board, for example, holding an effective PADR, giving and receiving feedback, talent and succession planning. These are complemented with a range of toolkits and support materials.

The OD team support a variety of individual, team and system development session aimed at building towards high performance.

We actively support and engage with the programmes offered by HEIW including, the Advanced Clinical Leadership programme and we support a number of graduates each year via the NHS Wales General Management Graduate Programme.

### **Talent Management and Succession Planning, including Retention**

The Health Board has made substantial progress in strengthening its approach to talent management, succession planning, and retention.

Over the past year, we have introduced a comprehensive programme that includes approximately 150 managers attending training on succession planning and career development, underpinned by tools co-designed with HEIW. These sessions explore multi-generational working, innovative thinking, and the Talent Management Framework, focusing on the four key stages: attraction, identification, development, and transition. To support this, we have developed a suite of resources accessible to all staff via the intranet, which is regularly updated in line with current evidence.

In addition, targeted retention initiatives have been implemented in identified hotspot areas, including the co-creation of a new starter survey to address high turnover, particularly among band 5 nurses and internationally educated nurses.

This work reflects our commitment to building a sustainable workforce and ensuring career progression opportunities across the organisation.

## **4.3 Clinical leadership**

The Health Board is committed to developing a clinically led organisation in which leadership is inclusive, compassionate, and reflective of the diversity of our workforce and the communities we serve. Clinical leadership is embedded within our *People Plan (2025–*

2030) and forms a key enabler of the *Better Working Lives* and *Better Future Workforce* pillars.

- Medical: CDx is an award winning 10-month face to face leadership programme specifically for aspiring and current clinical directors and clinicians leading services. The programme, in its 5<sup>th</sup> year, was co-designed and developed with the medical director and past, current and aspiring clinical directors. The programme focuses on building networks, developing leadership skills of teams and systems as well as supporting own and others wellbeing. In addition, the programme covers key policies and procedures relevant to the clinical director role such as public health and job planning.
- Nursing: Since its launch in 2020, the Nursing and Midwifery Academy has become a cornerstone of leadership development within the Health Board. Co-designed by Organisational Development and Nursing & Midwifery teams the program uniquely provides the framework to nurture and embed compassionate leadership.
- The Academy is explicitly tailored for professionals within the field and built on a community of practice model to shape the future of nursing and midwifery in alignment with the Chief Nursing Officer's priorities for Wales. Underpinned by a competency pathway based on the Welsh Public Service Leadership Framework, the programme targets Band 7–Band 8b senior nurses, offering two cohorts per year. Following attendance at workshops, all participants are invited to join an active alumni network designed to maintain momentum and foster peer support.
- The programme has been highly successful, with over 140 people attending and 26% of participants achieving promotion within 12 months of completion. Due to this success, we have been asked to collaborate on designing an advanced programme for Band 8c leaders. The application process ensures inclusivity and transparency, supporting our commitment to developing future nursing leaders.
- Equality, Diversity & Inclusion: Equality Diversity and Inclusion principles are integrated into all leadership programmes, with a focus on psychological safety, unconscious bias, and trauma-informed practice. A network of *EDI Champions* across divisions is being established to support inclusive recruitment, leadership visibility, and equitable development opportunities for under-represented staff groups. Collaboration with HEIW and national partners ensures alignment with all-Wales programmes supporting aspiring clinical leaders and succession planning for the future. Targeted support is provided for Internationally Educated Nurses and Doctors through bespoke induction, mentoring, and professional development to enable sustainable recruitment and retention.
- SAS Framework: The Health Board is committed to fully supporting and valuing SAS and Locally employed (LED) doctors' contributions and is in the process of developing a Speciality Doctors, Associate Specialists, Specialist Doctors and Locally Employed Doctors Framework to define the rights, responsibilities, and support mechanisms for SAS doctors and LEDs. The Framework will serve as a guide for managers, clinical leaders, and doctors and will also support the Health Board's International Medical Graduates (IMGs) as these form a large percentage of the SAS and LED workforce. In honour of SAS week 2025 an SAS Celebration Event was held on 21 October 2025. The event included presentations on various topics and several awards which were very well received. The intention is to make the celebration a yearly event coinciding with SAS Week. The Health Board has established initiatives, programmes and policies as outlined below.
  - *Autonomous Practice Policy* - supported by the Local Negotiating Committee (LNC) and approved for implementation by the Health Board in January 2024.

- Currently 23 SAS Doctors have approval to act autonomously. This represents 14.2% of the SAS workforce.
- *Policy for Portfolio Pathway to Specialist Registration (previously CESR)* - developed and launched in November 2024, with the support of the LNC, this policy describes the support offered and expectations of SAS doctors who wish to enter the specialist register via the Portfolio Pathway.
  - *Portfolio Pathway to Specialist Registration Education Programme* - Successful completion of the Portfolio Pathway process and submission of evidence results in the doctor receiving a Certificate of Eligibility for specialist registration and entry onto the specialist register with the GMC.
  - *Doctors' Advisory and Support Service (DASS)* – This is aimed largely at SAS and LEDs and offers coaching, communication skills and support for wellbeing. To date uptake has seen 5 doctors accessed support through the DASS.
- **International Medical Graduates:** The development of the Speciality Doctors, Associate Specialists, Specialist Doctors and Locally Employed Doctors Framework will also ensure robust support for the Health Board's International Medical Graduates (IMGs). Making these doctors feel welcome, valued and supported is therefore critical to ensure the wellbeing of the Doctor and the safety and quality of patient care. To do this, the health Board have the following resources available:
    - *Induction* - This bespoke induction consists of a full day programme which is based on GMC good medical practice and is provided 2-3 times a year, dependent on numbers. Since 2023, 6 events have been conducted. The content is reviewed and refined following each programme and continues to evaluate extremely well.
    - *Mentorship (Buddy) System* - A mentorship system previously known as the "Buddy" system for new IMGs was established early 2025 with a formal launch at the IMG induction event in June 2025. This is supported by a sound governance framework, standard operating procedure and tool kit for the Mentors.
    - *Webpage and Starter Pack* - An IMG specific webpage housing all relevant information is in development. The new employee starter pack has been developed and updated in conjunction with the Medical Recruitment Team to better meet the requirements if IMGs.

#### 4.4 Culture

An assessment of culture within the Health Board identified the need for better access to wellbeing support, earlier help to resolve workplace issues, and a culture where compassionate and restorative people practices were the norm. We also found that there was a need for clearer accountability, informal pathways to address concerns, and targeted support to help manage HR processes. The Health Board continues to embed several actions to improve its cultural approach, including: -

##### **Values and Behaviours**

The Health Board carried out a comprehensive engagement programme to design new organisational values and behaviours. Inclusive workshops were held with staff from across all roles and services actively contributed to co-designing three new core values, **Kindness, Integrity and Respect**, each supported by clearly defined behavioural expectations. This collaborative approach reflects our dedication to creating a culture where every voice matters and where behaviours underpin high-quality care and workforce wellbeing.

The new values and behaviours will be formally launched towards the end of 2025, followed by a structured implementation programme throughout 2026. This programme will integrate

the values into recruitment, PADR, leadership development, and everyday practice, reinforcing our strategic priorities and supporting delivery of the Health Board's long-term vision for excellence and equity in healthcare.

### **Mental Health and Learning Disabilities Culture Work**

The Health Board has developed a long-term culture change programme within the Mental Health and Learning Disabilities division. The programme has several levels of interventional work including the Divisional Management Teams and the Directorate Management Teams. Development sessions will be rolled out to all managers and employee focusing on Leading and sustaining Compassionate cultures, psychological safety and supporting staff to raise their concerns by speaking up safely. In addition, bespoke culture work will be undertaken with local teams to understand the real challenges affecting them and patient care. The project will culminate with a culture health check tool which will be rolled out to the division and all other teams across the Health Board.

### **Speaking up Safely**

The Staff Survey 2024 results indicated that 65.1% of staff felt safe to raise concerns. In December 2024, a refreshed Speaking up Safely programme was launched, in line with the Welsh Government's published framework in 2023, offering staff a safe and confidential route to raise their concerns where for whatever reason the traditional management structures were unavailable. To support the programme, the Health Board has two co-lead guardians and a multi-professional steering group of champions.

Since December 2024, there have been 41 concerns raised. Across the concerns raised, 4 had protected characteristics (pregnancy, disability and 2 race) although the concerns raised were not related to their protected characteristic. The average time to acknowledge concerns raised by staff was 2 days (National Target 7 days) and the average time to follow up with staff was 6 days (National Target 14 days).

### **Violence and Aggression**

We have developed an action plan to ensure consistent reporting of all violence and aggression incidents against staff, with an emphasis on any protected characteristic. For those who have been subject to such incidents, we are ensuring support is provided and accessible including a dedicated trauma pathway.

## **4.5 Organisational structure**

### **Stroke Rehabilitation Service**

The stroke rehabilitation service was temporarily brought together at Ysbyty Ystrad Fawr (YYF) to ensure patient safety and continuity of care during a period of significant staffing challenges. This change has already led to improvements in how care is delivered, many of which reflect recommendations from the national GIRFT review carried out in 2022. When this temporary arrangement was introduced, it was agreed with Llais that we would carry out public engagement to help shape the long-term future of the service. This engagement continues while the Health Board reviews the wider clinical model for our local hospitals and develops principles to guide future decisions about how services are organised.

### **Regional Programmes**

The NHS Wales Planning Framework 2025–28 reinforces the principle of regional collaboration, requiring health boards to work together on sustainable and resilient solutions. Key regional programmes include Ophthalmology, Endoscopy, Vascular, Orthopaedics, Diagnostics, Cancer Services, and Women's Health Hubs. Each of these programmes are at different stages of development.

Regional working enables shared solutions for workforce and estate capacity challenges, supports consistent service models across health boards, and fosters innovation, professional development, and efficiency. Successful models and lessons learned in one area will be applied across the region. Joint recruitment campaigns and coordinated workforce strategies will potentially provide efficiencies.

HEIW (Health Education and Improvement Wales) has several key workforce strategies designed to build a sustainable, skilled, and resilient health and social care. These include:

- Mental Health Workforce Plan
- Pharmacy Workforce Plan
- Perinatal Workforce Plan
- Genomics and Diagnostics Workforce Plan.
- [Strategic Workforce Plan for Primary Care](#)

These plans address specific service areas and future skills needs, ensuring adaptability and resilience across the system.

#### **4.6 NHS Wales Staff Survey**

Following the Staff Survey 2024 results, the Health Board identified key actions to improve staff engagement and implement initiatives to further support staff wellbeing and development, such as a new Talent and Succession Framework and establishing a flexible working group in partnership with Trades Union colleagues.

The Health Board experienced low participation in the Staff Survey in 2024 of 13.3%, which was 4.87% down on 2023 participation. We are aiming for the national response rate of 26% in the Staff Survey 2025, exclusively running the Staff Survey with no other surveys being issued during the live period (06 October – 01 December 2025). To support maximum uptake an action plan has been established which includes promotion across the organisation and active targeting of staff groups with lower engagement, in addition to other actions such as face-to-face promotions, drop-In Clinics, staff incentives, time release and integration with training opportunities.

On receipt of the Staff Survey results for 2025, action plans will be implemented within each division with initiatives to increase visibility of the results and highlighting to staff the changes made following their feedback.

In previous years, the Health Board also ran a local Employee Experience Survey twice yearly. The survey was designed to help give us insight to how staff were feeling and their experiences at work, so that we could tailor packages of support for our workforce. Whilst we stood down our internal survey and to focus engagement via the All-Wales Staff Survey the feedback provided invaluable insight which informed the development of trauma informed wellbeing services for staff, retention campaigns and initiatives to positively recognise staffs' contributions. Our staff recognition programme acknowledges and appreciates staffs' efforts and achievements from formal staff recognition events and sharing achievements to providing useful tools and techniques for staff to show appreciation to one another. The aim is to make staff feel valued and appreciated, which has shown to boost morale, employee experience and ultimately the care provided to our patients.

## **5.0 BOARD LOCAL ISSUES**

### **Board Membership**

Risk to the stability of the Board's leadership is noted given imminent changes. Recruitment to the Board's Chair position is underway. The Vice Chair's term is due to end 31/03/26 and the recruitment campaign will commence early in 2026.

### **Areas of political interest**

#### Rapid Diagnostic Clinic cessation

The Health Board has confirmed that the Rapid Diagnostic Clinic (RDC) pathway closed to new referrals on Friday 14th November 2025, ahead of its planned full closure on 23rd January 2026. This decision follows a detailed review of local diagnostic and referral pathways. There are a range of alternative and effective routes already in place to ensure patients continue to receive timely diagnosis. These include the tumour site-specific Straight to Test National Optimal Pathways for suspected cancer, as well as direct access to imaging - a service not available anywhere else in Wales. These pathways can accommodate referrals previously managed through the RDC service. The decision to close the RDC service was supported by the Local Medical Committee (LMC) and ratified by the Health Board's Value and Sustainability Board following a full Quality Impact Assessment.

#### Primary Care, GP Partnership arrangements and Managed Practices

As set out in section 3.6, the Health Board is directly managing a number of GP practices following the resignation of the GP partnership, Dr Allinson & Dr Ahmed, from five of their GMS contracts. The Health Board continues to work closely with the GP Partnership in respect of the three remaining GMS contracts held with the Health Board.

#### Nevill Hall Hospital, RAAC

As set out in section 1.4, the Health Board has developed a Strategic Outline Case for submission to Welsh Government in 2025/26 which sets out the case for change for investment at Nevill Hall Hospital (NHH) to create a modern, safe, and sustainable facility. The primary driver is to address the RAAC issues where expert contractors have installed around 400 props across the hospital to ensure structural safety. In areas where the presence of props would make the service area unworkable, additional support beams have been put in place. In light of this, fire safety assessments have been conducted and adaptations made to ensure fire escape routes remain easily accessible.

#### Stroke Rehabilitation Services

As set out in section 1.4, a 12-week period of public engagement in respect of the long-term configuration of stroke rehabilitation services in ABUHB commenced on the 30 October 2025 and will run until the 30<sup>th</sup> January 2026.