

Finance and Performance Committee

Thu 14 March 2024, 09:30 - 12:30

Microsoft Teams



Agenda

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Oral Chair

1.2. Apologies for Absence

Oral Chair

1.3. Declarations of Interest

Oral Chair

1.4. Draft Minutes of the last Meeting held on 21st of December 2023

Attached Chair

1.4 Draft Finance Performance Committee Minutes 21st Dec 2023 RD & Chair reviewed.pdf (13 pages)

1.5. Committee Action Log

Attached Chair

1.5 Finance & Performance Committee Action Log - February 2024.pdf (8 pages)

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1. Review of Committee Programme of Business – Committee Self-Assessment

Attached Director of Corporate Governance

- 2.1 FPC Self Assessment of Committee Effectiveness Cover Report (RD approved).pdf (6 pages)
- 2.1a Appendix A FPC Self Assessment Template.pdf (11 pages)
- 2.1b Appendix B F&PC Self-Assessment.pdf (13 pages)

2.2. Committee Strategic Risk Report

Attached Director of Corporate Governance

- 2.2 Finance and Performance Committee Risk Report_March 24.pdf (5 pages)
- 2.2a Appendix 1_FPC Strategic (Board level) Risk Register Database.pdf (1 pages)
- 2.2b Appendix 2_FPC Strategic Dashboard and Risk Assessments.pdf (8 pages)

2.3. Committee Annual Report

Attached Director of Corporate Governance

2.3 V6 Draft FPC Annual Report 2023-24 (RD reviewed).pdf (30 pages)

Oral Director of Corporate Governance

5. OTHER MATTERS

5.1. Items to be Brought to the Attention of the Board and Other Committees

Oral *Chair*

5.2. Any Other Urgent Business

Oral *Chair*

5.3. Date of the Next Meeting is 17th June 2024

Oral *Chair*

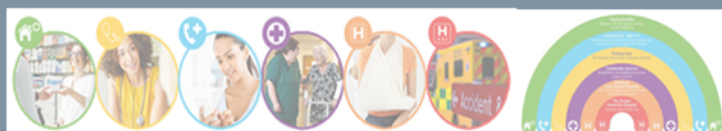
**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY
HEALTH BOARD MEETING**

**MINUTES OF THE FINANCE AND PERFORMANCE
COMMITTEE**

DATE OF MEETING	Thursday 21 st December 2023
VENUE	Microsoft Teams

PRESENT	Richard Clark- Independent Member (Committee Chair)
	Dafydd Vaughan- Independent Member
	Iwan Jones- Independent Member
IN ATTENDANCE	Rob Holcombe- Director of Finance and Procurement
	Hannah Evans- Director of Strategy, Planning & Partnerships
	Rani Dash- Director of Corporate Governance
	Suzanne Jones- Interim Assistant Finance Director
	Leanne Watkins- Chief Operating Officer
	Greg Bowen- Assistant Finance Director
	Chris Commins- Assistant Director of Finance, Out of Hospital Services
	Linda Alexander- Deputy Director of Nursing
	Peter Carr- Director of Therapies and Health Sciences
	Rhys Monk- Directorate Manager for Stroke Services
	David Hanks- Head of Service Planning
	Paul Solloway- Director of Digital
	Stephen Chaney- Head of Internal Audit, NWSSP
	David Murphy- Audit Wales
	Emma Guscott- Committee Secretariat
APOLOGIES	Shelley Bosson, Independent Member
	Michelle Jones, Head of Board Business
	Nicola Prygodzicz, Chief Executive Officer

FPC 2112/01	Preliminary Matters
FPC 2112/01.1	Welcome and Introductions
	The Chair welcomed everyone to the meeting.
FPC 2112/01.2	Apologies for Absence
	The apologies for absence were noted.
FPC 2112/01.3	Declarations of Interest



	There were no declarations of interest raised to record.
FPC 2112/01.4	<p>Draft minutes of the last meeting held on the 7th of September 2023</p> <p>The minutes of the meeting held on the 7th of September 2023 were agreed as a true and accurate record.</p>
FPC 2112/01.5	<p>Committee Action log</p> <p>Members discussed the action log. The following points were noted:</p> <ul style="list-style-type: none"> • FPC 0709/03.1- Hannah Evans (HE), Director of Strategy, Planning and Partnerships, discussed the action and proposed that Benefits Realisation be a standing item to be included for future meetings to capture associated financial information. Benefits Realisation linked to capital and investments had been included as a standing item in the forward work plan 2023/2024. Rob Holcombe (RH), Director of Finance and Procurement agreed that a standing item on Benefits Realisation would also be critical for any potential disinvestment's decisions. RH flagged that the PIP process also oversees investments, noting that the governance around PIP may need improving to ensure sufficient oversight. • FPC 0709/03.3- Iwan Jones (IJ), Independent Member, discussed the action and thanked the Director of Digital for sharing the information. IJ queried where the costs for the additional posts within the Coding service were coming from. Paul Solloway (PS), Director of Digital, informed members that the funding for the additional posts was taken from the existing Information Services budget.
FPC 2112/02	Items for Approval/Ratification/Decision
FPC 2112/02.1	<p>Review of Committee Programme of Business- Draft Forward Workplan 2023/2024</p> <p>Rani Dash (RD), Director of Corporate Governance, presented the forward workplan to the Committee. The Committee discussed the following key points:</p> <ul style="list-style-type: none"> • The importance of the inclusion of <i>Benefits Realisation with Exception Reporting</i> becoming a standing item.



	<ul style="list-style-type: none"> Iwan Jones (IJ), Independent Member, queried whether there would be a requirement for additional meetings due to the financial position. RD discussed that during the review of the planning cycle for 2024-25 it would be determined if there would be further meetings required to cover the profile of work. Action: Committee Secretariat <p>The Committee APPROVED the forward workplan for 2023/2024 and NOTED the inclusion of <i>Benefits Realisation with Exception Reporting</i>.</p>
FPC 2112/02.2	<p>Committee Strategic Risk Report</p> <p>Rani Dash (RD), Director of Corporate Governance, presented an overview of the revised risk reporting.</p> <p>Members requested assurance that current finance actions mitigated risks. RD informed members that some risks were long term and that future actions would represent the anticipated length of the risk. Rob Holcombe (RH), Director of Finance and Procurement, flagged that the risks would also be reviewed as part of the IMTP and funding allocation.</p> <p>The Committee RECEIVED the report for ASSURANCE.</p>
FPC 2112/02.3	<p>Committee Self-Assessment</p> <p>Rani Dash (RD), Director of Corporate Governance, presented the report to the Committee.</p> <p>Richard Clark (RC), Committee Chair, requested an additional option be included in the self-assessment form to allow for a 'partial' answer to questions. Action: Committee Secretariat</p> <p>The Committee APPROVED the Self-Assessment, subject to the above change.</p>
FPC 2112/03	Assurance in Respect of Organisational Performance Management
FPC 2112/03.1	<p>Performance Overview Report with Exception Reporting</p> <p>Hannah Evans (HE), Director of Planning and Performance, presented the report to the Committee, providing an</p>



overview of key ministerial priorities and IMTP commitments up until November 2023.

The report detailed performance and delivery across six themes, Planned Care and Diagnostics, Cancer, Children and Young People, Urgent and Emergency Care System, Mental Health, and Primary Care.

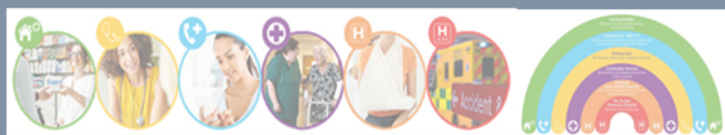
HE discussed the following key points:

- Planned Care: the plans to eliminate 156 week waits for treatment were on track for the end of December 2023, noting the potential challenge to maintain this during the new financial year due to an increase in outpatient numbers.
- Cancer: further work was required to improve cancer services, noting the significant increase in referrals and demand.
- Children and Young People: despite workforce constraints, the waiting list was reducing.
- Urgent and Emergency Care System: the system remained under significant pressure. Ambulance handovers had been a focus of the Executive Team; there had been progress in handover waits over one hour and, despite the challenges, the Health Board performing best in Wales on 4-hour Ambulance waits.
- Pathways of Care in the Emergency Department refer to the number of patients on the complex list, this had been updated in version 2 of the report. Version 2 of the report to be uploaded to Admin Control. **Action: Secretariat**
- Mental Health Services remained a challenge for the Health Board. For assurance, to mitigate risk and improve services, a 30,60,90-day improvement plan had been enacted.
- Primary Care data collection and presentation was an area for development.

Dafydd Vaughan (DV), Independent Member, noted the reduction in Did Not Attend (DNA) in outpatients and requested further assurance on Health Board plans to further reduce DNAs. Leanne Watkins (LW), Chief Operating Officer, assured members that the Health Board utilised evidence to inform booking processes across specialities, and where possible supplementary processes and systems were in place. Further work was underway to improve population engagement in access to health services, and the utilisation of digital platforms to improve



	<p>patient contact. Paul Solloway (PS), Director of Digital, assured members of the following plans:</p> <ul style="list-style-type: none">• The new Health Board communications platform, previously presented to the Board, will review the electronic booking processes.• A new 'contact centre application' would go live early 2024; this application would enable patients to contact the Health Board via social media and 'WhatsApp', regarding booking appointments.• A new callback feature, initiating a call back when an agent is free.• The potential for a single number for the booking centre across all specialities. <p>Members welcomed the new report layout.</p> <p>The Committee; -</p> <ul style="list-style-type: none">• RECEIVED the report for ASSURANCE and;• NOTED the progress against Ministerial Priorities.
FPC 2112/03.2	<p>An update on the Discharge Programme and Delays, including reporting against new national data sets and an update on the progress and impact of the Integrated Discharge Hub</p> <p>Linda Alexander (LA), Deputy Director of Nursing, presented an update on discharge improvement, as part of the Six Goals for Urgent and Emergency Care structure.</p> <p>The following key points were noted:</p> <ul style="list-style-type: none">• The multi-disciplinary discharge improvement work commenced in February 2023. Collaborative working with local authority partners has been strengthened, particularly around the RGH Integrated Discharge Hub.• Work was ongoing to highlight the risks of keeping patents in hospital unnecessarily, such as deconditioning and risk of infection.• A Patient Safety Team commenced in September 2023 in collaboration with five local authority partners. Associated action plans and events aimed to improve the timely discharge of patients.• A draft Discharge Improvement Plan was underway and would be monitored through the Discharge Improvement Board.• The Health Board planned to re-introduce Discharge Lounges. Timescales were discussed, noting that



modelling and communication would commence in January 2024.

Leanne Watkins (LW), Chief Operating Officer, thanked LA for the exemplar work and clinical leadership on discharge improvement and patient safety events. Despite the large amount of work being undertaken to improve discharges, the data remained steady. Improvement work was ongoing with five local authority partners.

Rob Holcombe (RH), Director of Finance and Procurement, discussed the ongoing challenges from front door pressures and the potential impact on cost savings from delayed planned bed closures. RH thanked LA for the informative presentation, noting the extensive work being undertaken to improve patient flow and discharge.

Iwan Jones (IJ), Independent Member, queried why the Health Board Pathways of Care delays remained high when Discharges and Length of Stay data showed improvement. LW flagged that although there is improvement, that Pathways of Care Delays data remained static. Discharge improvement was increasing for non-complex patients. Improvement partnership working the five local authority partners was underway to ensure there was a consistent approach, matching patient need to health service provision; for example, improving community health services to avoid admission for best patient care.

To provide enhanced assurance, the Committee requested that a detailed report come back on discharge plans, actions, and the reconfiguration of the eLGHs. **Action: Chief Operating Officer and Deputy Director of Nursing**

The Committee **NOTED** the update.

FPC 2112/03.3

Stroke Improvement Plan

Peter Carr (PC), Director of Therapies and Health Sciences, supported by Rhys Monk (RM), Directorate Manager for Stroke Services and David Hanks (DH), Head of Service Planning, presented the Stroke Improvement Plan to the Committee.

Members were reminded of the reviews and recommendations that informed the Stroke Improvement



Plan, as outlined in the report. The Stroke Improvement Plan was overseen by the Stroke Improvement Board, chaired by PC.

RM presented metrics and progress against action plans associated with recommendations. The following key points were discussed:

- The Getting It Right First Time (GIRFT) review in 2022 and progress against recommendations; Out of the 20 recommendations, 15 were either completed or ongoing.
- Admitting patients to the Hyper Acute Stroke Unit (HASU) was flagged as a challenge due to operational and system pressures. Only 17% of patients reach the HASU within 4 hours at present.
- The reconfiguration stroke rehabilitation was complete. All stroke rehabilitation now took place at Ysbyty Ystrad Fawr (YYF) Hospital.

Iwan Jones (IJ), Independent Member, queried whether there were any further reviews planned. PC informed members that the Health Board was not aware of any planned reviews, however, Welsh Government had established a national stroke improvement programme through the NHS Executive. The Health Board was in discussions with the NHS Executive, sharing learning and best practice in developing a HASU from other Health Boards. PS highlighted the importance of improving an end-to-end stroke pathway by focusing on and improving rehabilitation, noting that additional funding would be required to support required staffing to run an efficient rehabilitation service.

Presentation slides to be shared with members outside of the meeting. **Action: Directorate Manager for Stroke Services/secretariat**

Members requested updates on the progress of the Stroke Improvement Plan to come back to future meetings. **Action: Director of Therapies and Health Sciences/secretariat**

The Committee **RECEIVED** the report for **ASSURANCE**.

FPC 2112/04

Assurance in Respect of Financial Management and Performance

FPC 2112/04.1

Monthly Finance Report & Monitoring Returns



• **Month 7 Review**

Robert Holcombe (RH), Director of Finance and Procurement, provided the update outlining the Health Board's financial performance for the month of October 2023 (month 7), noting that this had been presented to Board. The report summarised the Health Board's performance against financial targets, savings position, and forecast position.

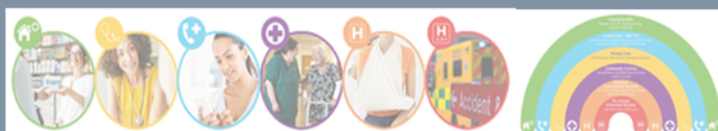
Members **RECEIVED** the report for **ASSURANCE** on the following key areas:

- The financial performance at the end of October 2023 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2023/24,
- The revenue reserve position on the 31st of October 2023,
- The Health Board's underlying financial position,
- The capital position,
- The month 7 MMR report, and
- The early brief provided for the November 2023 position.

• **Month 8 Review**

RH presented an early financial briefing as of Month 8 (November 2023), as presented at the Board Development Session on the 20th of December 2023. The following key points were discussed:

- Revenue financial forecast at Month 8 was £57.6m.
- Month 8 variance £5m deficit.
- Year to date variance £46.7m.
- £44m adverse to £13m control total.
- Concern raised that the strategic cash request had been challenged by Welsh Government, aligned to the deficit being above the control total. The Health Board was awaiting clarification on this position and had potential plans to manage the consequences.
- The savings challenges were discussed. The impact of winter pressures and the improvement work around discharges was discussed. The challenges with the release of beds and improving length of stay to support planned bed closures and release cash were noted.
- Month 8 key movements were discussed, noting the prescribing increase in cost of price per item.



- The savings forecast delivery was at 42m against the 51m savings plan outlined in the IMTP.
- Further savings opportunities and ongoing work were discussed. Ongoing work on savings opportunities to inform future *Benefits Realisation* updates to the Committee. **Action: Secretariat.**
- The Health Board continued to work to identify potential savings through the Value and Sustainability Board.

Iwan Jones (IJ), Independent Member, queried the £46.7m forecast and run rate. RH informed members that the full savings profile was outlined in the full Month 8 report, as shared with all Board members on the 20th of December 2023.

IJ recalled the official letter to Welsh Government that outlined the current financial deficit position and queried whether there had been a formal response. RH informed members that a formal response had not yet been received, however, the Chief Executive Officer planned to write an Accountable Officer letter to Welsh Government, explicitly detailing the current financial position.

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, discussed the discharge improvement plans, the prioritisation of the reconfiguration of St Woolos, and Nevill Hall Hospital sites and bed reduction, noting links to savings plans and variable pay reduction.

Dafydd Vaughan (DV), Independent Member, discussed national digital risks and financial impact on the Health Board and flagged that in his opinion the Board was not able to fully scrutinise the national digital programmes. Paul Solloway (PS), Director of Digital, informed members that the Health Board participated in monthly digital meetings with the NHS Executive and Welsh Government and that the Health Board had formally raised concerns with Welsh Government around some national digital programmes. It was noted that Welsh Government was reviewing national digital programmes to take learning forward. PS informed members that the Health Board would consider action to remove itself from national programmes that were not beneficial to patients and service need. The Committee requested a mechanism by where the Health Board could scrutinise organisations that implement national digital programmes. Paul Solloway, Director of Digital, confirmed that he would discuss this



	<p>with the Chief Digital Officer of Welsh Government. Action: Director of Digital</p> <p>Updated Month 8 Financial Position and Forecast presentation to be shared with members outside of the meeting. Action: Director of Finance and Procurement/secretariat</p> <p>The Committee NOTED the update.</p>
FPC 2112/04.2	<p>Efficiency Opportunities</p> <p>Benchmarking</p> <p>Robert Holcombe (RH), Director of Finance and Procurement, supported by Greg Bowen (GB), Assistant Finance Director Chris Commins (CC), Assistant Director of Finance, Out of Hospital Services presented the report to the Committee.</p> <p>Members were informed of the benchmarking exercise for the current financial year, and how the Health Board utilised the data from benchmarking exercises to identify possible savings and efficiency opportunities.</p> <p>GB discussed national benchmarking data and how the new data set now named organisations across England and Wales, allowing the Health Board to reach out to other organisations for shared learning and best practice.</p> <p>Members were informed of key benchmarking projects that the Health Board participated in, and the following key points were discussed:</p> <ul style="list-style-type: none">• GB discussed the recently completed Outpatient's project and key findings, noting that outpatient attendances were returning to pre-Covid levels, and that the Health Board benchmarked well against peers. The Health Board had identified some opportunities for learning, for example with <i>Did Not Attend</i> patients, and this would be picked up early 2024.• CC discussed the recently completed Pharmacies project and key findings. Pharmacy Workforce remained an issue for the Health Board; further benchmarking work would be undertaken to compare workforce numbers to the rest of Wales.



- All benchmarking and efficiency opportunities would be included in the Health Boards Integrated Medium Term Plan (IMTP).

Iwan Jones (IJ), Independent Member, requested information on why the Health Board appeared to be the only Health Board in Wales participating in some of the projects. RH informed members that Welsh Government stated that participation in the NHS Benchmarking Network was mandatory, however, not every Welsh Health Board currently participated. RH discussed the value of organisations located outside of Wales participating in the NHS Benchmarking Network.

IJ requested assurance on where key efficiency opportunities, based upon benchmarking reports, would be reviewed, and actioned. RH informed members benchmarking data would be fed back to Divisions through lead Executives; Divisions would then consider implementation of changes to work processes. In addition, benchmarking efficiencies will be monitored through the Value and Sustainability Board. RH to meet with Hannah Evans, Director of Strategy, Planning and Partnerships, to discuss the impact of the efficiency and benchmarking opportunities on service changes being captured in future Performance Oversight reports. **Action: Director of Finance and Procurement/Director of Strategy, Planning and Performance**

Members were requested to note the following key areas; -

- Note the work completed to date on the NHS Benchmarking Networks annual work plan for 23-24
- Note how these returns are used to provide potential efficiency and financial savings opportunity moving forward.

The Committee **NOTED** the report.

Operational Control Checklist October 2023

RH provided an overview to the Committee of the initial completion of the *Governance Operational Control Checklist* undertaken by divisional budget holders as at the end of October 2023.

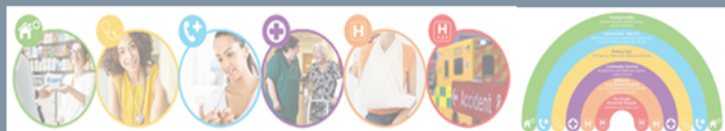
A baseline self-assessment had been produced, alongside a rag rating template, and shared with all divisional budget holders; these would be reviewed and updated monthly.



	<p>Members requested assurance on planned actions based upon checklist data. Operational Control Checklist improvement trends to be included in future efficiencies reports. Action: Director of Finance and Procurement</p> <p>Members were asked to note the following key areas; -</p> <ul style="list-style-type: none">• Note the work completed to date on the initial Operational Control Checklist assessments and the initial scores.• Note the future updates to be undertaken and reported to the Value & Sustainability Board. <p>The Committee RECEIVED the report for ASSURANCE.</p>
FPC 2112/04.3	<p>To Receive an Update of IT Systems</p> <p>Paul Solloway (PS), Director of Digital, presented the Health Board's Digital Programme Plan for 2024 to 2026.</p> <p>PS provided an update on the Informatics Programme cost analysis, including critical programmes of work underway across the Health Board to support digital transformation and initiatives. There was currently a £1.3m financial shortfall for funded and part funded digital schemes.</p> <p>Iwan Jones (IJ), Independent Member, discussed the financial shortfall and the number of unfunded national digital schemes, and requested assurance on funding plans. PS discussed the requirements to determine efficiency benefits for each scheme, including the challenges. The Committee was assured that all digital risks, including digital maintenance contracts, were currently under review, with completion scheduled for in early 2024.</p> <p>Members discussed the national digital programmes, noting the Radiology Information System (RISP) replacement programme business case as one area of concern. Members were reminded that the national digital work was a requirement for business continuity. Dafydd Vaughan (DV), Independent Member, agreed to meet with PS to discuss future support for national digital programmes. Action: Director of Digital/ Independent Member (DV)</p>



	<p>To provide further assurance, the following key points were discussed:</p> <ul style="list-style-type: none"> • A Digital, Data and Technology Group would be set up as a sub-committee in 2024; this would provide quarterly assurance reports on progress, risks, and issues to the Committee. Quarterly assurance reports from the Digital, Data and Technology Group to be added to the Committee Forward Workplan. <p>Action: Secretariat</p> <ul style="list-style-type: none"> • Digital teams would be undertaking a resource and capacity demand model review of the directorate, assessing capacity against priorities. • The Digital Directorate were undertaking a review of all associated risks that feed into the strategic risk in January 2024. <p>The Committee NOTED the update.</p>
FPC 2112/05	Other Matters
FPC 2112/05.1	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>The Committee noted that the Health Board had a growing list of national digital programs that added to the organisations financial risk with no apparent mechanism in place to hold the national organisations to account. The Committee requested that this be escalated to Board.</p> <p>The Committee requested that the Health Board Digital Transformation be closely monitored, noting the associated funding risks.</p>
FPC 2112/05.2	<p>Any Other Urgent Business</p> <p>There was no urgent business to discuss.</p>





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN
BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING- FINANCE & PERFORMANCE COMMITTEE
ACTION LOG**

Outstanding

In Progress

Not Due

Completed

**Transferred to another
Committee**

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
07/09/2023	FPC 0709/01.5	Committee Action Log ref 2106/02.3 Additional information was requested on Enhanced Care levels and costings in comparison to other Health Boards. Information to be shared with members outside of the meeting.	Deputy Director of Nursing/ Assistant Director of Finance	March 2024	Deputy Director of Nursing and Assistant Director of Finance liaising with workforce colleagues to gather data. In progress
13/12/2023	PQSOC 1312/3.4	Clinical Audit Activity Report (transferred action) The Committee requested that the Finance & Performance Committee be asked to seek assurance that there were robust processes in place for the management of contracts that were	Director of Finance & Procurement	March 2024	ABUHB expects all budget holders to manage the contracts they are responsible for, including actively managing and monitoring delivery and developing contract end and renewal planning. A new FCP has been

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		scheduled to end to ensure that the quality aspect of such work would not be lost.			approved by the Executive Committee and is going to the Audit Committee which outlines in detail the expected standard of business practice, including clarity of support from Procurement and responsibilities of budget holders. Complete
21/12/2023	FPC 2112/02.1	Review of Committee Programme of Business-Draft Forward Workplan 2023/2024 During the review of the planning cycle for 2024-25 it would be determined if there would be further meetings required to cover the profile of work.	Committee Secretariat	March 2024	Under review. Not Due

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
21/12/2023	FPC 2112/02.3	Committee Self-Assessment An additional option be included in the self-assessment form to allow for a 'partial' answer to questions.	Committee Secretariat	December 2023	Form updated and shared. Complete
21/12/2023	FPC 2112/03.1	Performance Overview Report with Exception Reporting Version 2 of the report to be uploaded to Admin Control and republished.	Committee Secretariat	December 2023	Uploaded and republished on the 21/12/2023. Complete
21/12/2023	FPC 2112/03.2	An update on the Discharge Programme and Delays To provide enhanced assurance, the Committee requested that a detailed report come back on discharge plans, actions, and the reconfiguration of the eLGHS.	Chief Operating Officer and Deputy Director of Nursing	June 2024	Update to be included in the June 2024 meeting. Not Due.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
21/12/2023	FPC 2112/03.3	Stroke Improvement Plan Presentation Slides to be shared with members outside of the meeting.	Directorate Manager for Stroke Services/ Committee Secretariat	January 2024	Presentation slides shared with members on 10/01/2024. Complete
21/12/2023	FPC 2112/03.3.1	Stroke Improvement Plan Members requested updates on the progress of the Stroke Improvement Plan to come back to future meetings.	Director of Therapies and Health Sciences/ Committee secretariat	January 2024	Included in the draft FWP for 2024/25. Complete
21/12/2023	FPC 2112/04.1	Monthly Finance Report & Monitoring Returns Ongoing work on savings opportunities to inform future <i>Benefits Realisation</i> updates to the Committee.	Secretariat	January 2024	Included in the draft FWP for 2024/25. Complete
21/12/2023	FPC 2112/04.1.2	Monthly Finance Report & Monitoring Returns The Committee requested a mechanism by where the Health Board could scrutinise organisations that implement national digital programmes. Paul Solloway, Director of	Director of Digital	March 2024	Information shared with Committee members outside of the meeting 06/03/2024. Complete

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		Digital, confirmed that he would discuss this with the Chief Digital Officer of Welsh Government.			
21/12/2023	FPC 2112/04.1.3	Monthly Finance Report & Monitoring Returns Updated Month 8 Financial Position and Forecast presentation to be shared with members outside of the meeting.	Director of Finance and Procurement/ Secretariat	January 2024	Presentation slides shared with Committee members on 10/01/2024. Complete
21/12/2023	FPC 2112/04.2	Efficiency Opportunities Benchmarking Director of Finance and Procurement and the Director of Strategy, Planning and Partnerships, to discuss the impact of the efficiency and benchmarking opportunities on service changes being captured in future Performance Oversight reports.	Director of Finance and Procurement/ Director of Strategy, Planning and Performance	March 2024	Information shared with Committee Members outside the meeting on the 05/05/2024. Complete

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
21/12/2023	FPC 2112/04.2.1	Efficiency Opportunities Operational Control Checklist October 2023 Members requested assurance on planned actions based upon checklist data. Operational Control Checklist improvement trends to be included in future efficiencies reports.	Director of Finance and Procurement	March 2024	Included on the agenda for the 14 th of March 2024. Agenda item 3.7. Complete
21/12/2023	FPC 2112/04.3	To Receive an Update of IT Systems Dafydd Vaughan (DV), Independent Member, agreed to meet with PS to discuss future support for national digital programmes.	Director of Digital/ Independent Member (DV)	March 2024	The Director of Digital and Independent Member for Digital have met to discuss national digital programmes outside of the meeting. Complete
21/12/2023	FPC 2112/04.3.1	To Receive an Update of IT Systems Quarterly assurance reports from the Digital, Data and Technology Group to be added to the Committee Forward Workplan.	Committee Secretariat	June 2024	Included in the draft FWP for 2024/25. Complete

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed

All actions in this log are currently active and are either part of the Committee's forward work programme or require more immediate attention, such as an update on the action or confirmation that the item scheduled for the next Committee meeting will be ready.

Once the Committee is assured that an action is complete, it will be removed. This will be agreed at each Committee meeting.



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	31 January 2024
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee Self-Assessment 2023
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Board Business

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

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to discuss the findings from the annual self-assessment process in respect of the Finance and Performance Committee.

Cefndir / Background

As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment will enable the Committee to identify areas of development and focus for the coming year, well as any development of a comprehensive Board Business Improvement Plan.

At the meeting held on 21st of December 2023 the Committee agreed to undertake the self- assessment and made some minor changes to the questionnaire

Asesiad / Assessment

The self-assessment for the Finance and Performance Committee was completed throughout December 2023 and January 2024 by both Committee members and those individuals who regularly support the work of the Committee. Five responses were received to the questionnaire.

The self-assessment template is included in Appendix A, and the completed response are included in Appendix B.

Following completion of the self-assessments, the sections were analysed to provide a summary of the response and recommendation for improvements for each section. The suggestions will help the development of a comprehensive Board Improvement Plan.

Summary of Individual Sections

Section 1 - Committee Processes: Composition, Establishment, and Ways of Working

The majority (72.3%) of respondents agreed that committee processes are well executed, and that the overall co-ordination and management of the meeting is consistent and well managed to allow the Committee to conduct its responsibilities.

There were some opportunities for strengthening identified, in particular these included:

- Consideration of additional Executive attendance by those who manage large budget areas.
- Consideration of ways in which to enable the greater scrutiny of issues such as the financial situation through a deep dive approach e.g. additional meetings/ briefings etc.
- Consider increasing the number of Independent Members on this Committee to secure a wider range of opinion.
- The structure of the report template to be reviewed to ensure a clearer focus including assurance mapping, quantifiable metrics, actions, and risks.
- Consider inclusion of a section at the end of each meeting where the Committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc.

Section 2 – Financial Management and Financial Performance

All (100%) respondents agreed that it had received sufficient assurance in respect of the Health Board's arrangements for financial management and the monitoring of financial performance.

There was one opportunity for strengthening identified:

- Consider ways to enable greater scrutiny of Capital Budget monitoring.

Section 3 – Performance Management and Accountability

The majority (80%) of respondents were assured that the arrangements for the performance management and accountability of directly provided and commissioned services were sufficient, effective, and robust.

There were no opportunities for strengthening identified.

Section 4 – Information Management

The majority (80%) of respondents confirmed that the Committee was sufficiently assured that arrangements for information management were sufficient, effective, and robust.

There were no opportunities for strengthening identified.

Specific Responses for Finance and Performance Committee Improvement

The table below details the specific areas where suggestions for improving the Committee's effectiveness were made.

Specific Actions to deliver improvements in the Committee’s effectiveness			
Section	Area of Focus requiring attention	How & by When	Action Holder
1 - Committee Processes: Composition, Establishment, and Ways of Working	<ul style="list-style-type: none">Report template to be reviewed and training on report writing to be delivered.Inclusion of reflection section at the end of each Committee agenda.Consideration of required Executive attendees.Consider increasing number of Independent Members on the CommitteeConsider frequency of meetings and or briefings specific for this committee to enable greater scrutiny.	All actions to inform the development of an overarching Board Business Improvement Plan – January 2024 for Board approval.	Director of Corporate Governance with Head of Board Business
2 - Financial Management and Financial Performance	<ul style="list-style-type: none">Explore ways that future updates include wider scrutiny opportunities of Capital budgets.	To be strengthened within Committee Workplan 2024/25 – April 2024	Head of Board Business with the Director of Strategy, Planning and Partnerships

Overall Assessment of Effectiveness

To determine the overall effectiveness of the Committee, a standardised scoring matrix has been used to assess each Committee; this is in accordance with the Well-Led Framework for Leadership and Governance Developmental Reviews and is shown below.

Overall Assessment		
Score	Definition	Description
1	Room for improvement	The Committee is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	Meeting standards	The Committee is performing to the required standard in this area. There may be room for improvement, but the Committee can be seen to be discharging its responsibilities effectively.
3	Excelling	This is an area where the Committee is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

In respect of the overall assessment of the Committee's effectiveness, four of the five respondents agreed that the Committee was meeting the standards and discharging its duties responsibly.

Overall Assurance Rating

The table below provides a breakdown of the responses to each section, as well as an overall assurance rating against the committee’s effectiveness.

Section	No. of Questions	No. of Possible Responses	No. of responses 'Yes'	No. of responses 'No'	No. of 'Partial' responses	No. that 'Didn't Answer'	Overall Assurance Rating
1	26	130	94	4	18	9	
2	1	5	5	0	0	0	
3	1	5	4	0	1	0	
4	1	5	4	0	0	1	
Total	29	145	107	4	19	10	

In conclusion, the results of the analysis of the self-assessment, with an 73.7% response rate of 'Yes,' determined that the Committee is effective and meeting the standards.

Rating	Definition	Evidence
2	Meeting standards	The Committee is performing to the required standard in this area. There may be room for improvement, but the Committee can be seen to be discharging its responsibilities effectively.

These findings will be used to inform a comprehensive annual assessment of the Board’s effectiveness. An overarching Board Business Improvement Plan will be developed, informed by the assessment of the Board and its Committees and other feedback such as Structured Assessment, for delivery in 2024/25. The effectiveness of the Board’s Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board’s Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators and partners.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the performance information contained within the report,
- **CONSIDER** the proposed actions to address those areas as requiring further improvement, and;
- **NOTE** the proposed improvement actions to be taken forward within the Committee Forward Plan for 2024/25 or the wider Board Business Improvement Plan.

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

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The self-assessment of committee effectiveness ensures risk is appropriately monitored and managed.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
<ul style="list-style-type: none"> • Workforce 	Not Applicable
<ul style="list-style-type: none"> • Service Activity & Performance 	Not Applicable
<ul style="list-style-type: none"> • Financial 	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>No does not meet requirements</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well-Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	<p>Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives</p> <p>Choose an item.</p>

Finance and Performance Committee Self-Assessment Checklist

Introduction

The self-assessment tool is a way for our Finance and Performance Committee (FPC) to develop its effectiveness. The Board and its sub-Committees should aim to assess their effectiveness against these questions on an annual basis.

To gain an overall view of FPC effectiveness, it is important that the individual views of all members are considered as a whole, therefore, each area of the effectiveness tool allows space for comments. This provides an important opportunity to expand on any considerations relating to that section of the effectiveness tool and to highlight any concerns about the Committee's performance.

At the end of the self-assessment there is an opportunity for you to provide an overall score on the Committee's effectiveness using the scoring scale below.

Score	Measure	Description
1	Room for improvement	The FPC is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	Meeting standards	The FPC is performing to the required standard in this area. There may be room for improvement, but the FPC can be seen to be discharging its responsibilities effectively.
3	Excelling	This is an area where the FPC is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

The completed self-assessments will enable the Corporate Governance Team to: -

1. generate an overall view of FPC effectiveness; and
2. drill down and analyse specific areas of strength or improvement on a section, sub-section, and individual question level.

The results of which will be reported to the Committee in February 2024 and used to inform the Committee Annual Report, Annual Accountability Report and Governance Statement.

Section 1 - Committee Processes: Composition, Establishment, and Ways of Working

Question		Response Yes / No /Partially	Comments	Suggested Improvement Actions
1	Does the Committee have written terms of reference and have they been approved by the Board?			
2	Are the terms of reference reviewed annually?			
3	The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible?			
4	Has the Committee been quorate for each meeting this year?			
5	In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities?			
6	Members who have recently joined the FPC have been provided with induction training to help them understand their role and the organisation?			
7	The Committee is clear about its role in relationship to other Committees that play a role in relations to finance and performance matters?			
8	Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of interest?			
9	The Committee uses assurance mapping to identify where assurance is required and identify any key gaps where no assurance is provided, or where the quality of the assurance is poor?			
10	The Committee has an established a plan of matters to be dealt with across the year?			

11	Does the Committee consider issues at the right time and in the right level of detail?			
12	The Committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives?			
13	Are the Committee's papers distributed in sufficient time for members to give them due consideration?			
14	The quality of the Committee's papers received allows Committee members to perform their roles effectively?			
15	Committee meetings are chaired effectively?			
16	The Committee chair allows debate to flow freely and does not assert his/her own view too strongly?			
17	The Committee environment enables people to express their views, doubts, and opinions?			
18	The Committee challenges management and other assurance providers to gain a clear understanding of their findings?			
19	Members hold their assurance providers (management) to account for late or missing assurance?			
20	Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion; who is doing what, when and how and how it is being monitored?			

21	At the end of each meeting the Committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc?			
22	Decisions and actions are implemented in line with the timescale agreed?			
23	Are the outcomes of each meeting and any issues of concern reported to the next Board meeting?			
24	Does the Committee prepare an annual report on its work and performance for the Board?			
25	The results of the annual self-assessment are used to inform and influence succession planning and improve effectiveness.			
26	The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn?			

Section 2 – Financial Management and Financial Performance

Question		Response Yes/No/ Partially	Comments	Suggested Improvement Actions
27	Is the committee satisfied that it has received sufficient assurance in respect of the Health Board's arrangements for financial management and financial performance being sufficient, effective and robust, including:			
	a. The allocation of revenue budgets, based on allocation of funding and other forecast income			
	b. The monitoring of financial performance against revenue budgets and statutory financial duties			
	c. The monitoring of performance against capital budgets			
	d. The monitoring of progress against savings plans, cost improvement programmes and implementation of the efficiency framework			

	e. The monitoring of budget expenditure variance and the corrective actions being taken to improve performance			
	f. The monitoring of activity and financial information for external contracts to ensure performance within specified contract terms, conditions and quality thresholds			
	g. The monitoring of arrangements to ensure efficiency, productivity and value for money, including the delivery of the Health Board's Efficiency Framework			
	h. The monitoring of delivery against the agreed Discretionary Capital Programme			

Section 3 – Performance Management and Accountability

Question		Response Yes / No/ Partially	Comments	Suggested Improvement Actions
28	Is the Committee sufficiently assured that the arrangements for the performance management and accountability of directly provided and commissioned services are sufficient, effective and robust, including:			
	a. the implementation of the Board's Performance Management Framework, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery;			
	b. the monitoring of performance information against the Board's Priorities and Objectives and associated outcomes			
	c. the monitoring of performance information against National Outcome Frameworks, including the NHS Wales Outcomes Framework, the Public Health Outcomes Framework and the Social Services Outcomes Framework, developed in-line with the Wellbeing of Future Generations Act and the Social Services Wellbeing Act;			

	d. the monitoring of performance information across <u>directly provided</u> services including scheduled care, urgent and emergency care, medicine, family and therapies, primary, community care and mental health services;			
	e. the monitoring of performance information across <u>commissioned services</u> including Primary Care Contractors, complex care, specialist mental health and CAMHS services, WHSCC, EASC and NHS Wales Shared Services Partnership			
	f. the monitoring of poor performance through effective and comprehensive exception reporting, including trajectories for improved performance;			
	g. the review of performance through comparison to best practice and peers and identifying areas for improvement			

Section 4 – Information Management				
Question		Response Yes / No/ Partially	Comments	Suggested Improvement Actions
29	Is the Committee satisfied that arrangements for information management are sufficient, effective and robust, including:			
	a. the monitoring of information related objectives and priorities as set out in the Board's IMTP and Annual Priorities;			
	b. the monitoring of the implementation and application of information related legislation, policies and standards, including GDPR and Freedom of Information			
	c. the review of arrangements to protect the integrity of data and information to ensure valid, accurate, complete and timely data and information is available for use within the organisation			
	d. the reporting of data breaches, incidents and complaints, ensuring lessons are learned			

	e. the recommendations arising from national and local audits and self-assessments, including assessment against the Caldicott Standards			
	f. the monitoring of arrangements to support the continued development of business intelligence and capacity			

Overall Assessment		
Score	Measure	Description
1	Room for improvement	The FPC is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	Meeting standards	The FPC is performing to the required standard in this area. There may be room for improvement, but the FPC can be seen to be discharging its responsibilities effectively.
3	Excelling	This is an area where the FPC is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

Comments:

							1. Does the Committee have written terms of reference and have they been approved by the Board?
ID	Start time	Completion time	Email	Name	Last modified time		
1	12/29/23 18:18:44	12/29/23 18:38:27	anonymous			Yes	
2	1/4/24 12:42:07	1/4/24 12:53:38	anonymous			Yes	
3	1/5/24 15:24:41	1/8/24 15:04:08	anonymous			Yes	
4	1/9/24 13:51:24	1/9/24 14:09:10	anonymous			Yes	
5	1/9/24 19:10:25	1/9/24 19:19:48	anonymous			Yes	
							YES 5 NO 0 DID NOT ANSWER 0

1a. Comments	1b. Suggested Improvement Actions	2. Are the terms of reference reviewed annually?	2a. Comments	2b. Suggested Improvement Actions	3. The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible?	3a. Comments
		Yes			Partially	We often look at financial information that we have seen in other meetings eg board, development and briefing session, which seems to be a duplication. Similar comments for the performers reports as we get these at board as well.
		Yes			Yes	To date the number of meetings has been appropriate, however the increasing focus on the board's financial situation has increased scrutiny on projects and meetings are becoming longer. Increased risk in failing to scrutinise progression and outcome of certain projects.
		Yes	I believe so but not been here a year yet	Would welcome clarity on reporting of capital which has some elements to PPHP and some to R&P - picked up in IA We should consider membership with no COO membership of meeting whereas that is where most performance and spend occurs	Partially	Timing of committees quite infrequent for performance monitoring - although interim performance oversight provided via Board
		Yes			Partially	
		Yes			Partially	Probably need more meetings given the financial position but to focus on specific items of expected delivery
		YES 5 NO 0 DID NOT ANSWER 0			YES 1 NO 0 PARTIALLY 4 DID NOT ANSWER 0	

3b. Suggested Improvement Actions	4. Has the Committee been quorate for each meeting this year?	4a. Comments	4b. Suggested Improvement Actions	5. In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities?	5a. Comments	5b. Suggested Improvement Actions
Maybe changes in the sequence of meetings would allow the committee to scrutinise in detail before reporting to the board/other committees	Yes			Yes		
Consider increasing frequency of meetings.	Yes			Yes		
We have had good engagement on timings of meetings				Partially	comment above re COO attendace	
The agenda is often quite lengthy with important issues and sometimes it could be felt that some items don't get the time they deserve	Yes			Yes		Additional committee members would bring additional perspective to the committee
	Yes			Yes		
	YES 4 NO 0 DID NOT ANSWER 1			YES 4 NO 0 PARTIALLY 1 DID NOT ANSWER 0		

6. Members who have recently joined the FPC have been provided with induction training to help them understand their role and the organisation?		7. The Committee is clear about its role in relationship to other Committees that play a role in relations to finance and performance matters?		8. Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of interest?	
6a. Comments	6b. Suggested Improvement Actions	7a. Comments	7b. Suggested Improvement Actions	8a. Comments	8b. Suggested Improvement Actions
NA		Partially	See comments above as some duplication can arise	Yes	
Yes		Yes		Yes	
Yes	i have recently joined org and had good induction	Yes		Yes	
Not known		Partially	Occasionally there are some grey areas but these are resolved by the governance team	Yes	
		Yes		Yes	
YES 2 NO 0 PARTIALLY 0 DID NOT ANSWER 3		YES 3 NO 0 PARTIALLY 2 DID NOT ANSWER 0		YES 5 NO 0 PARTIALLY 0 DID NOT ANSWER 0	

		9. The Committee uses assurance mapping to identify where assurance is required and identify any key gaps where no assurance is provided, or where the quality of the assurance is poor?			10. The Committee has an established a plan of matters to be dealt with across the year?		
8a. Comments	8b. Suggested Improvement Actions		9a. Comments	9b. Suggested Improvement Actions		10a. Comments	
		Partially	This is under development		Yes		
		Yes			Yes		
		Partially	no sure if committee does this		Yes	Good engagement in its development	
		Partially			Yes		
		YES 1 NO 0 PARTIALLY 3 DID NOT ANSWER 1			YES 4 NO 0 PARTIALLY 0 DID NOT ANSWER 1		

12. The Committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives?						
10b. Suggested Improvement Actions	11. Does the Committee consider issues at the right time and in the right level of detail?	11a. Comments	11b. Suggested Improvement Actions	12a. Comments	12b. Suggested Improvement Actions	
	Partially	We deal with the right issues, but as the meeting is quarterly sometime it's a little after the events we are being asked to consider		Yes		
	Yes			Yes		
	Yes			Yes		
	Partially	By enlarge but I refer to my response to 3b		Yes		
	Partially	Not sure the committee is getting clarity on delivery of savings programmes to the level expected from the savings scheme lead officer.		Yes		
	YES 2 NO 0 PARTIALLY 3 DID NOT ANSWER 0			YES 5 NO 0 PARTIALLY 0 DID NOT ANSWER 0		

13. Are the Committee’s papers distributed in sufficient time for members to give them due consideration?			14. The quality of the Committee’s papers received allows Committee members to perform their roles effectively?		15. Committee meetings are chaired effectively?	
13a. Comments	13b. Suggested Improvement Actions		14a. Comments	14b. Suggested Improvement Actions		
Yes			Yes			Yes
Yes			Yes			Yes
Yes			Yes			Yes
			View of officer rather than IM!			Yes
Partially	Rarely is a full set of papers posted. Papers are pre meeting but given the nature of papers and other commitments it is not always possible to give them the in-depth scrutiny they deserve		Yes	Can be unnecessarily long		Partially
Yes			Yes			Yes
YES 4 NO 0 PARTIALLY 1 DID NOT ANSWER 0			YES 5 NO 0 PARTIALLY 0 DID NOT ANSWER 0			YES 4 NO 0 PARTIALLY 1 DID NOT ANSWER 0

17b. Suggested Improvement Actions	18. The Committee challenges management and other assurance providers to gain a clear understanding of their findings?	18a. Comments	18b. Suggested Improvement Actions	19. Members hold their assurance providers (management) to account for late or missing assurance?	19a. Comments	19b. Suggested Improvement Actions
	Yes			Yes		
	Yes			Yes		
	Yes			Yes		
	Yes			Yes		
	Yes			Yes		
	Yes			Partially		
	YES 5 NO 0 PARTIALLY 0 DID NOT ANSWER 0			YES 4 NO 0 PARTIALLY 1 DID NOT ANSWER 0		

20. Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion; who is doing what, when and how and how it is being monitored?		21. At the end of each meeting the Committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc?		22. Decisions and actions are implemented in line with the timescale agreed?	
20a. Comments	20b. Suggested Improvement Actions	21a. Comments	21b. Suggested Improvement Actions	22a. Comments	22b. Suggested Improvement Actions
Yes		No	I don't think we do this	Should add a reflection item at the end of the agenda, purely to be discussed by the members of the committee and maybe the committee support officer, just to record the outcome/actions of those discussion	Yes
Yes		Yes			Yes
Yes		No	i dont think there has been time for this recently		Yes
Partially	Action for chair to review conclusions of items	Yes			Partially
No		No			Yes
YES 3 NO 1 PARTIALLY 1 DID NOT ANSWER 0		YES 2 NO 3 PARTIALLY 0 DID NOT ANSWER 0			YES 4 NO 0 PARTIALLY 1 DID NOT ANSWER 0

24b. Suggested Improvement Actions		25. The results of the annual self-assessment are used to inform and influence succession planning and improve effectiveness.		26. The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn?	
		25a. Comments	25b. Suggested Improvement Actions	26a. Comments	26b. Suggested Improvement Actions
Yes				Yes	
Yes				Yes	
Yes				Yes	
Yes				Yes	
Yes				Yes	
YES 5 NO 0 PARTIALLY 0 DID NOT ANSWER 0				YES 4 NO 0 PARTIALLY 0 DID NOT ANSWER 1	

27. Is the committee satisfied that it has received sufficient assurance in respect of the Health Board's arrangements for financial management and financial performance being sufficient, effective...	27a. Comments	28. Is the Committee sufficiently assured that the arrangements for the performance management and accountability of directly provided and commissioned services are sufficient, effective and robust...	28a. Comments	29. Is the Committee satisfied that arrangements for information management are sufficient, effective and robust, including:	29a. Comments	Score
g. The monitoring of arrangements to ensure efficiency, productivity and value for money, including the delivery of the Health Board's Efficiency Framework	Only able to press one button. I would say we do all the items except the capital budget monitoring. I think we might see some info, but the details of this I understand go to the partnership committee for the main discussion. This aspect could be strengthened		We cover most of these, reporting is improving to allow committee members to start to interrogate data. However this area needs further development.		We look at these areas	Meeting standards - The FPC is performing to the required standard in this area. There may be room for improvement, but the FPC can be seen to be discharging its responsibilities effectively.
a. The allocation of revenue budgets, based on allocation of funding and other forecast income	Only allowed to "tick" one of the answers above - all apply	a. The implementation of the Board's Performance Management Framework, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery;	As per previous comment		As per previous answer	Meeting standards - The FPC is performing to the required standard in this area. There may be room for improvement, but the FPC can be seen to be discharging its responsibilities effectively.
	capital as part of financial reprot	e. The monitoring of performance information across commissioned services including Primary Care Contractors, complex care, specialist mental health and CAMHS services, WHSCC, EASC and NHS Wales Shared Services Partnership				Room for improvement - The FPC is falling short of requirements and should consider how it can work towards becoming more effective in this area
b. The monitoring of financial performance against revenue budgets and statutory financial duties	Satisfied a-h		Assured a-g	a. The monitoring of information related objectives and priorities as set out in the Board's IMTP and Annual Priorities;	Assured a-f	Meeting standards - The FPC is performing to the required standard in this area. There may be room for improvement, but the FPC can be seen to be discharging its responsibilities effectively.
a. The allocation of revenue budgets, based on allocation of funding and other forecast income	all above yes		above yes partially e. partially g.			Meeting standards - The FPC is performing to the required standard in this area. There may be room for improvement, but the FPC can be seen to be discharging its responsibilities effectively.
YES 5 NO 0 DID NOT ANSWER 0		YES 4 NO 0 PARTIALLY 1 DID NOT ANSWER 0		YES 4 NO 0 PARTIALLY 0 DID NOT ANSWER 1		

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 March 2024
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee Risk and Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance 1
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

The purpose of this report is to provide a summary of the current strategic risks that have been delegated to the Finance and Performance Committee (F&PC) for monitoring, on behalf of the Board.

The report also informs the Committee of any significant operational risks identified by the Executive Committee through the Corporate Risk Register that have the potential to impact on service delivery.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation & Cefndir / Background

The role of the F&P is to ensure that the risks under its purview are effectively managed by receiving assurance of the controls in place to reduce or mitigate the level of risk to the delivery of the Health Board's strategic priorities and services.

The F&P Committee has been given the responsibility for overseeing the management of **two** high-level strategic risks, which include a total of **four** sub-risks, and as such receives and scrutinises those risks on behalf of the Board for focus and assurance.

Asesiad / Assessment

Committee Risk Register

Since the Committee's last report in December, the risk score for the **four** sub-risks has remained unchanged. In respect of the Health Board's appetite for the various



domains of risk, it is recognised that the financial risk, SRR 001G, outlined below, exceeds the predefined risk appetite for any risk related to financial sustainability. However, comprehensive mitigation measures to actively manage and minimise its impact have been implemented. Appendices 1 & 2 include the Committee Risk Register as well as detailed risk assessments.

Table 1 summarises the two high-level strategic risks, including the four sub-risks delegated to this Committee for monitoring.

Table 1

Risk Ref:	Risk Description	Sub-Risk	Risk Level	Within Appetite
SRR 001G Theme Financial Sustainability Appetite Minimal Score 8 and below	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population.	Due to long term financial sustainability plans not being achieved through underachievement of strategic and operational delivery plans to reduce costs to funded levels and improve outcomes.	4 x 4= 16 Extreme	N
SRR 006 A - C Theme Service Delivery Appetite Open Score 16 and below	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.	Due to the full or partial failure of existing digital infrastructure and systems.	3 x 5 = 15 Extreme	Y
		Due to an adverse impact on service delivery in the implementation of new digital systems.	3 x 4 = 12 High	Y
		Due to a failure to develop digital solutions that are sustainable and fit for the future	3 x 4 = 12 High	Y

The risk assessments are subject to continuous review in accordance with the risk score; as a result, the risk assessment will be fluid due to changes in the operating environment and the effectiveness of the controls in place.

The overarching, high-level indication of the level of assurance the Committee could derive from the risk assessments at the time of writing this report is set out below:



Negative	Reasonable	Positive
	X	

This means that the Committee can take a reasonable level of assurance that the strategic risks monitored by the F&P Committee are effectively managed.

Over the coming weeks, a deep dive into sub-risks outside of appetite will be conducted, to provide assurance to the Committee at its next meeting that additional controls are being implemented to reduce the risk to within appetite level. Where risks fall within the appetite level, work with risk owners will continue to assess and refine controls and assurances, with a focus on the financial context and its impact on individual strategic risks, as well as horizon scanning for potential new risks that could impede delivery of the Health Boards' objectives.

Corporate Risk Register

As presented in the Committee's December paper, work has begun to identify any corporate risks that fall under the Committee's purview. Based on discussions with the Director of Finance and Procurement, there are **no** significant operational risks that require the Executive or F&P Committee's oversight.

An initial meeting with the Digital, Data, and Technology Team has taken place with a follow-up meeting scheduled for early April to determine if any risks require escalation to the Corporate Risk Register. If any are identified, these will be detailed in the next iteration of this report.

Argymhelliad / Recommendation

The Committee is requested to:

- **DISCUSS and NOTE** the delegated Committee risks, as contained within the Strategic Risk Register.
- **NOTE** the work being progressed to present in the Committee Risk Report all risks monitored by the Committee.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The Strategic Risk Register is informed by Datix, ensuring a bottom-up approach to risk escalation.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 2.1 Managing Risk and Promoting Health and Safety Choose an item. Choose an item.



Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	The Board and respective Committees of the Board have considered risks contained within the Strategic Risk Register

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



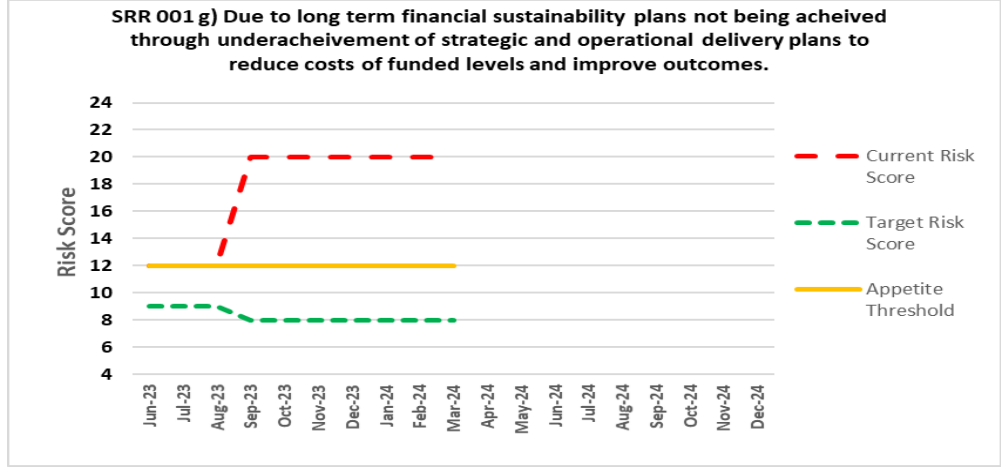
<https://futuregenerations.wales/about-us/future-generations-act/>



Risk ID	Monitoring Committee	Risk Theme	Risk Owner	Risk Description	Reason For The Risk	Impact	Current Risk Score				Risk Appetite		Actions to Reduce Risk to Target	Assurance that the Risk is being managed effectively	Target Risk Score				Review of Risk	
							Likelihood Of The Risk Occuring	Impact Of Risk Occuring	Current Risk Score	Risk Level	Current Status Against Appetite	Risk Appetite and Threshold Explained			Likelihood Of The Risk Occuring	Impact Of Risk Occuring	Target Risk Score	Risk Level	Last Reviewed	Next Review
SRR 001	Finance & Performance Committee	Financial Sustainability	Director of Finance and Procurement	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population	g)Due to long term financial sustainability plans not being achieved through underachievement of strategic and operational delivery plans to reduce costs to funded levels and improve outcomes	<ul style="list-style-type: none"> Breach of statutory duty to breakeven over 3 years Instigation of NHS Wales Escalation & Intervention Arrangements Non – delivery of health board priorities, required improvements and achieve longer-term sustainability Prioritisation and possible disinvestment in service delivery Reputational damage and loss of public confidence 	5	4	20	Extreme	Above Appetite Level	Cautious = 12 or below - Preference for safe, though accept there will be some risk exposure: medium likelihood of occurrence of the risk after application of controls.	Update performance management framework Assessment of financial control environment within divisions and corporate teams.	Medium	2	4	8	Moderate	08/02/2054	01/03/2024
SRR 006	Finance & Performance Committee	Service Delivery	Director of Digital	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery	a)Due to the full or partial failure of existing digital infrastructure and systems	<ul style="list-style-type: none"> Harm or injury to patients and/or staff Adverse impacts on delivery of care to patients across acute and non-acute settings Data breaches Litigation & Financial Penalties Reputational damage and loss of public confidence 	3	5	15	Extreme	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Information Governance and Cyber Security governance and assurance processes are now under review. Governance group terms of reference agreed, and reporting arrangements discussed with Director of Corporate Governance. Meetings will commence in November with clear reporting on progress to the relevant committees on our cyber security action plan. SIRO training arranged for the 25th September for the Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO).	Medium	2	4	8	Moderate	01/02/2024	01/04/2024
					B)Due to an adverse impact on service delivery in the implementation of new digital systems	<ul style="list-style-type: none"> Harm or injury to patients and/or staff Adverse impacts on delivery of care to patients across acute and non-acute settings Data breaches Litigation & Financial Penalties Reputational damage and loss of public confidence 	3	4	12	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance & Performance Committee	Medium	2	4	8	Moderate	01/02/2024	01/04/2024
					c)Due to a failure to develop digital solutions that are sustainable and fit for the future	<ul style="list-style-type: none"> Harm or injury to patients and/or staff Adverse impacts on delivery of care to patients across acute and non-acute settings Failure to deliver health board priorities, required improvements and achieve sustainability Reputational damage and loss of public confidence 	3	4	12	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	New governance structures to be put in place by the end of 2023. Review of New Digital Request processes considering governance changes.	Medium	2	4	8	Moderate	01/02/2024	01/04/2024

				Risk Score Matrix											
Reference	Risk Owner	Risk Description	Reason For The Risk	2	4	5	6	8	9	10	12	15	16	20	25
SRR 001	Director of Finance and Procurement	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population	g) Due to long term financial sustainability plans not being achieved through underachievement of strategic and operational delivery plans to reduce costs to funded levels and improve outcomes					✕←	-----	-----	◇	-----	-----	●	
SRR 006	Director of Digital	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery	a) Due to the full or partial failure of existing digital infrastructure and systems					✕←	-----	-----		●	◇		
			B) Due to an adverse impact on service delivery in the implementation of new digital systems					✕←	-----	-----	●		◇		
			c) Due to a failure to develop digital solutions that are sustainable and fit for the future					✕←	-----	-----	●		◇		
Assessment of adequacy of assurances	POSITIVE = Identified assurances are deemed robust in telling us that the controls in place are working effectively.														
	REASONABLE = Identified assurances are deemed adequate in telling us that the controls in place are working effecively, however some gaps have been identified which need to be addressed.														
	NEGATIVE = Identified assurances are deemed insufficient in telling us that the conrols in place are working effectively with substantial gaps identified which need to be addressed.														
Key	Current Score ●														
	Target Score ✕														
	Appetite Threshold ◇														
	Current to Target ← - -														

RISK THEME	FINANCIAL SUSTAINABILITY				
Strategic Risk (SRR 001)	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.				
Strategic Threat	G) Due to long-term financial sustainability plans not being achieved through underachievement of strategic and operational delivery plans which would reduce costs to funded levels and improve outcomes.			Risk Appetite Level - Cautious. Preference for safe, through accept there will be some risk exposure: medium likelihood of occurrence of the risk after application of controls.	
Impact	<div>➤ Breach of statutory duty to breakeven over 3 years.</div> <div>➤ Instigation of NHS Wales Escalation & Intervention Arrangements.</div> <div>➤ Non–delivery of health board priorities, required improvements, and achieving longer-term sustainability.</div> <div>➤ Prioritisation and possible disinvestment in service delivery.</div> <div>➤ Reputational damage and loss of public confidence</div>			Risk Appetite Threshold - Score 12 and below Risks relating to all aspects of our financial performance and our ability to manage cost and efficiencies.	
				SUMMARY the current risk level is outside of the target and appetite threshold. The target level to be achieved is within the set appetite threshold.	
Lead Director	Director of Finance and Procurement	Risk Exposure	Current Level	Target	<div><div>SRR 001 g) Due to long term financial sustainability plans not being acheived through underacheivement of strategic and operational delivery plans to reduce costs of funded levels and improve outcomes.</div><div><div><div><div>24</div><div>22</div><div>20</div><div>18</div><div>16</div><div>14</div><div>12</div><div>10</div><div>8</div><div>6</div><div>4</div></div><div><div>Jun-23</div><div>Jul-23</div><div>Aug-23</div><div>Sep-23</div><div>Oct-23</div><div>Nov-23</div><div>Dec-23</div><div>Jan-24</div><div>Feb-24</div><div>Mar-24</div><div>Apr-24</div><div>May-24</div><div>Jun-24</div><div>Jul-24</div><div>Aug-24</div><div>Sep-24</div><div>Oct-24</div><div>Nov-24</div><div>Dec-24</div></div></div><div><div>Current Risk Score</div><div>Target Risk Score</div><div>Appetite Threshold</div></div></div></div>
Monitoring Committee	Finance & Performance Committee	Likelihood	5 (Almost certain) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)	
Last Reviewed	08 Feb 2024	Risk rating	= 20 (Extreme)	= 8 (Moderate)	
Next Review	01 March 2024				



Key Controls (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (Are further controls possible to reduce risk exposure within tolerable range?)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Assurance Rating (Overall Assessment)
<ul style="list-style-type: none"> • IMTP 2023/24-25/26 • IMTP Delivery Framework • Accountability Framework • Performance Framework • Scheme of Delegation • Standing Financial Instructions (SFIs) • Standing Orders (SOs) • Financial Control Procedure (FCP) Budgetary control • Financial Budget Intelligence (FBI) • Budget holder training • Cost intervention procedures • 23/24 savings plans & opportunities. • Health Board financial escalation processes. • Health Board Pre-Investment Panel (PIP) process. • Financial assessment and review to incorporate the financial impact of COVID-19 and other key costs. • Quarterly financial budget plan approach agreed. • Executive groups and structures established to deliver statutory duties 	<ul style="list-style-type: none"> • Update performance management framework – in place • Assessment of financial control environment within divisions and corporate teams. – in place • Financial Escalation Meetings – in place • Regular organisational Recovery plan meetings and briefings • Value & Sustainability Board established 	Level 1 Operational (Implemented by the department that performs daily operation activities)	Gaps in Assurance	Reasonable Assurance
		<ul style="list-style-type: none"> • Adherence to SO/SFI/FCPs • Regular AFD meetings to discuss position and performance. • Divisional Assurance meetings are in place to implement savings plans and deliver service and workforce plans within available resources – part of Chief Operating Officer governance. 	<ul style="list-style-type: none"> • Greater focus is required on service, workforce, and financial plans all balancing to achieve financial sustainability. 	
		Level 2 Organisational (Executed by risk management and compliance functions.)	Action to Address Gaps in Assurance	
		Level 3 Independent (Implemented by both auditors internal and external independent bodies.) Internal Audit Reviews 2023 - 24 <ol style="list-style-type: none"> 1. Savings Programmes Q3 - Not yet undertaken. Report expected Q1 2024/25 2. Financial Controls Q2 – Not yet reported. Report expected Q4 2023/24 3. Asset Management Q3 – Report to be received at ARAC 08/02/24. External Audit Reports 2023 -24 <ol style="list-style-type: none"> 1. Efficiency Review Q3/Q4 – Not yet reported. 2. Structured Assessment - Received at ARAC November 2023. 3. Audit of Financial Statements Q4 2023/24 – Not yet reported. <ul style="list-style-type: none"> • Financial assessment and review reports to Welsh Government – monthly • Enhanced monitoring meetings with Welsh Government – monthly 	<ul style="list-style-type: none"> • Revise accountability arrangements being progressed as part of Executive governance. – in place • 2024/25 IMTP plans focussed on ‘living within budget levels’ – currently work in progress. 	

RISK THEME	SERVICE DELIVERY				
Strategic Risk (SRR 006)	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.				
Strategic Threat	a) Due to the full or partial failure of existing digital infrastructure and systems.			Risk Appetite Level - OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<div>➤ Harm or injury to patients and/or staff</div> <div>➤ Adverse impacts on delivery of care to patients across acute and non-acute settings</div> <div>➤ Data breaches</div> <div>➤ Litigation & Financial Penalties</div> <div>➤ Reputational damage and loss of public confidence</div>			Risk Appetite Threshold - Score 17 and below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.	
				SUMMARY The current risk level is outside of target level but within appetite threshold. The target level to be achieved is within the set appetite threshold.	
				<div><div></div><div>SRR 006 a) Due to the full or partial failure of existing digital infrastructure and systems.</div><div><div><div>24</div><div>22</div><div>20</div><div>18</div><div>16</div><div>14</div><div>12</div><div>10</div><div>8</div><div>6</div><div>4</div></div><div><div>Jun-23</div><div>Jul-23</div><div>Aug-23</div><div>Sep-23</div><div>Oct-23</div><div>Nov-23</div><div>Dec-23</div><div>Jan-24</div><div>Feb-24</div><div>Mar-24</div><div>Apr-24</div><div>May-24</div><div>Jun-24</div><div>Jul-24</div><div>Aug-24</div><div>Sep-24</div><div>Oct-24</div><div>Nov-24</div><div>Dec-24</div></div><div><div>Current Risk Score</div><div>Target Risk Score</div><div>Appetite Threshold</div></div></div></div>	
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Finance & Performance Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	5 (Catastrophic)	4 (Major)	
Last Reviewed	22 February 2024	Risk rating	= 15 (Extreme)	= 8 (Moderate)	
Next Review Due	01 April 2024				

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall)</i>
<ul style="list-style-type: none">Cyber has developed a Remedial Action Plan to address issues identified within the NIS CAF assessment 2021. This Action Plan has also supported ABUHB risk remediation responses to ABUHB’s NIS CAF Risk Register which by CRU to address risks identified during the NIS CAF assessment. The remedial actions proposed have been accepted by CRU and progress will be reviewed annually.Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO) SIRO trained.New Information Governance and Cyber Security governance and assurance processes reviewed and implemented.Governance group terms of reference agreed. Meetings started in November 2023.Cyber is fully engaged with IG colleagues to implement the recommendations of the Templar report. Cyber now supports all the Governance and Assurance Groups intending to increase cyber security awareness and build cyberculture amongst non-ICT staffCyber now undertakes scheduled monthly vulnerability scans of all ABUHB-managed servers to include third-party servers. The results of these scans will now be reported in the Monthly Cyber Report.Cyber has also worked with Business Systems and Desktop Teams to ensure that patching compliance for internally managed systems and third-party systems is monitored and reported monthly. Monthly review meetings are held between Cyber and the Teams to review compliance levels against policy. Results are captured within the monthly Cyber Report.Cyber has worked with ICT Support Teams and the Log4j version 2 vulnerability has been resolved within the Health Board. The less service impacting Version 1 is being managed through ICT Departmental risk management process.Cyber has maintained the use of Trust ware for all emails Trustwave provides inspection and protection from malicious links embedded within emails.Cyber has begun the roll out simulated phishing campaigns. The initial phish has been tested on ICT Department and reported within the Cyber Report. Cyber will continue campaigns during 2023 to increase email security awareness among staff.	<p>Implement the recommendations from Templar report:</p> <ul style="list-style-type: none">Outline a step by step process of how the proposed risk treatments need to be implemented. This should include the activities to be performed, who is responsible and deadlines for completion.Complete any outstanding policy and process development, ensuring there is engagement with non ICT teams including the SIRO and boardEnsure ICT disaster recovery policies are complete and refer to any system specific recovery processes.Ensure non ICT teams are aware of disaster recovery policies and processes and engaged in developing system breach/failure response definition.Complete a policy and process review after each incident to	Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>	Gaps in Assurance	Reasonable assurance
		<ul style="list-style-type: none">Internal directorate meetings setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans.	<ul style="list-style-type: none">Oversight from NHS Wales Cyber Resilience Unit.	
		Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i>	Action to Address Gaps in Assurance	
		<ul style="list-style-type: none">Regular reporting on progress to the Finance & Performance Committee on our cyber security action plan.		
		Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i>		
		Internal audit <ul style="list-style-type: none">Cyber security in April 2023 provided Digital with a substantial audit for its cyber security		

<ul style="list-style-type: none">Cyber has also introduced scenario-based incident response exercising using National Cyber Security Centre developed ‘Exercise in a box’ the aim is to assess our current skills in responding to real-life cyber security incident scenarios and to identify improvements. Cyber plans to run several more exercises during 2023	<p>identify if anything could be improved in detection, resolution or prevention of a cyber security incident. Also, ensure the same is done whenever there are significant system changes.</p> <ul style="list-style-type: none">Develop the policy and processes for identity and access management to ensure that privileged and critical system accounts are reviewed periodically e.g. 6 to 12 months, with other accounts reviewed through joiners/starters, movers and leavers processes.Investigate circumstances where dedicated devices can be used for critical system accessConsider plans for certification of users and devices and how those certifications can be used.Consider how to monitor privileged accounts e.g. with additional logs managing not just by exception but random and planned auditsAssess whether MFA can be implemented for privileged user accountsReview any critical system logs that are createdUpdate systems or request updates to create additional logs where possible and include creation of logs on user devices in any investigationInvestigate a means of alerting for specific log conditionsConsider collective identification of appropriate tools and working with other OES within NHS Wales to identify appropriate tools.	<p>improvement plan, reporting and backup systems.</p>		
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RISK THEME	SERVICE DELIVERY						
Strategic Risk (SRR 006)	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.						
Strategic Threat	b) Due to an adverse impact on service delivery in the implementation of the new digital systems.				Risk Appetite Level - OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.		
Impact	<div>➤ Harm or injury to patients and/or staff</div> <div>➤ Adverse impacts on delivery of care to patients across acute and non-acute settings</div> <div>➤ Data breaches</div> <div>➤ Litigation & Financial Penalties</div> <div>➤ Reputational damage and loss of public confidence</div>				Risk Appetite Threshold - Score 17 and below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.		
					SUMMARY The current risk level is outside of target level but within appetite threshold. The target level to be achieved is within the set appetite threshold		
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	<div><div>SRR 006 b) Due to a failure to develop digital solutions that are sustainable and fit for the future</div><div><div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><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Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<ul style="list-style-type: none"> Adoption of formal project management methodologies PRINCE 2 to ensure project plans are developed in conjunction with services Formal governance arrangements in place through project boards and programme boards where risks and issues are managed and mitigated Each project has a senior responsible officer from the service who can provide challenge and assurance over the delivery of the project work packages Each clinical project has a clinical lead who would advise and support potential impacts on service delivery caused by the implementation of new digital services Business change team in place to support services in improvement of clinical and administrative processes Benefits team in place who identify, track and ensure any benefits are realised which will ultimately improve service delivery 	<ul style="list-style-type: none"> Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance & Performance Committee Assurance activities included in project framework including clinical safety, information governance, health records and cyber security An overarching Digital Portfolio Progress Group is in place to receive programme updates, manage risk and issue escalations and provide multi-disciplinary assurance over digital projects Business change work includes a service readiness impact assessment to enable the project team to develop a realistic plan that incorporates service change requirements Aggregated view of risks and issues available to pick up common themes and impact for early intervention or escalation 	Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> <ul style="list-style-type: none"> Internal directorate meetings setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans Project Boards meet monthly and report into the quarterly Digital Portfolio Progress Group Digital Directorate meetings being held monthly to monitor risks to regularly update and to provide assurance over outstanding action plans Risk management approach and escalation processes in place in line with the Health Board's Risk Framework 	Gaps in Assurance <ul style="list-style-type: none"> Governance and assurance groups Oversight from NHS Wales Cyber Resilience Unit 	Reasonable assurance
		Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i> <ul style="list-style-type: none"> Regular Reporting to the Finance & Performance Committee 	Action to Address Gaps in Assurance	
		Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i>	Information Governance Sub Committee Terms of Reference have been drafted and are under review.	
			Cyber Security Subgroup ToR also drafted, and membership agreed.	

<ul style="list-style-type: none">Projects support backfilling of clinical time where required	<ul style="list-style-type: none">Aggregated view of digital Lessons Learned available and lessons are reviewed during project initiation for best chance of success	<ul style="list-style-type: none">Cyber security in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. <p>Internal Audit</p> <ul style="list-style-type: none">Benefits Management review – Outcome Substantial AssuranceStakeholder Engagement on IT Projects 2023/24 Q3 – Outcome Substantial Assurance		
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RISK THEME	SERVICE DELIVERY				
Strategic Risk (SRR 006)	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.				
Strategic Threat	c) Due to failure to develop digital solutions that are sustainable and fit for the future.			Risk Appetite Level – OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none">➤ Harm or injury to patients and/or staff➤ Adverse impacts on delivery of care to patients across acute and non-acute settings➤ Data breaches➤ Litigation & Financial Penalties➤ Reputational damage and loss of public confidence			Risk Appetite Threshold - Score 17 and below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.	
				SUMMARY The current risk level is outside of target level but within appetite threshold. The target level to be achieved is within the set appetite threshold	
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	<div><div>SRR 006 c) Due to a failure to develop digital solutions that are sustainable and it for the future</div><div><div>Current Risk Score</div><div>Target Risk Score</div><div>Appetite Threshold</div></div></div>
Monitoring Committee	Finance & Performance Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)	
Last Reviewed	07 February 2024	Risk rating	= 12 (High)	= 8 (Moderate)	
Next Review Due	01 April 2024				

Key Controls (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (Are further controls possible to reduce risk exposure within tolerable range?)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Assurance Rating (Overall Assessment)
<ul style="list-style-type: none"> New Digital Service Request process in place which provides governance in several key areas: <ol style="list-style-type: none"> Information Governance – ensuring new services have appropriate controls to keep patient information safe. Cyber Security – ensuring new services adopted or developed meet the requirements of the cyber assessment framework. Patient Safety – ensuring services do not introduce any patient safety risks. Records – ensuring new systems comply with the requirements of records management. Strong business analysis function in operation which ensures the “as-is” and “to-be” process mapping is undertaken which provides assurance that new services implemented are fit for purpose and delivery what stakeholders require. 	<ul style="list-style-type: none"> New governance structures to be put in place by the end of 2023. Monthly/quarterly Divisional Digital Oversight meetings with senior Digital & Divisional staff to support identification of digital alignment with service priorities Annual planning processes to include formal DDAT Annual Operational Plan aligned with service priorities identified in IMTP process New Digital Request processes refresh with senior leadership scrutiny of requests, implementation of new prioritisation process and quarterly reporting to DDAT sub-committee Automation of request process via ‘Seren’ the ICT Portal Portfolio optimisation to ensure the resources of the service are aligned to key priorities 	Level 1 Operational (Implemented by the department that performs daily operation activities)	Gaps in Assurance	Reasonable assurance
		<ul style="list-style-type: none"> Live Microsoft Team Planning Board (Kanban) to manage new digital service requests Fortnightly internal New Digital Service Requests meetings Internal directorate meetings setup monthly to monitor risks and to regularly update and to provide assurance over outstanding action plans. 	To be determined once the new governance changes have been implemented.	
		Level 2 Organisational (Executed by risk management and compliance functions.)	Action to Address Gaps in Assurance	
		<ul style="list-style-type: none"> Regular Reporting to the Finance & Performance Committee 		
		Level 3 Independent (Implemented by both auditors internal and external independent bodies.)		

<ul style="list-style-type: none">• Business change function which ensures implemented systems are effective and deliver the benefits required.• Formal framework in place for the adoption of new digital services and best practice guidance followed.• Operational delivery aligned to ITIL standards		<ul style="list-style-type: none">• Cyber security in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. <p>Internal Audit</p> <ul style="list-style-type: none">• LINC Programme 23/24 – Not yet undertaken.• Network Infrastructure (VPN) 23/24 Q3 - Outcome reasonable assurance		
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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Finance & Performance Committee

Annual Report for 2023-24

February 2024

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Chair's Foreword

I am pleased to present the Finance and Performance Committee's (the Committee's) Annual Report for the year ended 31 March 2024.

In this report we provide an overview of the work of the Committee in the ongoing development of an improving performance culture and acknowledge the significant financial challenges faced by the Health Board in 2023/24, which will continue into 2024/25.

I would like to express my personal appreciation to all who contributed to the finance and performance agenda and the development of the Finance and Performance Committee.

Diolch yn Fawr / Thank you.

Richard Clark
Chair
Finance and Performance Committee

1. Introduction

- 1.1 Section 1 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 The Term of Reference of the Finance and Performance Committee (referred to throughout this document as 'F&PC' or the 'Committee') were approved by the Board in March 2022 (see **Appendix 1**). These were not changed during the reporting year.
- 1.3 The purpose of the **Finance & Performance Committee** is to advise and assure the Board and the Accountable Officer of improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework. The Committee will also seek assurance that arrangements for financial management, and financial performance are sufficient, effective, and robust.
- 1.4 This report describes how the F&PC discharged its role and responsibilities during the period 1 April 2023 to 31 March 2024.

2. 2023-24 Work Programme

- 2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for F&PC in 2023-24 is attached to this report (see **Appendix 2**).
- 2.2 A Work Programme is designed to align to its terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives F&PC flexibility to identify changing priorities or any need for further assurance or information.

The F&PC focuses on both assurance in respect of organisational performance management and financial management and performance. The monitoring of this is set out as follows:

Assurance in respect of financial management and performance:

- **Financial Recovery 2023-24**

The Committee routinely monitors the financial position of the Health Board through the provision of quarterly financial performance reports and specific focussed reports on efficiency and savings opportunities and delivery. The ABUHB IMTP submitted by the Board to Welsh Government (March 2023) included a financial plan for 2023/24 which presented a deficit of £112m and an ambitious savings requirement of £51m.

Financial risks and opportunities are presented quarterly to each committee meeting. During the year the Board, Executives, budget holders and staff have engaged in a rigorous and thorough review of the opportunities to improve the financial forecast for 2023/24.

Following the mid-year review a forecast deficit of £145m was reported, this was reflective of previously reported risks coming to fruition. The organisation undertook a significant exercise to consider further mitigations to improve the financial position including the establishment of a Quality Impact Assessment forum to assess patient implications, the focus of improvement has been to deliver better outcomes for patients while reducing costs in line with the core principles of Value-Based healthcare.

The Board received additional in year funding from Welsh Government of £88m which allowed a revised forecast to be reported of £57m. The funding is subject to improving the financial forecast towards a deficit control total of £13m.

The Board considered achievement of a £13m deficit was unlikely without significant service impact and patient harm risk, however, the Health Board continues to review and re-examine all savings options and further opportunities.

The CEO wrote an accountability letter to the Director General for NHS Wales on 16th October 2023 outlining the likely forecast position of £57m and confirming a continued focus to mitigate this further and develop a long-term plan for financial sustainability.

The Committee noted that the Executive Team had established the Value and Sustainability Board in September 2023, replacing the Efficiency Board, as part of the Health Board's enhanced financial recovery arrangements. The key focus of this Board is to identify opportunities to mitigate the financial deficit and challenge and support delivery. Thematic groups have been established to facilitate cross division working and align with Welsh Government thematic work.

Thematic areas include:

Workforce, Non-Pay, Prevention, CHC, Medicines Management, Digital & Service Redesign.

Focussed reports have been provided to the Committee periodically across the range of themes.

Benchmarking is a key tool to identify opportunities and the committee receives comparative reports on a regular basis, including a whole system review captured through the ABUHB efficiency opportunities compendium. Analysis of the national benchmarking publications highlighted significant efficiency opportunities in several key service areas, with a calculated worth/benefit totalling £17m. Considerable opportunities for efficiency improvements were identified to address deterioration in performance, in terms of reduction in bed days, improving outpatient services, reduction in both GP referrals and cancelled operations and theatre productivity.

The Committee has received the report for Value Based Healthcare in ABUHB, presenting the key service areas and patient groups benefitting from the use of patient related outcome measures.

Throughout the year, quarterly updates on Efficiency Opportunities were received, providing details of efficiency opportunities identified through:

- Medicines management efficiency opportunities were progresses through the Medicines Management Programme Board.
- Estates rationalisation efficiency opportunities were identified through the Capital and estates governance structure.
- The Welsh Government Utilisation Group,
- through national costing return exercises and,
- other proposals for identification of possible savings.

The Committee noted that data from Getting it Right First Time (GIRFT) reports were used to support actions to improve cost comparisons and service benchmarking. GIRFT reviews on specific specialities were presented throughout the year, identifying key performance improvements. Updates to the Committee included the Health Boards response to the data informing best practice in GIRFT Programme National Speciality Report on Ear, Nose and Throat Surgery 2019, the Health Board commissioned GIRFT assessment of its Stroke services in 2022.

The efficient use of capital has also been considered by the Committee, including opportunities to leverage leased estates opportunities and support revenue cost savings.

Improved governance training and user tools have been developed and shared with the committee including on-line budget holder training pack and Governance Operational Control self-assessment checklists. This has demonstrated an improving trend.

The revised forecast for 2023/24 is presenting an achievement of a £49m deficit.

Assurance in respect of organisational performance and management:

Quarterly updates on organisational performance were received through the Performance Overview reports, with exception reporting in identified areas. The Committee was informed of the improvements made throughout 2023/24, including the maintenance of childhood immunisation rates, an increase in Primary Care contracts, improvements in some areas of urgent care performance, and the reduction in the number of patients waiting over 52 weeks for treatment. The challenges around organisational performance were noted. These included the sustained operational pressures throughout 2023/24, challenges within the delivery of mental health interventions, sustainability of Primary Care access and increased pressure in urgent and emergency care.

During the year, the following exception reports were presented for assurance: -

- An update on overall performance against Ministerial Priorities for Planned Care was presented to the Committee in June 2023. This update highlighted that the Health Board did not achieve the Ministerial priorities by the June 2023 target. However, an update was provided to the Committee in September 2023, assuring members that a plan had been submitted to achieve all targets by the end of September 2024.
- The Stroke Improvement Plan, including progress against recommendations from the Getting It Right First Time (GIRFT) review in 2022 was presented, providing an overview of the ABUHB Stroke Improvement Plan. Progress and focus on GIRFT recommendations were presented, noting the actions that have been taken to implement specific recommendations have shown improvements in many key performance indicators that are indicative of good Stroke care across the pathway.
- An update on the Radiology Informatics Systems Procurement (RISP) Programme was provided, outlining the benefits of changing

systems and the financial implications of the overlap of systems resulting in a dual cost for the Health Board.

- An update on IT systems outlined the shortfall for funded and part funded digital schemes, and the associated risk with delays in national digital programmes. The Committee was advised that a Digital, Data and Technology Group would be set up and would provide quarterly assurance reports on progress, risks, and issues.
- A report on the Quality of Coding was presented, outlining the coding targets aligned to the Integrated medium-term plan (IMTP) and the recommendations of the *Quality of Coding* report. The Committee noted that to achieve the national clinical coding compliance targets, the service had maximised opportunities to code electronically, however, challenges were noted due to the significant backlog of case notes awaiting scanning. The Committee received a proposed structure for delivery for the improvement of coding services was presented, to enable the clinical coding services deliver a more modern and flexible service for the Health Board.
- A report on the Outpatient Transformation Programme was presented, describing a number of transformational schemes implemented, their impact, along with the programme plan for 2023/24. The programme of work was linked to the Health Boards Planned Care Recovery Programme. The Committee was assured that See on Symptom (SOS) and Patient Initiated Follow Ups (PIFU) approaches were introduced to assist with reducing the number of people on the follow-up waiting lists and working towards more sustainable ways of managing patients care. The Committee noted that Health Board had reduced the number of Did Not Attends (DNAs) from 6.9% in 2022/23 to 5.8% for 2023/24, improving towards achieving the WG target of 5% (as at June 2023). A Clinically Led Speciality Outpatient Guide (GIRFT) and subsequent action plan was shared with Divisions and noted that progress against the agreed recommendations continues to be monitored through the Outpatient Steering Group.
- Following an Internal Audit report on Robotic Process Automation (RPA) undertaken in 2022, the Committee received a detailed report on costing and benefits realisation detail on cost and benefit of the Robotics Process Automation (RPA) before the expansion of RPA provision could be considered. The Committee also noted that this matter had been submitted to the Executive Committee for additional resource in March 2023.

- An update on the Health Board's Discharge Programme and Delays, including an update on the progress and impact of the Integrated Discharge Hub, as part of the Six Goals Programme structure was presented. This highlighted the delays outlined, programme governance, work undertaken to improve discharge by the Patient Safety Team and an update of goals 5 and 6 Discharge Improvement, optimising patient flow framework. The Committee also noted the wider system impact and the plans to mitigate risks.

3. F&P Committee Meetings and Membership

- 3.1 During 2023-24, the F&PC met four times via Microsoft Teams- June 2023, September 2023, December 2023, and March 2024. Details of the Members and lead Executive Directors who attended these meetings is provided at **Appendix 3**.
- 3.2 The Committee comprised the following Independent Members:
 - Richard Clark (Chair)
 - Iwan Jones (Vice Chair)
 - Dafydd Vaughan
 - Shelley Bosson
- 3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. Following the pandemic, the Committee has continued during the current year to meet virtually, and this has therefore meant that the Health Board has not complied with its Standing Orders in this regard, and this will be a key consideration as part of the Improving Board Business action plan.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board's [website](#) in advance of meetings.

4. F&PC Reporting Arrangements

- 4.1 Following each meeting, the F&PC submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following [link](#)

5. Self-assessment and Evaluation

5.1 The Board has undertaken an overall assessment of its effectiveness during 2023/24 using the NHS England and NHS Improvement (NHSE and NHSI) Well-led Framework for Leadership and Governance Developmental Reviews.

The Well-led Framework supports boards to maintain and develop the effectiveness of their leadership and governance arrangements and has a strong focus on integrated governance and leadership across quality, finance, and operations as well as an emphasis on Organisational culture, improvement and system working.

The outcome of the current years self-assessment that was reported to the Committee on 14th March 2024 confirms that, the results of the individual self-assessment, combined with the analysis of the three completed self-assessments determined that the Committee is effective and meeting the standards.

Rating	Definition	Evidence
2	Meeting standards	The Finance and Performance Committee is performing to the required standard in this area. There may be room for improvement, but the Finance and Performance Committee can be seen to be discharging its responsibilities effectively.

In addition, all of the respondents confirmed that the Committee was either meeting or exceeding the standard for the effectiveness of this Committee.

Then main areas for improvement identified as part of the self-assessment are shown below:

Specific Actions to deliver improvements in the Committee’s effectiveness			
Section	Area of Focus requiring attention	How & by When	Action Holder

Section 1 Committee Processes: Composition, Establishment, and Ways of Working	<ul style="list-style-type: none"> • Report template to be reviewed and training on report writing to be delivered. • Inclusion of reflection section at the end of each Committee agenda. • Consideration of required Executive attendees. • Consider increasing number of Independent Members on the Committee • Consider frequency of meetings and or briefings specific for this committee to enable greater scrutiny. 	All actions to inform the development of an overarching Board Business Improvement Plan – March 2024 for Board approval.	Director of Corporate Governance with Head of Board Business
Section 2 Financial Management and Financial Performance	<ul style="list-style-type: none"> • Explore ways that future updates include wider scrutiny opportunities of Capital budgets. 	To be strengthened within Committee Workplan 2024/25 – April 2024	Head of Board Business with the Director of Strategy, Planning and Partnerships

These findings will be used to inform a comprehensive annual assessment of the Board’s effectiveness. An overarching Board Business Improvement Plan will be developed, informed by the assessment of the Board and its Committees and other feedback such as Structured Assessment, for delivery in 2024/25. The effectiveness of the Board’s Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board’s Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

6. Key Areas of focus in 2024-25

- 6.1 To maintain focus on financial planning and performance for 2024/25, organisational performance, with attention to risk-based exception reporting. The forward workplan has been updated to include a:
- Achieving Ministerial priorities
 - standing item on Strategic Risk and Assurance,
 - Capital budgets and the inclusion of benefits realisation.

7. Conclusion

- 7.1 This report provides a summary of the work undertaken by the F&PC during 2023-24 and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.



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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Finance and Performance Committee

Terms of Reference – 2022/23

Version: Approved
Date: March 2022

Document Title:	Finance and Performance Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Current version:	Approved
Previous version:	N/A
Approved by:	Board
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1. INTRODUCTION

- 1.2 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.3 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Finance and Performance Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to the full range of ABUHB responsibilities. This encompasses the delivery and performance management of all directly provided and commissioned services.

2. PURPOSE

- 2.1 The purpose of the Finance & Performance Committee will be to provide advice and assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee will seek assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework. The Committee will seek assurance that arrangements for financial management and financial performance are sufficient, effective and robust.
- 2.2 **ADVICE**
The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework.

2.3 **ASSURANCE**

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances:

- a. on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services.
- b. that services are improving efficiency and productivity, and financial plans are being delivered;
- c. risks are suitably identified, mitigated and residual risks controlled, and corrective actions are taken as required to sustain or improve performance.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to specific powers delegated to it by the Board, the Committee will play a key role in monitoring the achievement of the Board's strategic aims, objectives and priorities and will:

- A. Seek assurance that arrangements for **financial management** and **financial performance** are sufficient, effective and robust, including:
 - the allocation of revenue budgets, based on allocation of funding and other forecast income;
 - the monitoring of financial performance against revenue budgets and statutory financial duties;
 - the monitoring of performance against capital budgets;
 - the monitoring of progress against savings plans, cost improvement programmes and implementation of the efficiency framework;
 - the monitoring of budget expenditure variance and the corrective actions being taken to improve performance;
 - the monitoring of activity and financial information for external contracts to ensure performance within specified contract terms, conditions and quality thresholds;
 - the monitoring of arrangements to ensure efficiency, productivity and value for money, including delivery of the Health Board's Efficiency Framework; and
 - the monitoring of delivery against the agreed Discretionary Capital Programme

B. Seek assurance that arrangements for the **performance management** and **accountability** of **directly provided** and **commissioned services** are sufficient, effective and robust, including:

- the implementation of the Board's Performance Management Framework, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery;
- the monitoring of performance information against the Board's Priorities and Objectives and associated outcomes;
- the monitoring of performance information against National Outcome Frameworks, including the NHS Wales Outcomes Framework, the Public Health Outcomes Framework and the Social Services Outcomes Framework, developed in-line with the Wellbeing of Future Generations Act and the Social Services Wellbeing Act;
- the monitoring of performance information across directly provided services including scheduled care, urgent and emergency care, medicine, family and therapies, primary, community care and mental health services;
- the monitoring of performance information across commissioned services including Primary Care Contractors, complex care, specialist mental health and CAMHS services, WHSCC, EASC and NHS Wales Shared Services Partnership;
- the monitoring of poor performance through effective and comprehensive exception reporting, including trajectories for improved performance; and
- the review of performance through comparison to best practice and peers and identifying areas for improvement.

C. Seek assurance that arrangements for **information management** are sufficient, effective and robust, including:

- the monitoring of information related objectives and priorities as set out in the Board's IMTP and Annual Priorities;
- the monitoring of the implementation and application of information related legislation, policies and standards, including GDPR and Freedom of Information;
- the review of arrangements to protect the integrity of data and information to ensure valid, accurate, complete and timely data and information is available for use within the organisation;
- the reporting of data breaches, incidents and complaints, ensuring lessons are learned;
- the recommendations arising from national and local audits and self-assessments, including assessment against the Caldicott Standards; and
- the monitoring of arrangements to support the continued development of business intelligence and capacity.

- D. Seek assurance that arrangements for the **performance management of digital and information management and technology (IM&T) systems** are sufficient, effective and robust, including:
- the monitoring of digital related objectives and priorities as set out in the Board's IMTP and Annual Priorities; and
 - the monitoring of the annual business plan for IM&T.
- E. Seek assurance that arrangements for the **performance management of capital, estates and support services related standards and systems** are sufficient, effective and robust, including:
- the monitoring of capital and estates related objectives and priorities as set out in the Board's IMTP and Annual Priorities;
 - the monitoring of compliance with Health Technical Memorandums;
 - the monitoring of progress in delivery Board-approved capital business cases and programmes of work.
- 3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.
- 3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, subcommittee or group set up by the Board to assist it in the delivery of its functions.

- 3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair	Independent member of the Board
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Vice Chair	Independent member of the Board
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Members	2 x Independent member of the Board
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The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Finance, Procurement and VBHC
- Director of Planning, Performance, Digital & IT

4.3 By invitation:

The Committee Chair extends an invitation to the ABUHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

- 4.4 The Office of the Director of Corporate Governance will provide secretariat services to the Committee.

Member Appointments

- 4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.
- 4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

- 4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **Quarterly**, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
 - through ABUHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

- 5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
 - sharing of appropriate information; and
 - applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;

- bring to the Board's specific attention any significant matters under consideration by the Committee;
 - ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Director of Corporate Governance shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.
- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in ABUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum
 - Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.
-

Appendix Two

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24						
			21 June 2023	7 Sept 2023	21 Dec 2023	14 Mar 2024			
Preliminary Matters									
Attendance and Apologies	Standing Item	Chair	✓	✓	✓	✓			
Declarations of Interest		All Members	✓	✓	✓	✓			
Minutes of the Previous Meeting		Chair	✓	✓	✓	✓			
Action Log and Matters Arising		Chair	✓	✓	✓	✓			
Committee Requirements as set out in Standing Orders									
Development of Committee Annual Programme of Business 2023/24	Annually (date tbc)	Chair & Director of CG							
Review of Committee Programme of Business	Standing Item	Chair			✓	✓			
Committee Strategic Risk Report	Standing Item	Director of CG			✓	✓			
Annual Review of Committee Terms of Reference 2023/24	Annually	Chair & Director of CG							
Annual Review of Committee Effectiveness 2023/24	Annually	Chair & Director of CG							
Committee Annual Report 2023/24	Annually	Chair & Director of CG	✓						
Assurance in Respect of Organisational Performance Management									
Performance Overview Report with Exception Reporting	Standing Item	Director of Strategy, Planning and Partnerships	✓	✓	✓	✓			
Outpatient Transformation Update	Annually	Chief Operating Officer	✓						

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24						
			21 June 2023	7 Sept 2023	21 Dec 2023	14 Mar 2024			
Performance against Ministerial Priorities for Planned Care	Annually	Director of Strategy, Planning and Partnerships		✓					
Digital and information management and technology (IM&T) systems	Annually	Director of Digital			✓				
Capital and estates related objectives and priorities as set out in the Board's IMTP	Annually	Director of Strategy, Planning and Partnerships				✓			
Compliance with Health Technical Memorandums	Annually	Director of Strategy, Planning and Partnerships				✓			
Capital Business Cases and programmes of work	Annually	Director of Strategy, Planning and Partnerships				✓			
Commissioned Services	Annually	Director of Strategy, Planning and Partnerships				✓			
Performance Management and Accountability Framework Update	Standing Item	Director of Strategy, Planning and Partnerships			✓	✓			
Assurance in Respect of Financial Management and Performance									
Monthly Finance Report and Monitoring Returns	Standing Item	Director of Finance, Procurement and Value	✓	✓	✓	✓			
Efficiency Opportunities	Standing Item	Director of Finance, Procurement and Value	✓	✓	✓	✓			

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24						
			21 June 2023	7 Sept 2023	21 Dec 2023	14 Mar 2024			
Value Based Healthcare Report 2022/23	Annually	Director of Finance, Procurement and Value	✓						
Financial Outlook for 2024/25, including Revenue Budget Allocation letter 2024/25	Annually	Director of Finance, Procurement and Value							
Review of Savings and Action Plans	Annually	Director of Finance, Procurement and Value		✓					
Benefits Realisation with exception reporting	Annually	D of S,P&P/ D of F&P				✓			
Items requested by Committee members/internal stakeholders									
ASSURANCE IN RESPECT OF ORGANISATIONAL PERFORMANCE MANAGEMENT To receive a report on the quality of Coding	Ad-hoc	Director of Digital		✓					
ASSURANCE IN RESPECT OF ORGANISATIONAL PERFORMANCE MANAGEMENT audiology Informatics System Procurement (RISP) Programme Update	Ad-hoc	Director of Digital		✓					
ASSURANCE IN RESPECT OF ORGANISATIONAL PERFORMANCE MANAGEMENT Robotic Process Automation- cost and benefit realisation (ARAC action)	Ad-hoc	Director of Digital		✓					
ASSURANCE IN RESPECT OF ORGANISATIONAL PERFORMANCE MANAGEMENT Stroke Reconfiguration Update (Action 1101/3.2)	Ad-hoc	Director of Therapies and Health Sciences			✓				

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24						
			21 June 2023	7 Sept 2023	21 Dec 2023	14 Mar 2024			
ASSURANCE IN RESPECT OF ORGANISATIONAL PERFORMANCE MANAGEMENT Performance Overview Report with Exception Reporting to include an update on the progress and impact of the Integrated Discharge Hub (Action 2106/02.2)	Ad-hoc	D of S,P&P/Director of Nursing			✓				
ASSURANCE IN RESPECT OF ORGANISATIONAL PERFORMANCE MANAGEMENT An update on the Discharge Programme and delays, including reporting against the new national data sets. (Action 2106/02.3.1)	Ad-hoc	Director of Nursing			✓				
ASSURANCE IN RESPECT OF FINANCIAL MANAGEMENT & PERFORMANCE To Receive an Update of IT Systems- Action taken from November 2023 Board	Ad-hoc	Director of Finance & Procurement/ Director of Digital			✓				
Clinical Audit Activity Assurance on management of contracts that were scheduled to end (Item PQSOC 1312/3.4)	Ad-Hoc	Director of CG				✓			

Appendix Three

Finance and Performance Committee: Attendance at meetings in 2023-24

Attended	Did Not Attend	Not a Member/Required Attendee
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Meeting Dates	21 st June 2023	7 th September 2023	21 st December 2023	14 th March 2024 (tbc)
Independent Members				
Richard Clark	✓	✓	✓	
Iwan Jones	x	✓	✓	
Dafydd Vaughan	✓	✓	✓	
Shelley Bosson	✓	✓	x	
Executive Directors				
Director of Finance & Procurement	✓	✓	✓	
Director of Strategy, Planning and Partnerships	✓	✓	✓	
Director of Corporate Governance	✓	✓	✓	



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 March 2024
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Integrated Medium Term Plan (IMTP) 2023/26 Quarter 3 Progress Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans (Director of Strategy, Planning and Partnerships)
SWYDDOG ADRODD: REPORTING OFFICER:	Marie-Claire Griffiths (Head of Strategic Planning) Jennifer Keyte (Senior Corporate Planning & Service Improvement Manager)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to provide the Board with a progress report against the Aneurin Bevan University Health Board's Integrated Medium-Term Plan (IMTP) 2023/26. This report summarises the Health Board's progress during Quarter 3, through the lens of the following chapters:

- Outcomes Framework through Life Course approach
- Clinical Futures Priority Programme progress
- Ministerial priorities progress
- A review of the planning scenario

A complementary Performance report has been developed to provide assurances to committee and Board in the intervening months between full outcome reports.

The Committee is asked to:

- Note the progress achieved during Quarter 3

Cefndir / Background

The IMTP for 2022/2026 sets out the vision for the organisation, that is to improve population health and reduce health inequalities experienced by our communities. In order to achieve this vision, the IMTP focusses on 5 life course priorities.

Outcomes and Performance Framework

Aligned to the five life course priorities the Health Board has developed a set of supporting outcomes and associated indicators that helped focus understanding of how well they were doing in these areas. Indicators have been included that cover the full spectrum of what the organisation understand the health system to be, and what can be realistically measured at the moment.

The aim is to provide information and measurement at a system and population level to support the understanding of progress against the IMTP. Alongside this, the report provides a high-level overview of activity and performance at the Quarter 3 of 2023/4, with a focus on delivery against key national targets included within the performance dashboard. This section of the report also includes improvement actions against those indicators where there has been deterioration.

Progress on Priorities: Ministerial Priorities and Clinical Futures Programmes

Through the templates underpinning the IMTP in 2023/24, the health board made a number of commitments in response to the Minister's priorities for delivery. Progress in delivering against these commitments is set out in this chapter. Additionally, the IMTP set out key priority programmes, which, based on the understanding of the system, will deliver the biggest impact and improve the sustainability of the health and care system. By their very nature, these key strategic priorities are complex, system wide and the programmes of work are designing to implement these changes during the course of the IMTP. This report provides an update against the key milestones and progress made against each of the key programme areas, aligned to the relevant ministerial priority.

IMTP Planning Scenario

The report provides an update against the dynamic modelling and forecasting that was included in the IMTP, what was planned, what took place and forward projections.

This information has supported refreshed profiles included in the updated Minimum Data Set for Quarter 3, this is required to be submitted to Welsh Government as part of the IMTP process.

Asesiad / Assessment

In Quarter 3 there has been mixed performance in line with the forecasted activity levels, with increases in activity coupled with increasing demand preventing progress in some areas. Our planning assumptions were set out in the IMTP, and they are in line with expected delivery.

Outcomes and Performance Framework

- Of the 41 indicators included in the Outcomes Framework, 31 have newly available data to be reported upon during this quarter. 22 of the 31 measures have either improved or are statistically similar and 9 indicators have deteriorated since the last reporting period.

- Outcome measures for 'Every child has the best start in life' demonstrates good progress, with all indicators either reporting an improvement or sustaining performance levels.
- There is mixed progress across the Adult life course outcomes with 6 indicators having deteriorated across three areas. 5 of these are within the 'maximising an individual's time' outcomes and 1 in the 'adults living healthily and aging well' outcome measure.
- 5 out of the 7 outcome indicators for Older People have either improved or are similar. The two deteriorating indicators are increase in older people free from limiting long term illness and increase in accepted referrals to Rapid Response Services. Across the Dying well as part of life priority area good progress in sustaining all indicator measures, including the compliance of Urgent Palliative care referrals assessed within 2 days.
- Under each life course section, clarity is provided on improvement actions initiated to recover performance where required.

Progress on Priorities: Ministerial Priorities and Clinical Futures Programmes

- Variable progress continues to be made across the Ministerial priorities and priority programmes with some notable achievements that deliver system change as well as some service areas with persistent challenges. The current financial context has limited progression of service developments in some areas.
- There continues to be high demand on services. Within Primary Care, there has been an increase in NHS Dental Care and Community Dental services units of activity and new patients. Additionally, the number of new patients accessing NHS Optometry services has increased. Both areas are exceeding forecasted levels Quarter 3.
- Cancer demand continues to increase, despite prioritisation of capacity, performance against the forecast in reduction in backlog of cancer patients waiting over 62 days and percentage of patients starting definitive cancer treatment within 62 days from point of suspicion has not been achieved.
- The Health Board is ahead of trajectory in eliminating waits of over 156 weeks for treatment, with 11 patients waiting at the end of January 2024 compared to the March 2023 position of 553.
- Improvements have also been made to wait time for treatments. Patients waiting over 104 week waits for treatment which has reduced from 1,935 in March 2023 to 1,239 at the end of January 2024. Despite this reduction, the Health Board remains off track to meet the Quarter 3 104-week treatment trajectories by 993.
- An area of concern remains the growth in the total waiting list, largely driven by the outpatient (stage 1) component. The number of patients waiting over 104 weeks for a first outpatient appointment has increased from 1,000 April 23 to 2,290 January 24. There is mixed progress across specialities with ENT, Orthopaedics and Ophthalmology currently behind trajectory.
- Challenges remain in timely provision of mental health assessment and interventions. Mental Health assessment within 28 days of referral (Part 1a) performs at 18.2% (position at December 2023) and interventions less than 28 days following assessment at 9.9% (position at December 2023). Both of these areas are significantly below target and a 90-day action plan to improve performance is in place and being monitored by Executive Committee.
- The performance of our Urgent & Emergency Care system remains a priority due to its fragility. Ambulance handovers over one hour increased during the

winter period and peaked in January 2024 (1,537 – 44.7%). However, this has since reduced significantly during February 2024 (1,104 - 40.2%). Whilst this remains high, as a result of poor flow through the system, there has been a concerted effort to decrease the number of delayed ambulance handovers. Good progress continues to be made against milestones including the implementation of a new Falls Pathway, eTriage and Stroke reconfiguration.

IMTP Planning Scenario

The planning scenario has, in aggregate form, largely followed as predicted by the services and is in line with the pressures on the availability of capacity due to delayed discharges and length of stay. Outpatient and inpatient treatments are ahead of projections as of Quarter 3, reflecting the priority that services are placing on addressing the longest waiting patients and managing demand.

The Health Board continues to make progress reducing the number of the longest waiting patients for planned care treatments. With the rate of referrals and current focus on treat in turn, there is a risk of greater waiting list growth due to the profile and will mean the Year 2 position may become more challenging without changes in activity. The Quarter 3 forecasts were in line with the actual activity for ED attendances with a total of 46,065 attendances during the quarter across all sites. The bed plan has continued to follow the overall expected occupancy levels and demand patterns with Medicine Division running at 99% occupancy against their bed plan and the Community Division at 107%.

This Quarter 3 assessment sets out the organisation’s understanding of its system and plan remains robust and the priority decisions made in the IMTP remain valid areas of focus now and into next year’s IMTP planning.

Argymhelliad / Recommendation

The Committee is asked to:

- Note the position against IMTP 2023/24 commitments as at Quarter 3 and the mitigating and improvement actions in place.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The report highlights key risks for delivery against the IMTP
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 1.1 Health Promotion, Protection and Improvement 2. Safe Care 2.1 Managing Risk and Promoting Health and Safety
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. This is a Quarterly report against the Integrated Medium-Term Plan and the key organisational

	priorities informed by our detailed understanding of how our system operates.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Choose an item.
• Service Activity & Performance	Choose an item.
• Financial	Choose an item.
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

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

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

Choose an item.
Choose an item.

Quarter 3

Outcomes and Performance Report



1. INTRODUCTION

This report summarises the Health Board’s progress for Quarter 3 of 2023/24 against the commitments set out in the Integrated Medium-Term Plan (IMTP), bringing together reporting on outcomes, performance, priority programmes, Ministerial Priorities and a review of the underpinning planning scenarios.

Key achievements from Quarter 3 include:

- ✓ Patient safety team interventions across all main hospital sites focusing on reducing length of stay through an improvement in discharges leading to a reduction in bed base;
- ✓ Opening of Breast Care Unit at Ysbyty Ystrad Fawr;
- ✓ Good progress towards eliminating the number of patients waiting over 156 weeks from referral to treatment with 11 patients waiting at the end of January 2024 compared with the March 2023 position of 553;
- ✓ Outpatient Did Not Attend (DNA) rate has reduced further from 6.4% (4,579) in September 2023 to 6.1% (4,682) in January 2024;
- ✓ Increase to 63.2% (Q2 2023/24) of breastfeeding uptake, optimising a child's long-term potential from the last reported position of 58.9% (Q4 2022/23);
- ✓ Sustained compliance with national target of 95% of children receiving 3 doses of the hexavalent ‘6 in 1’ vaccine by age 1;
- ✓ Increase in Urgent Primary Care contacts to 9,469 in December 2023;
- ✓ Opening of new Endoscopy suite at Royal Gwent Hospital at the start of November. The impact of this investments has resulted in the number of people waiting over 8 weeks at the end of January 2024 reducing to 1,686, compared to 1,890 (Nov 23);
- ✓ Increase in healthy weight and life satisfaction amongst older people in Gwent, above all-Wales levels.

Risks across a number of pathways have endured into Quarter 3. Addressing underlying capacity constraints and sustained urgency

profiles across these pathways will result in continued challenges around reducing the numbers of patients waiting:

- Number of patients waiting more than 104 weeks for treatment in planned care, predominantly in the specialities of Orthopaedics (mainly spines), Ear Nose and Throat and Ophthalmology;
- Continued pressures with extended lengths of stay in medical and community beds;
- Delivery of Mental Health interventions (Part 1b) in a timely way with 18.2% receiving an intervention within 28 days of an assessment - a 90-day action plan is in place to address;
- The proportion of Child and Adolescents Mental Health waiting on the neurodevelopmental waiting list has reduced from 38.8% to 29.9%
- Backlog of Cancer patients waiting over 62 days with Urological and Colorectal pathways needing targeted improvement plans.

The actions to improve the position and risk-level have been included in our plans set out later in this document.

Structure

This report is structured across four sections as follows:

CHAPTER	PAGE
Outcomes Framework and Performance Summary – This section reports against the life cycle priority outcome measures.	3
Progress of Priorities – This section reports on the key milestones and actions against the Ministerial and Clinical Futures priorities as set out in the IMTP	16
IMTP Planning Scenarios - This section reports against the planning scenarios as set out in the Minimum Data Set of the IMTP.	25

2. OUTCOMES FRAMEWORK & PERFORMANCE SUMMARY

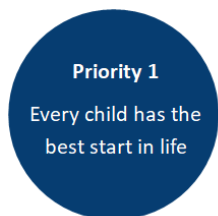
The vision set out in the IMTP 2023-2026 is to:

Improve population health and reduce the health inequalities experienced by our communities.

In order to achieve this vision, the IMTP focuses on five life course priorities. The Outcomes Framework is updated quarterly and, depending on data availability, the latest data is reported for each indicator. For the 2023/26 IMTP, the Outcomes Framework was reviewed and aligned, where appropriate, aligned with the newly published [Public Health Outcomes Framework](#). The timescales for indicators vary according to the data source. Indicators are classed as 'Similar' if the percentage change is between -2 and +2 and either 'Improved' or 'Deteriorated' if not. The 'No Data' category is used where the indicator is in development.

Of the 41 indicators included in the Outcomes Framework, 31 have newly available data to be reported upon during this quarter. 22 of the 31 measures have either improved or are statistically similar and 9 indicators have deteriorated since the last reporting period. The full Outcomes Framework can be found in Appendix 1 and a breakdown of the type of change by priority between Quarter 2 and 3 can be seen in the table below:

Type of change	P1 - Every child has the best start in life	P2 - Getting it right for children and young adults	P3 - Adults living healthily and aging well	P4 - Older adults are supported to live well and independently	P5 - Dying well as part of life	Total
Improved	2	0	4	4	0	10
Similar	2	1	4	1	4	12
Deteriorated	0	1	6	2	0	9
Total indicators	4	2	14	7	4	31

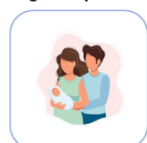


Our Outcomes:

Improving Good Health in Pregnancy



Optimising a child's long term potential



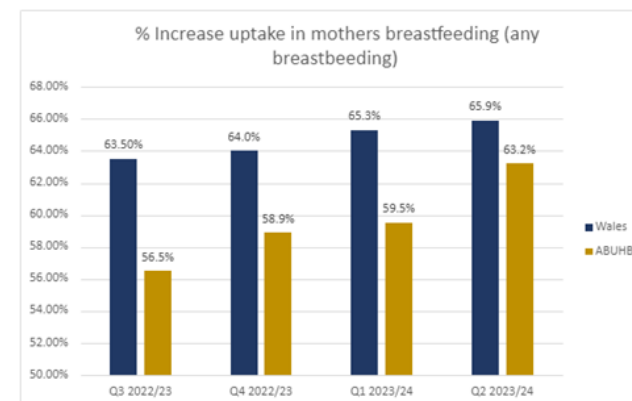
Increasing childhood immunisation



Early childhood experiences, including before birth, are key to ensuring improved health outcomes. The Health Board's IMTP committed to working with partners to take forward actions and activities that have a positive impact on the first 1,000 days of life. The table below sets out three core outcomes to be achieved in this area. Alongside identified measures, this information is used to target actions and identify priorities for the organisation.

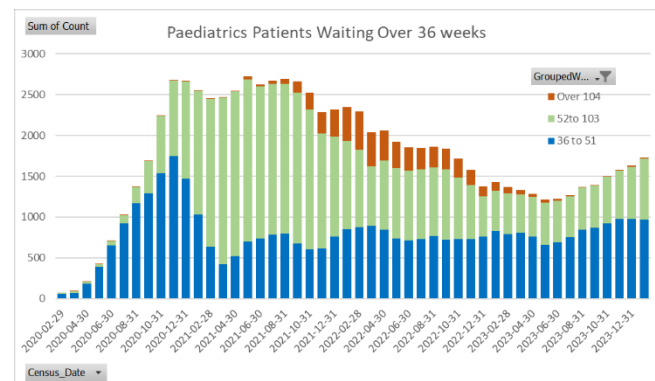
Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Oct 23)		Current reported position (Jan 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 1 - Every child has the best start in life	Optimising a child's long term potential	Increase uptake in mothers breastfeeding (any breastfeeding)	59.2%	65%	Q4 2022/23	58.9%	Q2 2023/24	63.2%	Improved	Indicator value has improved by 7.3% between Q4 22/23 and Q2 23/24.
		Increase of eligible children with contact at 10-14 days	88.2%	95%	Q4 2022/23	88.2%	Q2 2023/24	89.8%	Similar	Improvement in indicator between Q4 22/23 and Q2 23/24 by 1.8%
		Increase of eligible children with contact at 6 months	78.3%	95%	Q4 2022/23	78.3%	Q2 2023/24	82.7%	Improved	Significant improvement in indicator between Q4 22/23 and Q2 23/24 by 5.6%
	Increasing childhood immunisation and preventing outbreaks	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	96%	95%	Q1 2023/24	94%	Q2 2023/24	95%	Similar	Indicator has improved slightly and target has now been met.

There has been an improvement in two of the three indicators of the outcome '**Optimising a child's long-term potential**' with an increase from the last reported position of 58.9% (Q4 2022/23) to 63.2% (Q2 2023/24) in the increase of breastfeeding uptake. As part of the Healthy Wales Child programme, there has been an increase over the last four quarters in the number of eligible children with contact at 10-14 days and is currently reported at 89.8% (Q2 2023/24), however this remains just below the All Wales average of 92.9%. Similarly, there has been an observed improvement in the increase of eligible children with contact at six months from 78.3% (Q4 2022/23) to 82.7% (Q2 2023/24). Contacts that were not completed are largely due to workforce capacity constraints or contacts not attending an appointment.

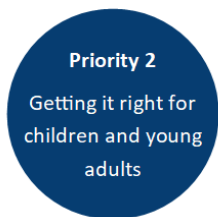


The position in the reported indicator in the outcome '**Increasing childhood immunisation and preventing outbreaks**' has remained similar as the previous reporting period, with 95% of children receiving three doses of the hexavalent '6 in 1' vaccine by age 1, demonstrating both strong performance and compliance with the national target.

The number of children on the Health Board's waiting lists who have been waiting over 36 weeks increased during the pandemic and peaked during the summer of 2021. As of September 2023, there were 251 children waiting over 52 weeks for a new outpatient appointment. There continues to be focused efforts to reduce paediatric waiting times and consequently, intensive plans have been developed to reduce and maintain the waiting time for first outpatient appointments across all specialities.



Priority 1 Improvement Actions		
Indicator	Improvement Action	Monitoring Arrangement
Children who received three doses of the hexavalent '6 in 1' vaccine by age 1:	Referral pathways being embedded to ensure that professionals within Health Visiting are able to directly refer to the Vaccination Service to allow vaccinations or immunisations to be delivered outside the usual route.	Divisional Assurance meetings
Children waiting over 52 weeks for a new outpatient appointment:	<ul style="list-style-type: none"> Service improvement developments including referral triage team and advice letters as an alternative to consultation where appropriate; Continued use of GP triage. 	Divisional Assurance meetings
Increase of eligible children with contact at 10-14 days	<p>A six-part control measures plan has been developed, with continued implementation during Quarter 4 including:</p> <ul style="list-style-type: none"> Wider health visiting improvement programme – particular focus on standardisation of clinical and non-clinical aspects of the service and development of robust project plan; Partnership – delivery of interventions through partnerships and delegated working across organisations; Improving data collection – improvement plan to increase data accuracy; Integration of Flying Start and Generic Caseload to increase workload equity and service delivery; Clinic availability – renewed focus on providing an increase in clinic provision; Workforce – modernisation of workforce structure to maximise clinical time and ensure workforce sustainability. 	Strategic Health Visiting Service Improvement Board / Divisional Assurance meetings
Increase of eligible children with contact at 6 months		
Increase uptake in mothers breast feeding		



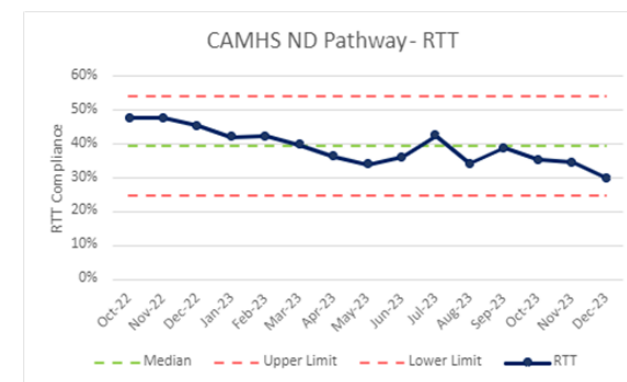
Our Outcomes:



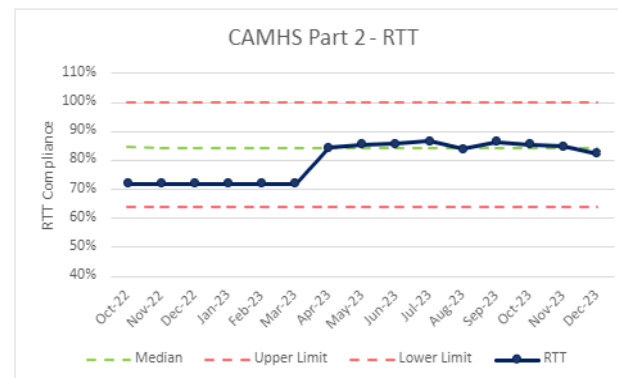
Nurturing future generations is essential for our communities. There is strong evidence that healthy behaviours in childhood impact throughout life; therefore, targeting actions to improve outcomes in these areas has a long-lasting impact on delivery. Young adult mental health is a Ministerial Priority area with CAMHS a focus in the national performance framework.

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Oct 23)		Current reported position (Jan 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 2 - Getting it right for children and young adults	Improve Mental Health Resilience in Children and Young adults	Decrease in 4 week CAMHS waiting list	95%	80%	Sep-23	87.6%	Dec-23	86.2%	Similar	Indicator is statistically similar since last reporting period. Slightly deterioration between Sep 23 (87.6%) to Dec 23 (86.2%). National target of 80% remains achieved.
		Decrease in neurodevelopmental (SCAN) waiting list	80%	80%	Sep-23	38.8%	Dec-23	29.9%	Deteriorated	Indicator has significantly deteriorated by 22.9% between Sep 23 (38.8%) and Dec 23 (29.9%) and remains below the IMTP target.

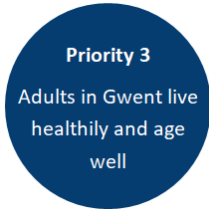
Progress within the ‘**Improve Mental health Resilience in Children and Young Adults**’ outcome remains mixed. The CAMHS Neuro-developmental (ND) Service remains committed to achieving the 80% target of completing ND assessments within 26 weeks. Quarter 3 of 2023/24 has seen a continued demand of referrals requesting consideration of an ND assessment. There are on average 220 new referrals a month which is a 600% increase on the monthly average for 2019/20 and this challenge has resulted in an RTT compliance for the end of December 2023 of 29.9%. A recovery plan was implemented in April 2023 to be able to support the current waiting lists across the 0-18 years pathway by separating the cohorts of 0-5 years and the 5-18 years.



PCAMHS 1a performance against the ministerial target of 80% compliance has remained steady since 2022. As of December 2023, the reported position was 86.2% which is a slight decrease to the end of Quarter 2 position of 87.6%, however Part 1b remains significantly off track at 5% compliance (November 2023). Despite workforce constraints, the waiting list is reducing. In June 2023, 640 young people were waiting over 28 days for an intervention following assessment, which has now reduced to 378 (November 2023). CAMHS Part 2 RTT has seen increased compliance since April 2023, however there is a slightly decrease in the reported December 2023 at 82.4%.



Priority 2 Improvement Actions		
Indicator	Improvement Action	Monitoring Arrangement
PCAMHS Part 1a and 1b compliance	Continued implementation of the CAMHS recovery plan: <ul style="list-style-type: none"> Flex service capacity to maintain the RTT position (1a); Monitoring 1b weekly in PCAMHS performance meetings (1b); Monitoring and reviewing 6 session model (1b); SBAR to Executives to consider funding for additional capacity. 	Divisional Assurance meetings / PCAMHS performance meeting
CAMHS Neuro-developmental (ND) Service 80% target of completing ND assessments within 26 weeks	Continued implementation of the CAMHS recovery plan with a particular focus during Q4 on: <ul style="list-style-type: none"> Workforce plan – including recruitment of assistant psychologists during, SALTs, and additional community Paediatrician sessions to increase capacity; Pan-Gwent pathway to be developed and merged into one multi-disciplinary group including the membership from a community paediatrician, speech and language therapist and psychologist with training and experience in working with ND children and young people. This will provide a single point of access for referrals to the autism team. 	Divisional Assurance meetings



Our Outcomes:



Our ambition is for citizens to enjoy a high quality of life and to be empowered to take responsibility for their own health and care. A significant number of measures fall within this area, particularly in relation to maximising an individual's time. The outcomes and performance set out below underpin the work of the priority programmes and in particular the work of the Six Goals for Urgent and Emergency Care, Planned Care and Health.

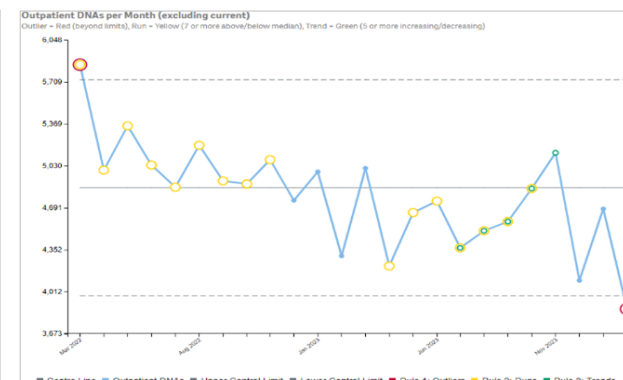
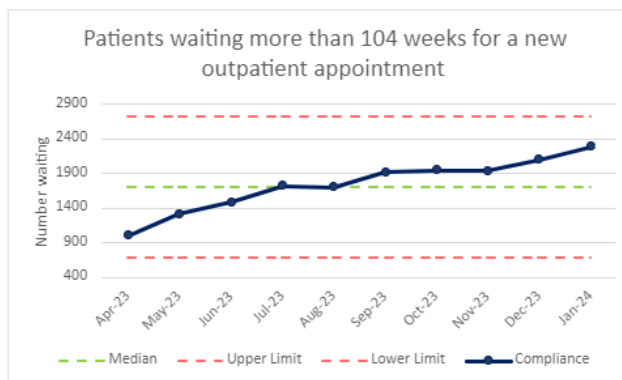
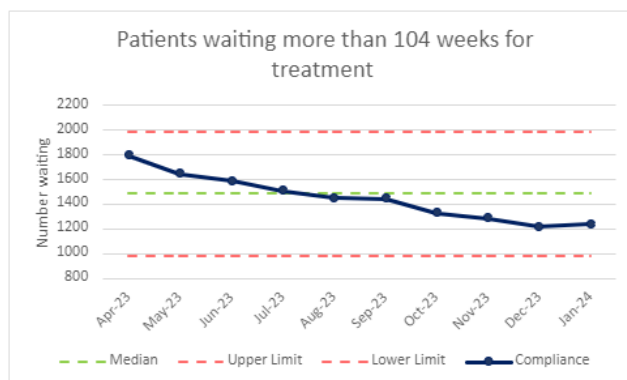
Mental

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Oct 23)		Current reported position (Jan 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 3 - Adults living healthily and aging well	Maximising an individuals time	Reduction in the number of patients waiting more than 36 weeks for treatment	32,202	32,168	Sep-23	36,985	Jan-24	40,576	Deteriorated	Indicator value has increased since Sep 23 and Jan 24 by 9.7%
		Reduction in the number of patients waiting for a follow-up outpatient appointment	113,107	69,268	Sep-23	126,708	Jan-24	132,230	Deteriorated	Indicator value has increased by 4.4% between Sep 23 and Jan 24.
		Increase in Urgent Primary Care Contacts	5,336	8,000	Sep-23	7,233	Dec-23	9,469	Improved	Significant increase in the number of UPCC contacts between Sep 23 and Dec 23 by 2,236.
		Reduction of ambulance handovers over 1 hour	737	0	Sep-23	873	Jan-24	906	Deteriorated	Overall improving trend over the last 12 months, however, measure has deteriorated in Dec 23 to 906.
		Reduction in patients never waiting in ED over 16 hours	417	0	Sep-23	367	Jan-24	457	Deteriorated	Increase in indicator value between Sep 23 and Jan 24.
		Reduction in time for patients to be seen by first clinician	1.6 hours	2 hours	Sep-23	2.3 hours	Jan-24	2.1 hours	Improved	Improvement from 2.3 hours in Sep 23 to 2.1 hours in Jan 24.
		Reduction in time for bed allocation from request	11.5 hours	8 hours	Sep-23	9.1 hours	Jan-24	13.6 hours	Deteriorated	Improving trend overserved over the last 6 months.
	Adults living healthily and aging well	Increase in adults meeting physical activity guidelines	53.8%	60%	2021/22	51%	2022/23	49.9%	Deteriorated	Since Covid-19, there has been a decrease in physical activity from 54.6% (19/20) to 49.9% (22/23).
		Increase in working age adults of healthy weight	34.4%	50%	2021/22	29.3%	2022/23	33.4%	Improved	For the first time since Covid-19, there has been a 14% increase in the number of working age adults of healthy weight. However, this does remain below the all wales average of 36.1%.
		Increase in working age adults in good or very good health	69%	80%	2021/22	70.5%	2022/23	69.5%	Similar	Whilst indicator remains statistically similar, both the ABUHB and All Wales average have seen a decreasing trend in the indicator since Covid-19.
	Improved mental health resilience in adults	Increase in life satisfaction among working age adults	76.4%	55	2021/22	79.5%	2022/23	79.2%	Similar	Indicator remains statistically similar during 21/22 and 22/23.
		Increase in percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over)	80%	90%	Aug-23	68.8%	Dec-23	68.3%	Similar	Measure has been sustained at similar level between reporting periods.
	Maximising cancer outcomes	Increased compliance of the number of patients starting their first definitive cancer treatment within 62 days from point of suspicion	56.9%	75%	Sep-23	54.5%	Dec-23	62.9%	Improved	Significant improvement in indicator value from 54.5% (Sep 23) to 62.9% (Dec 23)
		Increase in 5 year cancer survival	49.1%	60%	2015-19	59.1%	2016-20	58.6%	Similar	Indicator value is similar, however a slight decrease has of 0.8% has been observed and remains below the wales averages for the third year.

Maximising an Individual's Time-Planned Care

Maximising an individual's time is a core element of planned care. During the Junior Doctor Industrial Action on the 15th-18th January 2024, a total of 1,937 outpatient appointments and 356 treatments were cancelled and this loss of capacity has had an impact upon performance levels. The Health Board has made good progress towards eliminating waits of over 156 weeks, with 11 patients waiting at the end of January 2024 compared to the March 2023 position of 553. Improvements have also been made with 104 week waits for treatment which has reduced from 1,935 in March 2023 to 1,239 at the end of January 2024. Despite this reduction, the Health Board remains off track to meet the Quarter 3 104-week treatment trajectories by 993.

There is a particular challenge within ENT where demand has outstripped capacity, along with reduced outpatient capacity. A 'GP gatekeeper model' has been introduced and is being piloted to review demand with the purpose of managing demand in the most appropriate way, and early indicators show that the additions to the waiting list have reduced. Ophthalmology have launched a new technician diagnostic hub to address the backlog of Glaucoma patients on the follow-up waiting list, with a particular focus on those waiting over 100% past their follow-up target date.



Improvement in outpatient performance

remains essential to make the most of an individual's time and is a core focus of the Planned Care Programme. At the end of January 2024, there were 2,290 patients waiting over 104 weeks for a first outpatient appointment. There is mixed progress across specialities with ENT, Orthopaedics and Ophthalmology currently behind trajectory. There are extensive recovery plans in place across ENT and Urology including a clinical review of patients on the waiting list along with other solutions (e.g. audiology) supporting ENT and a focus on improving treat in turn prioritisation across all specialities. However, despite plans being implemented it is likely to take time to recover the 104-week position, although significant improvements have been noted within the ENT 52-week position due to the implementation of the recovery plan.

The outpatient transformation programme is focussing on the outpatient Did Not Attend (DNA) plan, of which the current rate for new outpatient appointments has reduced further from 6.4% (4,579) in September 2023 to 6.1% (4,682) in January 2024. Additionally, the programme is continuing

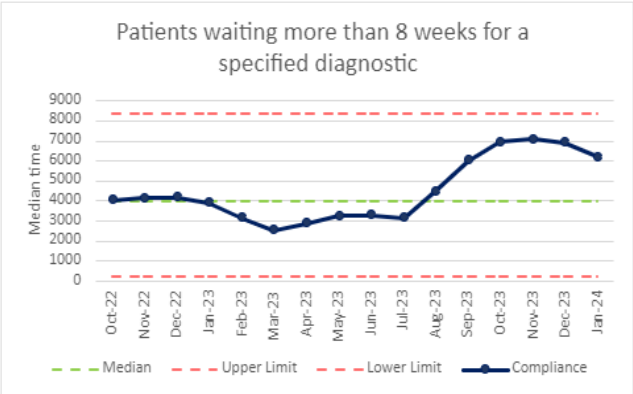
to work alongside finance and divisional teams, with a particular focus to further explore opportunities of virtual activity to meet the needs of those waiting for an appointment.

Maximising an Individual’s Time - Diagnostics

The overall eight week diagnostic breach position has seen an improvement since November 2023.

Key areas in diagnostics include:

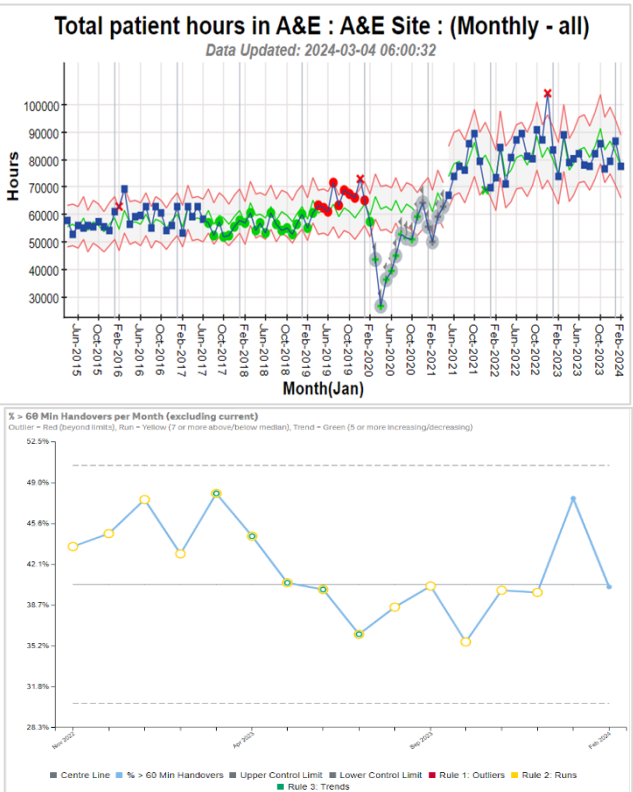
- Royal Gwent Hospital endoscopy unit opened in November 2023, with the purpose to sustain services and reduce backlog of those waiting. The impact of this investments has resulted in the number of people waiting at the end of January 2024 reducing to 1,686, compared to 1,890 (Nov 23);
- Radiology diagnostics patients waiting over 8 weeks has decreased from 3,802 (November 2023) to 1,686 (January 2024);
- Cardiology position has been maintained at 217 breaches in January 2024.



Maximising an Individual’s Time- Urgent Care

Urgent Care services continue be under significant pressure both nationally, regionally and locally, making delivering timely care challenging. There has been increasing demand for urgent primary care, increased ambulance call demand, increasing numbers of self-presenters at Emergency Departments and Minor Injury Units, increased acuity, increased bed occupancy for emergency care and high levels of delayed discharges linked with significant social care workforce challenges.

Over the last three months, there have been on average 422 daily attendances to the Emergency Department or a Minor Injury Unit and the pressure on the urgent care system has resulted in patients staying in hospital for longer. The average time from arrival to departure in the GUH Emergency Department continues to be above target, with the total number of patient hours spent in A&E increasing significantly above pre-covid levels as the chart on the right demonstrates. The number and rate of patients waiting over 60 minutes to be transferred to the Emergency Department from an Ambulance increased during the winter period and peaked in January 2024 (1,537 – 44.7%). However, this has since reduced significantly during February 2024 (1,104 – 40.2%). Whilst this remains high, as a result of poor flow through the system, there has been a concerted effort to decrease the number of delayed ambulance handovers.



Despite the extreme pressures upon the urgent care system, the performance measures of patients waiting fewer than four hours in ED has been maintained throughout the winter period and is

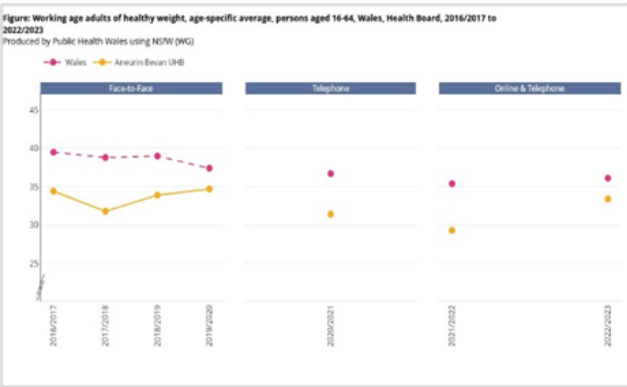
currently reported at 73.2% (January 24) against a national target of 75%. The most recent national performance data reports that the Health Board's performance is higher than the Welsh average of 67%. Patients waiting over 12 hours in Emergency Departments was 1,568 in January 2024.

Maximising cancer outcomes

Overall, there has been significant improvement in the rate of five-year cancer survival reported over the last 10 years. However, whilst statistically similar, a slight decrease of 0.8% has been observed and cancer survival remains below the Welsh average for the third consecutive year.

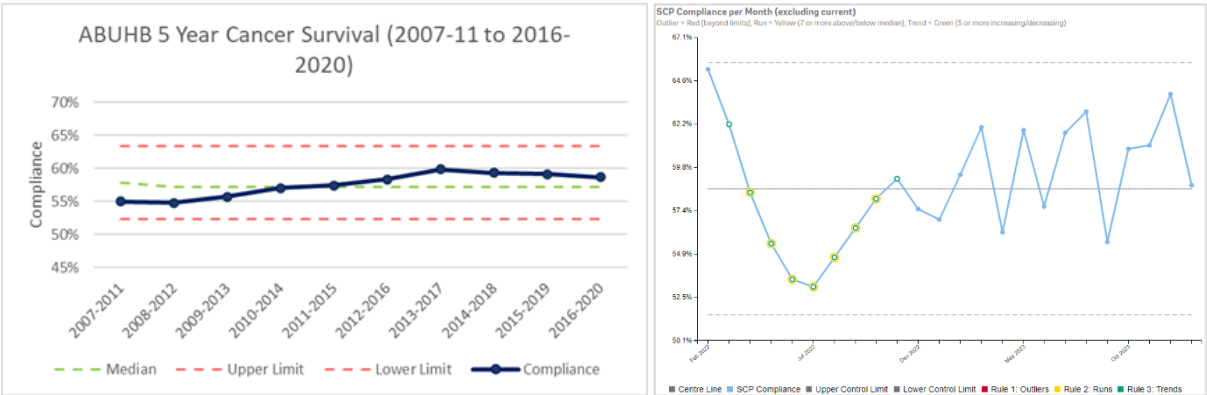
Compliance against the 62-day target for definitive cancer treatment has increased from 54.5% (Sep 23) to 62.9% at the end of December 2024. This is behind the performance ambition set in the IMTP but a positive improvement. Drivers for this include the significant increase in demand alongside the focus on reducing the over 62 day waits, which will affect compliance. Significant increases in demand relating to the suspected cancer referrals have continued to exceed 3,500 referrals per month compared to pre-covid levels of 2,500.

The number of SCP treatments undertaken has increased by 7.5% over the last 12 months and is continuing to increase month by month. Despite the pressures of increased demand and capacity challenges, there has been a small improvement in the number of patients waiting over 62 days since the beginning of the quarter, with 337 waiting over 62 days at the end of January 2024 compared to 388 at the end of September 2023.



Adults living healthily and aging well.

Lifestyle factors such as diet and physical activity are closely associated with chronic health conditions such as cancer, diabetes, obesity and cardiovascular disease. The outcome 'Adults living healthily and aging well' has seen improvements across a number of indicators, most notably in the increase in working age adults of health weight for the first time since Covid-19. The rate significantly increased between 2021/22 (29.3%) and 2022/23 (33.4%), however this still remains below the Welsh average. The rate of working age adults in good or very good health has remained statistically similar at 69.5%, however both ABUHB and the all-Wales levels have seen a decreasing trend since Covid-19. There has been an observed deterioration in the rate of adults meeting physical guidelines (49.9% - 2022/23) and as with the other metrics, this rate has also been decreasing since the pandemic.

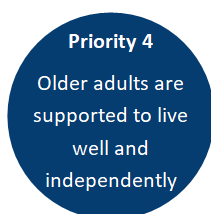


Mental Health in Working Adults

Mental wellbeing and life satisfaction result in better subsequent health outcomes on some physical health indicators, health behaviours and psychosocial indications, including depressive symptoms. Mental wellbeing remains a key priority for the organisation and sustained performance levels have been observed in the 'improved mental health resilience in adults' outcome. As of December 2023, 68.3% of Health Board residents over 18 in receipt of secondary mental health services have a valid care and treatment plan. There are concerns on the provision of assessment by mental health service within 28 days from referral which is currently at 18.2% (December 23) and interventions less than 28 days from assessment which is currently 9.9% both areas are being addressed in a 90 day action plan monitored by Executive Committee to ensure targeted assurance.

Priority 3 Improvement Actions		
Indicator	Improvement Action	Monitoring Arrangement
Reduction in the number of patients waiting more than 156 weeks for treatment	<ul style="list-style-type: none"> Targeted approach for T&O and ENT to maintain improvements in December 2023 position. 85% theatre utilisation drive for 24/25; 	Divisional Assurance meetings
Patients waiting over 104 weeks for a first outpatient appointment	<p>Actions in the challenged services include:</p> <ul style="list-style-type: none"> ENT – joint model with audiology, GP review of lists, treat in turn rates; Ophthalmology – progress with regional solution to increase capacity for cataract outpatient and inpatient stages; Spines - a lower backpain pathway is in development between MSK therapy and orthopaedic services. This work has already redirected patients from the spinal waiting list to the physio waiting list; Increased volume lists (colorectal UGH) and increase productivity; Treat in turn – specialities targeting opportunities to deliver improvements necessary for stage 1 and 4 to achieve a significantly improved 104 position. Urology, OMFS and GS – development of plan to clear backlog of patients (approx. 100) breaching 104wks by year end. Outsourcing of approximately 400/500 Ophthalmology patients by year end through spa medica. 	Divisional Assurance meetings
Increased compliance of the number of patients starting their first definitive	<ul style="list-style-type: none"> Optimal pathway work to reduce volume of breaching patients through reviewing capacity scheduled with specialities, with a 	Divisional Cancer Weekly Assurance meeting

cancer treatment within 62 days from point of suspicion	<ul style="list-style-type: none"> particular focus on Urology, Gynaecology, Head & Neck and Lower GI. Close working with Radiology regarding Accelerated Imaging and Pathology regarding turnaround times. Continued rollout of Did Not Attend (DNA) reduction pilot schemes Joint working with tertiary centres on shared pathways 	
Maximising and Individual's Time-Diagnostics	<ul style="list-style-type: none"> Royal Gwent Hospital endoscopy unit opened November 2023, with the purpose to sustain services and reduce backlog of those waiting, future reports will see impact of this investment Radiology continue to prioritise clinically urgent cases and maternity ultrasound 	Divisional Assurance meetings
Maximising and Individual's Time-Urgent and Emergency Care	<ul style="list-style-type: none"> Enhanced monitoring improvement plan in place focusing on: <ul style="list-style-type: none"> ED actions on triage time and wait to see a clinician, Assessment models to facilitate timely ambulance handover Actions in the 6 goals programme including Acute Frailty model 	Enhanced monitoring arrangements
Assessment by mental health service within 28 days from referral	<ul style="list-style-type: none"> 90-day improvement plan in place with targeted actions to address part 1 performance. Embedding of mental health services in Neighbourhood care networks continues in piloted areas with a view to expand across all boroughs. Further progress matched care model and implementation of therapy pathways. 	Executive Committee via escalation arrangements
Interventions <28 days following assessment by mental health service		Executive Committee via escalation arrangements



Our Outcomes:

Prevention and keeping older adults well



Delivering care closer to home



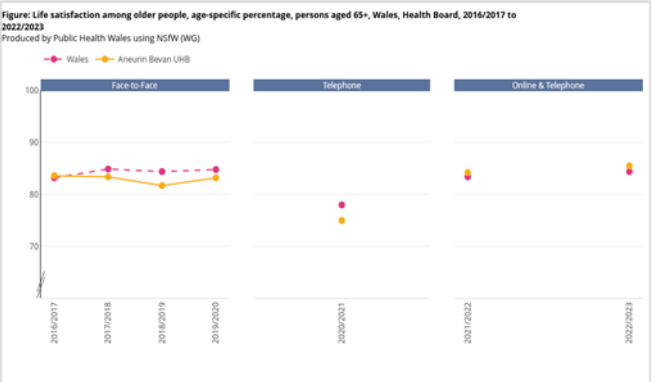
Reducing admissions and time spent in hospital



Supporting older adults to live well and independently is a core component of the Health Boards' plan for a sustainable health and care system. We know we need to deliver improvement for this section of our population in our service offer. Within the Urgent and Emergency Care 6 Goals programme there is prioritisation in Goals 1 and 2 for redesigning services for older people.

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Oct 23)		Current reported position (Jan 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 4 - Older adults are supported to live well and independently	Prevention and keeping older adults well	Increase in older people free from limiting long term illness	43.3%	50%	2021/22	46.7%	2022/23	45.1%	Deteriorated	Deterioration in indicator from 46.7% (2021/22) to 45.1% (2022/23) and remains below the all Wales average of 47.7%
		Increase in life satisfaction among older people	75.0%	85%	2021/22	84.2%	2022/23	85.5%	Improved	Increase in indicator over the last 3 financial years and remains above the all Wales average of 84.4%
		Increase in older people of healthy weight	38.7%	45%	2021/22	35.6%	2022/23	41.2%	Improved	Increase in indicator from 35.6% (21/22) to 41.2% (22/23), surpassing the all Wales average of 39.6%
	Delivering Care Closer to Home	Increase in accepted referrals to Rapid Response Services (CRT)	343	375	Sep-23	356	Jan-24	392	Improved	Indicator has improved by 10.1% between Sep 23 and Jan 24.
		Increase in accepted referrals to Reablement & Falls Services (CRT)	331	375	Sep-23	83	Jan-24	71	Deteriorated	Further reduction in the number of accepted referrals between Sep 23 (83) to Jan 24 (71).

Good progress has been made in the **‘Prevention and keeping older adults well’** outcome with an improvement in 2 indicator values. Firstly, there has been an increase observed in life satisfaction reported amongst older people from 84.2% (2021/22) to 85.5% (2022/23) and this remains above the all-Wales average of 84.4%. Additionally, there has been a significant increase in the percentage of older people of healthy weight. This has increased from 35.6% (2021/22) to 41.2% (2022/23) and has also surpassed the all-Wales average of 39.6%. Despite these improvements, there has been a deterioration observed in the percentage of older people free from limiting long term illness, decreasing from 46.7% (2021/22) to 45.1% (2022/23).



The indicator values for **‘Delivering Care Closer to Home’** outcome are mixed. As of January 2024, there were 392 accepted referrals to the Rapid Response Services and 71 to the Reablement & Falls Services. Goal 1 of the Urgent & Emergency Care Transformation programme has progressed the development of redesign of frailty services, including a Nurse-led Acute Frailty Response team at the GUH front door and the expansion and capacity build across Community Resource Teams via RPB funding to enable people to remain at (or close to) home, where this is safe and appropriate.

The outcome **‘Reducing admissions and time spent in hospital’** has seen generally positive progress, with the number of emergency admissions for over 65 years of age decreasing during Quarter 3 and is currently reported at 1,539 at the end of January 2024. The indicator ‘decrease in the length of stay over 21 days’ has remained statistically similar to the previous reported position of 55% in January 2024, which has resulted in the IMTP target of 55% being met.

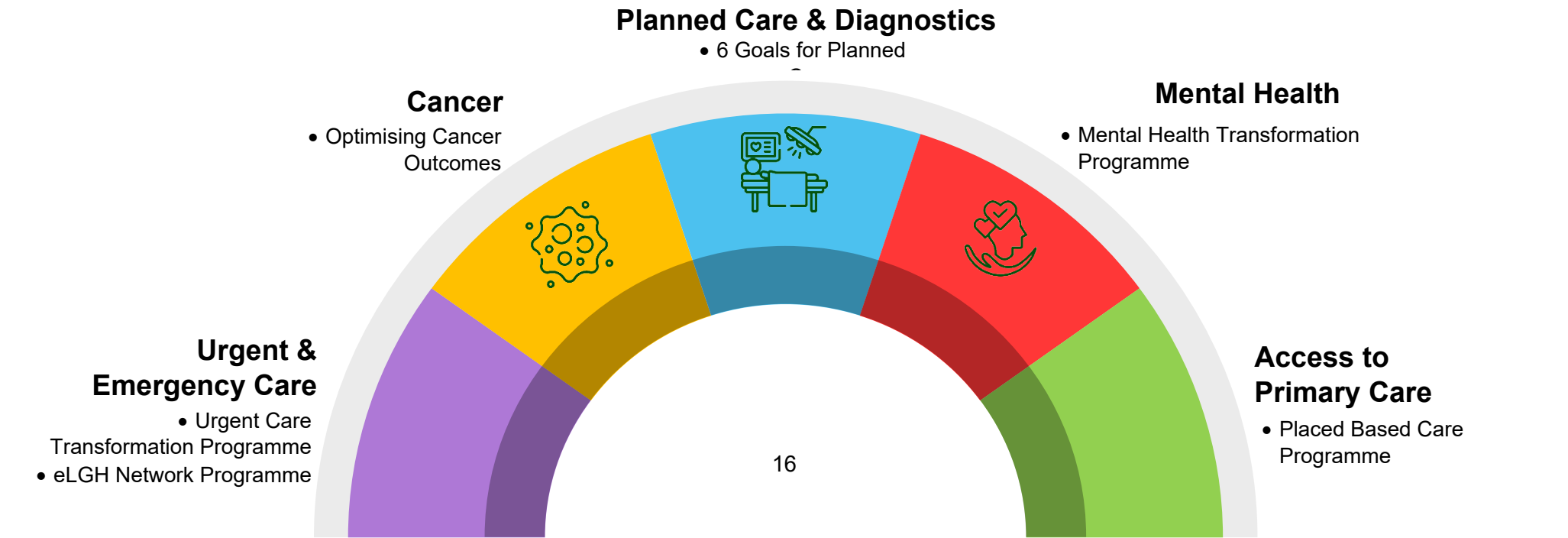
Priority 4 Improvement Actions		
Indicator	Improvement Action	Monitoring Arrangement
Increase in accepted referrals to Rapid Response Services (CRT)	Infrastructure in place to commence the implementation of findings of CRT review (principles work) that aims to optimise and standardise offer across ABUHB footprint.	Divisional Assurance meetings Six Goals for Urgent & Emergency Care

of urgent palliative care referrals assessed within 2 days has deteriorated slightly from 99% (Aug 2023) to 97% (Dec 2023). Despite this decrease, the IMTP target remains met.

Priority 5 Improvement Actions		
Indicator	Improvement Action	Monitoring Arrangement
Increase in referrals to Palliative Care Services	Continued collaborative approach to advanced care planning programme working with primary care, secondary care, care homes and voluntary sectors, driven by the End of Life Care delivery plan to raise awareness.	Divisional Assurance meetings

3. PROGRESS OF PRIORITIES

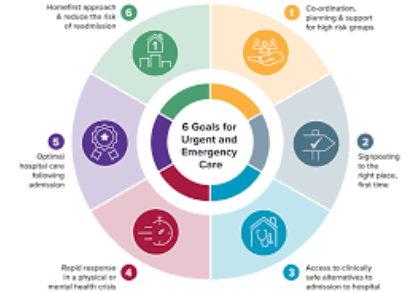
This chapter of the report updates on delivery against the Ministerial Priorities and Clinical Futures programmes. There is a high degree of synergy between the Ministerial Priorities for 2023/24 that are designed to support a swift recovery of business as usual and to reduce growing waiting lists and waiting times. All priorities are underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services. This chapter provides a quarterly update on progress made against key milestones, planned actions for the next quarter and measurement against trajectories.





3.1 URGENT AND EMERGENCY CARE

Why is this a priority? Prior to the pandemic, the situation in Emergency Departments was increasingly difficult, with demand soaring and the percentage of people being seen within the four-hour target reaching an all-time low over the 2019/20 winter. Since the start of the pandemic, ED attendance decreased significantly which led to performance improvements. Since lockdown eased, demand has steadily risen, and a greater number of people with serious problems are presenting themselves in our urgent and emergency care system.



Ministerial key focus should be on delivering:

- Honour commitments that have been made to reduce handover waits.
- Reduction in backlog of delays transfers of care (Pathways of Care).
- Implementation of Same Day Emergency Care services.

We have achieved:

- ⇒ **Ambulance Handovers:** Ambulance handovers over 1 hour at 828 in Dec 23 compared to 925 in Apr 23.
- ⇒ **Delayed Transfers of Care (DTOC):** DTOCs at 266 in Dec 23 compared to 250 in Apr 23.
- ⇒ **Same Day Emergency Care:** volume increased in Q3 from 40 to 50 a week.

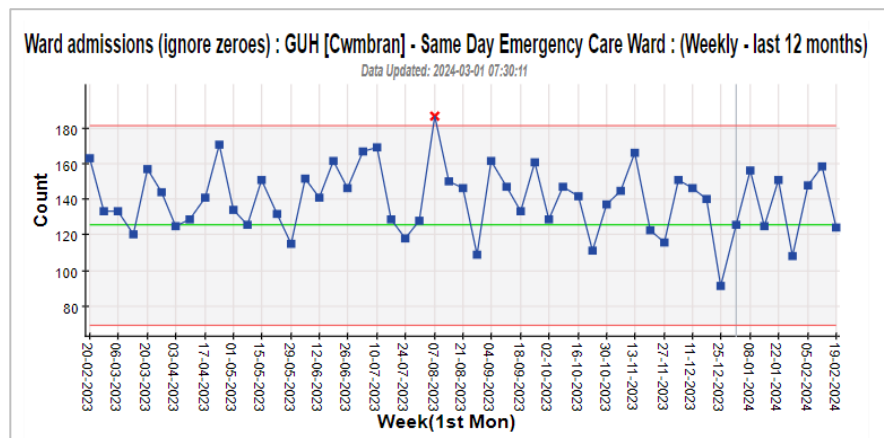
Quarter 3 update against actions & milestones

Goal 1:

- **Nurse led Acute Frailty Response (AFR)** team phase one implementation commenced to provide capacity to in-reach into the GUH front door Monday-Friday 8.30am-4.30pm.
- Recurrent **Further Faster funding**, via the RPB agreement, to enable the expansion and capacity building across Community Resource Teams (CRT).
- **Frailty Consultant** capacity identified to provide input at the Flow Centre to support clinician to clinician conversations and triage of identified frail/older patients, including care home residents, to offer an appropriate alternative to acute admission.

Goals 2, 3 and 4:

- **Same Day Emergency Care** Both GUH and YYF have seen increased medical patient volume in Q3 (40 to 50 per week). Surgical SDEC maintains circa 100 patients per week.



- A new **Falls Pathway** has been introduced to reduce the number of non-injurious fallers conveyed to the Emergency Department by ambulance. Since implementation, 47% of non-injurious falls patients are conveyed to the eLGH instead of GUH for initial clinical assessment.
- The **Safety flow initiative** Neck-of Femur (NOF) pathway improvement and an Acute Release Area (ARA) co-located with ED to ensure early release of ambulances back into the community.
- **WAST / ABUHB Collaborative Programme** commenced in Q3 focusing on reducing Ambulance conveyance to ED.

Goals 5 & 6:

- Delivery of **Patient Safety Team** with a focus on RGH/STW - positive impact of an additional 50 patients per week discharged home or to their usual place of residence and a reduced ALOS of 1.5 days across all sites, (medical patients only) reinforcing the importance of continuing with this approach.

- **Hospital to Home** funding agreed via Regional Partnership Board. Recruitment of additional HCSWs, prevention of deconditioning, reduction in hospital days, ongoing work to capture the benefits.
- **Discharge Lounge** improvement in the function and performance of model, including relocation of RGH discharge lounge to D6W, capital works at NHH, realignment of pharmacy and WAST resource to facilitate discharges earlier in the day.

Enhanced Local General Hospital Configuration:

- **Stroke reconfiguration** completed with temporary consolidation of the stroke service to a single HASU at the Grange University Hospital (GUH) and single rehabilitation site within (YYF) due to an urgent service risk, reduction of 8 beds.

Planned actions & milestones for next quarter

Goal 1:

- Development and embedding appropriate and sustainable pathways from the “front door” into CRT/community services as well as developing a plan for phase two (24/25).

Goals 2, 3 and 4:

- **System Navigation**, single phone number to be implemented which will reduce complexity and improve awareness of alternative services.
- A 12-month pilot of **Electronic Registration and Triage software ‘eTriage’** to go-live, with first 2 patients booked on 28th Feb. Expected benefits include improved patient dignity, earlier risk assessment of patients in the waiting rooms, improved staff experience and a more efficient triage process.
- **WAST / ABUHB Collaborative Programme** in-person workshops are planned in Q4. Teams will work together to review solutions for the top conveyance complaints including chest pain and shortness of breath. In addition, ways of working will be reviewed for referrals via the clinical support desk to ensure opportunity for clinical intervention is maximised.

Goals 5 & 6:

- **Hospital to Home** discussions with Local Authority re implementation and roll out, initiative launched in June 2023, aligned to Patient Safety Team events.
- **Step Down improvement**, focus on reviewing the purpose, format and content of a step-down SBAR, usage of the step-down tracker, improving staff awareness of the pathways/services and the implementation nurse led step down/discharge.
- **D2RA** digital solution to live across all sites aligned to D2RA audit, capturing date re red to green, medically optimised for discharge and D2RA pathways.

Enhanced Local General Hospital:

- **Stroke reconfiguration** engagement on the long-term strategic service model early 2024.
- **Review of acute medical model** and prepare options appraisal by March 24.

Ministerial key focus should be on delivering:

- Reduction in backlog of patients waiting over 62 days, to enable delivery of 75% if patients starting their first definitive cancer treatments 62 days.
- Implement the agreed national cancer pathways within the national target, demonstrating annual improvement towards achieving target by March 2026.

We have achieved

- ⇒ **62 days:** 62.9% achieved in Dec 23 against forecasted target of 70%
- ⇒ **NOPs:** Groups re-launched led by Deputy Chief Operating officer.

3.2 CANCER RECOVERY

Why is this a priority? Cancer outcomes need to be improved. The Single Cancer Pathway, supported by Optimal Cancer Pathways for individual tumour sites, provides the roadmap to shorten diagnostic and treatment pathways once a person is suspected as having cancer. The Cancer Strategy, Delivering a Vision 2020-2025, sets out the broader context with prevention, early detection, patient experience, living and dying with cancer, cancer research and access to novel therapies also key components of the approach to transforming cancer services for our population.

Quarter 3 update against actions & milestones

- **Satellite Radiotherapy Unit** Joint operational group established to review clinical and service models and SLAs.
- **Systemic Anti-Cancer Therapy (SACT) outreach model with Velindre Cancer Centre.** – joint working with Velindre to identify opportunity to do increase levels of SACT provided in Gwent.
- **YYF Breast Unit, opened** as planned on 29th January - the unit will offer a wide range of services, tailored to meet the needs of patients. It will focus on timely access to treatment, ensuring person centred care is at the forefront when delivering breast care services.
- Enhanced **psychological programme** for those living with and beyond cancer – development of community cancer cafes in Caerphilly and Blaenavon to provide support for patients and their families via informal social meetings.
-
- **Patient Partnership Steering Group** held in Q3, themes identified for future meetings – improved communication, earlier access to support and emotional wellbeing tools.
- Implemented AOS pathway for **SDEC** YYF and GUH in December 23.
- **Endoscopy suite** opened in November, with positive compliance with 14 day waits observed.

Planned actions & milestones for next quarter

- Enhanced **psychological programme** plans to roll out community cancer café sessions in Newport, Torfaen and Monmouthshire by the end of March 2024.
- **Patient website** is being re-designed and due to be launched in spring 2024.
- **Public Health** – Cancer Service team to join ‘Reducing Cancer Inequalities Group’, focus on screening up take in hard-to-reach areas of Gwent and supporting the Marmot work on building a Healthier Gwent. A workshop to start this will be held in Q4.

3.3 PLANNED CARE AND DIAGNOSTICS

Why is this a priority? During the pandemic, services had to be paused to respond to the immediate demands and challenges of COVID-19 and capacity has been reduced by infection prevention and control requirements. As a result, the number of people waiting – and the time people are waiting – for planned care services are now longer than ever. This position is further exacerbated by those who did not access health care during the pandemic and in addition to the backlog of patients known to the services there is a potentially significant cohort of ‘unreferred demand’.

Ministerial key focus should be on delivering:

- Implementation of regional diagnostic hubs, to reduce waiting times and meet waiting time ambition in Spring 2024.
- Implement pathway redesign – adopting ‘straight to test model’ and onward referral as necessary.
- 52 week Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT.
- Address capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025.

Quarter 3 update against actions & milestones

- **Health Pathways** – Clinical Editors continue to develop pathways with subject matter experts, 12 pathways have gone through final governance stage and communication plan has been implemented.
- **Patient Access and Activation** – plans for Keeping Well service (Single Point of Contact) being established following confirmation of funding from WG, bilingual waiting well brochures are being developed, engaging with specialties to develop internet pages with patient information. Total views on the Keeping Well landing page since July 2023 = 3,063 views.
- **Outpatient Transformation** – Welsh Government part-funded RGH Outpatient Treatment Unit until March 2024, business case drafted for full funding of the unit. Clinically led Outpatient Model meetings have taken place with T&O (spines), Urology, Gastroenterology, Max Fax, ENT and Eyes (Glaucoma).
- **Diagnostics** – Endoscopy Unit at RGH opened on November 2023 – Continuing to engage in regional diagnostic developments e.g., CDH, Path and Endoscopy.
- **Straight To Test** – following the successful appointments in General Surgery and Respiratory to support pathway redesign, staff induction and training taking place to provide additional capacity has been delivered. Bladder service STT in development.
- **Elective Capacity/Theatre Utilisation** – Draft data pack from Getting It Right First Time ‘GIRFT’ shared, working through data

quality issues. Embedding new dashboard through scheduling meetings and performance reporting. Refining reporting structure and meeting schedule.

- **Planned Care Academy** – Suite of tools format for dashboard has been drafted. Agreement sought on Patient Access policy with training plan drafted. Initial developments of planned care career pathway.
-

Planned actions & milestones for next quarter

- **Health Pathways** – Continue progress towards March 'go live' date and mitigate associated risks (capacity due to Industrial Action and Programme Management gap). Finalise discussions on specialties for Phase 2 priority pathways with paper going to Executive Committee in Q4.
- **Patient Access and Activation** – submit plans to Welsh Government for funding to develop a Single Point of Contact service. Engage with public regarding feedback from the Keeping Well brochures.
- **Outpatient Transformation** – Working with Digital Health Care Wales on development of an Automated Clinic Booking System to increase clinic efficiencies across the Health Board. Focus on increased virtual/video/group activity. Implement plans to reduce 100% past target FUs. Continue workshops to agree Outpatient models, starting with priority specialties.
- **Diagnostics** – Efficiencies plan to be completed by the Endoscopy team. Funding resolution for endoscopy decon unit.
- **Straight To Test** – Maintenance and sustaining existing STT pathways in Respiratory, General Surgery, Urology, Cardiology, Sleep, Asthma, Gastro and Endoscopy with all new pathways in place and established. Review of performance of pathways.
- **Theatres** – finalise GIRFT data pack and work through in-depth data analysis. STeF developing multi-site platform for first specialty.

- **Planned Care Academy** – sign off of training plan and progress plans for delivery of training e.g RTT Basics, WPAS, Referral Management, Clinical Management. Development of planned care career pathway in more detail.

Ministerial key focus should be on delivering:

- Implement 111 press 2 for urgent mental health issues (24/7) basis.
- Recover waiting time performance to performance framework standards of 18+ LPMHSS assessment and intervention.
- Recover waiting time performance to performance framework standards for Specialist CAMHS.
- Recover waiting time performance to performance framework standards of under 18 LPMHSS assessment and intervention.

We have achieved

- ⇒ **Implement 111:** Currently utilising additional emergency funding to implement minimal viable product.
- ⇒ **18+ LPMHSS:** 68.3% in Dec 23 compared to 70.6% in Apr 23.

3.4 MENTAL HEALTH AND CAMHS

Why is this a priority? The detrimental impact of COVID-19 on the

mental health and wellbeing of our population has been significant. Demand is likely to exceed capacity threefold over the next three to five years. Demand for mental health and CAMHS services is sharply increasing and we need to find ways of supporting people earlier to better support crisis prevention and recovery.

Quarter 3 update against actions & milestones

- All planned quarter 3 milestones for **implementation of 111 press 2** are off track due to capacity constraints impacting on delivery of service improvements. Emergency funding from Welsh Government is being used to deliver core service. The move of the service into new accommodation is being considered as part of wider organisational work on estates.
- **Hub based model** operating across seven Neighbourhood Care Network (NCN) areas is significantly off track as funding constraints impacted estates availability. At present this is on hold until other avenues that require less investment can be agreed.
- Demand and capacity modelling completed to identify commissioned therapy requirements - **therapy pathways** implemented in Quarter 3.
- The Welsh Community Care Information Systems (WCCIS) backlog has been reduced.
- Further progressed is being made regarding the **Matched Care Model**.
- Weekly performance meetings continue and are responsive to the demand ensuring effective use of capacity.
- CAMHS have maintained and surpassed 80% compliance for **CHOICE (New referrals) to assessment within 28 days** for

Quarter 3. Monthly demand and capacity review undertaken to ensure that job plans have sufficient capacity to meet CHOICE demand. Continued implementation of workforce plans including efficient recruitment into vacancies.

- **CCIH and SPACE** continue to interface for pre-allocations and enquiries. CCIH Clinicians also attend SPACE multi agency panels.
- PCAMHS is continuing to flex capacity to meet the **Initial Assessment Part 1A 80% target** with December 23 position 86.17% despite significant vacancies and workforce deficits.
- **Under 18s Initial Assessment Part 1B recovery plan** continues to be implemented making reasonable progress,

Planned actions & milestones for next quarter

- Maintain **111 press 2** compliance with service targets and pathway targets. Adapt and develop the service based on evidence. Maintain data reporting and ensure the service meets the necessary targets, making changes to processes where needed.
- **Initial Assessment and Intervention by LPMHSS** continued implementation of recovery plan towards Welsh Government targets.
- Explore funding options for **hub-based model** across Neighbourhood Care Network areas.
- To maintain over **80% RTT Target Compliance for New Choice referrals to assessment within 28 days** - CORE CAMHS and CET ED Teams
- **CCIH** to continue to work closely with Gwent wide SPACE Wellbeing partners and continue to hold weekly performance meetings to review capacity and demand and expedite potential breachers.
- **PCAMHS Initial Assessment Part 1A** maintain steady state RTT 80% Target and **PCAMHS Initial Intervention Part 1B Recovery**.



3.5 ACCESS TO PRIMARY

CARE SERVICES

Why is this a priority? The Primary Care Model for Wales set out how



Ministerial key focus should be on delivering:

- Improved use of community pharmacy.
- Increase access to dental services.
- Improved access to GP and Community Services.
- Improved use of optometry services.

We have achieved

- ⇒ **Community Pharmacy:** A median of 3962 claims under common ailment scheme since Apr 23.
- ⇒ **Dental Services:** 60% of full year forecast of new patients achieved, total patients 237,895.
- ⇒ **GP & Community Services:** 370,608 appointments seen in Oct 23, the highest number of 2023.
- ⇒ **Optometry Services:** 106,488 new patients accessed NHS Optometry Services, 75% of full year forecast.

primary and community health services will work within the whole Public sector system to deliver Place-Based Care. Collaborative work is at the core of this bringing together local health and care services

to ensure care is better coordinated to provide care closest to home and promote the wellbeing of people and communities.



Quarter 3 update against actions & milestones

- **Professional Collaboratives** maturing and developing action plans, evaluation of 28 NCN funded projects undertaken with pan cluster projects reviewed through focussed stakeholder meetings.
- **Communication and Engagement** – #bekind campaign completed and evaluated, professional collaborative role/service video created and distributed for GMS, Dental, Pharmacy & Optometry, Communication & Engagement strategy adopted with localised C&E plans being formulised centred on respective priorities.
- **Organisation Development and Sustainability** – 5 Locality based Workforce Planning workshops undertaken to identify challenges and future requirements, Induction programme devised for new NCN & Professional Collaborative leads, Training & development resources have created and shared with Cluster and Professional Collaborative Leads.
- **Planning and Outcomes Framework** – Thematic insights captured through respective leads, Data, Planning & prioritisation workshops delivered to support the development of 11 NCN draft annual plans.
- **Pharmacy** – Primary Care Cluster Community Pharmacy Leads inputted into the Winter respiratory vaccination programme. Commissioning of offsite vaccination of Care Home Staff and third sector carers reviewed.

- Continuing to progress the units and levels of patients accessing NHS and **Community Dental Services** as expected (237,895 as of Dec 2023).
- Development of new dental contract as part of Tredegar Development is currently in progress and on track to open on 1st April 2024.
- Expansion of **Multidisciplinary Team (MDT) roles within Urgent Primary Care**, including Advance Practice Paramedics, Clinical Pharmacists and extended scope nurse practitioners to reduce reliance on sessional medical workforce.
- Nursing and AHP Professional Collaboratives and NHS Optometry Professional Collaboratives respond to **Population Needs Analysis** to inform development of NCN, ISPB and RPB planning cycle for 2024/25.
- On track with the measure of the number of new patients accessing NHS Optometry services.

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Planned actions & milestones for next quarter

- Progress **Professional Collaboratives interface** with NCNs, formalise employment/ governance arrangements for professional collaborative leads and finalise priorities for each professional collaborate.
- Planning implementation of 2024/25 localised delivery projects
- Engagement and delivery of **NCN development programme** for NCN/Collaborative leads
- Develop a plan to establish a range of services identified as best delivered at a NCN level or for a pan- NCN population.
- Review of uptake of **Pharmacy service** and review of promotional materials.
- Continue to progress the units and levels of patients accessing NHS and **Community Dental Services**

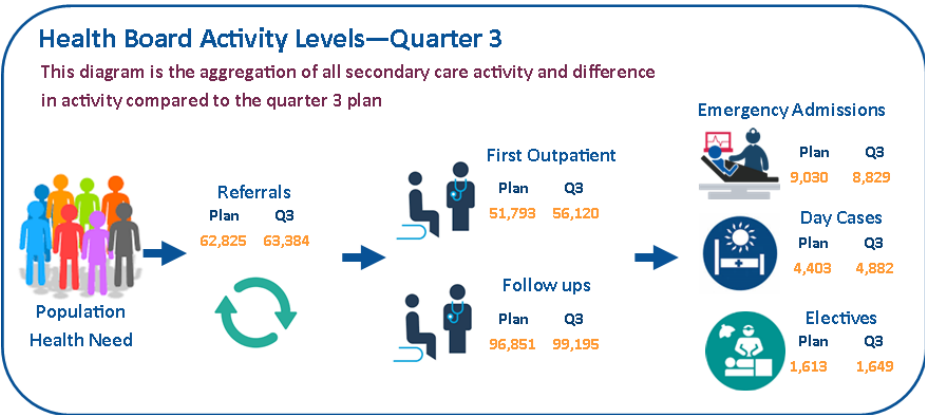
- Continue to monitor and manage contract delivery, including orthodontic delivery.
- Support the roll out of Wales National Workforce and Reporting System (WNWRS).
- Refresh **NCN and ISPB plans** including local analysis of demand / capacity and priorities for investment.
- Creation of information resources / service directories to facilitate collaborative working between GP Practices with Urgent Care Teams, Frailty Consultants, Allied Health professionals, Nursing Teams and other services.
- Support the ongoing implementation of the contract requirements for **Wales General Ophthalmic Services (WGOS)** in 2024/25.

4. IMTP PLANNING SCENARIO

In line with Welsh Government IMTP requirements, the organisation submitted a Minimum Data Set (MDS) outlining a profile of activity for the year alongside forecast performance and workforce information and this information is reviewed quarterly.

The planning scenario has, in aggregate form, largely followed as predicted by the services and is in line with the pressures on the availability of capacity due to delayed discharges and length of stay. Outpatient and inpatient treatments are ahead of projections as of Quarter 3, reflecting the priority that services are placing on addressing the longest waiting patients and managing demand.

- Referrals during Quarter 3 were slightly higher than forecasted.
- Both new and follow-up outpatient levels have been operating significantly above forecasted levels. This is particularly noted in a number of specialties including: Cardiology, Dermatology, Gynaecology, Neurology, Rheumatology, T&O and Urology.
- Treatment activity is operating above the forecasted scenario, despite staffing challenges and urgent pressures. This is attributed to the significant drive to increase activity levels to meet demand and reduce waiting times.



Waiting Lists	Urgent Care	Primary Care	Bed Plan
<p>The Health Board continues to make progress reducing the number of the longest waiting patients for planned care treatments and outpatient appointments.</p> <p>With the rate of referrals and current focus on treat in turn, there is a risk of greater wating list growth due to the profile and will mean the Year 2 position may become more challenging without changes in activity.</p>	<p>Overall, the Quarter 3 forecasts were aligned with the actual activity for ED attendances with a total of 46,065 attendances during the quarter across all sites.</p> <p>Emergency attendances are the same as the forecasted position and therefore forward projections will not be amended.</p>	<p>GMS activity levels have gradually started to decrease from April with more face-to-face activity and is currently ranging between 17,000 – 20,000 a week. Increased demand is reported by practices.</p> <p>GP referrals for urgent assessments via Rapid Response, Emergency Departments or Assessment Units have increased against pre-covid level.</p>	<p>The bed plan has continued to follow the overall expected occupancy levels and demand patterns. Medicine Division have running at 99% occupancy against their bed plan and the Community Division at 107%.</p> <p>Beds occupied by patients cared for by Care of the Elderly was in line with the forecast and continues to drive the need for additional inpatient</p>

			capacity which presents associated workforce challenges.
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5. SUMMARY

Of the 41 indicators included in the Outcomes Framework, 31 have newly available data to be reported upon during quarter 3. 22 of the 31 measures have either improved or are statistically similar and 9 indicators have deteriorated since the last reporting period. Improvements have been observed in the increase in mothers breastfeeding and contact with children at 6 months as part of the Healthy Child Wales Programme. Vaccinations performance also remains high, meaning we are providing vital protection to our population.

In relation to our adult population, progress is mixed. In longer term outcomes, we are sustaining progress in cancer survival and improved Mental Health resilience. However, in relation to making the best use of an individual’s time, progress is challenging due to the urgent care and post pandemic pressures in our system. This demonstrates the importance of the Ministerial priorities and Clinical Futures programmes in focussing upon urgent care, planned care and services for older people. Similarly, in relation to supporting people to live well in the community, the system is holding too many patients in hospitals, and this is a key focus area for our population.

Across both the Ministerial and Clinical Futures there are noted key achievements that deliver system change coupled with enabling actions to improve service delivery and ultimately patient outcomes. There continues to be high demand on service which is evidenced in performance against forecast in areas. Within Primary Care, there has been an increase in NHS Dental Care and Community Dental services units of activity and new patients. Additionally, the number new patients accessing NHS Optometry services has increased.

This quarter 3 assessment sets out the organisation’s understanding of its system and the plan remains robust and the priority decisions made in the IMTP remain valid areas of focus now and into next years IMTP planning.



Priority Indicator Summary

Quarter 2

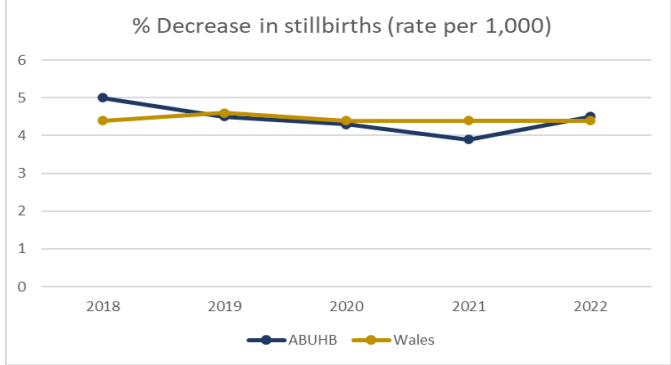
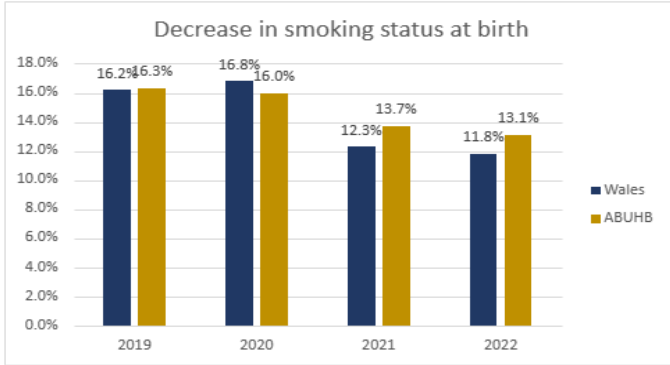
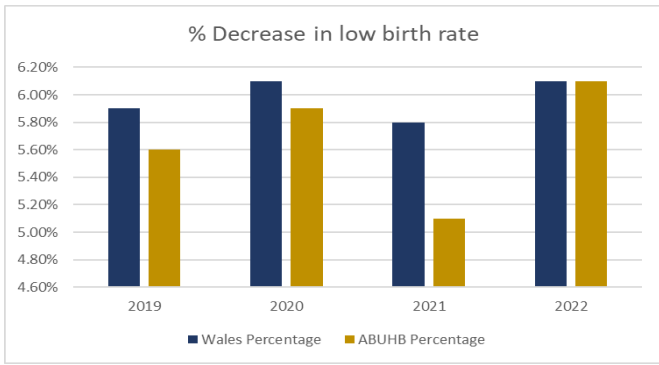
Indicators are classed as 'Similar' if the percentage change is between -2 and +2 and either 'Improved' or 'Deteriorated' if not. The 'No Data' category is used where the indicator is in development.

Type of change	P1 - Every child has the best start in life	P2 - Getting it right for children and young adults	P3 - Adults living healthily and aging well	P4 - Older adults are supported to live well and independently	P5 - Dying well as part of life	Total
Improved	3	1	5	0	2	11
Similar	2	0	1	1	1	5
Deteriorated	0	1	3	3	0	7
Total indicators	5	2	9	4	3	23

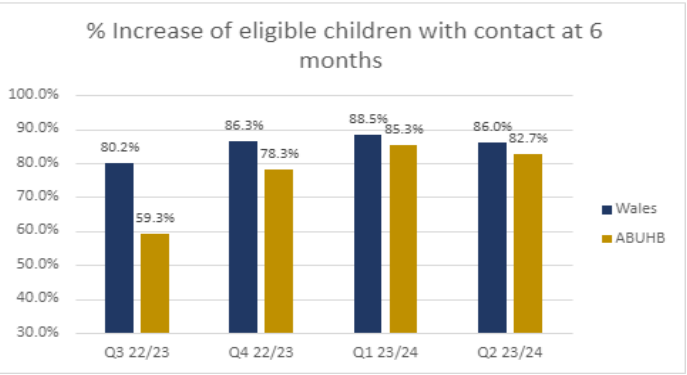
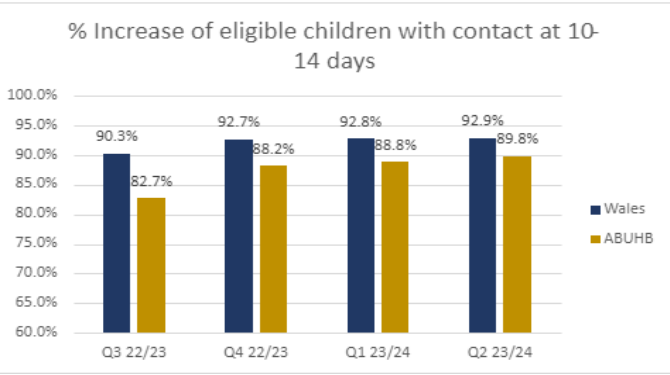
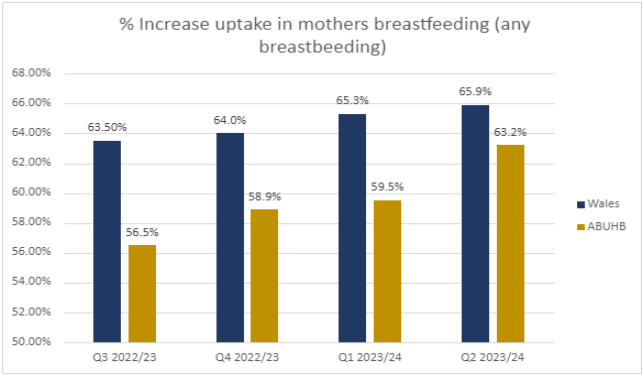
Priority 1 - Every Child has the best start in life

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Oct 23)		Current reported position (Jan 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 1 - Every child has the best start in life	Improving Good Health in Pregnancy	Decrease in low birth weight rates	5.6%	4%			2022	6.1%	Deteriorated	Increase in indicator between 2021 and 2022. In line with the All Wales average. Next update due June 2024 (provisional).
		Decrease in smoking status at birth	16%	10%			2022	13.1%	Improved	Significant decrease between 2021 and 2022, however remains above the all Wales average. Next update due June 2024 (provisional).
		Decrease in stillbirths	4.8	3.0			2022	4.5	Deteriorated	Increase in stillbirth rates between 2021 and 2022. 10% decrease in stillbirths observed over the last 5 years.
	Optimising a child's long term potential	Increase uptake in mothers breastfeeding (any breastfeeding)	59.2%	65%	Q4 2022/23	58.9%	Q2 2023/24	63.2%	Improved	Indicator value has improved by 7.3% between Q4 22/23 and Q2 23/24.
		Increase of eligible children with contact at 10-14 days	88.2%	95%	Q4 2022/23	88.2%	Q2 2023/24	89.8%	Similar	Improvement in indicator between Q4 22/23 and Q2 23/24 by 1.8%
		Increase of eligible children with contact at 6 months	78.3%	95%	Q4 2022/23	78.3%	Q2 2023/24	82.7%	Improved	Significant improvement in indicator between Q4 22/23 and Q2 23/24 by 5.6%
	Increasing childhood immunisation and preventing outbreaks	Percentage of children who received 2 doses of the MMR vaccine by age 5	91%	95%			Q2 2023/24	89.7%	Similar	Indicator value has remained stable.
		Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	96%	95%	Q1 2023/24	94%	Q2 2023/24	95%	Similar	Indicator has improved slightly and target has now been met.

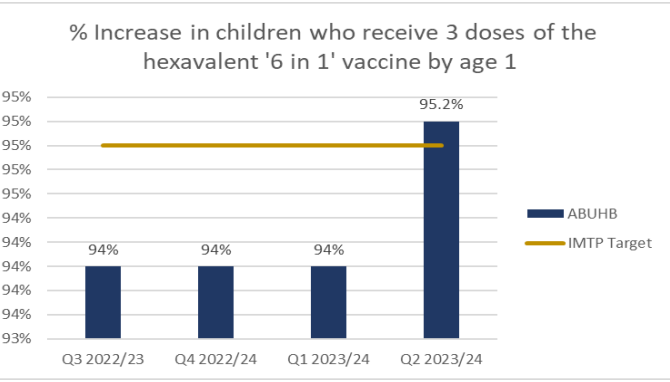
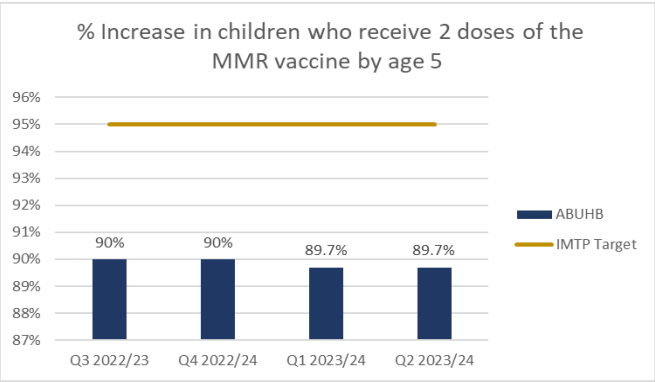
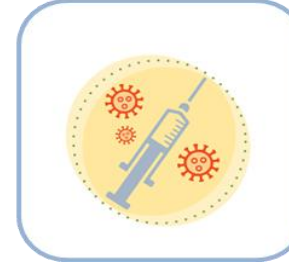
Improving Good Health in Pregnancy



Optimising a child's long term potential



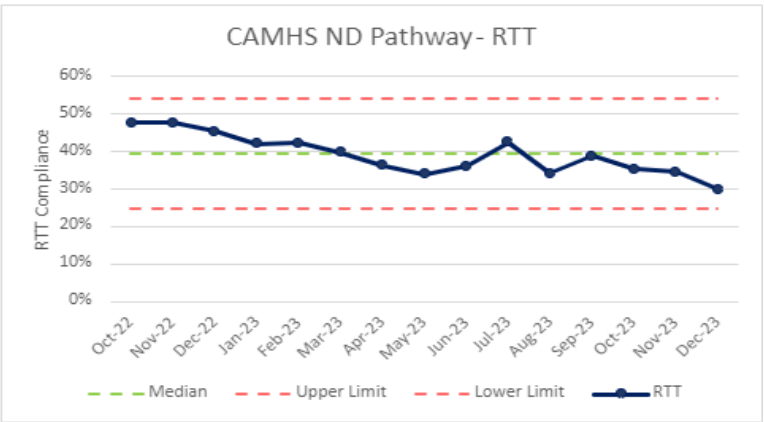
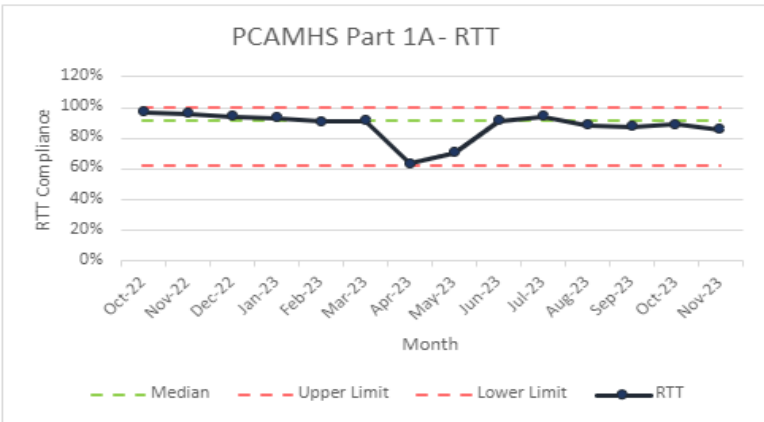
Increasing childhood immunisation



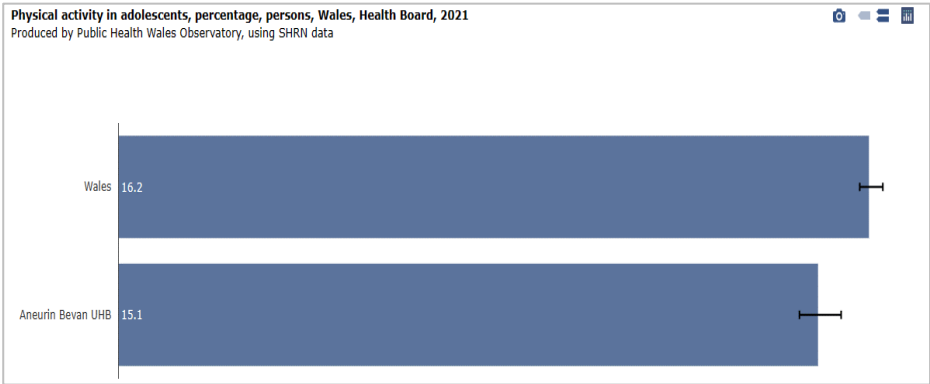
Priority 2 - Getting it right for children and young adults

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Oct 23)		Current reported position (Jan 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 2 - Getting it right for children and young adults	Improve Mental Health Resilience in Children and Young adults	Decrease in 4 week CAMHS waiting list	95%	80%	Sep-23	87.6%	Dec-23	86.2%	Similar	Indicator is statistically similar since last reporting period. Slightly deterioration between Sep 23 (87.6%) to Dec 23 (86.2%). National target of 80% remains achieved.
		Decrease in neurodevelopmental (SCAN) waiting list	80%	80%	Sep-23	38.8%	Dec-23	29.9%	Deteriorated	Indicator has significantly deteriorated by 22.9% between Sep 23 (38.8%) and Dec 23 (29.9%) and remains below the IMTP target.
	Support being a healthy weight	Increase in physical activity (for at least 60 minutes a day) in adolescents	15.1%	20%			2021	15.1%	Similar	Indicator is lower than the welsh average of 16.2%. Please note, trend data is not yet available.
	Improve healthy lifestyle behaviours	Decrease in adolescents using alcohol	40.9%	30%			2021	40.9%	Similar	Indicator is higher than the welsh average of 40.2%. Please note, trend data is not yet available.
		Decrease in adolescents drinking surgery drinks once a day or more	18.5%	10%			2021	18.5%	Similar	Indicator is higher than the all welsh average of 16.4%. Please note, trend data is not yet available.

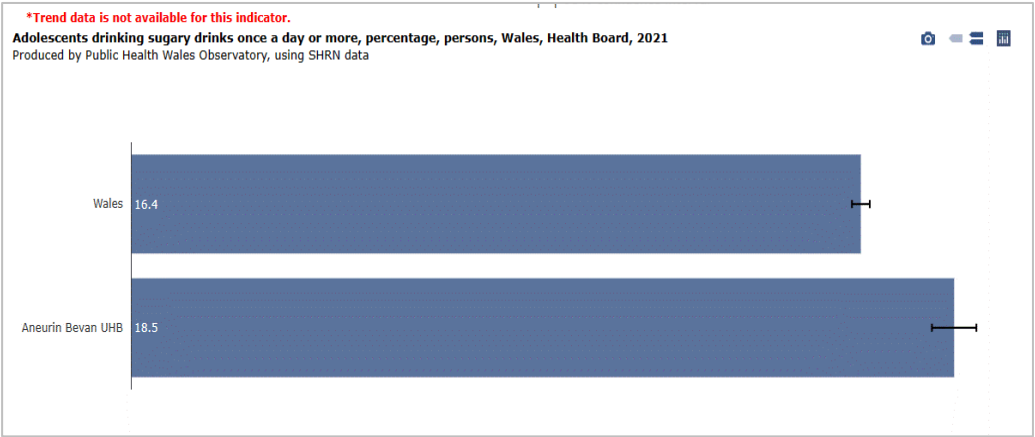
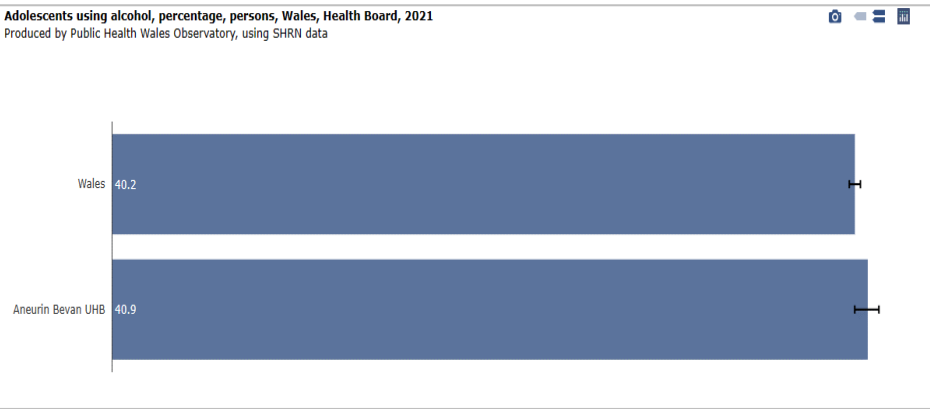
Improve mental health resilience



Support being a healthy weight



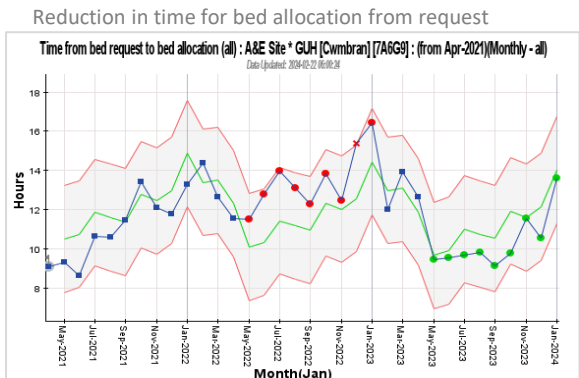
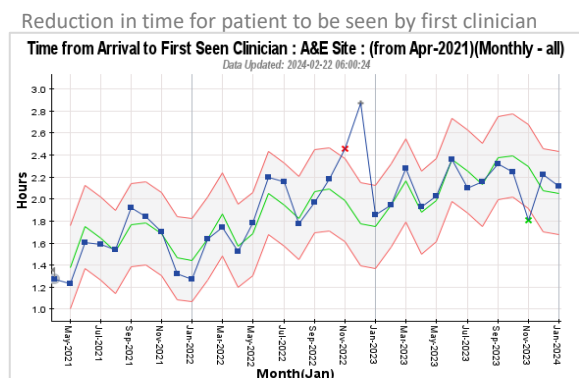
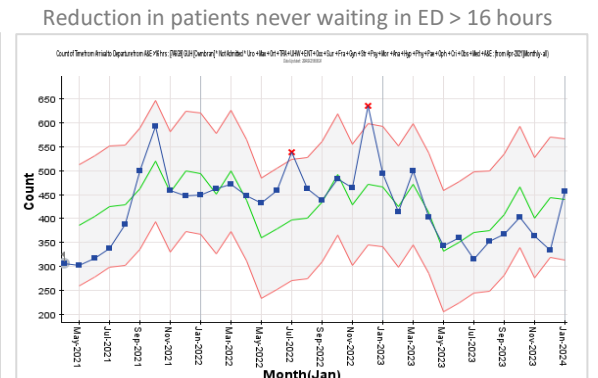
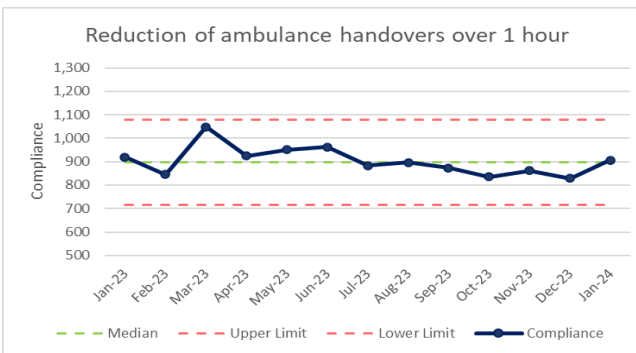
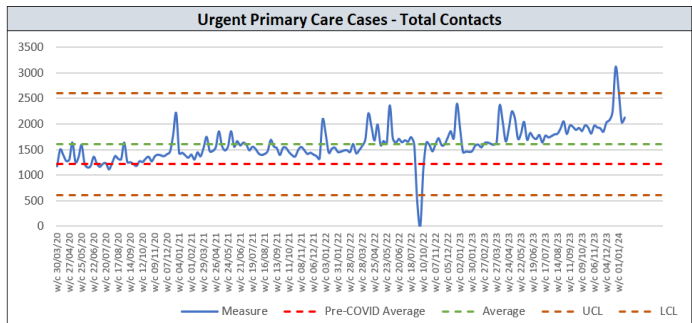
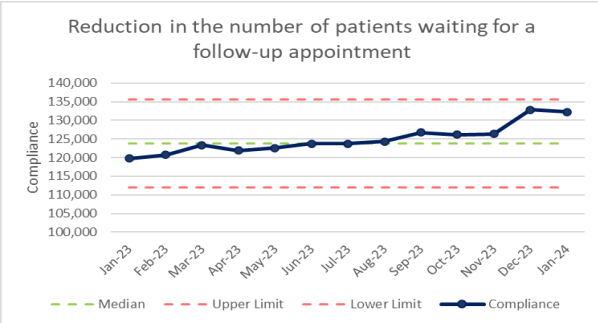
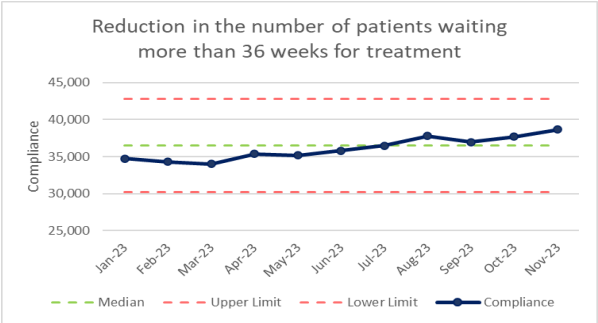
Improve healthy lifestyle behaviours



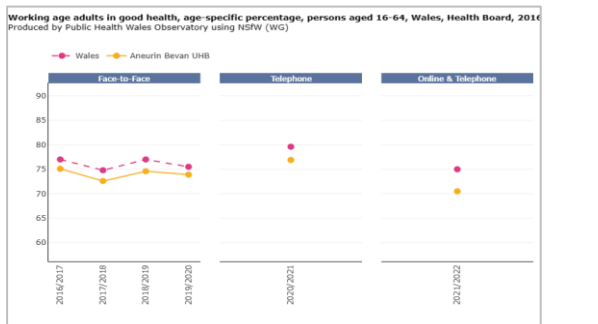
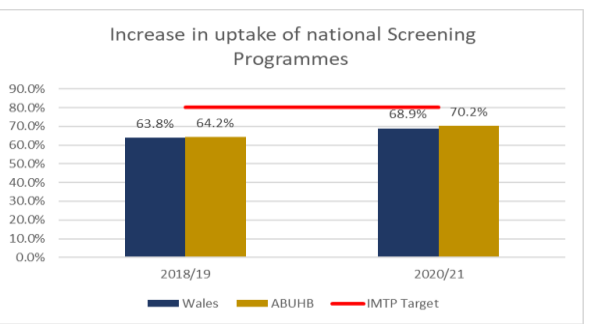
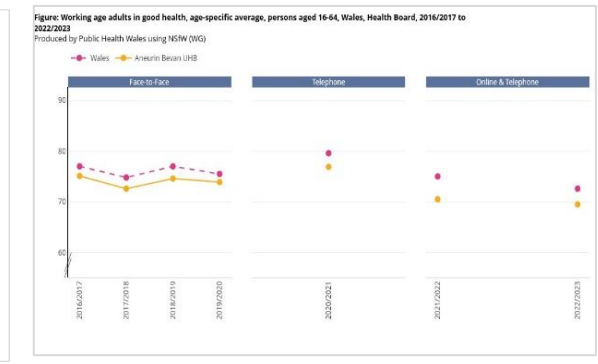
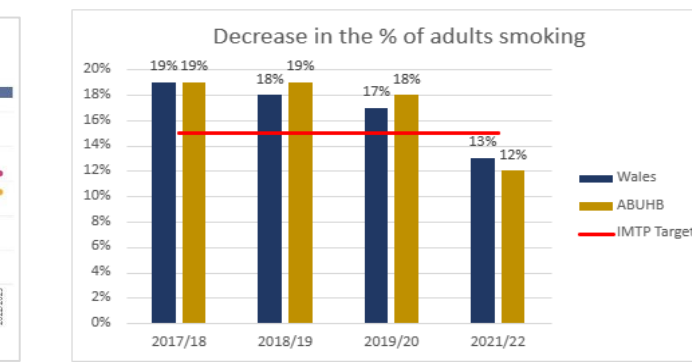
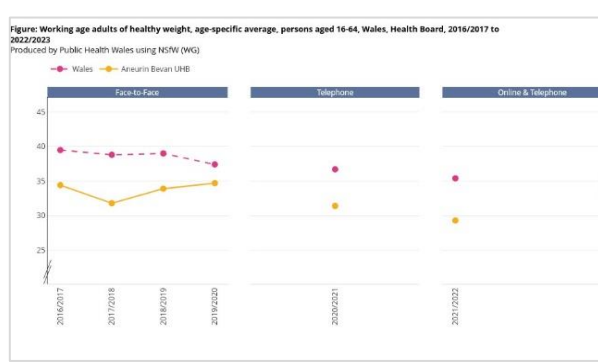
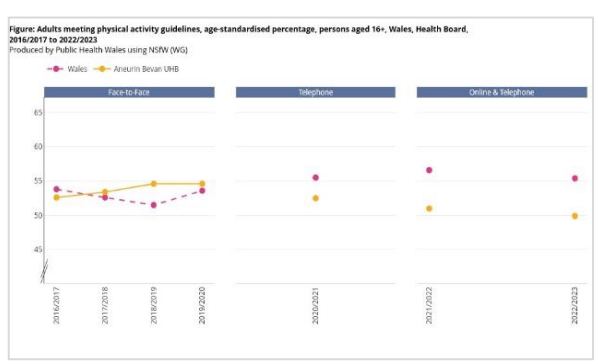
Priority 3 - Adults living healthily and aging well

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Oct 23)		Current reported position (Jan 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 3 - Adults living healthily and aging well	Maximising an individuals time	Reduction in the number of patients waiting more than 36 weeks for treatment	32,202	32,168	Sep-23	36,985	Jan-24	40,576	Deteriorated	Indicator value has increased since Sep 23 and Jan 24 by 9.7%
		Reduction in the number of patients waiting for a follow-up outpatient appointment	113,107	69,268	Sep-23	126,708	Jan-24	132,230	Deteriorated	Indicator value has increased by 4.4% between Sep 23 and Jan 24.
		Increase in Urgent Primary Care Contacts	5,336	8,000	Sep-23	7,233	Dec-23	9,469	Improved	Significant increase in the number of UPCC contacts between Sep 23 and De 23 by 2,236.
		Reduction of ambulance handovers over 1 hour	737	0	Sep-23	873	Jan-24	906	Deteriorated	Overall improving trend over the last 12 months, however, measure has deteriorated in Dec 23 to 906.
		Reduction in patients never waiting in ED over 16 hours	417	0	Sep-23	367	Jan-24	457	Deteriorated	Increase in indicator value between Sep 23 and Jan 24.
		Reduction in time for patients to be seen by first clinician	1.6 hours	2 hours	Sep-23	2.3 hours	Jan-24	2.1 hours	Improved	Improvement from 2.3 hours in Sep 23 to 2.1 hours in Jan 24.
		Reduction in time for bed allocation from request	11.5 hours	8 hours	Sep-23	9.1 hours	Jan-24	13.6 hours	Deteriorated	Improving trend overserved over the last 6 months.
	Adults living healthily and aging well	Increase in adults meeting physical activity guidelines	53.8%	60%	2021/22	51%	2022/23	49.9%	Deteriorated	Since Covid-19, there has been a decrease in physical activity from 54.6% (19/20) to 49.9% (22/23).
		Decrease in the % of adults smoking	19%	15%			2021/22	11.9%	Improved	IMTP target met. Decrease in percentage of adults smoking and in line with national trends.
		Increase in working age adults of healthy weight	34.4%	50%	2021/22	29.3%	2022/23	33.4%	Improved	For the first time since Covid-19, there has been a 14% increase in the number of working age adults of healthy weight. However, this does remain below the all wales average of 36.1%.
		Increase in working age adults in good or very good health	69%	80%	2021/22	70.5%	2022/23	69.5%	Similar	Whilst indicator remains statistically similar, both the ABUHB and All Wales average have seen a decreasing trend in the indicator since Covid-19.
		Increase uptake of National Screening Programmes	64.2%	80%			2020/21	70.2%	Improved	Improvements in indicator value observed. Next update scheduled Quarter 4 (provisional).
	Improved mental health resilience in adults	Increase in life satisfaction among working age adults	76.4%	55	2021/22	79.5%	2022/23	79.2%	Similar	Indicator remains statistically similar during 21/22 and 22/23.
		Increase in percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over)	80%	90%	Aug-23	68.8%	Dec-23	68.3%	Similar	Measure has been sustained at similar level between reporting periods.
	Maximising cancer outcomes	Increased compliance of the number of patients starting their first definitive cancer treatment within 62 days from point of suspicion	56.9%	75%	Sep-23	54.5%	Dec-23	62.9%	Improved	Significant improvement in indicator value from 54.5% (Sep 23) to 62.9% (Dec 23)
		Increase in 5 year cancer survival	49.1%	60%	2015-19	59.1%	2016-20	58.6%	Similar	Indicator value is similar, however a slight decrease has of 0.8% has been observed and remains below the welsh averages for the third year.

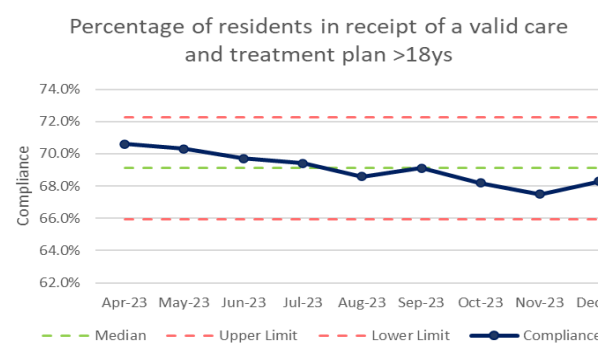
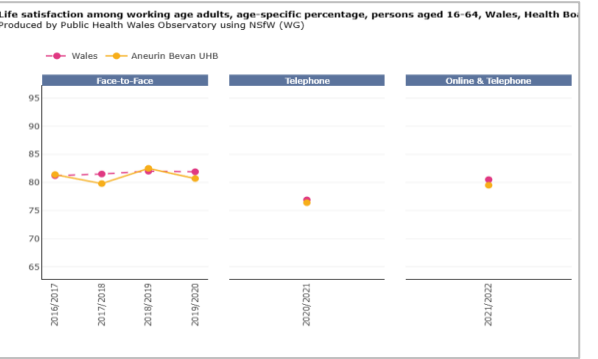
Maximise an individuals time



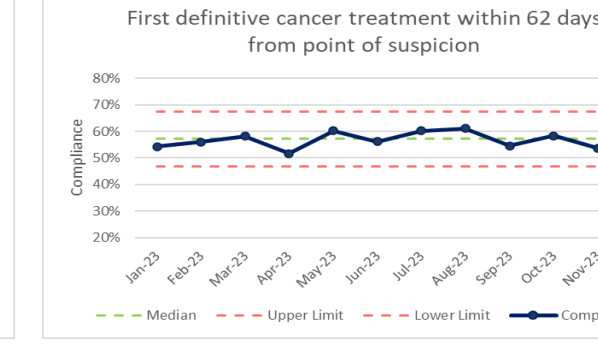
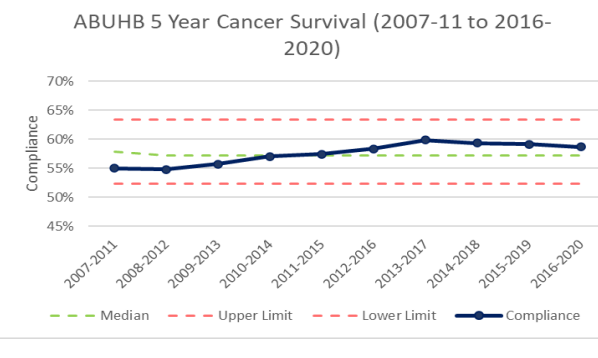
Adults living healthily and aging well



Improve mental health resilience



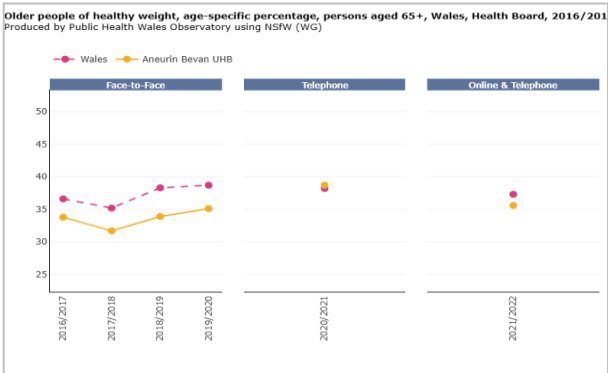
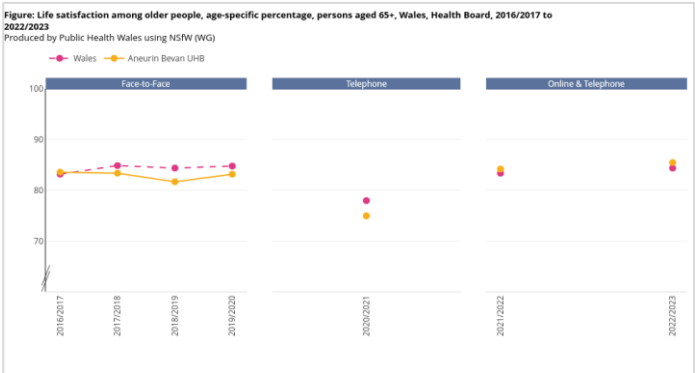
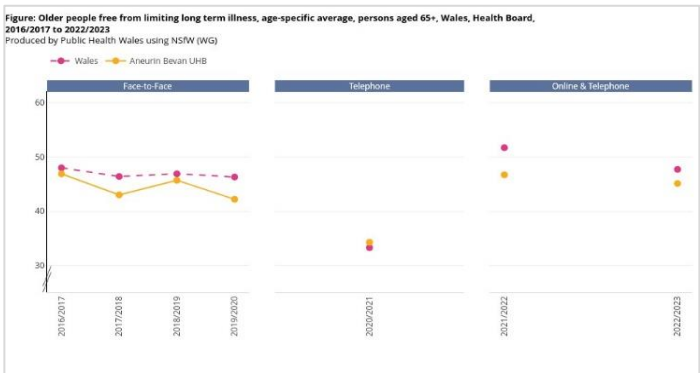
Maximise cancer outcomes



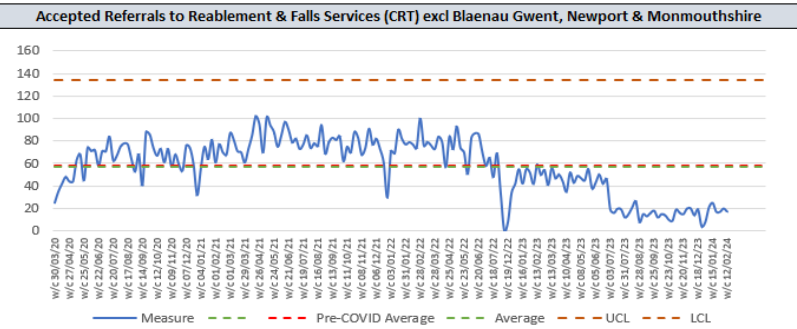
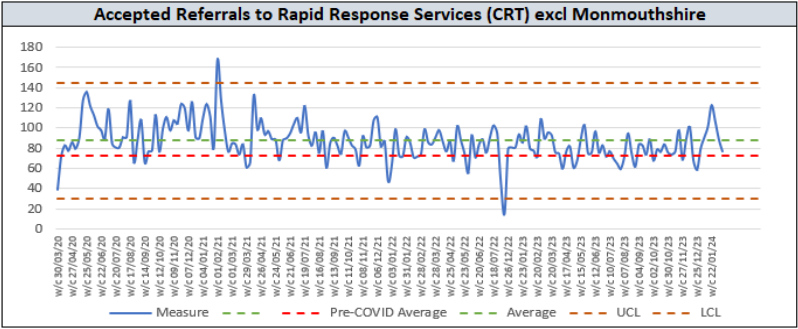
Priority 4 - Older adults are supported to live well and independently

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Oct 23)		Current reported position (Jan 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 4 - Older adults are supported to live well and independently	Prevention and keeping older adults well	Increase in older people free from limiting long term illness	43.3%	50%	2021/22	46.7%	2022/23	45.1%	Deteriorated	Deterioration in indicator from 46.7% (2021/22) to 45.1% (2022/23) and remains below the all Wales average of 47.7%
		Increase in life satisfaction among older people	75.0%	85%	2021/22	84.2%	2022/23	85.5%	Improved	Increase in indicator over the last 3 financial years and remains above the all wales average of 84.4%
		Increase in older people of healthy weight	38.7%	45%	2021/22	35.6%	2022/23	41.2%	Improved	Increase in indicator from 35.6% (21/22) to 41.2% (22/23), surpassing the all wales average of 39.6%.
	Delivering Care Closer to Home	Increase in accepted referrals to Rapid Response Services (CRT)	343	375	Sep-23	356	Jan-24	392	Improved	Indicator has improved by 10.1% between Sep 23 and Jan 24.
		Increase in accepted referrals to Reablement & Falls Services (CRT)	331	375	Sep-23	83	Jan-24	71	Deteriorated	Further reduction in the number of accepted referrals between Sep 23 (83) to Jan 24 (71).
	Reducing admissions and time spent in hospital	Reduction in the number of Emergency Admissions >65 years of age	1297	1000	Sep-23	1737	Jan-24	1539	Improved	Significant reduction in the number of emergency admissions by 11.4% between Jun and Sep 23.
		Decrease (from 65 - 55%) in LOS over 21 days	65%	55%	Q2 2023/24	54%	Q3 2023/24	55%	Similar	Statistically similar to last reported position.

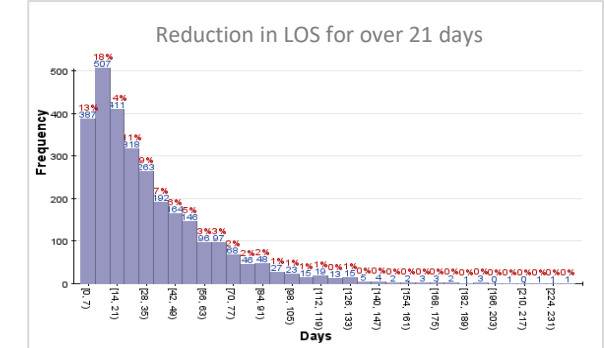
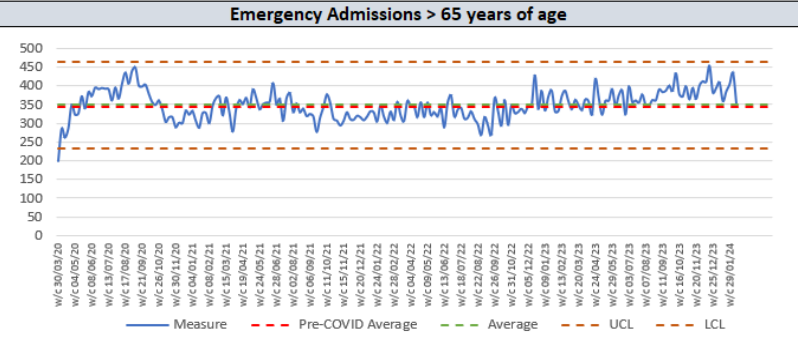
Prevention and keeping older adults well



Delivering care closer to home



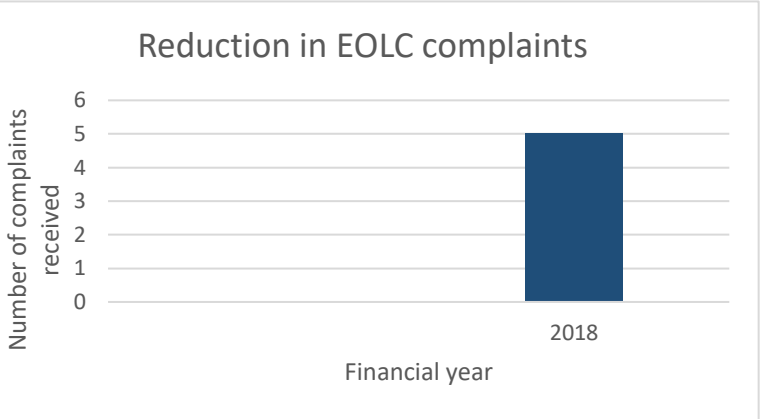
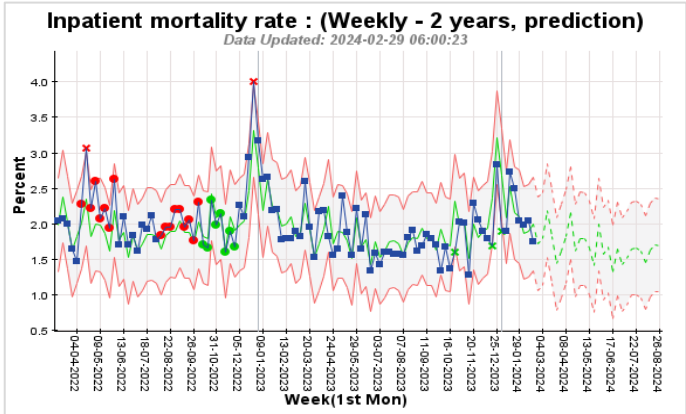
Reducing admissions and time spent in hospital



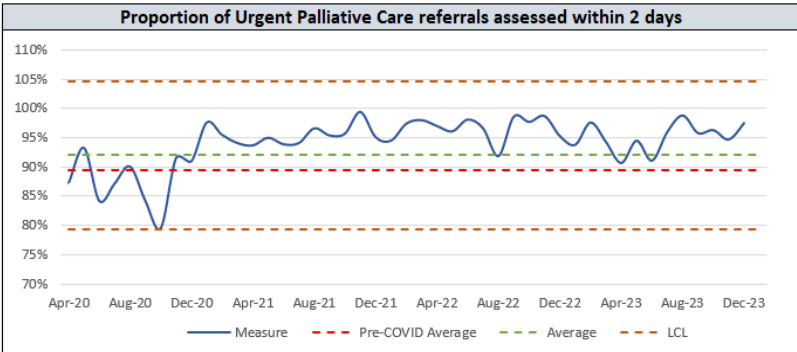
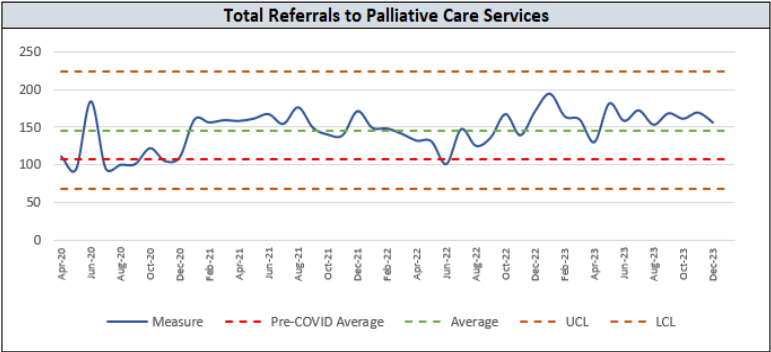
Priority 5 - Dying well as part of life

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Oct 23)		Current reported position (Jan 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 5 - Dying well as part of life	Improve care at end of life	Decrease in inpatient mortality rate	2.0%	1.5%	Q2 2023/24	1.7%	Q3 2023/24	1.8%	Similar	Statistical similar rate of inpatient mortality, which a slight increase from from 1.7% in Q2 23/24 to 1.8% in Q3 23/24
		Reduction in compliants	11	0			2022/23	21	Deteriorated	Deterioration in indicator from 11 complaints received during 2021/22 to 21 during 2022/23.
	Improved planning and provision of end of life care	Increase in referrals to Palliative Care Services	141	200.0%	Aug-23	153	Dec-23	156	Similar	Indicator has remained statistically similar.
		Increase in propotion of Urgent Palliative Care referrals assessed within 2 days	91%	95%	Aug-23	99%	Dec-23	97%	Similar	Indicator has remained statistically similar.
	Minimising avoidable ill health	Reduction in the number of deaths from non communicable diseases	324.8	300	2019-21	326.1	2020-22	329.9	Similar	The rate of deaths from non communicable diseases has remained statistically similar over the reporting period.

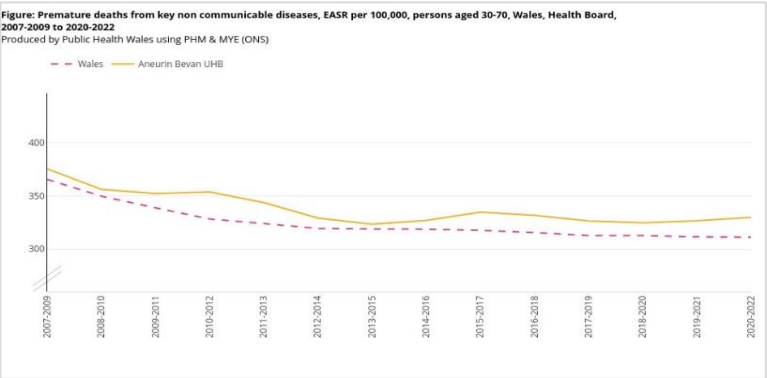
Improved end of life care experience



Improved planning and provision of end of life care



Minimising avoidable ill health



Facilities

Final Internal Audit Report

January 2024

Aneurin Bevan University Health Board



Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



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Committee:	Audit, Risk and Assurance Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit, Risk and Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Aneurin Bevan University Health Board (the Health Board) and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with the Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Executive Summary

Purpose

To provide assurance over whether appropriate stock processes are in place and whether applicable controls within the process for allocating / approving bank shifts are effective.

Overview


We have issued limited assurance on this area. The significant matters which require management attention include:

- lack of procedures and reporting;
- incomplete or non-compliant stock management process;
- lack of management of provision orders;
- insufficient waste management awareness;
- inconsistent and unknown stock levels;
- incorrect receipting of orders; and
- functionality within the bank system not being maximised to its potential.

Further matters arising concerning the areas for refinement and further development have also been noted (see Appendix A).


Report Opinion

Limited



More significant matters require attention.
Moderate impact on residual risk exposure until resolved.

Trend



Facilities Stock Review 2017/18

Assurance summary¹

Objectives	Assurance
1 Stock management	Unsatisfactory
2 Bank process	Reasonable

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

		Objective	Control Design or Operation	Recommendation Priority
1	Procedures and Reporting	1	Design	High
2	Stock Ordering	1	Design	High
3	Stock Take	1	Design	High
4	Stock Receipting	1	Design	Medium
5	Security	1	Design	Medium
6	Waste	1	Design	High
7	Systems	1 & 2	Design	Medium
8	Bank Shifts	2	Design	Medium

1. Introduction

- 1.1 This is an additional audit to the agreed 2023/24 Internal Audit Plan.
- 1.2 This review sought to provide the Health Board with assurance that there are appropriate stock management policies and procedures in place within the Facilities division and that they are adhered to.
- 1.3 Additionally, the Health Board was concerned over potential weaknesses within the Bank system for the provision and approval of bank shifts to staff. Therefore, we sought to provide the Health Board with assurance over the current process for checks and balances regarding bank shifts.
- 1.4 Where weaknesses have been identified we have provided recommendations to improve the applicable processes.
- 1.5 Risks associated with this review are:
 - inadequate stock control leading to a misuse of / excess stock resulting in financial loss to the Health Board;
 - inadequate IT systems / controls allowing for misuse of systems resulting in financial loss to the Health Board; and
 - inadequate policies and procedures in place, which do not adequately cover the appropriate use of stock and bank systems and processes.
- 1.6 Testing was completed on a sample basis within the Facilities division.
- 1.7 During this audit we visited the following sites to review the stock management process:
 - The Grange University Hospital (GUH);
 - Royal Gwent Hospital (RGH); and
 - Nevill Hall Hospital (NHH).

2. Detailed Audit Findings

Objective 1: Stock - Review of the updated stock practices / processes following the integration of the Grange University Hospital.

- 2.1 We found a lack of appropriate stock management procedures within the Facilities division. There is a Health Board financial control procedure (FCP) for stock that details an effective stock management process and should be utilised for developing local standard operating procedures (SOPs). No staff member interviewed during the audit, at any of the three sites visited, was aware if this FCP was being utilised within the Facilities division. Due to the lack of procedures, we walked through the stock management process and interviewed staff across GUH, RGH and Nevill Hall. We identified weaknesses within the local controls in place.
Matter arising 1.

- 2.2 The stock management process is broken down into multiple stages, which are set out below. Several observations were consistent across all sites visited which have been grouped together. Any observations specific to individual sites have been separated out.

Stock ordering

- 2.3 All stock is ordered through Oracle, inconsistencies were identified when ordering across each site. All sites had issues with either ordering too many or too few provisions (in some instances significant variances).
- 2.4 All sites utilise recipe cards. However, staff interviewed on site did not believe the recipe cards were being accurately followed and there was a lack of portion control. However, we were unable to validate these comments as stock usage and wastage figures are not being recorded. We found that the comments received were consistent across each site.
- 2.5 There were issues across all sites with ordering 'off-catalogue' (purchasing stock on Oracle where products had not been approved by Procurement), although staff interviewed consistently noted there had been a reduction in using 'off-catalogue' as there had been an effort from management to reduce this. However, some staff were unable to confirm if certain items were on or off catalogue when completing the ordering sheet. Off catalogue orders should only be required if the approved supplier cannot provide what is required.
- 2.6 It was not possible to be provided with evidence that managers consistently and robustly challenge Oracle orders for their necessity as this, if done, is usually verbally. Staff on all sites consistently said the lack of challenge was an issue. There is a risk that stock may be ordered when it is unnecessary or vice versa. Uncontrolled quantities of stock may result in a potential financial loss to the Health Board. **Matter arising 2.**

Stock level and stock take

- 2.7 There was a lack of understanding of what a comprehensive stock take requires, by all staff and management across the three sites tested. Regular 'stock takes' were undertaken at both the RGH and GUH with just an annual 'stock take' being undertaken at Nevill Hall. However, not one stock take that we reviewed was completed correctly. Stock is simply counted on the shelf and then noted on a stock sheet.
- 2.8 The Health Board has a financial control procedure in place for Stores and Stocks which details the formula for a stock take:
- OPENING BALANCE OF ITEMS (quantities) = O
 - Add receipts for a period = R
 - Deduct issues made during the period = (I)
 - Deduct any items scrapped or disposed of = (S)
 - CLOSING BALANCE OF ITEMS = C

-
- 2.9 No staff member was aware of this procedure, except for the Head of Facilities and consequently, the procedure was not complied with. This allows for the manipulation / misappropriation and misuse of stock.
- 2.10 Stock levels across all sites varied. A multitude of staff informed us that stock levels changed depending on the staff member who ordered, with some ordering excessively and others not enough. However, due to the opening and closing stock balances not being recorded, we could not verify this.
- 2.11 Minimum and maximum stock levels of each product were meant to be in place, but staff at all sites confirmed this is not always adhered to. On review of the stock rooms at each site, we identified cases of non-compliance.
- 2.12 There was no evidence that the minimum and maximum levels set had robust data behind them, linked to footfall in the retail areas, and the varying levels of stock seen supported this. This is likely due to levels not being reviewed following the Covid-19 pandemic, which has affected footfall in the retail areas.
- 2.13 There is a risk that unnecessary amounts of stock are being stored, used and wasted resulting in a financial loss to the Health Board. **Matter arising 3.**

Stock receipting

- 2.14 There was anecdotal evidence that stock receipting was not completed effectively at any site with specific issues at each site.
- 2.15 RGH – order sheets are given to staff accepting deliveries to compare against the delivery note when checking stock. This is binned and no audit trail kept and as such, could not be reviewed.
- 2.16 GUH – ordering is completed within the General Office and stock is received by the Receipt and Distribution (R&D) department. Stock order sheets should be placed in the R&D pigeonhole before stock is received, to ensure stock delivered can always be compared to what is ordered. However, staff noted the stock order sheet is not always in the pigeonhole and sometimes deliveries arrive without delivery notes so stock can be accepted without being properly checked.
- 2.17 Nevill Hall – Staff informed us due to time constraints stock is not checked properly. Stock should be ticked off when checked. We reviewed order sheets and confirmed they had been ticked as checked but were informed a check is often not completed even though the sheet is ticked. However, other staff interviewed noted that despite this, errors in stock were less than once a month.
- 2.18 There is a risk that stock is consistently not being checked and received correctly. This allows any mistakes on delivery to potentially not be identified, resulting in a financial loss to the Health Board. There is a risk that if the required stock is not delivered patients will not receive their designated meals. **Matter arising 4.**

Security

- 2.19 There were CCTV cameras on all sites visited. However, there were specific observations noted at each site.

-
- 2.20 RGH – this was the only hospital where we were challenged by multiple staff when walking around the catering areas. This was an area of good practice. Stock rooms are not restricted and remain unlocked during the day. There are no cameras in this area.
- 2.21 GUH – all stock areas remain unlocked during the day except for the confectionery stock room. There are no cameras in the stock room area and staff agreed stock could be removed from the outside freezers without needing to take it back through the hospital.
- 2.22 We identified partially consumed stock in the stock room whilst the stock room was being replenished with the same product. We could not verify if this product had been bought and accidentally left in the stock room or if it had been taken from the stock within the room.
- 2.23 Nevill Hall – whilst on site, we observed a new stock delivery remained unattended for an extended period of time, in the loading bay, with easy access to remove stock and take it directly to the car park. There were no CCTV cameras in the loading bay area.
- 2.24 There is a risk that stock is misplaced, misused or stolen due to a lack of security measures across all sites, which may result in financial damage to the Health Board. **Matter arising 5.**

Food Waste

- 2.25 Food waste is not measured effectively at any site. There is considerable food wastage at all sites, but this could be for a number of legitimate reasons (e.g. patient waste). However, the Health Board does not have any current method of measuring food waste or the associated reasons – e.g. overordering, stock expiring, or lack of portion control.
- 2.26 GUH – Apetito (supplier) orders are measured on the Synbiotix system (food management software) and this identifies the inherent waste with the Apetito orders. Apetito meals are sent in set sizes called 'foils'. Foils are produced as small and large and vary in size. For example, a small foil could serve three patients and a large could serve six to eight patients. There is additional waste if only one patient on the ward orders a particular meal, as a small foil must still be used, thus wasting two portions (foils are sent to individual wards). Whilst there is an estimated cost to the total wastage of £80,316, this is largely a notional amount. The steps required to realise savings from reducing waste predominantly involve selecting a different approach to ordering foils – namely individual portions. However, ordering individual portions costs more than the current level of wastage. Nonetheless, there is a benefit to exploring stock waste reduction methods to maximise stock usage and continuing to regularly assess the cost position in case the cost differential becomes beneficial.
- 2.27 Nevill Hall – we observed 28 standard household wheelie bins that were filled with food waste. We informed that this is the total for the week that we visited (i.e. weekly waste). We were also informed by management on site that they had just started to implement a waste tracking sheet that required chefs to detail the

number of portions made and the number of portions used. The aim is to understand where the waste was being produced. This was in its infancy so we were unable to test it. However, if proven to help reduce waste the Health Board should consider rolling out the form across all sites.

- 2.28 There is a risk that due to the lack of management around food waste, more provisions than necessary may be purchased. This may lead to the current stock levels not being used effectively, resulting in financial damage to the Health Board. **Matter arising 6.**

Management

- 2.29 During our interviews with staff on site, consistent concerns were raised about the lack of management control around the stock management process and in particular, the lack of challenge to stock ordering.
- 2.30 There was a lack of understanding from management as to how to complete effective stock takes. If there was an understanding, management were not implementing the correct process.
- 2.31 Operational management on site were not historically required to formally report on stock usage, waste figures etc. to their monthly Facilities meeting. Senior management should consider how to implement the monitoring of stock either through data usage from systems such as Synbiotix or spot checking. This will provide operational management with guidance on what should be monitored and how. Support can then be put in place for any sites that need assistance with their processes.

Oracle and Synbiotix

- 2.32 We found several improvements which would assist in the stock management process. Currently, the Health Board does not utilise a specific stock management system. However, it was noted that there is a possibility to link Oracle and Synbiotix to function together. However, this would require the Health Board to better utilise the Synbiotix system, which has numerous functionalities they are not using.
- 2.33 We identified Oracle had no preferred supplier set up for specific products and detailed some products that are no longer used. A review of the capabilities of Oracle may also benefit the stock management process.
- 2.34 Overall, there is a risk that the Health Board does not fully utilise the functionality of the systems it has available, and the stock management process is not managed effectively. **Matter arising 7.**

Conclusion:

- 2.35 There are multiple areas of weak process, management and non-conformance to Health Board procedures that require improvement. Given the extent of the matters identified we have provided this objective with **unsatisfactory assurance.**

Objective 2: Bank system - specifically in relation to use within the Facilities Division

Banking arrangements

- 2.36 Facilities, as with other divisions, require additional shifts to be filled for a variety of reasons. For example, covering annual leave, sickness or a vacant post. These shifts should be filled in a particular order which is noted within the Health Board's Resource Bank – Booking Rules. In the three months from 15th August to 15th November there were 5,021 bank shifts within Facilities.
- 2.37 We undertook a walkthrough of the bank shift allocation process at both GUH and Nevill Hall. We identified a difference in approach across both sites.
- 2.38 The GUH's process involves a form provided to all staff to note their availability to fill any shifts still unresourced. This is then collated on a spreadsheet and used to fill open shifts. Our review of the spreadsheet showed that it is consistently used. Any shifts that are still unresourced or require covering at a short notice are added to a notice board and staff can add their names to the available shifts.
- 2.39 At Nevill Hall, an address book with contact details of staff is maintained. Staff are contacted to see if they can cover unfilled shifts. An availability form is also used, but only for hostess staff.
- 2.40 We confirmed, through our interviews, that many staff worked shifts via the Bank as opposed to being offered additional hours. This is in contravention to the Bank Rule Procedure. **Matter arising 8.**
- 2.41 We sought to test shift start and finish times for a sample of staff, however, no system is used to identify when staff start and end their shift. Whilst we were provided with examples of staff finishing shifts earlier, we were unable to verify this to determine the extent (if at all) of this practice. We identified that porters follow a process of logging into the Synbiotix system, to mark availability for ward duties during their shift. **Matter arising 7.**
- 2.42 The bank shifts are added to the Bank Staff system. The current system allows for staff with the necessary system permissions to either / or self-authorise shifts (create a bank shift), self-work (allocate the shift to themselves) and self-finalise (authorise the shift for payment). There is no default control within the system preventing users from completing all three steps. However, Workforce are currently in the process of updating each user account within the bank system to prevent staff from authorising their own shifts. This has not yet been fully set up but is in progress. **Matter arising 7.**
- 2.43 As the control is not yet fully implemented, we requested a report to identify if any staff members / users completed all three steps. During October, zero staff completed all three steps, but one staff member completed the first two steps neither of which is permitted. This latter exception was completed for five separate shifts.
- 2.44 There is no timeframe in which bank shifts are required to be added to the Bank, except adding shifts to the Bank after the shift has been completed (retrospective)

should not take place, unless there are exceptional circumstances. In March 2023 there were 264 retrospective bank shifts completed on the bank system (shifts allocated to staff and worked before appropriate sign off). Senior management raised this as an issue with operational management at each site and found a number of reasons why this occurs, including a lack of approvers (e.g. on the weekends), poor planning, or last minute notifications (e.g. sickness). There were 27 retrospective bank shifts in September 2023, which equates to 1.64% of all bank shifts during the month.

- 2.45 There is a risk the current process allows for the spend on the bank shift to occur (i.e. because the shift has already been worked) before the bank shift is actually approved by an appropriate person. When there are limited approvers, staff are able to contact the on-call Executive for approval of the shift. As approval is often verbal, we were unable to test whether this takes place.

Conclusion:

- 2.46 There has been an effort by management to reduce the number of retrospective bank shifts and action has been taken to stop staff completing all three steps within the bank process. There is room for improvement on the consistency of the approaches to the appointment of bank staff.
- 2.47 Although we did not note any areas of major non-compliance within our testing, the system is still open to misuse and there are only manual checks in place (i.e. the monthly reporting) and no automated controls in place to prevent any misuse. Progress is being made on this and so, we have provided this area with **reasonable assurance**. We recognise that the underlying issue (i.e. software change) is not the responsibility of the Facilities division to resolve, but there should be close monitoring over the validity of expenditure in the short term.

Appendix A: Management Action Plan

Matter Arising 1: Procedures and Reporting (Design)		Impact
<p>Operational management are not required to formally report on stock usage, waste figures etc. to their monthly Facilities meeting.</p> <p>Senior management should consider how to implement monitoring of stock either through data usage from systems such as Synbiotix or spot checking. This will then provide operational management with guidance on what should be monitored and how. Support can then be put in place for any sites that need assistance with their processes.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none">• Management being unaware of operational requirements• Risk of financial damage to the Health Board
Recommendations		Priority
1.1	<p>Management should set out what information should be formally monitored at each site, at an operational level. This information could include, stock balances, stock usage, footfall, food waste etc. To support this, consistent procedures should be implemented across the Health Board and should be accessible to all staff.</p> <p>Once embedded, spot checks should be carried out on the stock management at each site and the results of these checks should be reported to the monthly Facilities meeting.</p>	High

Agreed Management Action		Target Date	Responsible Officer
	ACCEPTED. The following steps will be taken to address the issue:		
1.1	Standard Operating Procedures will be developed to detail each step of the new process. These processes will be shared with staff and be made accessible	February 2024	Catering Service Improvement Manager
1.2	Each member of staff involved in the management or delivery of stock takes will be provided with training detailing the correct methods to use	March 2024	Facilities Managers
1.3	Monthly stock takes will take place at each site following the process set out in the Health Board's Financial Control Procedure: Stores and Stocks	March 2024	Facilities Managers
1.4	Stock usage (patient orders and retail sales) will be monitored to track stock balances, and to ensure that provision orders align with all menus and match forecasted demand. Monthly Synbiotix data to be sent to senior FM managers of non-compliance with agreed provisions.	February 2024	Facilities Managers
1.5	Local management teams will report on stock levels, food waste (production, unserved, and damaged stock) at the monthly Facilities Management Team meeting (chaired by the Head of Facilities)	March 2024	Head of Facilities
1.6	Facilities Managers will provide assurance at monthly Facilities Management Team meetings that all provision orders match forecasted demand	February 2024	Facilities Managers & Head of Facilities
1.7	The Head of Facilities will consider the potential benefit of software to improve the efficiency, effectiveness and accuracy of stock management processes. Options to be presented to the Divisional Director for decision.	March 2024	Head of Facilities

Matter Arising 2: Stock ordering (Design)		Impact
<p>We found that there was little to no challenge from the managers responsible for approving each Oracle order. We identified an excessive stock level of boxes of chicken breast strips at Grange University Hospital (GUH). We were also informed of incorrect orders being received including:</p> <ul style="list-style-type: none">• an excessive number of trifles ordered at the Royal Gwent Hospital (RGH); and• baby bottles and latex gloves incorrectly ordered at the RGH.		<p>Potential risk of:</p> <ul style="list-style-type: none">• Excess waste of stock• Financial loss to the Health Board
Recommendations		Priority
2.1	<p>Management should implement a consistent approach to stock ordering. This process should be based on current footfall and patient numbers, provisions already in stock and the quantities required per portion from the All-Wales recipes.</p> <p>Management should then complete monthly spot checks to ensure the process is being adhered to. Stock ordering should then be reported at the monthly Facilities meetings to ensure senior management have view of any issues.</p>	<div>High</div>

Agreed Management Action		Target Date	Responsible Officer
	ACCEPTED. The following steps will be taken to address the issue: Actions set out in agreed management action for matter arising 1	As per matter arising 1	As per matter arising 1

Matter Arising 3: Stock take and stock levels (Design)		Impact
<p>Regular 'stock takes' were undertaken at both the RGH and GUH with just an annual 'stock take' being undertaken at Nevill Hall. However, not one stock take is completed correctly or in accordance with the Financial Control Procedure: Stores and Stocks.</p> <p>Stock is counted, at a point in time, on the shelf and then the total noted onto a stock sheet, without any ongoing reconciliation or referencing to previous stock totals. Consequently, if stock were stolen or misplaced, it would not be identified as missing. Furthermore, there is no accurate information over current stock levels, to enable management analysis to take place.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none">• Misappropriation of stock• Unknown stock levels• Financial loss to the Health Board.
Recommendations		Priority
3.1	<p>Frequent stock takes should be undertaken, to ensure any stock discrepancies can be investigated, in accordance with the principles of the Financial Control Procedure: Stores and Stocks.</p> <p>Any discrepancies should be investigated immediately and where discrepancies cannot be resolved this should be raised with senior management.</p> <p>Where minimum and maximum stock levels are in place this should be reviewed to ensure they are still appropriate following the pandemic, alongside the reduction in footfall within the canteen and following pricing updates.</p>	High

Agreed Management Action		Target Date	Responsible Officer
3.1 3.2 3.3	ACCEPTED The following steps will be taken to address the issue: Agreed management action 1.2 A process for reporting, investigating and escalating discrepancies will be developed and implemented in 'flow chart' form Initiate a review of current minimum and maximum stock levels to ensure that they remain accurate, then either: <ul style="list-style-type: none">Update the required minimum and maximum levels, alongside a process for regular review, orUse software to determine stock levels/required orders	As per 1.2 February 2024 February 2024	As per 1.2 Senior Facilities Business Manager Senior Facilities Manager

Matter Arising 4: Stock receipting (Design)		Impact	
<p>Stock receipting was not completed effectively at any site, with specific issues at each site identified. Furthermore, stock is not checked consistently when received. This may lead to delivery mistakes not being identified upon receipt, which may result in financial loss and / or insufficient food being delivered.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Ordering or delivery errors not being identified Financial loss to the Health Board 	
Recommendations		Priority	
4.1	<p>Management should review the processes in place for receiving the delivery of stock and implement a consistent approach across each site. For example, a comparison between the delivery and the order sheet. Where the ordering and receipting process happens within different departments, management should ensure all staff are aware of their responsibilities.</p> <p>When stock is signed as accepted and correct, but stock errors continue to be accepted, management should investigate these occurrences and undertake appropriate action.</p>	Medium	
Agreed Management Action		Target Date	Responsible Officer
4.1	ACCEPTED. The following steps will be taken to address the issue: Review and update processes for the receiving and delivery of stock. A single process will be developed and implemented across each of the Health Board sites	February 2024	Senior Facilities Managers
4.2	The responsibilities of each person involved in the stock ordering, receipting, delivery and management process will be reviewed and clearly detailed. All people involved in the new process will be provided training	February 2024	Facilities Managers
4.3	Implement a system to monitor and review errors in the end-to-end process, including escalation and investigation in line with all stock ordering and control issues identified within this report.	February 2024	Senior Facilities Managers

Matter Arising 5: Security (Design)		Impact	
<p>There were CCTV cameras on all sites visited, however, the effectiveness of the camera coverage was low and in some stock areas there were no cameras present.</p> <p>Most stock was kept unsecured during the day with some rooms being locked.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none">• Stock is stolen without detection• Lack of staff accountability, as there are no supporting processes in place to identify missing stock• Risk of financial loss to the Health Board	
Recommendations		Priority	
5.1	Management should review the security arrangements at each site and if appropriate to do so, add additional security measures where required.	Medium	
Agreed Management Action		Target Date	Responsible Officer
5.1	ACCEPTED. The following steps will be taken to address the issue: Undertake a Privacy Impact Assessment in conjunction with Information Governance to assess the viability of CCTV cameras within stock areas	Completed	Security Manager
5.2	Review processes for staff access. To ensure that processes are in place to ensure all goods are secured and accessed in a controlled environment.	February 2024	Senior Facilities Manager
5.3	Ensure stock ordering, management and control processes easily identify stock anomalies and there is a robust process for investigation and escalation	February 2024	Facilities Managers

Matter Arising 6: Food Waste (Design)			Impact
Food waste is not measured effectively at any site. We found significant food wastage at all sites, but the underlying reasons or provision of assurance is not possible to identify why there is this level of wastage, as there is no effective management of stock across all aspects. For example, whether stock is over ordered, out of date or lack of portion control.			Potential risk of: <ul style="list-style-type: none">• Insufficient food stock• Increased food wastage• Risk of financial loss to the Health Board
Recommendations			Priority
6.1	Management should review how they measure and monitor waste and ensure a consistent approach across all sites. There should also be consideration of the use of extended functionality within Synbiotix and / or the recording of food waste for management information. Waste levels should be monitored and reported to the monthly Facilities meetings and any anomalies investigated.	High	
Agreed Management Action		Target Date	Responsible Officer
6.1	ACCEPTED The following steps will be taken to address the issue: Develop a process, in flow chart form, to effectively monitor food waste	February 2024	Senior Facilities Managers & Catering Service Improvement Manager
6.2	Food waste to be presented to and monitored by the Head of Facilities, as part of monthly performance highlight report at Facilities Management Team meetings	March 2024	Head of Facilities

Matter Arising 7: Systems (Design)		Impact
<p>We found several improvements which would assist in the stock management process. Currently, the Health Board does not maintain a comprehensive stock management system, but it may be possible to link Oracle and Synbiotix to provide some of this functionality. However, this would require the Health Board to improve the utilisation of the Synbiotix system, which has numerous functionalities that are not in use.</p> <p>In addition, within the Bank Staff system a control to prevent the completion of the self-authorisation of shifts (create a bank shift), self-work (allocate the shift to themselves) and self-finalise (authorise the shift for payment) is absent. Whilst the Health Board is currently updating the controls for preventing staff approving shifts for themselves at each of the stages listed above, this has yet to be completed.</p> <p>However, we obtained a report for October 2023, to confirm that no member of staff / user had completed all three stages of the process for themselves.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Lack of stock management and stock levels • Financial loss to the Health Board • Increased risk of fraudulent activity
Recommendations		Priority
7.1	<p>Management should investigate the following system improvements and implement if appropriate:</p> <p>a) <u>Stock Management System</u></p> <ul style="list-style-type: none"> • the functionality between Oracle and Synbiotix to create a functional and effective stock management system; and • the designation of preferred stock within Oracle, e.g. a particular brand of bread loaf and adding this to the ordering sheet that is sent to managers for approval, to assist with the selection of the lowest cost item. <p>b) <u>Bank</u></p> <ul style="list-style-type: none"> • the possibility of using the AllocateMe function within the Bank Staff system to create a better approach to allocating bank shifts to a wider pool of staff; • utilisation of Safe Care or Allocate to monitor when staff start and end their shift; and • the completion of the programme of work to prevent staff from completing all associated steps of approving and paying a bank shift. 	Medium

Agreed Management Action		Target Date	Responsible Officer
	ACCEPTED The following steps will be taken to address the issue:		
7.1	Explore the feasibility of using the stock control element of the Synbiotix system as it has the ability to record all goods received and track their usage and assess other stock management systems	February 2024	Senior Facilities Business Manager
7.2	Ad-hoc audits of all items ordered via oracle on a monthly basis to ensure all sites are adhering to the approved stock items.	In place	Catering Service Improvement Manager
7.3	BANK The division will be rolling out the AllocateMe function as part of the Health Roster payroll drop down project. (The Health Roster payroll drop down project is forecasted to take twelve months)	Commenced. To be completed by 31/1/2025.	Business Support Manager
7.4	Explore the use of safe care or alternative system to monitor staffs start and finish time this is part of the pre-enabling plan for the roll out Health Roster payroll drop down.	February 2024	Business Support Manager
7.5	As part of the Health Roster payroll drop down project and pre enabling plan a review of all staff's access levels will be undertaken	Completed	Business Support Manager
7.6	Managers to be responsible and accountable for reviewing and approving Health Rosters in line with Health Board policies. This will also include ensuring templates are accurate.	February 2024	Facilities Managers
7.7	All members of the management team to undergo formal Health Roster training with Workforce and Organisational Development	January 2024	Head of Facilities

Matter Arising 8: Bank shifts (Design)		Impact	
In March 2023 there were 264 retrospective bank shifts completed on the bank system (shifts allocated to staff and worked before appropriate sign off). Senior management raised this as an issue with management at each site and consequently, there were 27 retrospective bank shifts in September 2023. However, the exceptions are still not in adherence with the Health Board's Resource Bank – Booking Rules.		Potential risk of: <ul style="list-style-type: none"> • Inconsistent approaches across the Health Board • Financial damage to the Health Board • Booking process not being adhered to. 	
Recommendations		Priority	
8.1	Management should continue to monitor and inform staff of their responsibilities regarding bank shifts. Where individuals regularly do not comply with the Health Board's Resource Bank – Booking Rules this should be escalated and dealt with appropriately.	Medium	
Agreed Management Action		Target Date	Responsible Officer
8.1	ACCEPTED The following steps will be taken to address the issue: Continue to monitor Bank Shift Booking Reports and address issues in accordance with Health Board policy	Ongoing	Head of Facilities
8.2	Implement a process that ensures All non-compliance reported to Head of Facilities, who will ensure that each occurrence is reviewed by the responsible manager in line with Health Board Policies, with findings presented back to the Head of Facilities.	Completed	Senior Facilities Business Manager

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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Estates Condition Final Internal Audit Report

January 2024

Aneurin Bevan University Health Board



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Executive sign-off:	Hannah Evans – Director of Strategy Planning & Partnerships
Distribution:	Leanne Watkins – Chief Operating Officer Robert Holcombe – Executive Director of Finance Jamie Marchant – Divisional Director of Estates & Facilities Mark Arscott - Head of Operations (Works & Estates) Kelly Jones – Head of Capital Finance Cara Tingle - Health, Safety & Statutory Compliance Manager (Facilities/Estates) Mike Ellery – Head of Capital Planning Rani Dash, Director of Corporate Governance
Committee:	Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Aneurin Bevan University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with Aneurin Bevan University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Executive Summary

Purpose

The NHS in Wales faces unprecedented challenges balancing the management of the current estate condition against other competing priorities and within existing funding constraints – whilst also developing a deliverable estate strategy for the future.

The backlog maintenance figures for NHS Wales recently exceeded £1bn (the substantial element being High and Significant risks) and is likely to increase further due to the aging estate in Wales.

The latest nationally reported data (2021/22) confirmed a total backlog maintenance requirement of £149m for the UHB (University Health Board). This has subsequently increased further to an estimated £204m in 2022/23.

The audit sought to evaluate the arrangements put in place by the UHB to identify and manage key risks associated with the existing estate and the implementation of resulting strategies to manage/mitigate the risk.

Overview

Key to understanding the challenge is the quality and understanding of the baseline data.

A full survey of the estate was last undertaken in 2017 (a refresh now overdue, being beyond the recommended five-year interval). In the interim, “high” risk backlog has increased from an assessed £200,000 to over £37m (based on UHB estate department assessments and departmental funding requests etc).

A 2019 Estates Strategy targeted backlog reduction by 10% per annum. However, since that date, the reported total backlog has effectively doubled.

At the time of the current review, there was no revised plan in place to fund the increased levels of backlog.

In the short to medium term, the Health Board has utilised a combination of all Wales capital funding, targeted EFAB funding, planned / reactive maintenance, and discretionary funding to address identified high-priority areas as follows, including e.g.:

- Replacing old estate e.g. Bevan Health & Wellbeing Centre, Newport East Health & Wellbeing Centre, endoscopy upgrade at the Royal Gwent Hospital, and Nevill Hall Hospital upgrades – where the anti-natal clinic is to be demolished;
- The Health Board successfully secured Environmental Financial Advisory Board (EFAB) funding of £4.5m across 2022/23 & 2023/24 to tackle estate priorities;

Report Classification

Limited

More significant matters require management attention.

Moderate impact on residual risk exposure until resolved

Assurance summary ¹

Assurance objectives	Assurance
1 Governance	Reasonable
2 Baseline information	Limited
3 Estates strategy	Limited
4 Funding strategy	Limited
5 Monitoring & reporting	Limited
6 Risk management	Limited

¹ The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising	Assurance Objective	Priority
1 Management should initiate discussion with NWSSP: Specialist Estates Services prior to the next submission of the EFPMS to confirm methodologies for assessment and measurement.	2	High
2.1 Appropriate surveys should be undertaken following dialogue with NWSSP: SES.	2	High
2.2 Planned disposals approved by the Trust Board should be removed from backlog data in	2	Medium

• Discretionary funding of over £1m per annum was allocated to address statutory maintenance, and prioritised capital bids; and

• There were a further £157m of projects currently at the planning / business case stage, which would further up-grade the estate. However, funding for these in the current financial environment may be limited.

Since the 2017 survey, further assessment of estates backlog has been constrained by limited resource.

To effectively inform reporting, there was a need to ensure appropriate assessment methodologies, surveys, and accurate data, supported by an appropriately resourced maintenance team.

As noted, backlog data has been increasing over recent years with provisional data for 2022/23 increasing backlog by circa £50m in one year. However, this may be in part due to survey and compilation methodologies.

However, backlog has been assessed at the Corporate Risk Register as being managed within acceptable tolerances. It was not therefore a focus for senior committees (and independent scrutiny).

There has therefore been a disparity between the backlog figures (being reported as increasing to some £100's of millions to Welsh Government), and a lack of profile internally (to drive investment).

The matters requiring management attention included the need to review the corporate risk profile, based on the likely gap between available funding and investment needs.

Other recommendations / advisory points are contained within the detail of the report.

It is recognised that by the conclusion of the audit, management were already reviewing governance reporting, and risk management arrangements. They were also engaging with NWSSP: Specialist Estates Services with a view to provide more cost-effective support for accurate and consistent data.

However, noting the issues at the time of audit, an overall **limited assurance** has been determined, notably due to the concerns that identified estate risks cannot be managed within existing funding. This assurance opinion is in line with that determined across NHS Wales, given the common challenges faced by each organisation.

Whilst not a specific focus of this review, the recently nationally reported Reinforced Autoclaved Aerated Concrete (RAAC) issues have further increased the risk profile of the NHS Wales estate. At the UHB, RAAC had been identified at single story buildings at Nevil Hall hospital requiring urgent attention and the way forward was being discussed with NWSSP: SES.

	accordance with guidance.		
4.1	Management should review and implement effective reporting of estates condition/backlog across the UHB's Committee structure e.g. outcomes against targets, funding risks, risk exposure etc.	3,4,5	High
4.2	Management should update the Estates Strategy (or equivalent) for continued relevance to estates condition as appropriate.	3,4,5	Medium
5	The adequacy of the existing Capital Development & Estates workforce will be affirmed (in terms of capacity and associated skill sets required) and to inform a financial model for required revenue support.	4	High
6	The effectiveness of escalation and oversight of capital and estates related risks should be reviewed, notably as to the Board and relevant committees.	6	High

1. Introduction

- 1.1 The audit formed a part of the 2023/24 operational plan agreed with Aneurin Bevan University Health Board (the UHB).
- 1.2 The effective and efficient management of the NHS Wales estate is essential for the delivery of quality health care services.
- 1.3 The audit was undertaken to evaluate the processes and procedures put in place by the UHB to support the management, condition, and performance of the estate.
- 1.4 The potential risks considered at this review were as follows:
 - The Board may be unaware and / or may not be adequately informed to effectively assess and manage the risks associated with backlog maintenance (particularly statutory requirements);
 - Appropriate funding may not be in place;
 - The status and value of backlog maintenance may not be adequately defined, and the probability and impact may not be fully understood;
 - Information may not be interrogated to ensure focus is prioritised on the key risks; and
 - Performance in addressing identified priorities may not be monitored, potentially impacting organisational objectives.
- 1.5 The Estates and Facilities Performance Management System (EFPMS) enables the UHB to submit its annual declaration on key data to Welsh Government. The UHB reported position over the last three years, against NHS Wales averages, was as follows:

Table 1

	2019/20	2020/21	2021/22	2022/23
UHB Cost to eradicate High Risk Backlog (£)	204,000	200,572	37,754,428	61,258,480
UHB Cost to eradicate Significant Risk Backlog (£)	23,844,206	25,829,694	16,518,352	37,448,140
UHB Total Backlog Cost (£)	104,644,563	112,662,395	149,568,120	204,273,494
NHS Wales average: Total Backlog Cost (£)	78,098,898	97,385,329	113,007,158	
UHB Risk Adjusted Backlog Cost (£)	28,020,893	33,418,823	98,296,321	
UHB Total Building & Engineering Maintenance Cost per Occupied Floor Area (£/m²)	22.77	25.03	21.47	
NHS Wales average: Total Building & Engineering Maintenance Cost per Occupied Floor Area (£/m²)	23.86	27.43	28.77	

- 1.6 Note – backlog data published to the press (in response to a freedom of information request) in January 2023, included an additional £98,296,321 in error (caused by a double counting – as seen at **Appendix B**). This had not impacted the EFPMS data as published to Welsh Government e.g. the £204m referenced above.
- 1.7 Additional estate performance data across NHS Wales is presented at **Appendix B**, taken from the NHS Estate Dashboard Report for 2021/22 (as published by NWSSP: Specialist Estates Services).
- 1.8 Our audit work was reliant on the above information. We have not sought to provide assurance over the accuracy of supplied information; however, we have commented within the body of this report on the consistency in approach with other NHS Wales Organisations.

2. Detailed Audit Findings

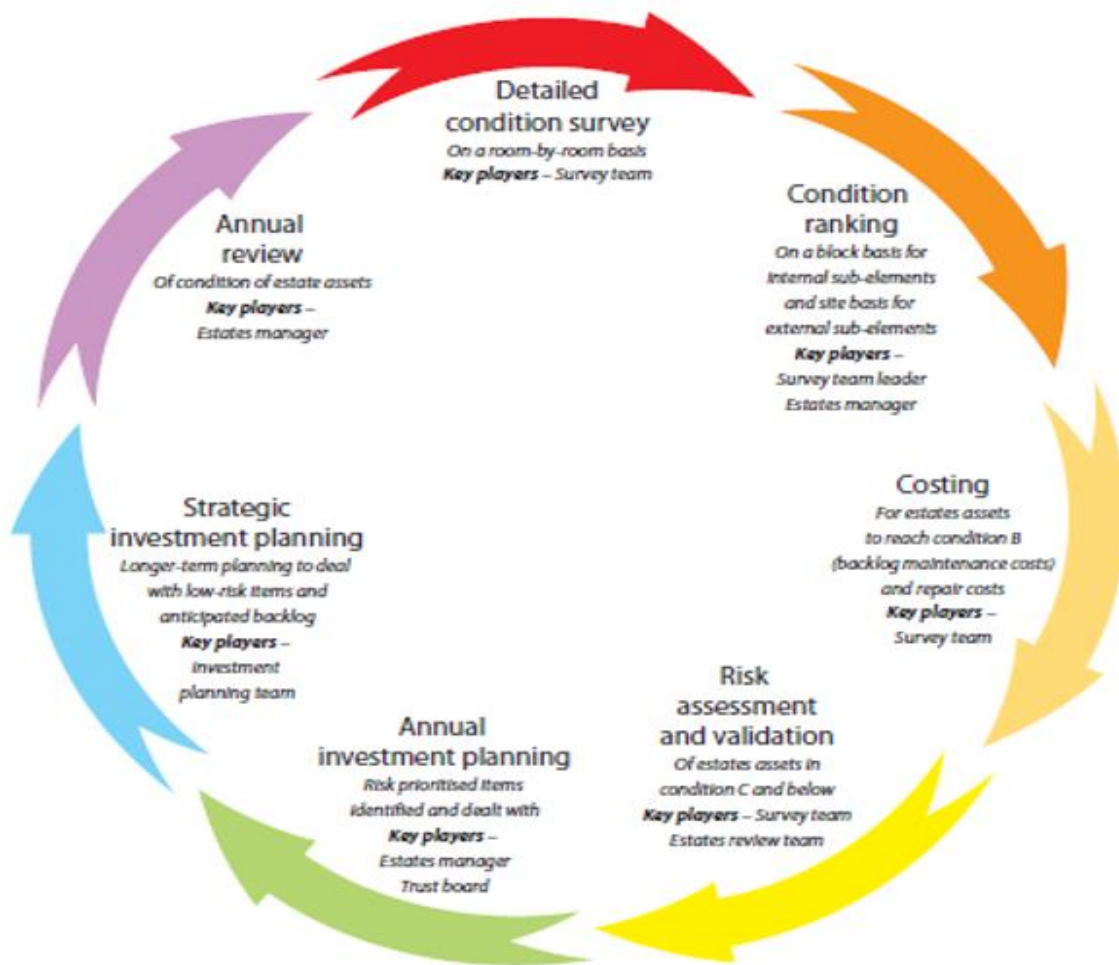
- 2.1 Our detailed audit findings are set out below. All matters arising and the related recommendations and management actions are detailed in **Appendix A**.

Governance: *To obtain assurance that robust governance arrangements were applied to ensure the organisation stays abreast of matters and associated risks relating to the Estates condition.*

- 2.2 The Estate Strategy was managed by the Director of Strategy, Planning & Partnerships with the operational estate being managed by the Divisional Director of Estates & Facilities.
- 2.3 Delivery was overseen by the Population Health, Planning and Partnerships (PHPP) Committee and the Executive Committee (both being committees of the Board).
- 2.4 An independent member was also appropriately allocated for scrutiny and challenge of Estate matters.
- 2.5 The Divisional Director of Estates & Facilities had been newly appointed as the designated lead for Estates matters. While the officer is not a Board member, they are directly accountable to the Chief Operating Officer, facilitating appropriate reporting and escalation arrangements.
- 2.6 Whilst the governance arrangements in place were generally satisfactory, sound decision making is predicated upon the quality of management information. Accordingly, noting issues in subsequent sections of this report surrounding the management information, **reasonable assurance** has been presently determined.

Baseline information: *To ensure that the UHB had detailed assessments of the condition of the estate based on a combination of robust condition surveys and risk assessments. The information was managed and retained within robust management systems that were subject to regular review.*

- 2.7 The extant guidance in relation to assessing backlog: 'A risk-based methodology for establishing and managing backlog,' (updated March 2013) describes the steps involved in establishing and managing backlog, as follows:



- 2.8 In respect of the detailed condition survey, the guidance recommends that¹:
- "NHS organisations carry out a detailed survey of their assets on a five-yearly basis¹."*
- 2.9 The most recent six-facet survey conducted in 2017, was non-invasive, limiting its overall reliability.
- 2.10 Subsequent to the survey, assessed backlog values changed significantly:

Table 2

	Pre-survey (£'m)	2017 Survey (£'m)
High & Significant risk	16.7	25.5
Low / Medium	22.3	82.5
Total backlog	39	108

¹ [A risk-based methodology for establishing and managing backlog \(publishing.service.gov.uk\)](https://publishing.service.gov.uk) (Applies in Wales)

- 2.11 To facilitate appropriate update, guidance also recommends that interim assessments should be conducted:

"You should update the findings of your detailed survey on an annual basis. This will inform your investment planning process and ensure your assets are safe and fit for purpose."

- 2.12 The large change at the 2017 survey (as above), implies inaccuracy in interim assessments.
- 2.13 While "high" and "significant" sums were re-assessed, the £82.5m (above) was annually uplifted for inflation. Any "low and medium" backlog within this sum which has become higher risk may cause double counting (as it ages etc).
- 2.14 As noted, the 2017 survey also contained some key caveats, requiring more invasive surveys to better inform the backlog position. However, since that time further assessment had been constrained by limited resource, and refresh of the five-yearly (full) survey was also over-due.
- 2.15 Noting these matters, management was in active dialogue with NWSSP: Specialist Estates Services on the approach to undertaking both rolling / risk focussed, and also full surveys to ensure consistency in approach and accurate data (**MA 1 & 2**).
- 2.16 However, noting the current issues, including on-going use of an out-dated survey, **limited** assurance has presently been determined in relation to baseline information.

Estates strategy: *To obtain assurance that a tailored Estates strategy was in place including linkage to major investment, Estates condition, statutory compliance, decarbonisation requirements, service needs etc. The strategy also reflected emerging risks.*

- 2.17 An Estates Strategy was approved in 2019 covering the years 2018 – 2028. In accordance with good practice this supported the clinical strategy and included specific objectives and targets. Updates on the delivery of the strategy were routinely provided to the Partnerships, Population, Health & Planning Committee.
- 2.18 Together with an aim to reduce backlog by 10% per annum, a key objective (Objective 16) provided within the strategy was:

"to urgently assess the robustness of the calculation of high and significant risk backlog maintenance information contained within the Six Facet Survey and ensure that the reported backlog maintenance meets the risk definitions in appropriate guidance.

Following this a prioritised action plan will be produced to address and reduce the high and significant risks."

- 2.19 While associated action had been tracked, the Health Board also recognised the on-going nature of the work to better focus backlog expenditure (**MA 4**).
- 2.20 Whilst progress against the Strategy was observed, the Health Board have also recognised the need for periodic updates of the Strategy to ensure its continuing relevance. However, management have also highlighted that the timing of re-fresh is dependent upon a review of wider organisational strategies (**MA 4**).
- 2.21 Noting, the need for more effective understanding of backlog risks to direct investment focus, **limited assurance** has therefore been determined in this section. The funding risks are further discussed in the **funding strategy** section below.

Funding strategy: *To ensure there was a co-ordinated approach to the targeting of All-Wales, Estates Funding Advisory Board (EFAB) and Discretionary funding to implement the Estates Strategy.*

- 2.22 There has been historical under-investment across Wales in this area, resulting in a deterioration of the NHS estate condition.
- 2.23 The UHB published detailed funding plans within the 2019 Estate Strategy, utilising both Welsh Government and discretionary finance. However, as previously noted, the total funding secured from Welsh Government against the 2019 targets has not been reported (**MA 4**).
- 2.24 The 10-year capital plan submitted to Welsh Government identified a capital funding requirement of £220 million. Corresponding funding at this level had not been secured and no assurances had been received that funding would be made available. There remained therefore a material risk that the Estates Strategy and capital plan was unaffordable, particularly recognising the current financial climate and considering total funding requirements across Wales.
- 2.25 Noting the gap between available funding and targets to reduce backlog, there is a need for a more focussed plan (a Plan B) (in accordance with Objective 16 of the Estates Strategy) (**MA 4**).
- 2.26 Additional to All Wales funding of specific capital projects, the Health Board also receives discretionary and (from 2022-25) Estates Funding Advisory Board (EFAB) funding, though allocations are subject to competing bids.
- 2.27 Data showed the UHB expenditure on maintenance per square foot to have increasingly fallen below the Welsh average at the same time as backlog levels have doubled:

Table 3

Measure	2019/20	2020/21	2021/22
UHB Total Building & Engineering Maintenance Cost per Occupied Floor Area (£/m²)	22.77	25.03	21.47
NHS Wales average: Total Building & Engineering Maintenance Cost per Occupied Floor Area (£/m²)	23.86	27.43	28.77

- 2.28 The current level of investment would therefore also be insufficient to effectively manage the condition of any new estate requirements identified within the Estates Strategy.
- 2.29 While recognising on-going dialogue with NWSSP: SES, there was also a need to confirm the adequacy/availability of a fully resourced specialist team to deliver ongoing assessment and management / rectification, with appropriate revenue support (**MA 5**).
- 2.30 It is concluded therefore that the UHB had utilised a range of funding options for the estate. However, noting the historical underinvestment in the estate and the material gap in approved levels of investment **limited assurance** had currently been determined in relation to the funding strategy.

Monitoring and reporting: *To ensure that appropriate management information was presented with regularity on key issues, including the estate condition and progress to implement the Estates / funding strategy. Monitoring and reporting included an assessment of the success of the combined strategies in improving Estates condition (and reducing risk exposure), and confirmation that expenditure of funding was in line with agreed conditions.*

- 2.31 The audit sought to determine the effective reporting and review of the Estates Strategy, including associated targets and actions and data as relating to backlog objectives.
- 2.32 Updates were reported against the Strategy to both the Partnerships, Population, Health & Planning Committee, and the Board. However, these did not include updates during 2022, when backlog increased by over £50m, and associated reporting of data was not included.
- 2.33 Management accepted that a full review of committee reporting was required to ensure effective scrutiny of backlog reporting including:
- progress to targets;
 - key risks; and
 - funding variances (**MA 4**).
- 2.34 Noting a need to refresh committee reporting in this area, **limited assurance** has currently been determined in relation to monitoring and reporting.

Risk management: *Assurance that risks were appropriately logged and escalated through the corporate risk reporting arrangements. The risk exposure of the UHB in relation to Estates condition was clearly reported.*

- 2.35 The UHBs Board Assurance Framework provides information on the structure of controls and assurances in place to manage and mitigate the significant risks which will impact upon the delivery of the UHBs Strategic Objectives.
- 2.36 The 2017 six-facet survey provided overall totals for each risk priority, as updated by the annual review of the Estates Risk Register. As previously indicated, this register formed part of the process to inform investment choices.

- 2.37 The Corporate risk register included two risks relating to backlog: RAAC, and general backlog. While the former was rated as high risk, the latter was identified as “green” – being managed within acceptable limits. However, the agenda of both committees and the Board was driven by top corporate risks - limiting associated reporting.
- 2.38 However, there has been limited effectiveness of actions to reduce the risk to date; coupled with continued deterioration of the estate condition and increasing pressures on the availability of capital resources. Accordingly the above should be reviewed to provide assurance to the Board that the actions are progressively achieving the desired risk mitigation (**MA 6**).
- 2.39 Accordingly, **limited assurance** has currently been determined in relation to risk management.

Appendix A: Management Action Plan

Matter Arising 1: Baseline - Data accuracy (Operation)	Impact																		
<p>Backlog is defined as the value of estate falling below category “B” physical condition.</p> <p>Both values and percentages were published for overall compliance with physical condition. However, these were inconsistent, with the published percentage compliance indicating that backlog figures should be much lower (as published at the Estates and Facilities Performance Management System – returned to Welsh Government annually) e.g.</p> <p><i>Table 1</i></p> <table><tr><th></th><th>2017/18 (£ m)</th><th>2021/22 (£ m)</th></tr><tr><td>Health Board Total Backlog Cost (£)</td><td>108.0</td><td>149.6</td></tr><tr><td>Acceptable physical condition %</td><td>87%</td><td>94%</td></tr><tr><td>Therefore: Deficient physical condition %</td><td>13%</td><td>6%</td></tr><tr><td>Value of buildings (UHB Accounts)</td><td>318</td><td>592</td></tr><tr><td>Implied deficient value</td><td>41</td><td>35</td></tr></table> <p>i.e., the declared percentages of defective estate would indicate much lower backlog values.</p> <p>As noted above, the percentage of the estate deemed as meeting the criteria for acceptable physical condition has risen from 87% to 94%. This varies significantly from the published backlog figures which</p>		2017/18 (£ m)	2021/22 (£ m)	Health Board Total Backlog Cost (£)	108.0	149.6	Acceptable physical condition %	87%	94%	Therefore: Deficient physical condition %	13%	6%	Value of buildings (UHB Accounts)	318	592	Implied deficient value	41	35	<p>Potential risk that:</p> <ul style="list-style-type: none">• Backlog is not appropriately recognised.
	2017/18 (£ m)	2021/22 (£ m)																	
Health Board Total Backlog Cost (£)	108.0	149.6																	
Acceptable physical condition %	87%	94%																	
Therefore: Deficient physical condition %	13%	6%																	
Value of buildings (UHB Accounts)	318	592																	
Implied deficient value	41	35																	

<p>have increased over the same period (backlog being defined as the value of the estate below acceptable physical condition).</p> <p>It is recognised that the Grange Hospital opened in November 2020, and contributed to the increase in value of the estate, and corresponding fall in the percentage of defective estate.</p> <p>No guidance was identified in relation to the percentage compliances, and varying approaches were identified across Wales in relation to their derivation e.g. inclusion of items as backlog that were past the end of their useful life, rather than exhibiting any deficiency.</p> <p>There was a need therefore to confirm both the methodology and accuracy of published data.</p>			
Recommendations		Priority	
1. Management should initiate discussion with NWSSP: Specialist Estates Services prior to the next submission of the EFPMS to confirm methodologies for assessment and measurement.		High	
Agreed Management Action	Target Date	Responsible Officer	
1. Agreed – the Divisional Director will ensure links with NWSSP prior to any submission of EFPMS data. The timing of this action will be subject to confirmed plans and timelines set by NWSSP for submission although at this point in time, the July 2024 date seems realistic.	July 2024	Divisional Director of Estates and Facilities	

Matter Arising 2: Baseline – Surveys (Design)	Impact
<p>In 2004, NHS Wales published “A <i>risk-based methodology for establishing and managing backlog</i>” (mandatory in Wales). This recommended a six-facet survey every five years, and that “<i>you should update the findings of your detailed survey on an annual basis.</i>”</p> <p>The most recent six-facet survey was undertaken in 2017. No plans for a revised assessment were notified to audit by the UHB.</p> <p>Prioritised (departmental) capital requests were utilised to formulate the annual capital programme. These included only the highest need, with similar focus at the risk register on adding “high” risks.</p> <p>Subsequent to the 2017 survey, the UHB had therefore utilised its risk register together with prioritised capital requests to inform and update “high” and “significant” risks. The risk register is updated in this manner by Estates staff as they become aware of issues (rather than via structured surveys). “Low” and “medium” risks have been uplifted in value from those provided at the 2017 survey.</p> <p>This method was not therefore based on surveys of the estate to supplement caveats made at the full survey. Interim / annual surveys could therefore be scheduled on a rolling basis, focussed on priority / ageing estate.</p> <p>Guidance requires that backlog figures do not include estate for which there is a Trust Board approved plan for its disposal within five years. However, it is noted that although it is planned to dispose of the St Woolos site, as a time frame for this had yet to be approved, associated backlog remains included within reported figures.</p> <p>The guidance also requires prioritisation of single points of failure e.g., high voltage (HV) supply. It was not evident if any such un-mitigated issues existed (e.g. as would perhaps be identified within a business continuity or disaster recovery document).</p> <p>Noting limitations of resource, and the need for on-going assessment, management advised that they have been in active dialogue with NWSSP: Specialist Estates Services relating to surveys. This was</p>	<p>Potential risk that:</p> <ul style="list-style-type: none"> • Backlog is not appropriately recognised.

intended to address issues of cost, accuracy, and usefulness, retention of funds, and to build local knowledge and expertise within the NHS.		
Recommendations	Priority	
2.1 Appropriate surveys should be undertaken following dialogue with NWSSP: SES.	High	
2.2 Planned disposals approved by the Trust Board should be removed from backlog data in accordance with guidance.	Medium	
Agreed Management Action	Target Date	Responsible Officer
2.1 Agreed – the Divisional Director has, since the fieldwork for this audit, been involve in two national level conversations with NWSSP about the future of facet surveys and how they should be done. There is no formal funding for regular surveys and these discussions are ongoing relating to most effective and cost-effective solutions with WG and NWSSP across NHS Wales and will dictate the final implementation of this action	August 2024	Divisional Director of Estates and Facilities
2.2 Agreed – guidance will be followed. This will be actioned for any future submissions for EFPMS and thus timeline will mirror that of MA 1 .	July 2024	Divisional Director of Estates and Facilities

Matter Arising 3: Baseline – PFI Liabilities (Operation)				Impact																				
<p>The Health Board also has certain assets financed under Public Finance Initiatives (PFI) as follows (as per the Health Board 2022/23 accounts):</p> <table><tr><th>Asset</th><th>Remaining capital payments (excl. interest & service charges) £'m</th><th>Term (years)</th><th>Contract end date</th></tr><tr><td>Monnow Vale Health & Social Care facility</td><td>1.83</td><td>30</td><td>March 2036</td></tr><tr><td>Chepstow Community Hospital</td><td>1.054</td><td>25</td><td>February 2025</td></tr><tr><td>Nevill Hall Hospital Day Surgery Unit</td><td>0.388</td><td>25</td><td>September 2024</td></tr><tr><td>Nevill Hall lighting & heating (off balance sheet right to use asset)</td><td>3.413 (NPV of lease)</td><td>25</td><td>2025</td></tr></table> <p>Noting this, assessments should also include an appraisal of the sufficiency of reserve funds of the PFI partner to address backlog at handover, and any associated risks to the UHB.</p> <p>Active monitoring of the above was in place via PFI expiry reviews. However, it remained to be confirmed that appropriate hand-back funds were in place.</p>				Asset	Remaining capital payments (excl. interest & service charges) £'m	Term (years)	Contract end date	Monnow Vale Health & Social Care facility	1.83	30	March 2036	Chepstow Community Hospital	1.054	25	February 2025	Nevill Hall Hospital Day Surgery Unit	0.388	25	September 2024	Nevill Hall lighting & heating (off balance sheet right to use asset)	3.413 (NPV of lease)	25	2025	Potential risk that: <ul style="list-style-type: none">Backlog is not appropriately recognised.
				Asset	Remaining capital payments (excl. interest & service charges) £'m	Term (years)	Contract end date																	
				Monnow Vale Health & Social Care facility	1.83	30	March 2036																	
				Chepstow Community Hospital	1.054	25	February 2025																	
				Nevill Hall Hospital Day Surgery Unit	0.388	25	September 2024																	
				Nevill Hall lighting & heating (off balance sheet right to use asset)	3.413 (NPV of lease)	25	2025																	
Recommendations				Priority																				

3 The Health Board should assess the sufficiency of reserve funds to address backlog at the handover of PFI buildings.	Low	
Agreed Management Action	Target Date	Responsible Officer
<p>Agreed - The PFI agreements include a minimum level of expected condition for buildings &/or equipment to be maintained for operational capability. Regular management review ensures these contract terms are being met. When handover of PFI assets are expected escalated arrangements are put in place to assess the level of condition.</p> <p>The following PFI schemes exist:</p> <p>NHH LLanwenarth day surgery unit, which has now gone through a process of 'buy back' of the headlease. The operating lease will end in 2024, the process of negotiating a settlement figure has agreed the equipment and building condition expected at handover date.</p> <p>Chepstow Community Hospital PFI is in advanced discussions with the owner/provider relating to the PFI end in Feb 2025. Negotiations relate to the building being in a Condition B status at time of any handover, a condition review has been commissioned and the PFI provider has agreed to implement improvements to meet condition B.</p> <p>Energy PFI (Honeywell) in NHH which ends in December 2026. This PFI is about to undergo a readiness assessment through WG for PFI end but does not relate to buildings and only relates to plant.</p> <p>Monnow Vale – ends in March 2036</p>	March 2024	Director of Strategy Planning & Partnerships in liaison with Director of Finance

Matter Arising 4: Estates Strategy - Delivery of estates objectives & targets (Operation)	Impact
<p>The Welsh Health Building Note 08 2018 Estatecode stated that: <i>'An Estate Strategy should represent the vision ...to provide a strategic framework ..reviewed annually using EFPMS data.'</i></p> <p>In context, it is recognised that Welsh Government has not communicated a central, all-Wales long-term strategy.</p> <p>However, informed by the 2017 six-facet survey, the UHB published its Estates Strategy for 2018 - 28, in line with Estatecode guidance (and aligned to the Clinical Futures Strategy). This required:</p> <p>Objective 15</p> <p><i>The Health Board to introduce a clear policy on the adoption of Agile Working principles .. as a means to assist in the reduction of .. office accommodation.</i></p> <p>Objective 16 (for immediate action)</p> <p>(a) <i>The Estates Department to urgently assess the robustness of the calculation of high and significant risk backlog maintenance information...</i></p> <p>(b) <i>Following this a prioritised action plan will be produced to address and reduce the high and significant risks.</i></p> <p>The Strategy also targeted capital investment of £220m by 2025 to upgrade the estate and enhance services (including £54.4m for rationalisation programmes). It also included targets to reduce "high" and "significant" backlog by 10% per annum.</p> <p>While reporting against the above objectives was found via both the Board, and the Partnerships, Health, Population & Planning Committee e.g. this did not include reporting during 2022 - when backlog increased by over £50m (being most recently reported in November 2021 & November 2023 respectively).</p>	<p>Potential risks that:</p> <ul style="list-style-type: none">the Estates Strategy is not implemented.the true levels of high and significant backlog are not appropriately understood, risk assessed, costed, and prioritised.

In the case of Objective 16, while this was reported as “actioned” to the Board in 2021, no associated paper was reported to clarify the revised understanding of backlog risks. The Health Board has subsequently experienced significant increases in “high” and “significant” risk backlog, alongside reporting at the corporate risk register that risks are at acceptable levels. A supporting paper would assist in reconciling these positions, including identification of any statutory maintenance that remains un-addressed. Committees could additionally be informed by variances between budgeted and approved funding e.g. including the impact of inflation.

In relation to Objective 15, action was recorded as being the introduction of an agile working policy. The UHB recorded only 91% space utilisation (in 2021/22) – ranking 6th among the Welsh Health Boards. It is recognised that EFPMS data serves as a means of benchmarking effective progress in this case.

Estates strategy update

Management have also recognised the need for periodic updates of the Estates Strategy to ensure its continuing relevance. Such re-set based on a revised and re-focused assessment of the estate would align with the above objectives by:

- confirming the need
- identifying key risks; and
- facilitating focused investment and workforce planning.

However, they have also highlighted that any re-fresh is dependent upon the review of wider organisational strategies.

Recommendations	Priority
4.1 Management should review and implement effective reporting of Estates condition/ backlog across the UHB’s Committee structure e.g. outcomes against targets, funding risks, risk exposure etc.	High
4.2 Management should update the Estates Strategy (or equivalent) for continued relevance to estates condition as appropriate.	Medium

Agreed Management Action	Target Date	Responsible Officer
<p>4.1 Agreed. The Board's Finance and Performance Committee has delegated responsibility to seek assurance that arrangements for the performance management of capital, estates and support services related standards and systems are sufficient, effective, and robust, including:</p> <ul style="list-style-type: none"> • the monitoring of capital and estates related objectives and priorities as set out in the Board's IMTP and Annual Priorities; • the monitoring of compliance with Health Technical Memorandums; • the monitoring of progress in delivery Board-approved capital business cases and programmes of work. This is set out in the agreed Terms of Reference for the Committee abuhb.nhs.wales/files/key-documents/finance-and-performance-committee/finance-performance-committee-tors-march2022-pdf/ <p>Work is ongoing to develop workplans for each Committee for the 2024/25 financial year and this will consider the role of each Committee and the work required to fulfil the respective Committee's obligations.</p> <p>In 2023/24, work was undertaken to revise the Capital and Capital Project governance arrangements which encompassed backlog maintenance within the discretionary capital programme. These governance arrangements were reported to the Board's Partnerships, Population Health and Planning Committee in July 2023 abuhb.nhs.wales/files/key-</p>	March 2024	Director of Strategy Planning & Partnerships with Director of Corporate Governance

documents/partnerships-population-health-and-planning-committee/pphpc-agenda-and-papers-wednesday-12th-july-20231/ abuhb.nhs.wales/files/key-documents/partnerships-population-health-and-planning-committee/pphpc-agenda-and-papers-wednesday-12th-july-20231/		
4.2 Agreed – this forms part of forward work plan for the Planning, Population Health and Partnerships Committee.	Pending wider refresh of clinical / other relevant strategies	Director of Strategy Planning & Partnerships

Matter Arising 5: Funding Strategy - Resource (Operation)	Impact
<p>In April 2022 the Welsh Government Deputy Director of Estates and Capital Planning wrote to all Heads of Estates across Welsh health bodies to assess the adequacy of estates resource. This letter particularly referenced a desire to reduce outsourcing, stating:</p> <p><i>“The central intention is to keep NHS Wales as a public service and to only outsource contracts and services when there is no in-house alternative or where there is a time limited job that requires specialist input to be completed.”</i></p> <p>Appropriate staffing is required to enable the on-going assessment and maintenance of the estate (in accordance with WG guidance). This would include adequately supporting and supplementing surveys undertaken by external advisers with local knowledge and enable follow-up (to minimise caveats and assumptions – ensuring more robust data).</p> <p>This would include not only an assessment of appropriate staffing numbers and grades, but of an adequate range of specialisms to assess and address the various aspects of backlog (e.g., Fire, Water, and medical gas safety, with an associated complement of trained Authorised Persons (AP’s) to comply with regulatory requirements).</p> <p>At the UHB such specialist areas were subject to separate annual reports e.g. by NWSSP: Specialist Estates Services. Some of these identified the need to assign or train specialist officers in the various areas, and current need to conduct and assess inspections. This could avoid the categorisation of items as “high” risk pending appropriate survey.</p> <p>Some health bodies in Wales have re-based their resource needs by the forward assessment of suitability of the estates staffing. However, an assessment of future estates resource requirements and associated plans were not identified.</p>	<p>Potential risk that:</p> <ul style="list-style-type: none">• The programme is not appropriately resourced.

Best practice would therefore suggest that there is scope for a formal re-examination of Estates staffing, skills, and capacity, including in-house versus contracted out provisions (based on All Wales benchmarking).		
Recommendations		Priority
5 The adequacy of the existing Capital Development & Estates workforce will be affirmed (in terms of capacity and associated skill sets required) and to inform a financial model for required revenue support.		High
Agreed Management Action	Target Date	Responsible Officer
5 Agreed - the Divisional Director will review the operational workforce required to manage the current level of reactive work and also to ensure compliance with the appropriate level of Planned and Preventative Maintenance (PPM).	May 2024	Divisional Director of Estates & Facilities

Matter Arising 6: Risk Management - Assurance (Design)		Impact
<p>Following the identification of prioritised areas of investment, reporting did not highlight or summarise the statutory “high” and “significant” risk backlog areas that remain unaddressed. To defer addressing statutory, “high” and “significant” backlog to future years should be an objective choice, with associated risks owned by management.</p> <p>It is also important that management understand potential single points of failure, and that key issues are reflected within the corporate risk register.</p> <p>The corporate risk register had assessed backlog as being maintained within acceptable limits (RAG rated “green”). Accordingly, backlog was not profiled as an issue at senior committees (in accordance with their Terms of Reference).</p>		<p>Potential risk that:</p> <ul style="list-style-type: none">• Management is not sighted on accepted risks.• Annual investment decisions are contrary to approved strategy.• The Board may not be assured that risk was appropriately managed.
Recommendations		Priority
<p>6. The effectiveness of escalation and oversight of capital and estates related risks should be reviewed, notably as to the Board and relevant committees.</p>		High
Agreed Management Action	Target Date	Responsible Officer
<p>6. At its meeting in January 2024, the Board approved its Revised Risk Management Framework which set out the revised hierarchy for risk management within the organisation, alongside an agreed Risk Appetite Statement. In-line with this Framework, the Head of Risk and Assurance will work with the Divisional Director of Estates & Facilities to review the risk management arrangements in place,</p>	January 2024	Director of Corporate Governance

ensuring appropriate escalation reporting from service to Board level.		
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Appendix B: Estates Facilities Performance Management System (EFPMS)

NHS ESTATE DASHBOARD REPORT 2021/2022

HEALTH BOARD / TRUST ESTATE PERFORMANCE BREAKDOWN 2021/2022

National Key Performance Indicators

Percentage of the estate which is of reasonable standard and therefore falls within Estatecode category 'B'/'F' or above:

	Physical Condition (%)	Statutory & safety compliance (%)	Fire safety compliance (%)	Functional suitability (%)	Space utilisation (%)
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	94	93	85	98	91
BETSI CADWALADR UNIVERSITY HEALTH BOARD	62	74	64	74	93
CARDIFF & VALE UNIVERSITY HEALTH BOARD	78	86	87	66	81
CWM TAF UNIVERSITY HEALTH BOARD	96	89	95	100	97
HYWEL DDA UNIVERSITY HEALTH BOARD	88	89	65	91	99
POWYS TEACHING LHB	67	80	72	71	86
SWANSEA BAY UNIVERSITY HEALTH BOARD	51	47	47	55	97
VELINDRE UNIVERSITY NHS TRUST	65	95	95	88	99
WELSH AMBULANCE SERVICES NHS TRUST	48	90	90	36	99

Backlog Maintenance Costs

*Target to be agreed

	High Risks (£)	Significant Risks (£)	Moderate Risks (£)	Low Risks (£)	Risk Adjusted Cost (£)
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	37,754,428	16,518,352	45,488,017	49,807,323	98,296,321
BETSI CADWALADR UNIVERSITY HEALTH BOARD	91,809,773	142,498,091	68,658,155	45,421,260	239,955,528
CARDIFF & VALE UNIVERSITY HEALTH BOARD	32,033,876	85,487,856	28,777,072	5,537,518	101,262,019
CWM TAF UNIVERSITY HEALTH BOARD	31,261,530	31,963,352	22,345,412	1,519,250	64,046,747
HYWEL DDA UNIVERSITY HEALTH BOARD	0	89,509,339	9,432,673	6,802,904	90,679,218
POWYS TEACHING LHB	5,075,437	23,998,187	12,931,568	10,039,954	30,117,985
SWANSEA BAY UNIVERSITY HEALTH BOARD	9,057,000	46,516,759	41,835,883	4,598,390	56,464,069
VELINDRE UNIVERSITY NHS TRUST	139,220	1,894,312	5,002,211	2,719,910	1,875,521
WELSH AMBULANCE SERVICES NHS TRUST	667,486	2,855,208	3,170,304	3,936,411	7,184,233

The complete dataset upon which this report is based is accessible from the NHS Wales Shared Services Partnership - Specialist Estates Services intranet and internet sites

Note – Risk Adjusted backlog = Non-critical backlog ("low" and "moderate") + Safety critical backlog (i.e. "high" & "significant" risk)
Years remaining life of asset life

Appendix C: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that the project achieves its key delivery objectives and that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 March 2024
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Performance Report – January 2024 (2023/24 Month 10)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe - Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	Suzanne Jones – Interim Assistant Director of Finance

Pwrpas yr Adroddiad Purpose of the Report

Er Sicrwydd/For Assurance

This report sets out the following:

- The financial performance at the end of January 2024 and the forecast position against the statutory revenue and capital resource limits,
- The savings position for 2023/24,
- The revenue reserve position on the 31st of January 2024,
- The Health Board's underlying financial position, and
- The Capital position.
- Monitoring returns for month 10 for reference as an appendix

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report sets out the financial performance of Aneurin Bevan University Health Board, at the 31st January 2024 (month 10).




The 2023/24 financial performance is measured by comparing actual expenditure with the budgets as delegated and approved by the Board and CEO. The Health

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

Jan-24

Performance against key financial targets 2023/24

+Adverse / () Favourable

Target	Unit	Current Month	Year to Date	Movement	Year-end Forecast
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year. <i>This confirms the YTD and forecast variance.</i>	£'000	536	48,259		52,935
Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit. <i>This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.</i>	£'000 £59,743	5,855 9.8%	41,553 69.6%		0
Public Sector Payment Policy To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	97.4%	97.2%		>95%

Performance against requirements 23/24		20/21	21/22	22/23	3 Year Aggregate (20/21 to 22/23)
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Revenue	x	(245)	(249)	36,842	36,348
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Capital	✓	(13)	(50)	(43)	(106)
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers	x				

Underlying Financial Position (Brought Forward ULP)	20/21	21/22	22/23	23/24
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	£16.261m Deficit	£20.914m Deficit	£89.6m Deficit	£81.181m Deficit

The ABUHB month 10 year to date budget performance identifies an adverse variance of **£48.259m**.

The revised Health Board forecast of **£52.9m** is £40m greater than the control total of a £13m deficit set by Welsh Government. The reasons driving the overall forecast are as follows: -

This forecast was derived by:

- Month 6 reported forecast of £145.7m
- Confirmed and anticipated allocations from WG of (£88.4m)
- WG funding pressure of £0.6m (Adferiad)
- Removal of bed and other savings of £2.5m
- Additional commissioning and contingency release (£4m)

- GDS clawback, Medical aged locum review and VAT income (£2.6m)
- Corporate improvements (£0.7m), CHC (£0.6m) and other reserves (£0.4m)
- Industrial action by junior doctors of £0.8m.
- **Total £52.9m**

The Health Board is reporting a forecast deficit **range of best case £50m to worst case £58m** as reflective of the remaining opportunities and risks, the financial impact of further industrial action is not factored into the range.

The forecast position is still subject to delivery risk as it relies on savings achievement and other mitigating actions across a wide range of services, some of which remain 'Amber' and need delivery of implementation plans. These actions remain a key standing item on Executive Committee meetings as well as the focus of the ABUHB Value and Sustainability group.

Cefndir / Background

The Board, Executives, budget holders and staff have engaged in a rigorous and thorough review of the opportunities to improve the financial forecast for 2023/24 as part of the mid-year review process. This process involved a multi-professional clinical advisory group performing an impact assessment of proposals with consideration of what is an acceptable patient risk (i.e. stopping certain services).

The CEO accountability letter to the Director General for NHS Wales on 16th October 2023 stated a forecast deficit of £145.7m. The month 8 forecast position was updated for the additional WG allocations¹ and funding being received of c.£82m as well as anticipated funding of £6.4m relating to energy costs.

In month 9 benefits in relation to reduced forecast prescribing costs and additional primary care contractor funding resulted in a forecast reduction of a further c.£1.2m and in month 10 additional VAT income, GDS clawback and reduced Adult CHC package costs contributed to a further c.£2.5m reduction.

The revised forecast deficit as at month 10 is £52.9m. This forecast includes the impact of the strike action by Junior Doctors in January but does not include the impact of further action in February and March 2024.

Key points to note for month 10 include:

- A reported year to date position of **£48.3m deficit**,
- The reported forecast is a **£52.9m deficit**, after assuming WG funding of £88.4m, however, there remain risks to achievement given the level of savings and actions required combined with specific allocation risks and the impact of further industrial action.

¹ Welsh Government correspondence 20th October 2023

- Income includes anticipated funding of £33m; including the remaining outstanding elements of the pay award namely 2023/24 A4C pay award (£2.65m), the 2023/24 medical pay award (£0.6m), estimated revenue charges related to Capital accounting (£5.2m) and real living wage (£5.4m).
- Pay Spend (excluding the notional pension adjustment from March 2023), is at a similar level compared with month 9. Month 10 includes £0.8m for industrial action cover.
Substantive Pay costs of £58.9m (m9 of £58.8m) and variable pay costs of £6.7M (£6.8m m9).
- Non-Pay Spend (excluding capital adjustments) – was £91.6m in m10 compared with £86.5m in m9, an increase of c.£5.1m, due to regional ophthalmology costs, funding and spend for RIF, WHSSC, and 6 goals.
- Savings – overall forecast achievement is £43.3m (£42.3m green, £0.95m amber), against the IMTP savings plan of £51.5m. £27.8m of which are recurrent with a full year impact of £33m.
 - Year to date achievement of £32.5m against year-to-date plan of £42.2m.

There remain risks associated with maintaining this forecast position, particularly the full receipt of all anticipated income, identification and achievement of mitigation of savings plans, further industrial action, prescribing cost growth, CHC cost growth and workforce pressures. Further detail is provided in this report, the estimated risk range is between a **£50m** and **£58m** deficit.

As at month 10 the reported capital position is break-even with a balanced forecast.

Asesiad / Assessment

• **Revenue Performance**

The month 10 position is reported as a **£48.3m deficit**, the planned year end deficit agreed by the Board as part of the Annual Plan was £112.8m. This has been revised to a forecast deficit position of **£52.9m**.

A summary of the financial performance is provided in the following table, by delegated area. The month 10 year to date position is supported by the recognition of the WG support funding on a pro-rata basis (10/12ths). Note, the primary & community care and prescribing budgets have been 're-set' by the division during month 10, prior month comparatives have not been updated.

Summary Reported position - January 2024 (M10)	Full Year Budget £000s	YTD Reported Variance £000s	Prior month reported variance £000s	Movement from prior month £000s
Operational Divisions:-				
Primary Care and Community	285,917	3,943	682	3,261
Prescribing	114,944	5,450	8,019	(2,569)
Community CHC & FNC	73,581	(2,821)	(1,827)	(993)
Mental Health	127,930	10,692	10,034	659
Total Primary Care, Community and Mental Health	602,372	17,265	16,908	357
Scheduled Care	197,792	8,415	7,274	1,141
Clinical Support Services	62,608	(1,325)	(1,207)	(118)
Medicine	153,260	11,067	10,054	1,013
Urgent Care	34,965	4,116	3,683	432
Family & Therapies	132,514	4,536	2,837	1,700
Estates and Facilities	87,676	5,171	5,097	74
Director of Operations	8,391	644	571	73
Total Director of Operations	677,206	32,624	28,309	4,315
Total Operational Divisions (Chief Operating Officer)	1,279,578	49,889	45,217	4,672
Corporate Divisions	122,799	(3,775)	(2,453)	(1,322)
Specialist Services	184,492	(3,021)	(2,700)	(321)
External Contracts	88,950	327	342	(15)
Capital Charges	53,606	392	389	3
Total Delegated Position	1,729,425	43,811	40,795	3,017
Total Reserves	(1,296)	4,448	6,929	(2,481)
Total Income	(1,728,129)	(0)	(0)	(0)
Total Reported Position	0	48,259	47,723	536

Summary of key operational pressures for Month 10

- During January 2024, total pay expenditure was £65.6m a decrease of c.£0.05m (0.1%) compared with December.
 - Substantive pay spend £58.9m (m9 of £58.8m).
 - Variable pay spend was £6.7M (£6.8m m9).
- Key Movements compared with month 9 include:
- Substantive reductions linked to junior doctor industrial action of (£0.7m),
 - Equivalent impact of additional junior doctor cover undertaken by other medical staffing of £0.7m,
 - Additional consultant clinical sessions of £0.1m,
 - Reduction in medical agency costs of (£0.4m) offset by increased nursing HCSW bank costs of £0.3m,
 - Continued spending on admin agency in month of £0.067m (£0.029m in M9)

- Overall variable pay costs remain significant (£6.7m in month 10, YTD value £78.2m) but decreased by £0.1m compared with December particularly linked to medical agency offset by nursing bank costs. The cessation of flexible reward payments continues to reduce the overall variable pay monthly average,
- HCSW costs in estates and facilities remain high linked to the continuation of enhanced cleaning standards and other Covid legacy related costs.
- Non-Pay Spend (excluding capital adjustments) was £91.6m an increase of c.£5.1m (5.9%).
Key movements from month 9 include;
 - SEW Regional Ophthalmology costs (funded through planned care recovery monies) were paid to other organisations of £2m,
 - Funded Regional Partnership Board costs of £2m,
 - Additional Paediatric CHC costs off-set £1.2m
 - WHSSC funded treatment costs paid in month 10 of £0.25m,
 - 6 goals associated costs of £0.45m.
 - Dental contract funded costs incurred in month 9 (£1m),
- Demand pressures for elective and urgent care across all services, including primary care, mental health, acute and community hospitals remains above the pre pandemic levels. There are 336 inpatients who are fit for discharge as at the end of January; approximately 27% of the blocked bed days are health related, 46% are social care and package of care related with the remaining 27% relating to other reasons e.g. patient/family related, nursing homes, etc.
- The estimated cost for the year of continued blocked bed days for all reasons is c.£21.5m using a £200 cost per bed day. The challenges in terms of demand and flow across the UHB drive surge bed capacity requirements which result in increased demand in high cost temporary staff and overspends across the UHB. The delays need to reduce to avoid the requirement for this capacity and to achieve a safe and sustainable aligned service, workforce and financial plan for the UHB. There is a focus on optimising appropriate bed capacity to support financial sustainability for 2023/24 and the future, through the discharge and bed reduction saving programme.
- For January other issues include:-
 - The impact of the junior doctors industrial action is in the region of £0.8m. This is based on cross cover costs including overtime of c.£1m off-set by deductions for junior doctors of c£0.2m. It is noted that these costs may increase dependant on the impact of annual leave taken by consultants as a result of this action.

- Prescribing spend remains significant at £9.9m in-month (£101.2m year to date). The November PAR average cost per item was 3p higher than October. The 2023/24 forecast PAR price per item is now £7.54 (previously £7.51) however growth is now forecast to be 0.54% which is now lower than the original IMTP growth assumption of 0.8%.
- CHC cost and growth pressures in Mental Health, Learning Disabilities and a Paediatric package cost (value is disputed with LA) off-set by reduced Adult complex care package numbers (Mental Health year to date deficit variance of c.£5.5m, forecast £6.1m deficit),
- On-going use of variable pay above budget within mental health wards for acuity as well as sickness and vacancy cover, (nursing variable pay within the Division of £6.8m year to date with over 40% linked to enhanced care),
- Energy forecast costs received via NWSSP indicate a lower forecast compared to forecasts provided earlier in the financial year, this is offset by increased non-NWSSP energy costs alongside laundry energy costs, this is currently being reviewed given the potential impact of associated funding received, and
- Increased non-pay costs driven by volume growth across a number of areas including homecare drugs, respiratory equipment, diabetes pumps/consumables and hearing aids. Diabetes pumps and associated consumable costs are now forecast to be c.£1.4m above funded levels across both adult and paediatric services, despite better price negotiations.

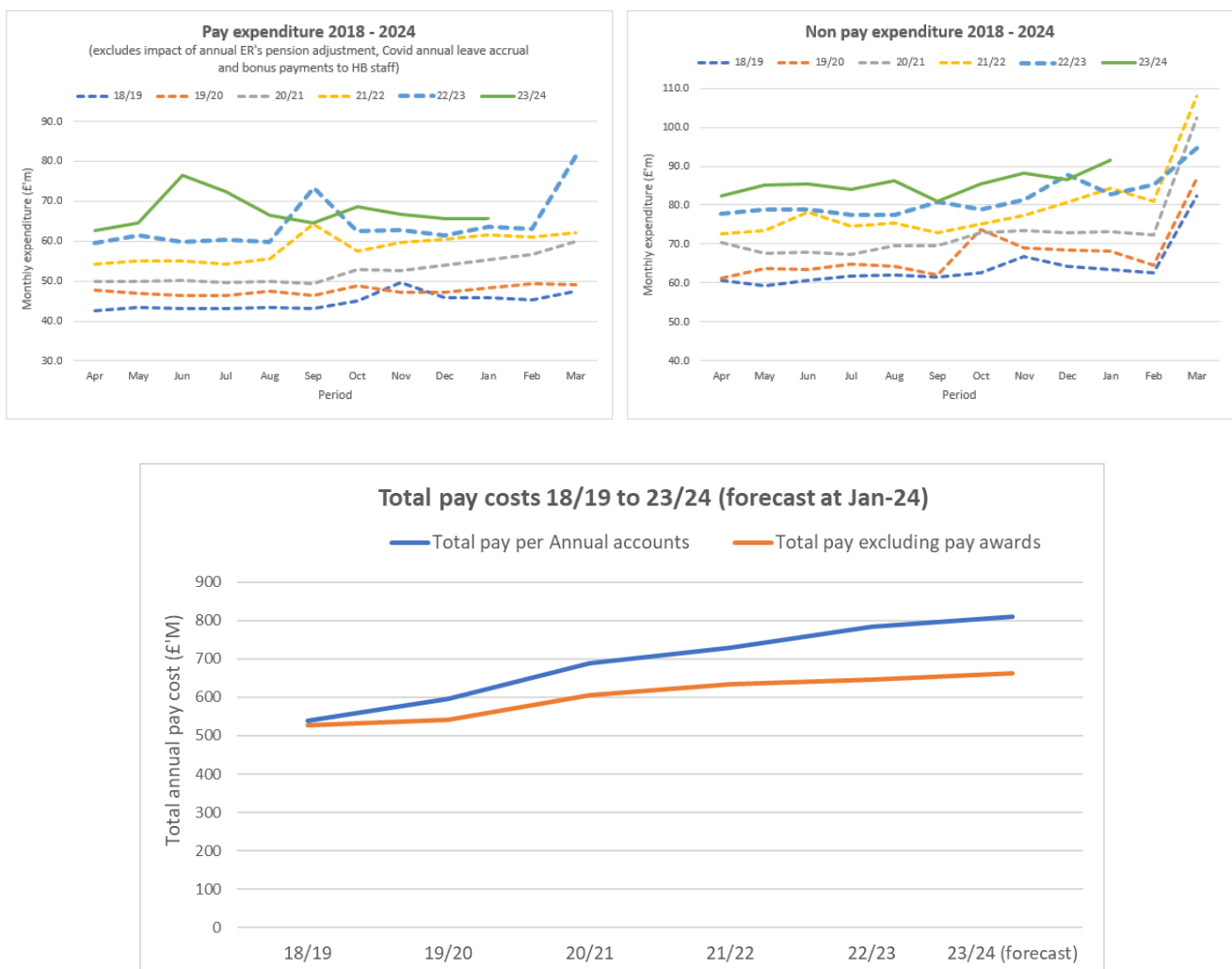
Key areas of focus for mitigating actions for the Health Board remain:

- System level working & redesign – reducing DTOCs and additional bed capacity requirements
- Urgent care pathways re-design,
- Demand and flow management,
- Workforce efficiency, reducing variable pay in particular agency and medical temporary pay costs,
- Driving Medicines management opportunities,
- Review of CHC pathways within Mental Health and Complex Care,
- Review of savings plans, current investments made and service options across Divisions,
- Elective care, Theatre and operational efficiency improvement,
- Other actions to improve the financial position e.g. review and increase income and non-pay expenditure.
- Consideration of longer term benefits of prevention services
- Optimising Digital solutions.
- Recruitment to vacant posts go through a weekly scrutiny panel process,
- A freeze on all agency and consultancy for administrative work

- Internal conferences not to be held at external venues
- IT equipment will be subject to IT department approval and refurbished or reallocated equipment will be used as the first call for requests for kit.
- A freeze on purchasing all office equipment and furniture

Expenditure run-rates

Pay and Non-Pay expenditure run-rates for the last four financial years are shown below, along with a chart showing annual total pay and the impact of pay awards;



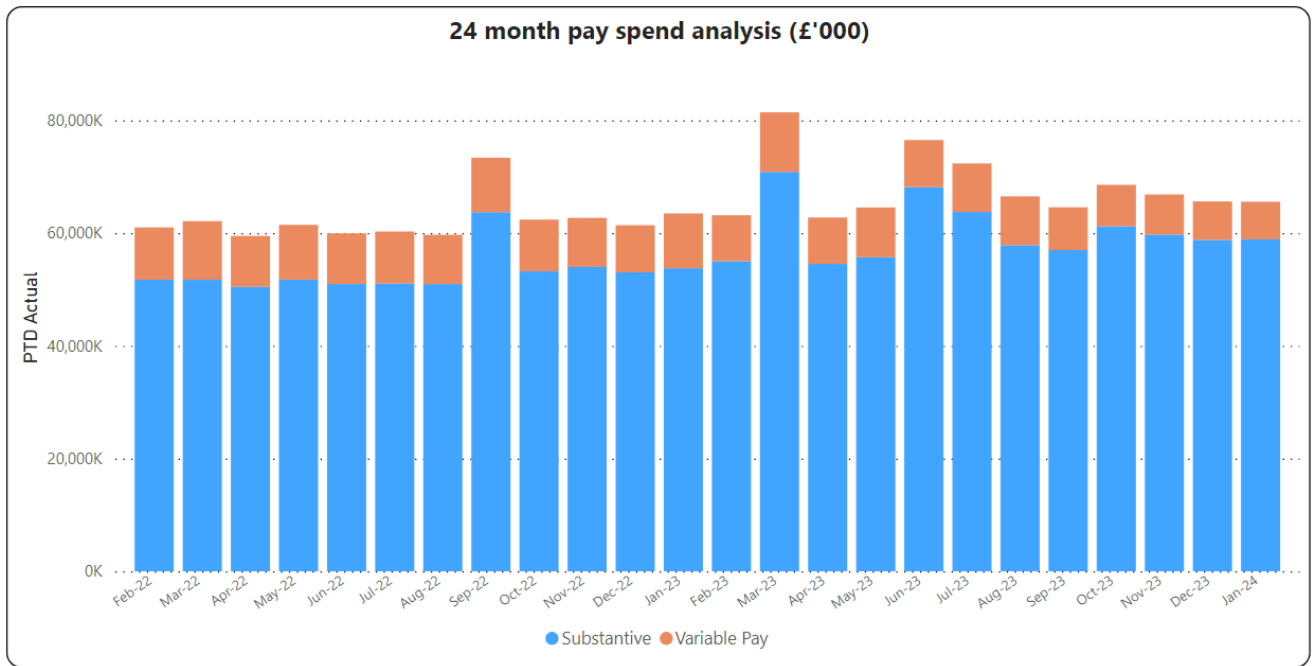
The expenditure run-rates need to reduce in the remaining two months of the financial year to meet the revised forecast for the Health Board.

The run rate from the operational divisions (i.e. excluding reserves) drives an overspend of c.£4.4m per month. The overall run rate will need to be a maximum average of £2.3m per month for months 11 to 12 to remain within the overall Health Board forecast deficit of £52.9m at year end. The forecasts for operational Divisions reflect a level of planned savings for the remainder of the financial year, which are described within this report. Achievement of these savings during months 11 to 12 will be critical and thus present a risk to the forecast position.

Workforce

The Health Board spent £65.6m on workforce in month 10 23/24, a decrease of £0.05m compared with month 9 driven by industrial action costs and reduced medical agency costs offset by increased nursing bank. The monthly average year to date for 23/24 is £67.4m per month, (22/23 monthly average of £64.1m).

Workforce expenditure is shown below differentiating between substantive and variable pay²:



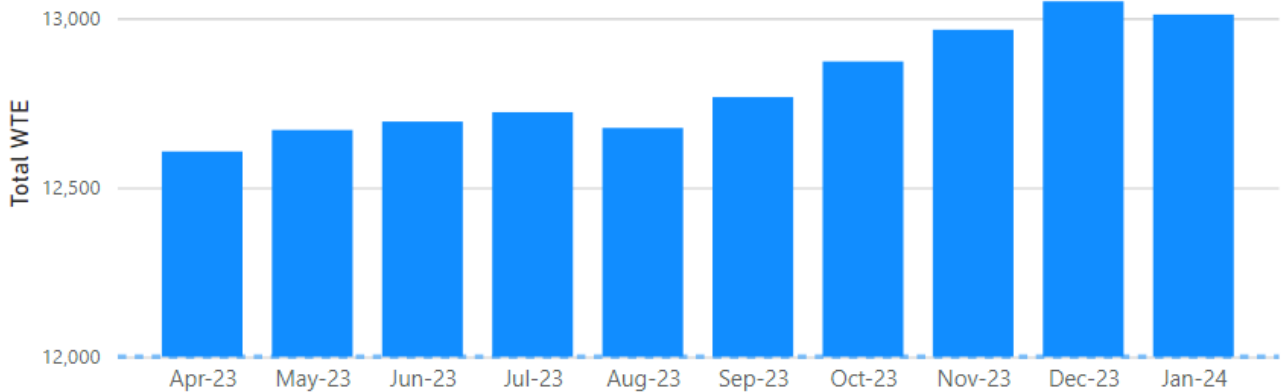
Substantive staff

Substantive pay was £58.9m in January, costs increased by £0.09m compared with December due to the impact of junior doctor industrial action in January coupled with additional consultant sessions.

Month 10 includes 13,011 wte employed staff, a decrease of 39 wte over the prior month.

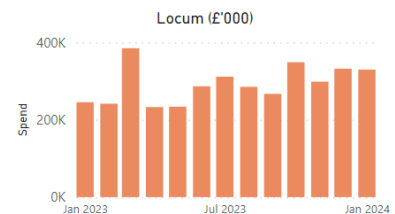
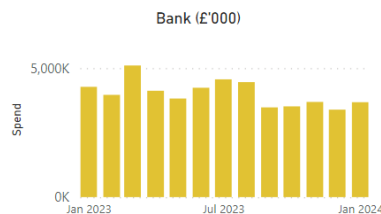
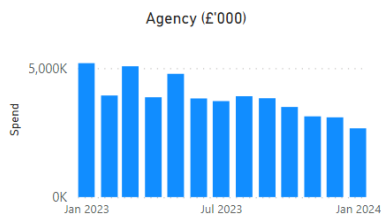
² To enable useful comparisons and trends all references to 22/23 pay expenditure exclude the month 12 expenditure for additional employer pension contributions (6.3%/£27.5m).

Substantive WTE - 2023/24

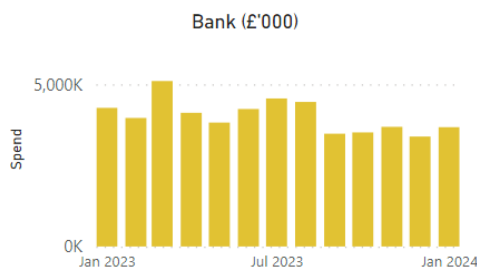


Variable pay

Variable pay (agency, bank and locum) was £6.7m in January. The monthly average variable pay is currently running at £7.8m for 2023/24 (£9.2m average 22/23). Vacancy cover along with sickness and enhanced care continue to drive a financial pressure as well as pressure on our workforce. Mental Health remains an area with a sustained increase in acuity which subsequently impacts variable pay. Nursing bank expenditure increased in-month which is likely to be the effect after the Christmas period. Medical agency costs decreased in-month linked to a review of aged shifts above 3 months provided for in specific Divisions.



Bank staff

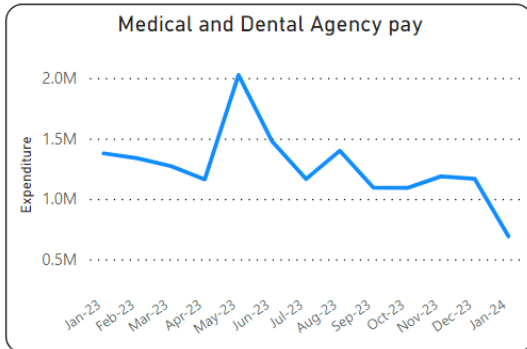


In-month spend of £3.7m, a £0.3m increase compared with December, and reduced compared to the average spend April-January (£3.9m per month).

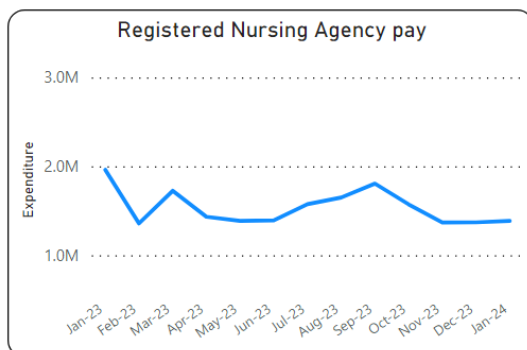
- Flexible rewards ceased end of August 23. Flexible rewards costs were £0.6m in August, with no new costs incurred since (£2.7m year to date).
- Continued pressures in Medicine wards, GUH Acute Medicine and GUH ED (c.£1.4m).
- Enhanced care / observation shifts particularly linked to Mental Health (£0.45m).
- Continued expenditure in Critical Care, General Surgery and Trauma & Orthopaedics for operational pressures / elective activity (£0.6m).
- Average bank spend in 2022/23 was £3.8m per month

Agency

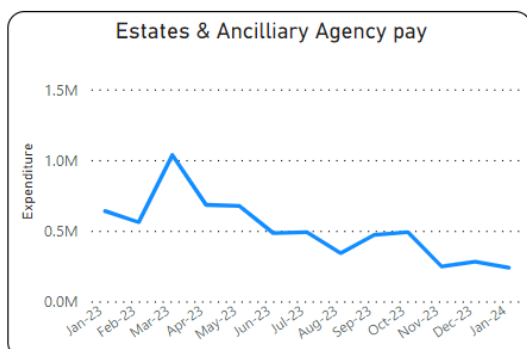
Total agency spend in January was £2.7m compared with £3.1m in December.



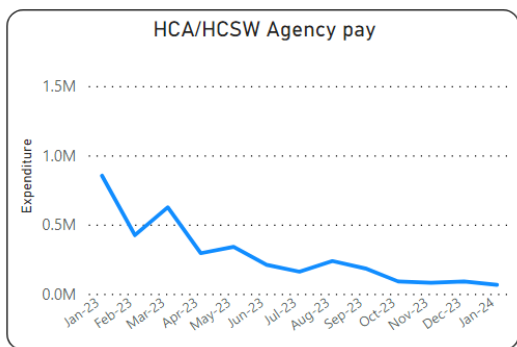
- In-month spend of £0.7m, a £0.5m decrease compared with December.
 - On-going expenditure in specialist Mental Health, Managed Practices and Community Hospitals (£0.25m)
 - Continued pressures in Medicine wards, and GUH ED to cover operational pressures (c.£0.15m).
 - COTE expenditure (c.£0.07m) for operational pressures.
 - Trauma & Orthopaedics costs (c.£0.1m) for junior rota (vacancies) and orthogeriatric cover that was implemented post GUH.
- Medical agency spend averaged c.£1.3m per month in 2022/23.



- In-month spend of £1.4m a similar level compared with December. Average spend per month, year to date, is £1.4m per month.
- Reasons for use of registered nurse agency include:
 - Vacancy cover
 - Additional service demand,
 - Enhanced care and increased acuity of patients across all sites, and
 - On-going sickness and international recruitment costs,
 - On-going costs in GUH Emergency Department (c.£0.3m) and medicine wards (c.£0.4m) linked to enhanced care, sickness pressures as well as vacancy cover. Mental Health agency costs of £0.1m mainly linked to enhanced care cover.
 - Registered Nursing agency spend averaged c.£1.8m per month in 2022/23.



- In month spend of £0.24m on Estates & Ancillary agency, a similar level compared with December.
- Reasons for use of agency include:
 - Meeting enhanced cleaning standards,
 - Other additional surge capacity,
 - Sickness,
 - Vacancies and
 - Supporting National Covid-19 programmes (Mass Vaccination).
- Estates and Ancillary agency spend averaged c.£0.65m per month 2022/23.



- In month spend of £0.065m on HCSW agency, showing sustained improvement at a similar level to December
- Areas where spend remains are:
 - MH&LD £20k including: £16k in Psychiatric ICU,
 - PCCS £28k across the wards including: £11k in County, £4k in YAB & £12k in STW.
 - Medicine £7k across the wards including: £2k NHH & £5k YYF
- HCSW agency spend averaged c£0.88m per month in 2022/23.

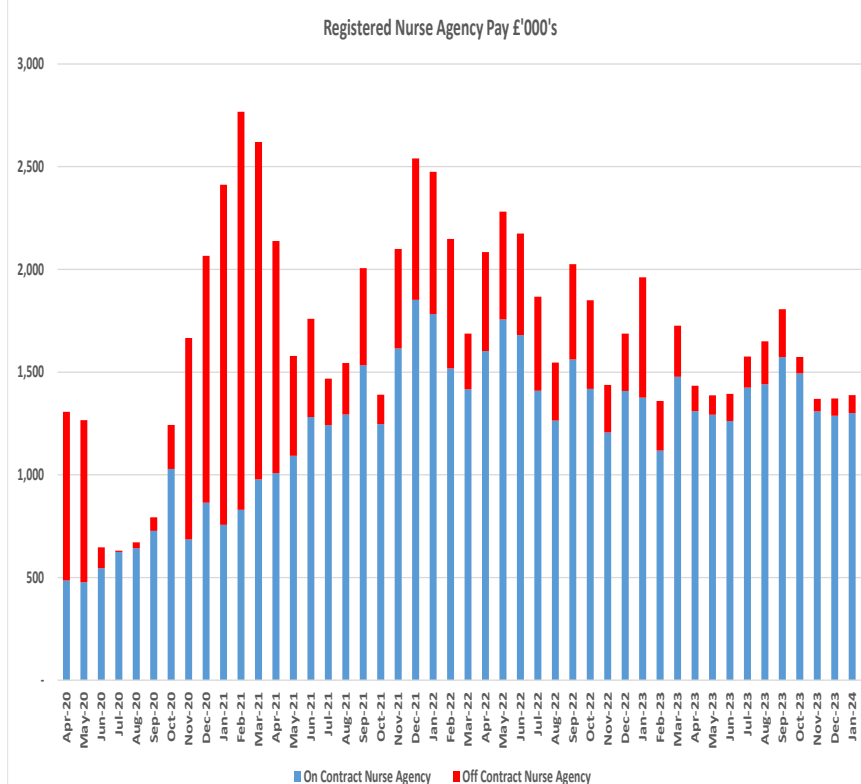
Registered Nurse Agency

Health Board spend in January 2024 on RN agency is £1.4m which is at a similar level compared with December 2023. Any impact due to the removal of the flexi rewards for Bank staff is being monitored. It is forecast that decreases in bed capacity should directly reduce agency costs, albeit there will be limited opportunity for this during the winter period.

Current indications are that 23/24 agency costs would be in the region of £17.9m.

Registered nurse agency spend totalled £22m in 2022/23, £22.8m in 2021/22, £18.1m in 2020/21 and £10.2m in 2019/20.

The use of “off-contract” agency i.e. not via a supplier on an approved procurement framework usually incurs higher rates of pay, is decreasing but remains a pressure and last resort for the Health Board.



The Health Board spent £0.09m on “**off**” **contract** RN agency in January which is a similar level compared with December. These costs reflect the on-going vacancy cover as well as smaller usage for other operational pressures such as:

- Enhanced care,
- Additional capacity,
- Nursing vacancies,
- Patient safety, and
- Increased sickness and cover for staff in isolation.

Implications of Nursing Shift ‘Fill Rate’

It should be noted that there remain high levels of unfilled shifts. Whilst filling these shifts may improve workforce and service provision, there would be an increased cost. In January there were approximately 130 unfilled registered nursing shifts and 420 unfilled HCSW shifts, which could in total result in a further c.£0.2m if these shifts were filled. The increase in substantive appointments has now significantly decreased the level of unfilled shifts which demonstrates a service improvement but presents some financial risk in terms of variable pay reduction opportunity.

Junior Doctor industrial action

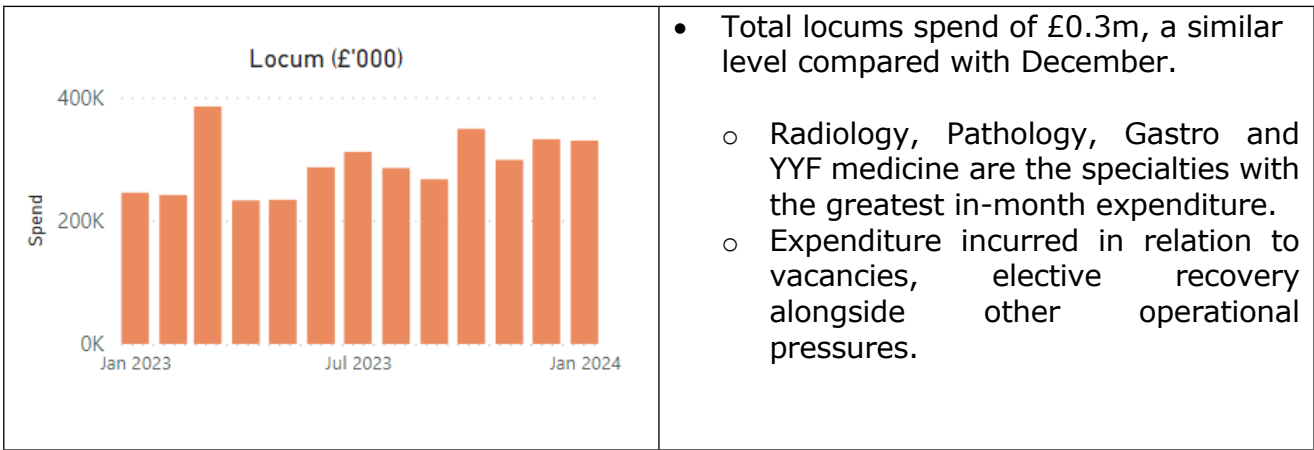
The impact of the junior doctor industrial action in January is summarised in the tables below.

	Day	Night	Total
Total Shifts	881	124	1,005
Total Hours	6,610	927	7,538

	Day £	Night £	Total £
Cross Cover Cost	843,071	118,241	961,312
A4C Overtime			20,470
Gross Impact	843,071	118,241	981,782

It should be noted that there were payroll deductions of approximately £0.173m and therefore the net impact is £0.809m. It is noted that the impact of additional annual leave cover is unconfirmed and will require further update in future months.

Medical locum staff

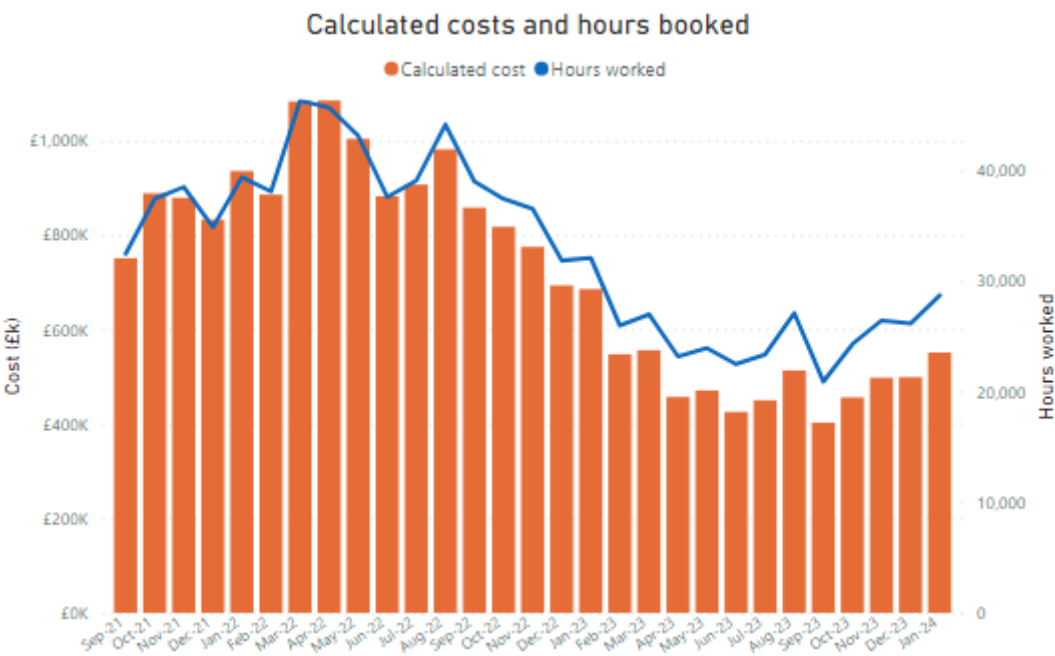


Enhanced Care

Enhanced Care, also known as ‘specialling’, can be provided for a variety of reasons ranging from the provision of assistance to help a patient mobilise or avoid falls through one-to-one patient monitoring. Enhanced care is designed to ensure an appropriate level of safety and supervision for patients with additional care needs.

The following graph highlights the hours attributed to enhanced care for the period September 2021 to January 2024 (£0.6m ‘notional calculated’ expenditure in January) using bank and agency registered nurses and health care support workers. The trend suggests that targeted actions may be having a positive impact on enhanced care usage, in conjunction with other reasons for reduced variable pay usage.

Enhanced Care bank and agency calculated costs and hours booked.



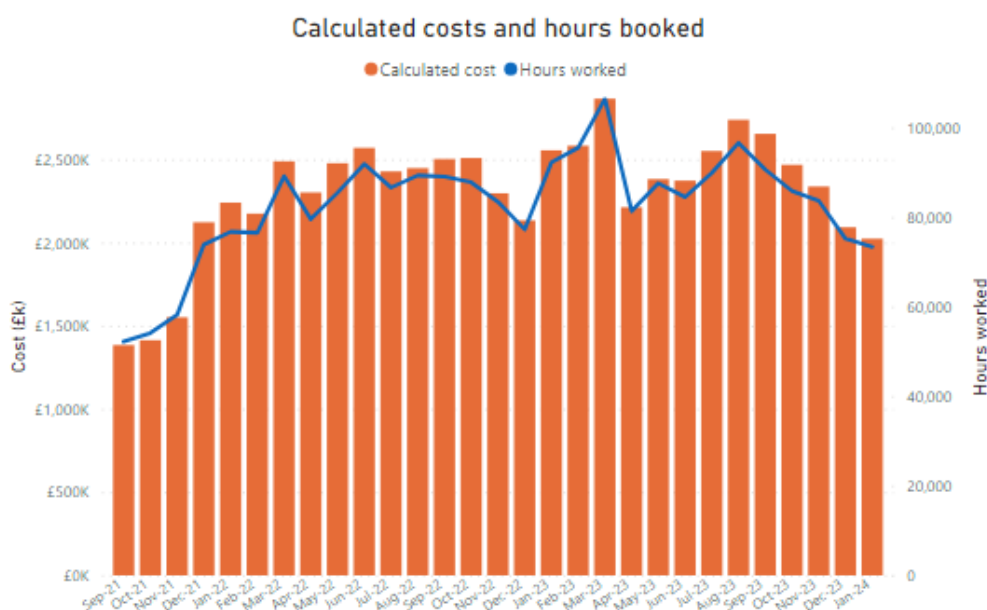
The level of the provision of enhanced care for patients within the Medicine Division for April to January 2024 is shown below, it shows a small increase in January within NHH and YYF off-set by a decrease within GUH and RGH. It is assumed that the decreases are linked to where the ‘patient safety’ reviews have been undertaken, any longer-term impact of these is to be monitored.

Enhanced Care by Hospital Site as a percentage of total bed capacity	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10
RGH										
Total no of Medicine beds	192	192	192	192	192	192	192	192	192	192
Monthly average enh care patients	46	38	32	31	42	37	22	33	33	29
%age of beds in receipt of enh care	24%	20%	17%	16%	22%	19%	12%	17%	17%	15%
NHH	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10
Total no of Medicine beds	164	164	164	164	164	164	164	164	164	164
Monthly average enh care patients	17	17	23	23	24	25	23	23	20	24
%age of beds in receipt of enh care	10%	10%	14%	14%	15%	15%	14%	14%	12%	15%
GUH	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10
Total no of Medicine beds	91	91	91	91	91	91	91	91	91	91
Monthly average enh care patients	14	12	12	11	10	9	12	12	15	12
%age of beds in receipt of enh care	15%	13%	13%	12%	11%	10%	13%	13%	16%	13%
YYF	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10
Total no of Medicine beds	148	148	148	148	148	148	148	148	148	148
Monthly average enh care patients	33	35	30	27	28	18	14	20	19	23
%age of beds in receipt of enh care	22%	23%	20%	18%	19%	12%	9%	14%	13%	16%
Total										
Total no of beds	595	595	595	595	595	595	595	595	595	595
Total monthly average enh care patients	110	102	97	92	104	89	71	88	86	88
	18%	17%	16%	15%	17%	15%	12%	15%	15%	15%

Nursing vacancy cover

The graph below presents the bank and agency hours and costs relating to those shifts booked to cover vacancies. The graph highlights that in January 2024 variable pay relating to vacancies remains significant and is c.£2.0m of 'notional calculated' expenditure.

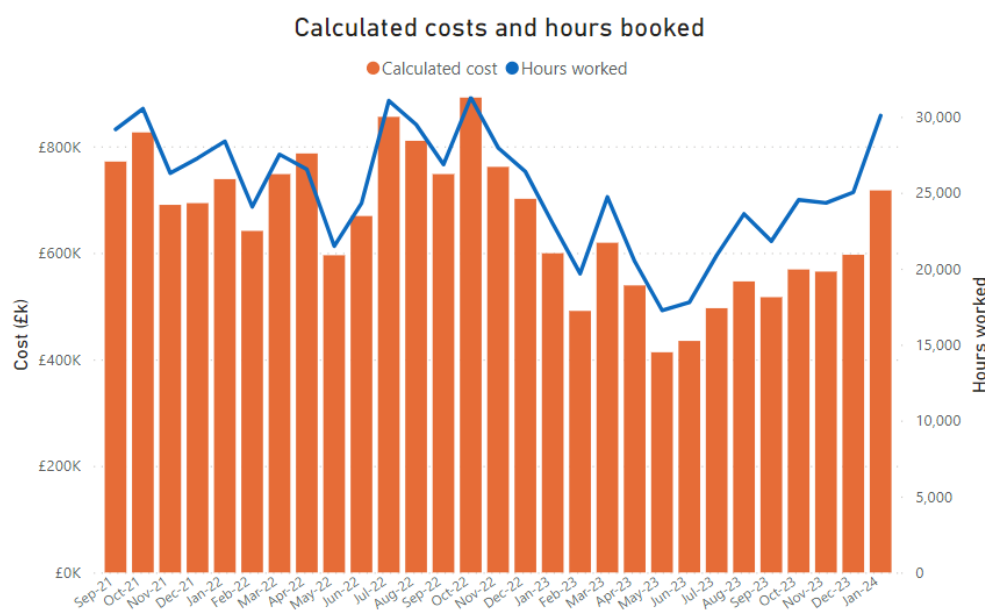
Calculated bank and agency costs / hours booked to cover shifts resulting from vacancies.



Nursing sickness cover

The graph below presents the bank and agency hours and costs relating to those shifts booked to cover sickness as input onto the e-roster system. The graph highlights that in January 2024 variable pay relating to sickness is significant (c.£0.7m) of 'notional calculated' expenditure.

Calculated bank and agency costs / hours booked to cover shifts resulting from sickness.

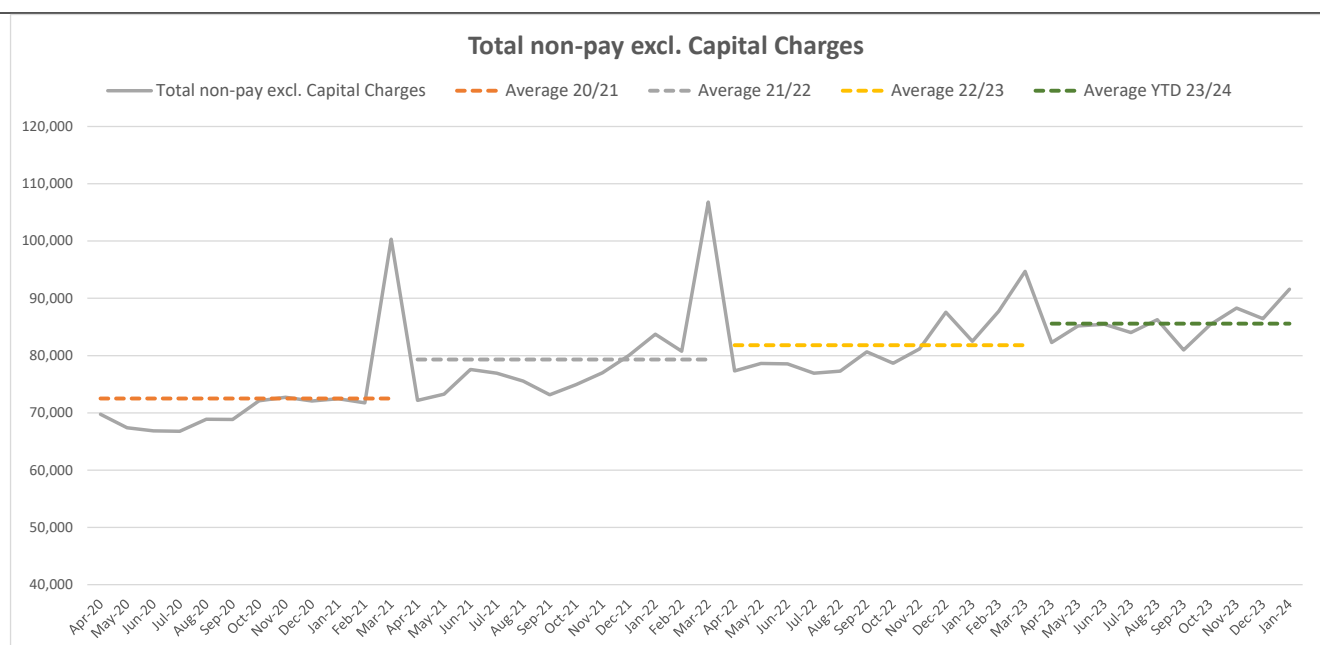


Non-Pay

Spend (excluding capital) was £91.6m in January, which is a £5.1m increase when compared with December. Key reasons include:-

- SEW Regional Ophthalmology costs (funded through planned care recovery monies) were paid to other organisations of £2m,
- Funded Regional Partnership Board costs of £2m,
- Additional Paediatric CHC costs off-set £1.2m
- WHSSC funded treatment costs paid in month 10 of £0.25m,
- 6 goals associated costs of £0.45m.
- Dental contract funded costs incurred in month 9 (£1m),

The graph below presents non-pay expenditure since April 2020 (it should be noted that the peaks are year-end adjustments and Month 12 items):-



Energy

Energy costs remain a volatile cost pressure, additional non-recurrent funding received in 2022/23 was c.£13.7m with total expenditure of c.£22.2m. 2023/24 forecasts will continue to be updated in line with the latest data and advice received by NWSSP as well as internally for those energy costs outside of this arrangement. The latest forecast was received on the 6th February and is reflected in the following table.

Forecast expenditure for 2023/24 as at month 10 is £16.8m, compared with c.£29m IMTP estimates and the baseline 2022/23 costs of £22.2m.

Energy Report	2022/23 costs (baseline) (£'000)	2023/24 costs (forecast) (£'000)	Variance (£'000)
Total Shared Service Energy Cost	20,620	15,155	(5,465)
Total Other Energy costs	571	777	206
NWSSP (Greenvale Laundry)	992	877	(115)
Total	22,183	16,809	(5,374)

Note 2022/23 experienced a significant energy cost increase over 21/22 of £13.7m.

The current energy costs above the original 2021/22 baseline are lower than the anticipated allocation at present however the other energy costs outside of the NWSSP contract forecast are currently being reviewed since the latest forecast has increased compared to earlier in 2023/24.

CHC

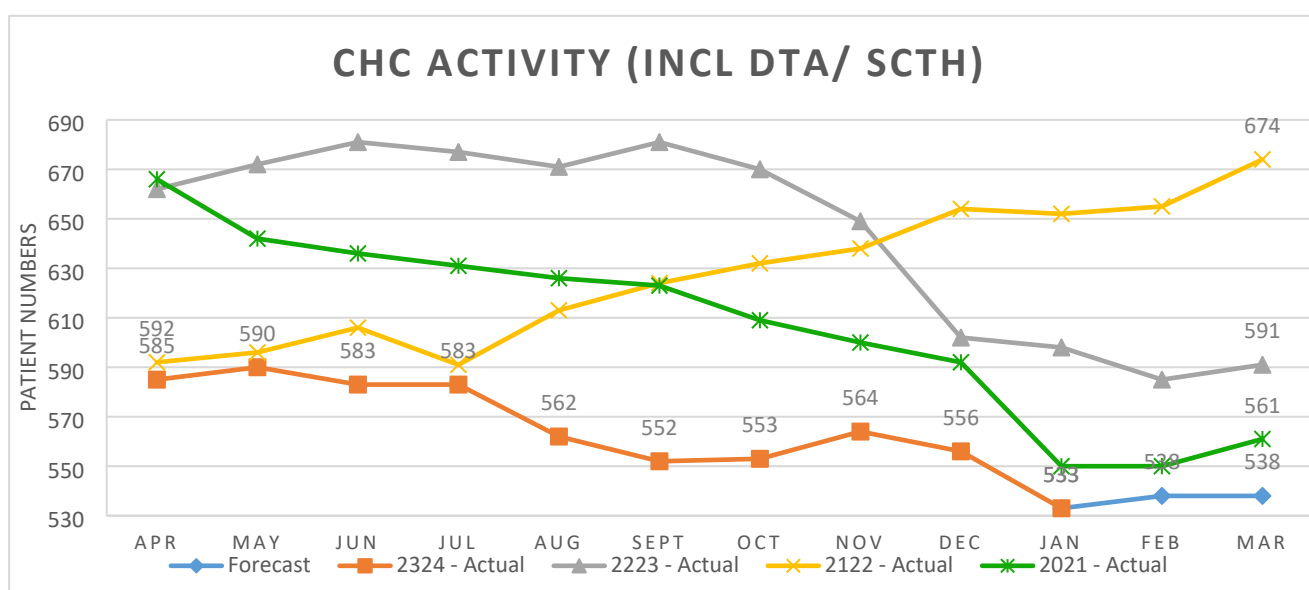
- CHC Mental Health – the patient numbers at the end of January were 418 at an expected cost of £4.3m (414 patients at a cost of £4.1m in December).
- CHC Adult / Complex Care - 533 total active placements on 31st of January at a cost of £4.4m in-month (decrease of 23 from previous month). There was a decrease of 1 D2A patients and a decrease of 4 placements on the 'Step Closer to Home' pathway in January.
- Delays in the step closer to home pathway, where patients are not eligible for CHC, are being caused due to resistance from social care services in allocating a social worker. This is impacting the number of patients being discharged.
- The table below summarises the current position (patients and forecast costs):

Activity	Jan 2024	Dec 2023	Movement
D2A	20	21	-1
Step Closer to Home	5	9	-4
All Other CHC	508	526	-18
Total	533	556	-23

£'000	M10 Forecast	M09 Forecast	M08 Forecast
D2A	2,167	2,273	2,165
Step closer to home	435	484	510
All other CHC	40,534	40,693	40,762
Total	43,136	43,450	43,437

- FNC - currently 1,064 active placements, which is an increase of 5 compared to December (expenditure of £1m in January).

Adult Complex Care CHC activity over the last four financial years is summarised in the chart below: -



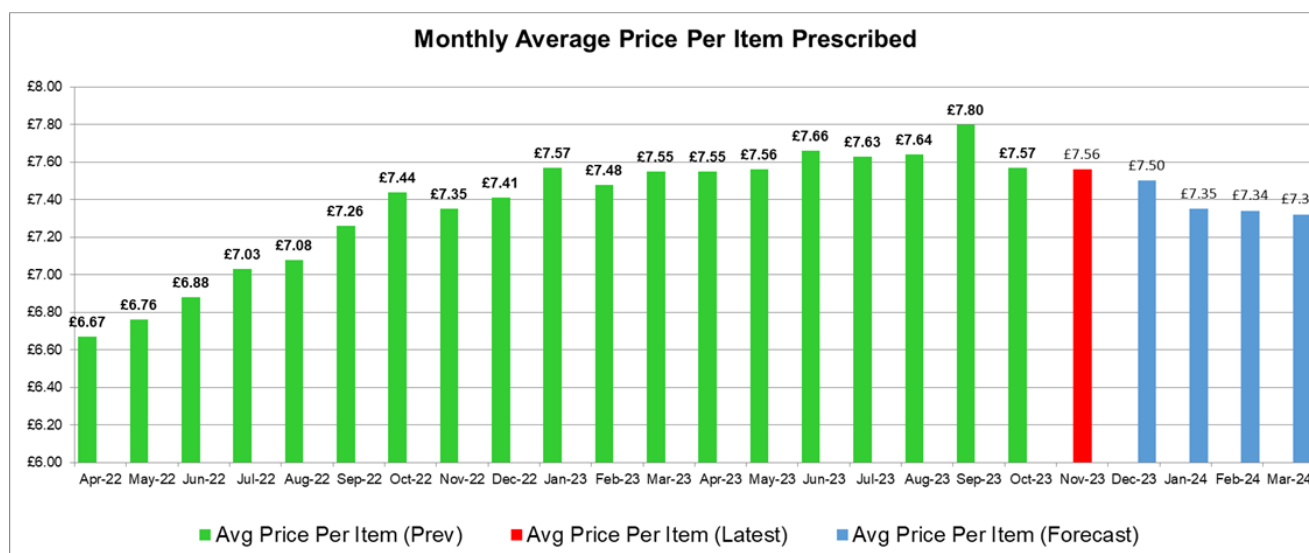
- CHC Paediatric – currently 15 Out of County patients (2023/24 year to date cost of £1.5m) and 15 internal packages (18 patients). There are 6 external and 2 internal high cost packages which continue to be a cost pressure against budget levels. There is also a high cost case awaiting a dispute panel discussion.

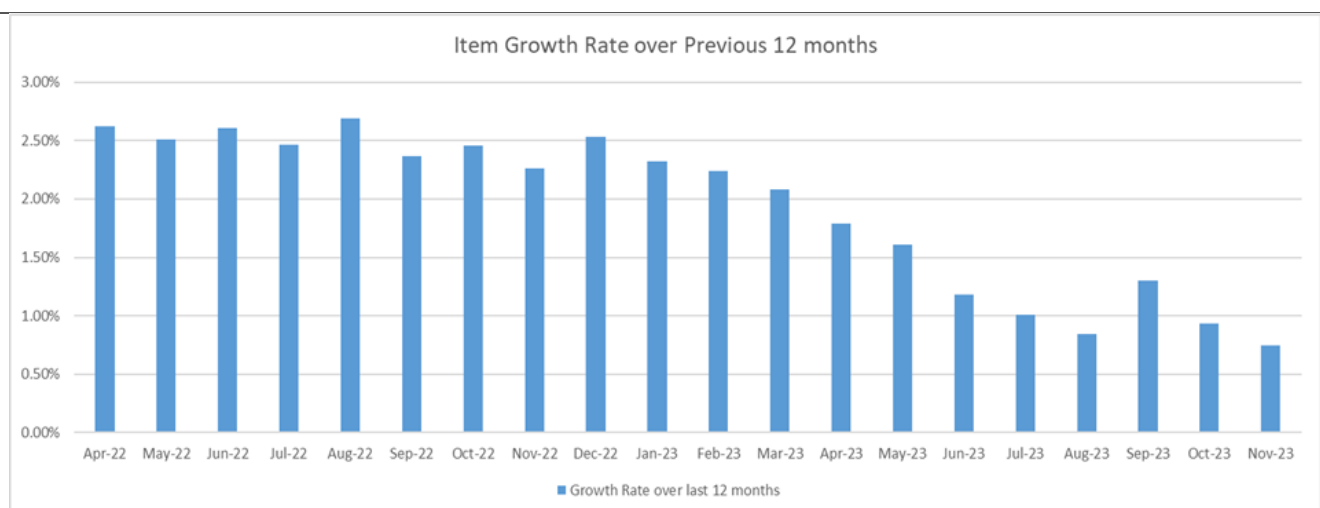
Prescribing

- Primary Care prescribing – the expenditure year to date is £101.2m. The January 2024 costs are based on November PAR data: -
 - IMTP item growth rate for 2023/24 of 0.54% (forecast volume of items based on the number of prescriptions for 23/24 is c.16.8m)
 - Current growth rate for the previous 12 months is 0.74 % taking into account the number of prescribing days
 - IMTP average cost per item was £7.20.
 - Average actual cost per item for 2022/23 was £7.21.
 - Average cost per item price forecast for 2023/24 (April-March) is £7.54. This has increased in month 10 by £0.03.

The above intelligence is indicating a spend forecast of £121.1m for 23/24, compared with budget of £114.9m.

The graphs below show the monthly average price per item and item growth: -





Scheduled Care treatments and outpatients

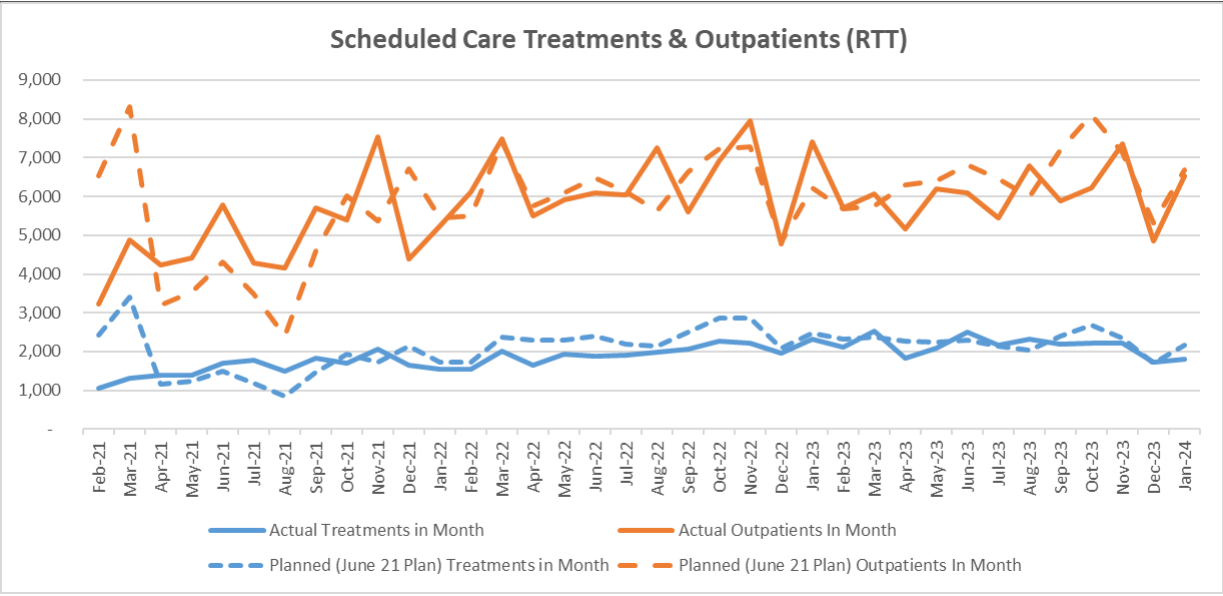
Elective Treatments for January '24 was 1,808 (December '23 was 1,717). Elective Activity in January has increased by 91 treatments compared with December (5% increase). The number of in month treatments are 356 below plan for January, resulting in a cumulative deficit against plan of 1,271 treatments.

Outpatient activity for January '24 was 6,538 (December '23 was 4,854). Outpatient activity has increased in comparison with the level achieved in December (increase of 1,684 attendances, 35%) but remains significantly (5,837 cases) below the planned levels on a year-to-date basis.

Activity levels were lower than expected and this is likely to be as a result of the industrial action undertaken in-month.

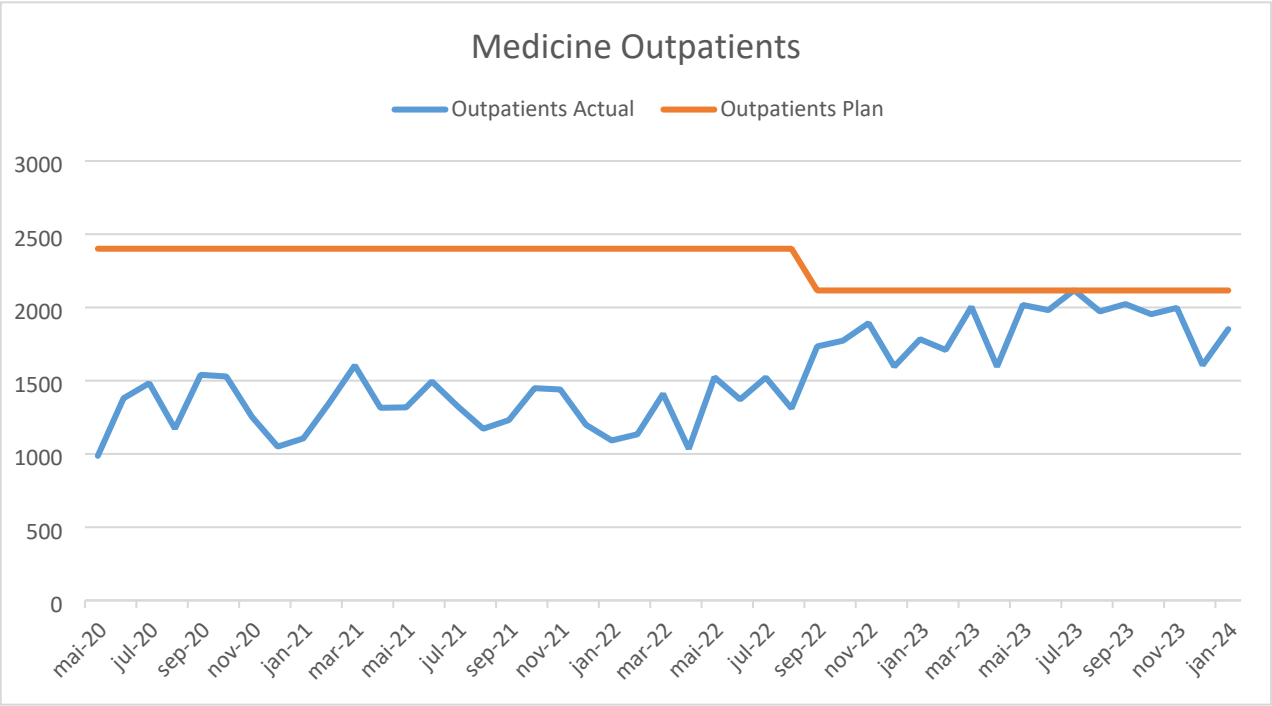
There were WLIs in-month for elective treatments to improve the 156 week position for ENT.

There remain significant efficiency opportunities in the delivery of elective care which need to be progressed as part of the Planned Care programme. The graph below presents performance compared to plan.



Medicine Outpatient Activity

Medicine Outpatient activity for January '24 was 1,852 attendances (December '23 was 1,606 attendances),the activity is presented below:

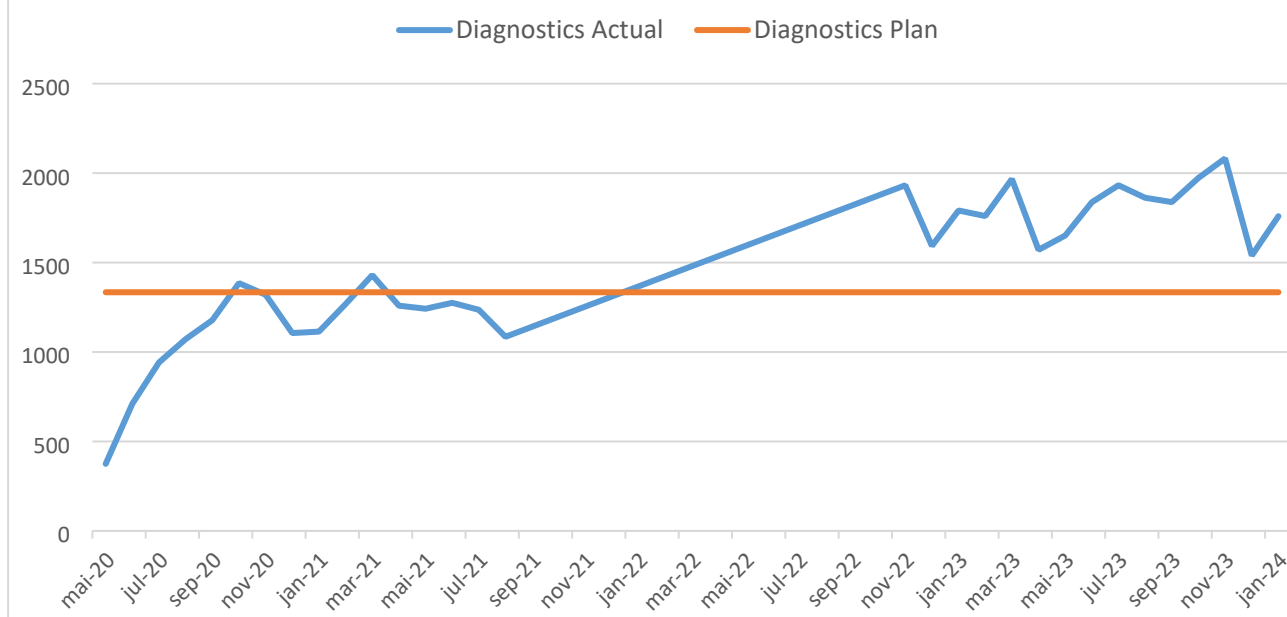


Medicine Diagnostics (Endoscopy) Activity

Medicine endoscopy activity for January '24 was 1,759 procedures which is 425 cases more than plan (December '23 activity was 1,539).

The activity undertaken since May '20 is shown below.

Medicine Diagnostics



Divisional analysis

Summaries of the Divisional forecast positions are included in the appendices. These include expenditure and budget profiles along with a list of savings schemes and their current progress. Note, the primary & community care and prescribing budgets have been 're-set' by the division during month 10, prior month comparatives have not been updated.

The table below identifies operational divisional forecasts at month 10.

Summary Reported position - January 2024 (M10)	Annual Year Budget £000s	Full-year forecast at M10 £000s	Full-year forecast at M09 £000s	Movement £000s
Operational Divisions:-				
Primary Care and Community	285,917	3,969	928	3,041
Prescribing	114,944	6,126	10,077	(3,951)
Community CHC & FNC	73,581	(3,911)	(3,672)	(239)
Mental Health	127,930	12,159	12,571	(412)
Scheduled Care	197,792	9,864	9,403	460
Clinical Support Services	62,608	(1,021)	(774)	(247)
Medicine	153,260	12,392	12,554	(162)
Urgent Care	34,965	5,194	5,119	75
Family & Therapies	132,514	5,700	3,715	1,985
Estates and Facilities	87,676	5,001	6,263	(1,262)

In line with the ABUHB performance escalation framework, Divisions with a forecast overspend attended escalation 'special budgetary financial review' meetings to

establish further plans to achieve an improved financial forecast, ensure control and governance procedures are maintained and identify any areas requiring support.

Divisional forecast movement summaries are as follows (f=favourable, a=adverse):-

- Primary Care and Community / Prescribing £0.9m (f) – due to Dental clawback (£0.9m) and CEPP/VAT on Oxygen contract (£0.05m) off-set by additional primary care staffing costs for the ready to go ward (£0.285m).
- Community CHC & FNC £0.2m (f) – impact of reduced actual and forecast numbers for CHC pathway.
- Mental Health £0.4m (f) –linked to CHC income recovery for a London patient (£0.045m), CHC review of case forecasts (£0.2m), release of aged medical accruals (£0.036m)and 111#2 funding (£0.22m) partly offset by an increase in variable pay in the Older Adult wards (0.06).
- Scheduled Care £0.46m (a) – increased forecast costs for haematology drugs and impact of junior doctor industrial action.
- Clinical Support Services £0.25m (f) – relating to maintenance contract reviews and other non-pay benefits.
- Medicine £0.16m (f) – Medical agency shift review (shifts > 3 month3 old) off-set by the impact of the Junior doctor industrial action.
- Urgent Care £0.075m (a) – increased costs relating to the Junior Doctor industrial action.
- The main driver behind the increase in Family & Therapies month 10 financial position and end of year forecast relate to the inclusion of a CHC package of care which was presented and discussed at the January 2024 Children's Continuing Healthcare Panel. An element of these costs has been included within the month 10 position and forecast, however, the value remains disputed with the LA.
- Estates & Facilities £1.261m (f) – impact of reduced energy costs which needs to be reviewed for other non NWSSP contract energy costs, the off-set is provided for centrally.

Covid-19 – 2023/24 Revenue Financial Assessment

Covid-19 funding of £15.4m (£10.82m received, £4.54m anticipated) is for specific schemes only these are:

- Nosocomial investigation- £0.753m
- PPE (quarters 1 and 2) - £0.977m
- Health Protection (quarters 1 and 2) - £4.517m
- Immunisation/Mass Vaccination (quarters 1 and 2) - £4.088m
- Adferiad (Long Covid) - £0.486m

Anticipated funding

- Immunisation (Mass Vaccination) (quarter 4) - £3.712m
- Health Protection (quarter 4) - £0.283m
- Adferiad (Long Covid) - £0.121m
- PPE (quarter 4) - £0.423m

Spend will continue to be reviewed as detailed service delivery plans and models are approved, however, the UHB's financial plan and forecast depends on the receipt and retention of the full levels of funding anticipated.

The Health Board continues to incur additional costs related to Covid-19 for enhanced cleaning standards, security and rental costs. These costs result in an on-going financial pressure for the Health Board.

Following a review of all operational expenditure relating to Health Protection, forecast expenditure remains at £12.6m.

As a result, anticipated income remains at £12.6m which is £0.3m below the original IMTP funding level of £12.9m. The forecast needs continued review to ensure that these costs are within the Health Protection funding envelope.

Revenue Reserves

Health Board reserves are held by the Board, until such time as they agree their use or delegate this responsibility to the Chief Executive as Accountable Officer. Agreed funding delegations per the Board Budget Setting paper have been actioned, however, some funding allocations are held in reserves, where their use is directed by Welsh Government or funding is allocated for a specific purpose or they are earmarked to support the financial position.

A number of items in reserves have been re-allocated to specifically indicate that they are supporting the financial position. A summary of all Health Board reserves on 31st January, along with details of amounts approved for delegation by the CEO in Month 10 can be found in the appendices.

Long Term Agreements (LTA's)

ABUHB has signed LTA documentation with all organisations, except ABUHB has not received back signed documentation from CTM where ABUHB is the provider of services (£1.06m).

ABUHB and Cwm Taf have signed a Heads of Agreement 2023-24 reflecting the arbitration outcome where ABUHB were successful in reducing the commissioning contract by c.£2m for 2023/24.

Meetings have commenced with CTMUHB to establish a revised LTA contract for 2024/25, however, there is likely to be continued differences between the intentions of each Health Board.

Underlying Financial Position (ULP)

The Underlying (U/L) forecast position was a brought forward value of £89.6m. The current revised carry forward position into the 2024/25 financial year is assessed to be aligned with the revised 2023/24 £145m forecast deficit reduced by anticipated funding. This forecast will undergo further review during 2023/24 as part of the 2024/25 annual plan process.

The analysis of the c/f underlying deficit is as follows: -

- Mid-Year Review revised forecast (from plan £112m) - £145.7m
- Additional WG funding (received Month 7 assumed recurrent) - £64.5m
- **Total - £81.2m**

It is noted that this assumes Health Board savings and mitigating actions for 2023/24 are implemented in line with the plan.

Financial sustainability is an on-going priority and focus for the Health Board & will form the basis upon which the 2024/25 Annual Plan is developed.

It should be noted that although the £64.5m allocations are recurrent in principle they are **conditional** on HB's making progress to delivering the WG target control totals, £13m deficit for ABUHB. The reduction in forecast by £2.5m for January in addition to the £1m reduction in December demonstrates progress.

Savings delivery

As part of the IMTP submitted by the Board to Welsh Government, the financial plan for 2023/24 identified an ambitious savings requirement of £51.5m. As at Month 10 the forecast achievement in 23/24 of green and amber schemes is reported as £43.3m. This includes the additional options considered and approved by the Board on the 11th October.

Of the expected £43.3m savings delivery, actual savings delivered to January amount to £32.5m.

As part of revised escalation arrangements the Board has established a Value and Sustainability Board to progress savings, delivery of mitigations, Executive leads have been allocated to the following themes:-

- CHC
- Medicines Management
- Non-pay
- Workforce
- Service reconfiguration
- Prevention
- Digital

The challenge for ABUHB is significant and the reported forecast deficit at month 10 is based on mitigations considered by the Board on the 11th October and at previous sessions.

The table below presents the month 10 updated forecast savings profile:

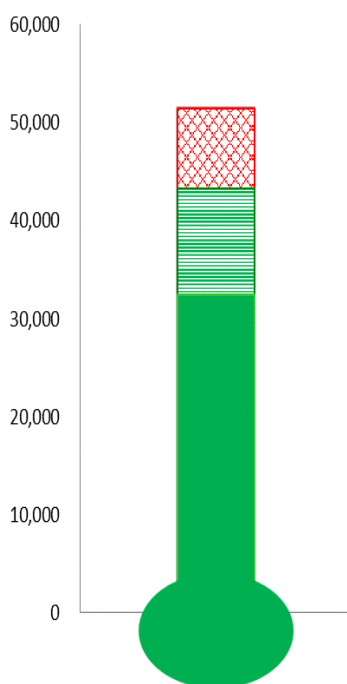
	£m					
RAG Rating	IMTP	Month 6	Month 7	Month 8	Month 9	Month 10
Green	24.0	29.0	29.2	32.6	34.0	34.2
Additional Green ideas		5.6	6.4	6.5	6.5	8.1
Amber	8.0	7.9	6.5	2.6	1.9	0.9
Red savings variance	19.5	9.0	9.4	9.8	9.1	8.2
Total	51.5	51.5	51.5	51.5	51.5	51.5

The year to date savings delivery is £32.5m.

Savings Progress as at Year to Date

Month 10

- ABUHB Savings required to be Identified Per IMTP Submission
- ◇ IMTP Savings Identified to WG
- ▨ Savings Plans Forecast Delivering
- Savings Achieved to M10



Month 10 Forecast Savings Plans

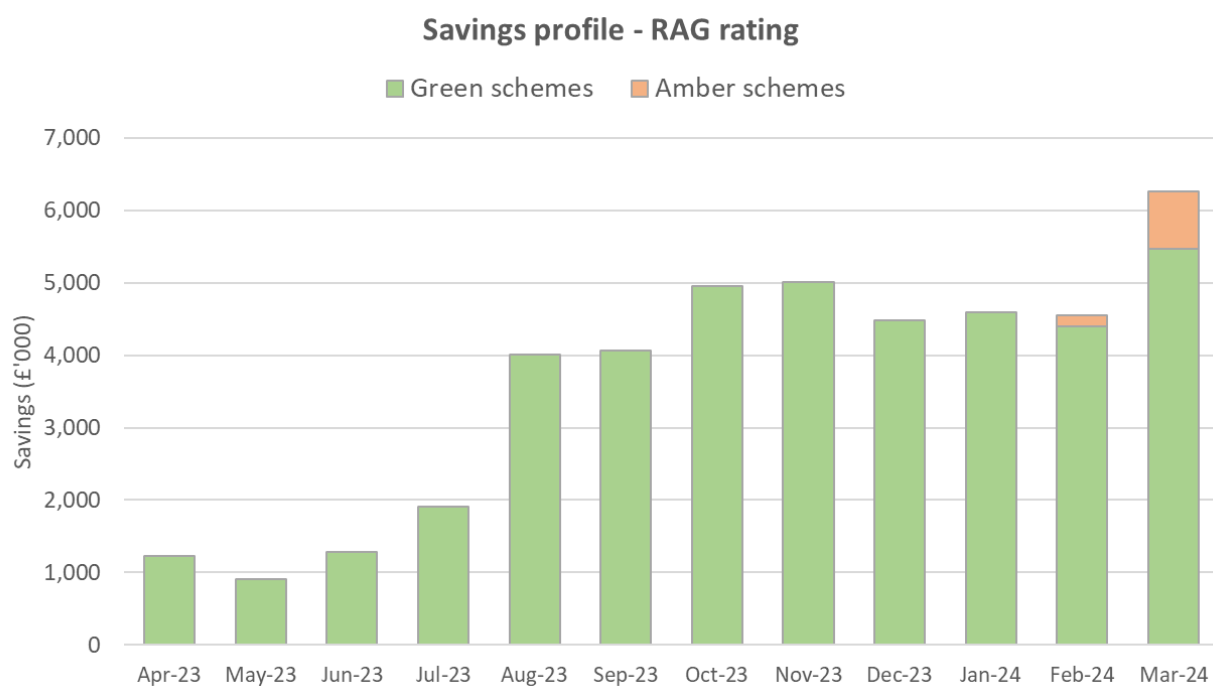
	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	6,940	1,430	5,510	7,010
Commissioned Services	7,014	3,195	3,819	3,819
Medicines Management (Primary and Secondary Care)	5,627	21	5,606	8,291
Pay	14,261	4,871	9,390	9,920
Non Pay	9,435	5,803	3,632	3,953
Total	43,277	15,320	27,957	32,992

Month 10 Forecast Savings Plans – Green

Green Savings schemes	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	6,940	1,430	5,510	7,010
Commissioned Services	7,014	3,195	3,819	3,819
Medicines Management (Primary and Secondary Care)	5,627	21	5,606	8,291
Pay	13,886	4,711	9,175	9,705
Non Pay	8,862	5,307	3,555	3,875
Total	42,328	14,664	27,665	32,700

To achieve the revised forecast the Health Board needs to ensure that savings plans are successfully implemented and that potential risks are offset by mitigation either through additional savings plans or other solutions.

The graph below describes the current profile of green and amber savings (£43.3m), noting that the delivery of other mitigating actions not reflected in the savings graph will be essential to support achievement of the £52.9m forecast deficit.



Savings Plans progress to Note

- The savings schemes relating to the closure of beds of £2.25m has been removed due to the on-going operational pressures. It should be noted that savings for Ruperra ward in St Woolos (24 beds) and smaller piecemeal bed closures have been included within Divisional plans and are shown as amber.
- Medicine reduced Cardiology evening sessions from 4 to 2, however, this is impacting the waiting lists and may need to be reconsidered.
- Urgent Care are reviewing the use of Discharge Lounges, this needs to be considered alongside discharge improvement plans.
- Good progress is now being made with CHC package reviews.
- Dental clawback savings have been included in Month 10 of c.£1.2m

It is vitally important that all budget holders continue to pursue savings plans to meet the ABUHB financial target and mitigate operational pressures, however, it is acknowledged that the Junior Doctor strike will impact this work.

2023/24 IMTP revenue plan profile

The in-month variance profile submitted as part of the IMTP for 2023/24 is presented below:

£m Deficit (Surplus)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
Revised forecast position	12.27	12.27	8.75	8.90	8.90	8.75	8.90	8.90	8.90	8.90	8.90	8.48	112.85

The revised profile for 2023/24 with the updated forecast, current savings assessment and updated for new funding, noting the month 10 position is described as follows: -

£m Deficit (Surplus)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
Revised forecast position	13.49	15.98	14.52	13.11	14.32	10.74	(40.28)	4.85	1.01	0.54	2.335	2.340	52.935

Risks & Opportunities (2023/24)

There are significant challenges to achieving the financial forecast for 2023/24, which include: -

Risks:

- Ensuring delivery of the savings plans identified in the annual plan,
- Receipt of Strategic Cash funding from WG,
- Receipt of all full anticipated funding,
- Managing variable pay linked to workforce operational pressures,
- Identifying savings to mitigate any further financial pressures identified outside of the plan,
- Delayed transfers of care due to LA service challenges (estimated c.£6.5m year to date impact),
- Funding for any wage award or change in terms and conditions,
- Impact of any strike action,
- Prescribing growth in items and average cost per item,
- Further CHC fee uplifts above forecast levels,
- Inflationary impacts including provisions and supplies,
- Real living wage funding for Complex Care and Mental Health & Learning Disabilities methodology differences compared to WG,
- Mental Health SIF funding 23/24 anticipated element (50%) to review against funding received,
- Additional revenue costs due to IFRS 16,
- WCCIS in relation to the cessation of WG supporting the use of the platform required to run it, ABUHB has invested in staff to undertake work related to phases 2 & 3. If it is decided to cease this work then the costs of these staff will no longer be eligible for Capital funding and will transfer to revenue,
- The new funding indicated in Judith's Paget's letter was apportioned based on Commissioner shares, there is a risk that the HB will be directed to pass some of the funding through to the Providers of AB's services,
- IFRS 16 for PFI schemes. HM treasury has issued guidance related to the accounting / recording of the index linked payments in accordance with IFRS 16 from 2023/24. This could mean additional charges to revenue, this is being taken forward by WG colleagues,
- RISP national project – funding excluding VAT based on the assumption it is reclaimable along with any impact of an 'onerous' contract accounting requirements, and
- Impact on service delivery and performance on waiting times because of savings required.
- Specific economic factors/Ukraine conflict issues such as energy costs, supply chain issues and non-pay inflation including travel expense costs, and

- Additional national IMTP programme costs.

Opportunities

- Potential energy cost reduction using British Gas assumptions (noting that the UHB would need to retain the total anticipated funding for energy growth),
- A share of 6 Goals funding slippage, to be confirmed with the All Wales lead,
- VAT rebates,
- Velindre NICE performance,
- Re-review of 'discounted' savings ideas, and
- Maximising the opportunity to change services resulting in improved health outcomes for the population.

Capital

The approved Capital Resource Limit (CRL) as at Month 10 totalled £58.247m. Further funding letters have also been received in month totalling £1.133m, these will be added to the CRL in February. In addition, Charitable funds donations totalling £0.150m and disposals proceeds of £0.493m have been confirmed. The forecast outturn at Month 10 after adjusting for AWCP funding that is required to be returned in relation to underspends (£0.280m), is breakeven. The forecast AWCP underspend (£0.280m) relates to the YYF Centralised Breast Unit scheme which is nearing completion (further details below).

The Health Board confirmed the CRL requirements for all All-Wales Capital Programme (AWCP) schemes at the end of October. **Any future slippage will need to be managed by the Health Board through brokerage with the Discretionary Capital Programme.**

The handover and commissioning of the new Bevan (Tredegar) Health and Well-being Centre took place in January. Phase 2 (demolition of the existing Health Centre and car-parking) is anticipated to complete in September 2024. The scheme is forecasting an overspend of £0.478m in 2023/24 which is being funded by the Discretionary Capital programme (DCP). The current overall projected overspend for the scheme is £0.848m with the balance of this amount falling into 2024/25. Further risks are identified in relation to seven rejected compensation events which total £2.541m plus VAT (including re-design of the foundations (£0.753m plus VAT), costs associated with the cancellation of the brick supply (£0.644m plus VAT), the delay associated with the remedial works to the heart floor slab (£0.367m plus VAT) and delays in relation to the electricity and water meter installations (£0.534m plus VAT)) which are not currently built into the forecast outturn. If these claims are found to be valid, they will significantly increase the reported overspend position and will need to be funded via the remaining DCP contingency balance during 2023/24. An additional funding bid to WG is planned to be made in 2024/25 for unfunded costs in relation to inflation allowances on works and fees, EV charging and other required changes. These currently total circa £1.2m plus VAT.

Slippage of £480k is being reported on the NHH Satellite Radiotherapy Centre Scheme as the contingency sum allocated for the current financial year is not required in full. This slippage will need to be brokered via the DCP. There remains

a risk of further slippage as the scheme is currently tracking £1.5m behind the mid-year plan. A meeting has been called with the external advisors for the 9th February to confirm how the position will be recovered. WG have confirmed an additional £0.401m of funding in 2024/25 to address the Reinforced Autoclaved Aerated Concrete found to be present in an area of the existing hospital which will link to the new unit.

The new Unified Breast Unit at YYF Centralisation Unit is now fully operational and went live on the 5th February. The scheme is currently forecasting an underspend of £0.280m, however, the final account is still to be agreed with the contractor. WG approval is being sought to retain some of the underspend for additional equipment. Works on Newport East H&WBC continue with scheme completion now expected to be April 2025. The project budget remains under pressure due to additional asbestos and utility costs. There is a forecast overspend of £0.323m on the project overall which will impact on the 2024/25 DCP unless mitigated by additional funding and / or value engineering savings.

The RGH Blocks 1 & 2 Demolitions and Car Park scheme is forecasting slippage of £0.230m due to delays associated with the discovery and removal of further asbestos found under the building post demolition. WG have been advised of the brokerage with the DCP.

The main contractor has been appointed and works are expected to commence in mid-February on the CAMHS Sanctuary Hub scheme. Scheme completion is currently anticipated to be August 2025.

The GUH Emergency Department extension scheme was approved by WG in January. The underspend of £110k reflected against the scheme relates to the reimbursement to the DCP for prior year fees incurred.

Additional CRL funding has been received during January in relation to NHH RAAC works (£0.757m), Ty Gwent Lease enhancements (£0.150m) and Diagnostic equipment (£0.339m). Funding letters have also been received for End of Year funding in relation to essential works and equipment (0.452m) and IT replacements (£0.681m).

The Health Board Discretionary Capital Programme (DCP) funding available for 2023/24 is £7.107m made up of:

- 2023/24 DCP Funding - £9.521m (a reduction of 12% compared to 2021/22)
- Less 30% EFAB contribution - (£0.629m)
- Less 2022/23 AWCP scheme brokerage - (£2.278m)
- NBV of Assets Disposed - £0.493m

The opening DCP for 2023/24 was approved at the January 2023 Board meeting. The current forecast spend for approved DCP schemes is £7.516m generating an overspend against DCP of £0.409m. The overspend relates to the acceleration of 2024/25 DCP schemes in order to broker the slippage occurring on AWCP schemes.

The approvals received for the GUH ED Extension, NHH RAAC Urgent works, additional AWCP slippage and End of Year funding have reimbursed the 2023/24 Discretionary Capital Programme. The remaining contingency at the end of January is £1.207m. The remaining balance will be used to address any risks that emerge in relation to the Bevan (Tredegar) H&WBC disputed compensation events or to fund the acceleration of 2024/25 approved schemes.

Cash

The cash balance on the 31st of January is £10.81m, which is above the advisory maximum figure set by Welsh Government of £6m.

The main reason for the UHB holding £4.810m above the WG advisory sum is due to the following:-

- Payment received for an ICF invoice of £4m at the end of January, the timing meant the cash could not be utilised during the month. Changes to the processes for notifying the cash management team for large invoices have been implemented.
- Delay in being able to process capital invoices in line with the cash drawn resulting in a capital cash balance held of £3m.

Public Sector Payment Policy (PSPP)

The Health Board has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods in January and cumulatively (97.2% year to date). There has been a slight decrease in the number of NHS invoices paid within 30 days this month & cumulatively however the value of these invoices results in an increase in the percentage achieved.

We are continuing to work with those departments where invoices are being processed outside of the 30-day payment terms and at the NHS payment rate.

Argymhelliad / Recommendation

The Board is asked to note for assurance:

- The financial performance at the end of January 2024 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2023/24,
- The revenue reserve position on the 31st of January 2024,
- The Health Board's underlying financial position, and
- The capital position.
- Monitoring returns for month 10 for reference as an appendix

Note the appendices attached providing further detailed information.

Appendices:



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Monitoring returns:



ABUHB MMR
Commentary-Month



Appendix 2 - WG
MMR tables Month

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources Governance, Leadership & Accountability All Health & Care Standards Apply Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	ABUHB efficiency compendium
Rhestr Termiau: Glossary of Terms:	A&C – Administration & Clerical A&E – Accident & Emergency A4C - Agenda for Change AME – (WG) Annually Managed Expenditure AQF – Annual Quality Framework AWCP – All Wales Capital Programme AP – Accounts Payable AOF – Annual Operating Framework ATMP – Advanced Therapeutic Medicinal Products B/F – Brought Forward BH – Bank Holiday C&V – Cardiff and Vale CAMHS – Child & Adolescent Mental Health Services C/F – Carried Forward CHC – Continuing Health Care Commissioned Services – Services purchased external to ABUHB both within and outside Wales COTE – Care of the Elderly CRL – Capital Resource Limit Category M – category of drugs CEO – Chief Executive Officer CEAU – Children’s Emergency Assessment Unit CTM – Cwm Taf Morgannwg D&C – Demand & Capacity DCP – Discretionary Capital Programme DHR – Digital Health Record DNA – Did Not Attend DOSA – Day of Surgery Admission D2A – Discharge to Assess DoLS - Deprivation of Liberty Safeguards DoF – Director(s) of Finance DTC – Delayed Transfer of Care EASC – Emergency Ambulance Services Committee ED – Emergency Department EDCIMS – Emergency Department Clinical Information Management System eLGH – Enhanced Local general Hospital EFAB – Estates Funding Advisory Board

ENT – Ear, Nose and Throat specialty
 EoY – End of Year
 ETTF – Enabling Through Technology Fund
 F&T – Family & Therapies (Division)
 FBC – Full Business Case
 FNC – Funded Nursing Care
 GDS – General Dental Services
 GMS – General Medical Services
 GP – General Practitioner
 GWICES – Gwent Wide Integrated Community Equipment Service
 GUH – Grange University Hospital
 GIRFT – Getting it Right First Time
 HCHS – Health Care & Hospital Services
 HCSW – Health Care Support Worker
 HIV – Human Immunodeficiency Virus
 HSDU – Hospital Sterilisation and Disinfection Unit
 H&WBC – Health and Well-Being Centre
 IMTP – Integrated Medium Term Plan
 INNU – Interventions not normally undertaken
 IPTR – Individual Patient Treatment Referral
 I&E – Income & Expenditure
 ICF – Integrated Care Fund
 LoS – Length of Stay
 LTA – Long Term Agreement
 LD – Learning Disabilities
 MH – Mental Health
 MSK – Musculoskeletal
 Med – Medicine (Division)
 MCA – Mental Capacity Act
 MDT – Multi-disciplinary Team
 MMR – Welsh Government Monthly Monitoring Return
 NCA – Non-contractual agreements
 NCN – Neighbourhood Care Network
 NCSO – No Cheaper Stock Obtainable
 NI – National Insurance
 NICE – National Institute for Clinical Excellence
 NHH – Neville Hall Hospital
 NWSSP – NHS Wales Shared Services Partnership
 ODTC – Optometric Diagnostic and Treatment Centre
 OD – Organisation Development
 PAR – Prescribing Audit Report
 PCN – Primary Care Networks (Primary Care Division)
 PER – Prescribing Incentive Scheme

	<p>PICU – Psychiatric Intensive Care Unit</p> <p>PrEP – Pre-exposure prophylaxis</p> <p>PSNC –Pharmaceutical Services Negotiating Committee</p> <p>PSPP – Public Sector Payment Policy</p> <p>PCR – Patient Charges Revenue</p> <p>PPE – Personal Protective Equipment</p> <p>PFI – Private Finance Initiative</p> <p>RGH – Royal Gwent Hospital</p> <p>RN – Registered Nursing</p> <p>RRL – Revenue Resource Limit</p> <p>RTT – Referral to Treatment</p> <p>RPB – Regional Partnership Board</p> <p>RIF – Regional Integration Fund</p> <p>SCCC – Specialist Critical Care Centre</p> <p>SCH – Scheduled Care Division</p> <p>SCP – Service Change Plan (reference IMTP)</p> <p>SLF – Straight Line Forecast</p> <p>SpR – Specialist Registrar</p> <p>STW – St.Woolos Hospital</p> <p>TCS – Transforming Cancer Services (Velindre programme)</p> <p>T&O – Trauma & Orthopaedics</p> <p>TAG – Technical Accounting Group</p> <p>UHB / HB – University Health Board / Health Board</p> <p>USC – Unscheduled Care (Division)</p> <p>UC – Urgent Care (Division)</p> <p>ULP – Underlying Financial Position</p> <p>VCCC – Velindre Cancer Care Centre</p> <p>VERS – Voluntary Early Release Scheme</p> <p>WET AMD – Wet age-related macular degeneration</p> <p>WG – Welsh Government</p> <p>WHC – Welsh Health Circular</p> <p>WHSSC – Welsh Health Specialised Services Committee</p> <p>WLI – Waiting List Initiative</p> <p>WLIMS – Welsh Laboratory Information Management System</p> <p>WRP – Welsh Risk Pool</p> <p>YAB – Ysbyty Aneurin Bevan</p> <p>YTD – Year to date</p> <p>YYF – Ysbyty Ystrad Fawr</p>
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Finance & Performance Committee

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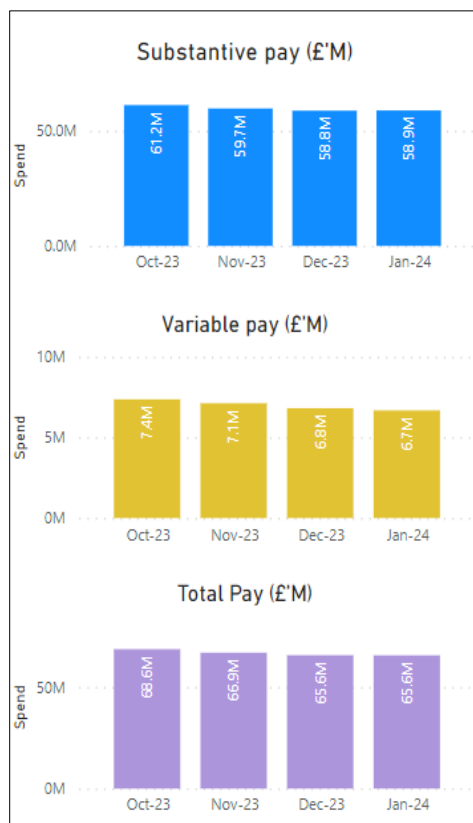
Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or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

Aneurin Bevan University Health Board
Finance Report – January (Month 10) 2023/24
Appendices

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Reserves	21
Cash / Public Sector Payment Policy	22
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External Contracts – Specialised Services	24
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Pay Summary (1) (subject to change excluding annual leave effect Pension employer costs):

Substantive (£'000)



Pay category	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
ADD PROF SCIENTIFIC AND TECHNICAL	2,429	2,163	2,150	2,139	2,305	2,334	2,335
ADDITIONAL CLINICAL SERVICES	9,152	8,071	7,755	7,816	8,001	7,746	7,712
ADMINISTRATIVE & CLERICAL	11,514	10,101	9,893	10,076	10,379	10,192	9,962
ALLIED HEALTH PROFESSIONALS	4,508	4,000	4,009	4,035	4,152	4,171	4,111
ESTATES AND ANCILLIARY	3,342	2,974	2,875	2,868	2,973	2,888	2,900
HEALTHCARE SCIENTISTS	1,238	1,118	1,111	1,112	1,136	1,131	1,160
MEDICAL AND DENTAL	13,297	13,297	13,213	16,884	14,212	13,998	14,178
NURSING AND MIDWIFERY REGISTERED	18,278	16,143	15,996	16,281	16,582	16,346	16,539
STUDENTS	5	4	4	2	2	4	2
Total	63,763	57,871	57,006	61,213	59,741	58,810	58,899

Change	%
1	0.1%
-34	-0.4%
-230	-2.3%
-60	-1.4%
12	0.4%
30	2.6%
179	1.3%
193	1.2%
-3	-61.4%
88	0.1%

Avg 22/23
2,027
7,111
9,419
3,839
2,781
1,039
13,085
15,603
9
54,913

Variable pay (£'000)

Pay category	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Agency	3,724	3,913	3,835	3,497	3,132	3,093	2,668
Bank	4,568	4,460	3,480	3,519	3,692	3,392	3,681
Locum	311	285	267	349	299	332	330
Total	8,603	8,658	7,582	7,365	7,122	6,817	6,678

Change	%
-425	-13.7%
289	8.5%
-2	-0.7%
-139	-2.0%

Avg 22/23
5,077
3,831
260
9,169

Total pay (£'000)

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Pay	72,366	66,529	64,588	68,578	66,863	65,627	65,577

Change	%
-50	-0.1%

Avg 22/23
64,082

Pay Summary (2): Substantive Pay

Substantive pay by analysis code



Analysis type by Division

Analysis type	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Total
ENHANCEMENTS						
Medicine	410	434	540	437	438	2,260
Scheduled Care	337	366	454	363	361	1,880
Estates and Facilities Division	346	340	382	316	315	1,699
Family and Therapies	279	299	351	295	280	1,504
Primary Care and Community	257	324	336	268	268	1,453
Mental Health and LD	205	212	257	212	207	1,092
Urgent Care	177	186	240	191	187	981
CHC and FNC	93	101	120	96	93	503
Clinical Support Services	95	99	113	89	90	486
Corporate	27	36	38	32	32	165
Total	2,226	2,396	2,831	2,300	2,270	12,024
Additional Hours	984	941	1,120	1,068	1,050	5,163
CONSULTANTS SESSION: CLINICAL	576	746	581	609	679	3,190
OVERTIME	218	249	324	260	272	1,323
Waiting List Payments: Consultants	191	218	219	132	126	886
ON CALL	59	65	70	62	60	316
Total	4,253	4,615	5,146	4,432	4,457	22,903

Pay Summary (3): Variable Pay (£'k)

Pay category	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Change	%
Agency															
Admin & Clerical Agency	79	10	147	72	64	77	49	41	39	86	38	29	67	38	131.0%
Allied Health Prof Agency	232	188	165	171	219	147	196	196	192	123	165	135	120	15	-11.3%
Estates & Ancillary Agency	639	560	1,036	683	675	483	490	341	471	489	246	281	239	42	-15.1%
Medical Agency	1,377	1,336	1,271	1,162	2,025	1,474	1,165	1,399	1,093	1,091	1,187	1,166	690	476	-40.8%
Nurse HCA/HCSW Agency	853	423	625	293	339	209	160	236	183	89	79	89	65	24	-27.3%
Other Agency	53	64	105	58	70	43	90	49	50	46	47	21	99	78	363.9%
Registered Nurse Agency	1,962	1,359	1,726	1,434	1,387	1,394	1,575	1,650	1,807	1,574	1,369	1,371	1,388	17	1.3%
Total	5,195	3,941	5,075	3,873	4,781	3,827	3,724	3,913	3,835	3,497	3,132	3,093	2,668	-425	-13.7%
Bank															
Admin & Clerical Bank	109	88	123	94	86	108	114	92	92	82	89	87	95	9	10.1%
Estates & Ancillary Bank	156	158	204	138	142	166	216	201	215	216	224	243	254	11	4.4%
Nurse HCA/HCSW Bank	1,614	1,452	1,765	1,598	1,485	1,635	1,811	1,816	1,438	1,520	1,572	1,473	1,711	238	16.2%
Other Bank	0	0	0	0	0	0	1	-1	0	2	-2	0	0	0	-1105.5%
Registered Nurse Bank	2,397	2,268	3,014	2,295	2,110	2,332	2,425	2,352	1,736	1,699	1,808	1,589	1,620	31	1.9%
Total	4,277	3,965	5,105	4,125	3,823	4,242	4,568	4,460	3,480	3,519	3,692	3,392	3,681	289	8.5%
Locum															
Medical Locum	245	241	385	233	234	286	311	285	267	349	299	332	330	-2	-0.7%
Total	245	241	385	233	234	286	311	285	267	349	299	332	330	-2	-0.7%
Total	9,717	8,148	10,565	8,230	8,838	8,355	8,603	8,658	7,582	7,365	7,122	6,817	6,678	-139	-2.0%

Agency (£'000)



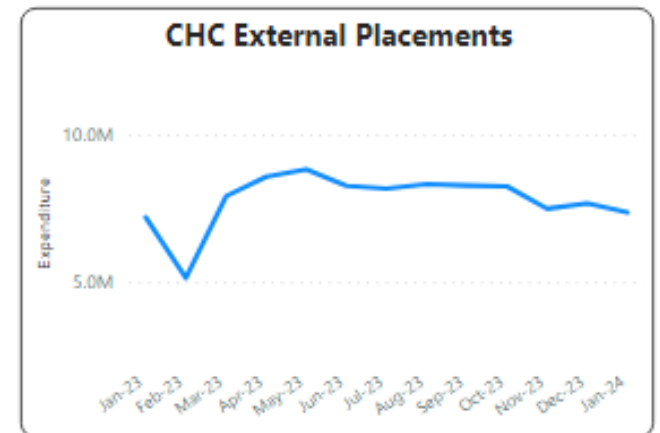
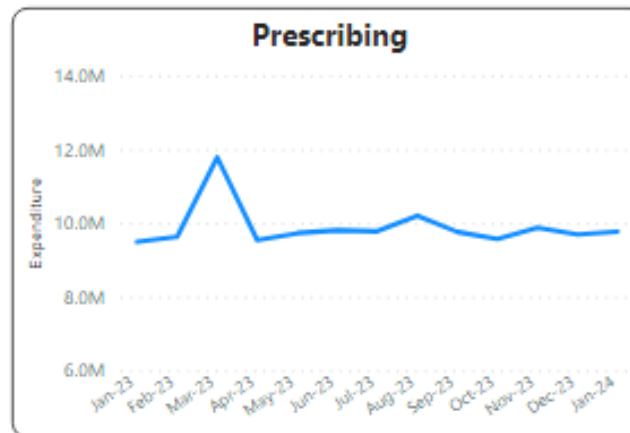
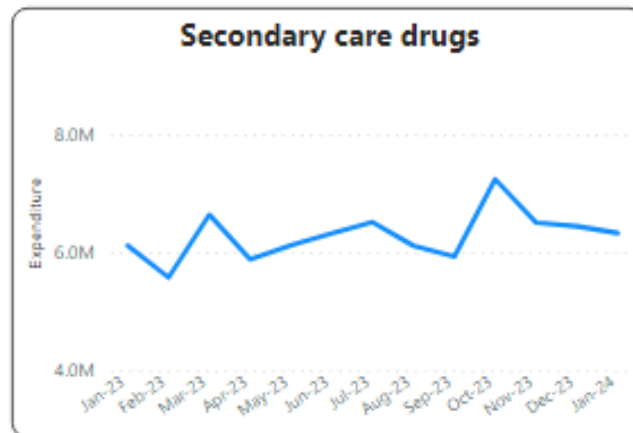
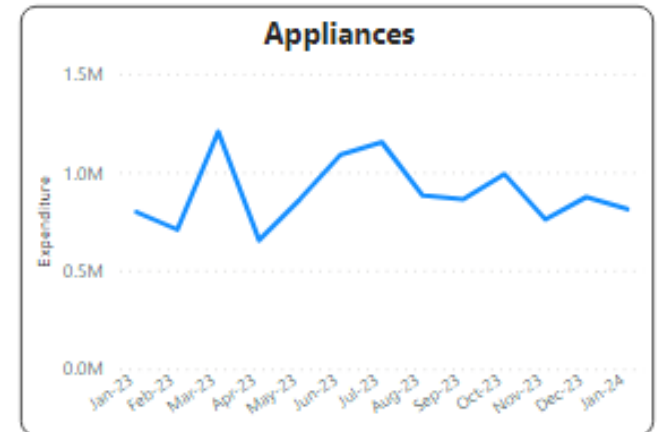
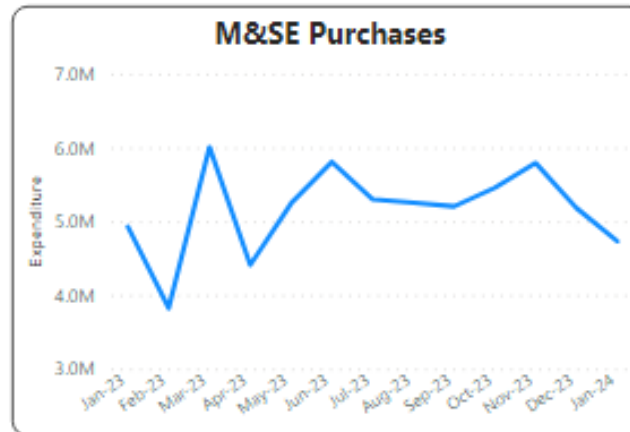
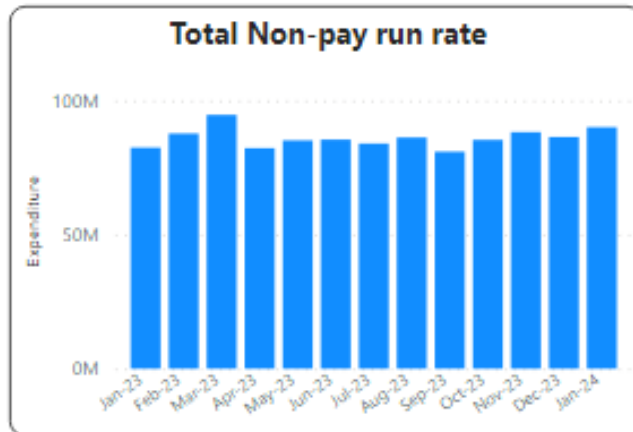
Bank (£'000)



Locum (£'000)



Non-Pay Summary:



Referral to Treatment (RTT):

Elective activity has significantly reduced as part of the Health Board's Covid-19 planned response. Whilst routine elective services have resumed, elective activity is still lower than pre-Covid-19 levels.

- Elective Treatments for January '24 was 1,808 (December '23: 1,717. 2022/23 total: 22,327, 2019/20 total: 28,004)

Planned Treatments (M10)						Actual Treatments (M10)						Treatment Variance (M10)					
Treatment	Core	Backfill	WLI	Other	Total	Treatment	Core	Backfill	WLI	Other	Total	Treatment	Core	Backfill	WLI	Other	Total
N107-Dermatology	214	0		0	214	N107-Dermatology	208	21	0	0	229	Derm	(6)	21	0	0	15
N147-ENT	126	0		0	126	N147-ENT	97	0	0	0	97	ENT	(29)	0	0	0	(29)
N105-General Surgery	280	56		0	336	N105-General Surgery	329	9	0	0	338	GS	49	(47)	0	0	2
N146-Oral Surgery	129	12		0	141	N146-Oral Surgery	206	0	0	0	206	Max Fax	77	(12)	0	0	65
N148-Ophthalmology	295	0		0	295	N148-Ophthalmology	235	0	0	0	235	Ophth	(60)	0	0	0	(60)
N108-Rheumatology	0	0		0	0	N108-Rheumatology	0	0	0	0	0	Rheum	0	0	0	0	0
N115-Trauma & Orthopaedics	457	138		0	595	N115-Trauma & Orthopaedics	440	6	0	0	446	T&O	(17)	(132)	0	0	(149)
N106-Urology	458	0		0	458	N106-Urology	254	3	0	0	257	Urology	(204)	3	0	0	(201)
	1,958	206	0	0	2,164		1,769	39	0	0	1,808		(189)	(167)	0	0	(356)

- Outpatient activity for January '24 was 6,538 (December '23: 4,854. 2022/23 total: 65,873, 2019/20 total: 75,707)

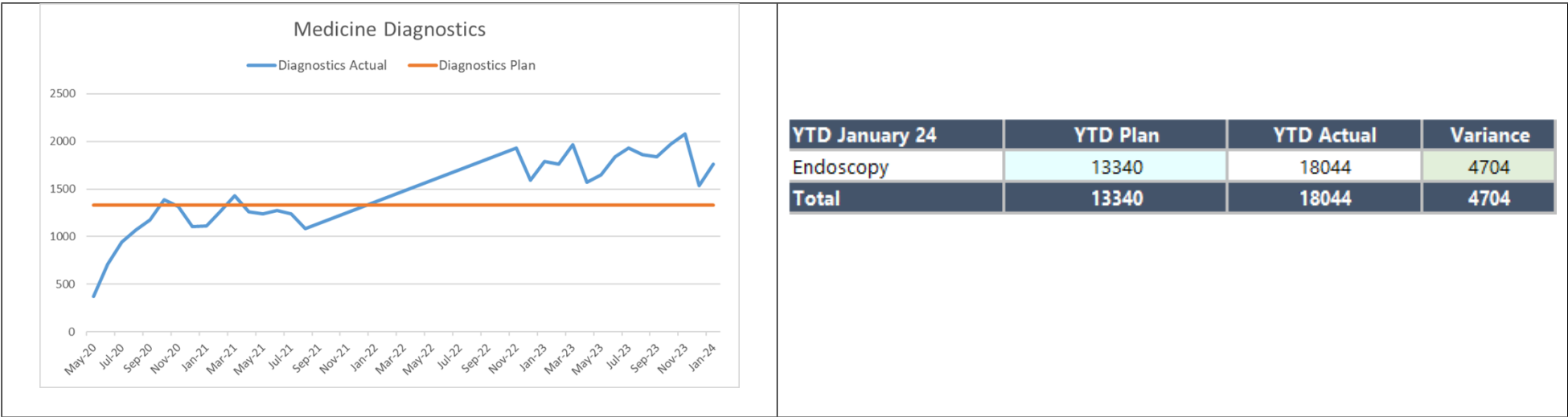
Planned Outpatients (M10)						Actual Outpatients (M10)						Outpatient Variance (M10)					
Outpatient	Core	Backfill	WLI	Other	Total	Outpatient	Core	Backfill	WLI	Other	Total	Outpatient	Core	Backfill	WLI	Other	Total
N107-Dermatology	1,228	0		0	1,228	N107-Dermatology	1,149	0	0	0	1,149	Derm	(79)	0	0	0	(79)
N147-ENT	608	0		0	608	N147-ENT	397	38	0	0	435	ENT	(211)	38	0	0	(173)
N105-General Surgery	1,790	0		0	1,790	N105-General Surgery	2,055	34	0	0	2,089	GS	265	34	0	0	299
N146-Oral Surgery	272	40		0	312	N146-Oral Surgery	461	0	9	0	470	Max Fax	189	(40)	9	0	158
N148-Ophthalmology	617	0		0	617	N148-Ophthalmology	654	8	0	0	662	Ophth	37	8	0	0	45
N108-Rheumatology	140	0		0	140	N108-Rheumatology	195	0	0	0	195	Rheum	55	0	0	0	55
N115-Trauma & Orthopaedics	1,252	287		0	1,539	N115-Trauma & Orthopaedics	820	0	0	0	820	T&O	(432)	(287)	0	0	(719)
N106-Urology	436	18		0	454	N106-Urology	700	0	18	0	718	Urology	264	(18)	18	0	264
	6,342	345	0	0	6,687		6,431	80	27	0	6,538		89	(265)	27	0	(149)

Medicine Outpatients activity for January '24 was 1,852 (December '23: 1,606, 2022/23: 19,258):

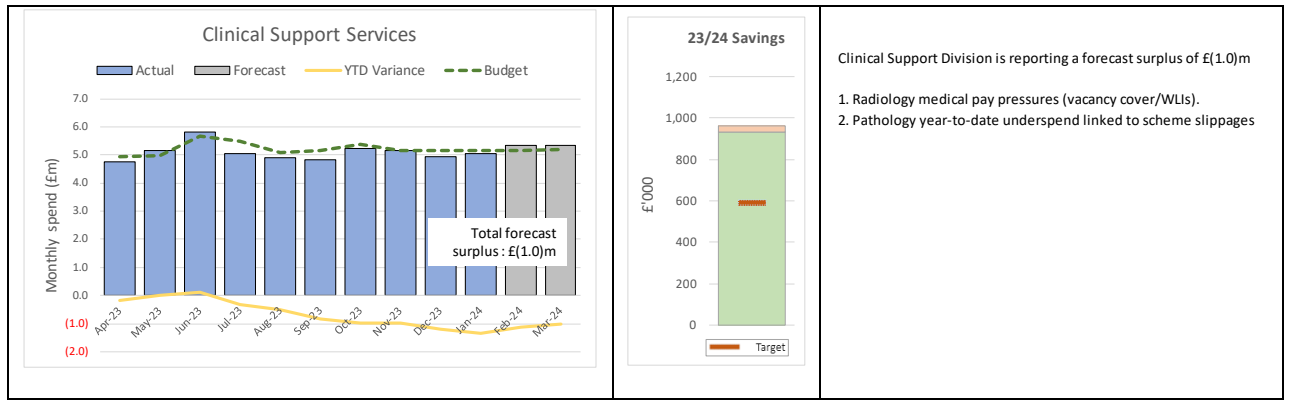
Jan-24			
	Assumed monthly activity	Actual activity	Variance
Gastroenterology	475	261	-214
Cardiology	430	422	-8
Respiratory (inc Sleep)	455	446	-9
Neurology	257	353	96
Endocrinology	186	167	-19
Geriatric Medicine	313	203	-110
Total	2116	1852	-264

Jan-24			
YTD Jan-24	YTD Plan	YTD Actual	Variance
Gastroenterology	4750	3617	-1133
Cardiology	4300	4291	-9
Respiratory (inc Sleep)	4550	4539	-11
Neurology	2570	2909	339
Endocrinology	1860	1657	-203
Geriatric Medicine	3130	2105	-1025
Total	21160	19118	-2042

Medicine Diagnostics activity for January '24 was 1,759 (December '23: 1,539, 2022/23: 36,246):

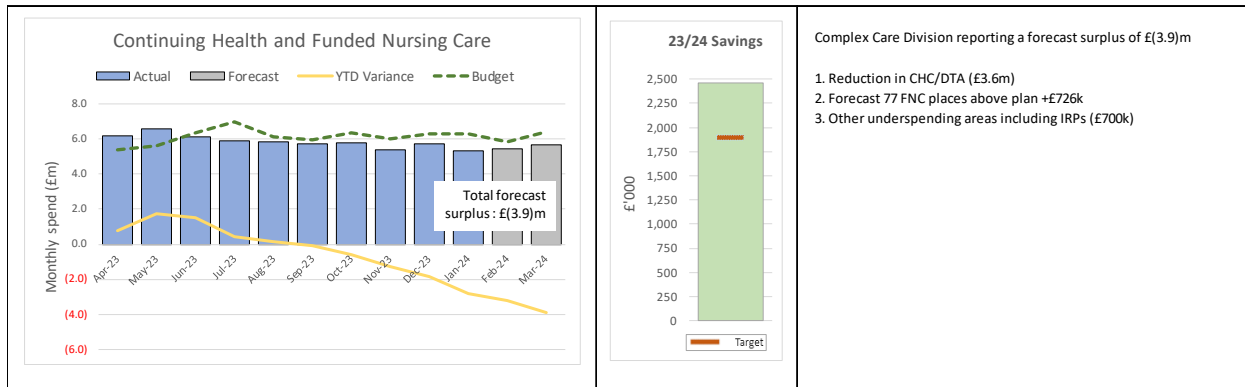


Divisional analysis – Clinical Support Services



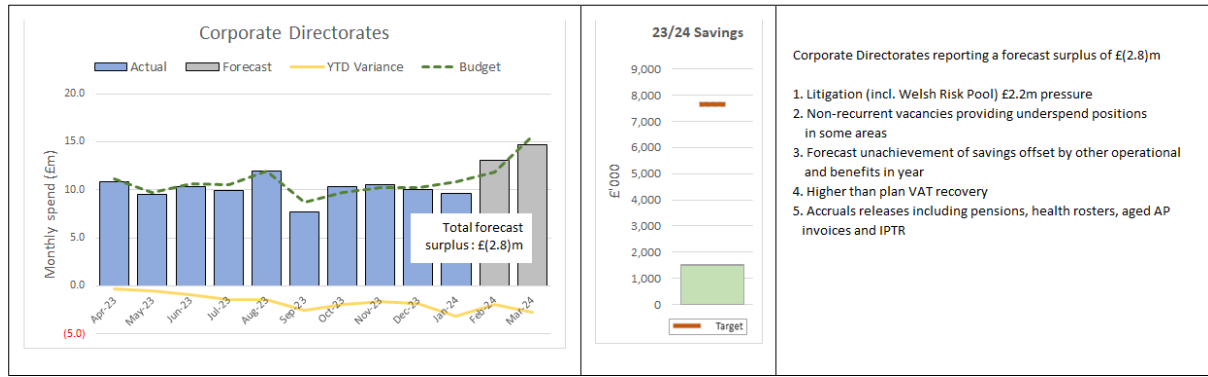
Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Clinical Support Services	CSS-01	Generic CIP - Pay	R	IMTP	Red	0	190	0	(190)
Clinical Support Services	CSS-02	Procurement	R	IMTP	Red	0	138	0	(138)
Clinical Support Services	CSS-03	Rostering Efficiencies	R	IMTP	Red	0	139	0	(139)
Clinical Support Services	CSS-04	procurement	R	IMTP	Red	0	21	0	(21)
Clinical Support Services	CSS-05	Generic CIP - Non-Pay	R	IMTP	Red	0	105	0	(105)
Radiology	CSS-06	Radiology - IPFR patients via WhSSC	R	In Year	Green	15	0	50	50
Radiology	CSS-07	Radiology - WHSSC other Commissioning Costs	R	In Year	Red	0	0	0	0
Radiology	CSS-08	Radiology - Reduce Dosage of CT IV Contrast	R	In Year	Green	41	0	50	50
Radiology	CSS-09	Radiology - PICC Line - change of supplier / change of consum	R	In Year	Green	30	0	30	30
Radiology	CSS-10	Radiology - Review Agency Sonographers	R	In Year	Green	66	0	100	100
Radiology	CSS-11	Radiology - Review of overtime CT & MR	R	In Year	Green	35	0	50	50
Radiology	CSS-12	Radiology - Non Pay All Other	R	In Year	Green	62	0	75	75
Pathology	CSS-13	Pathology - Agency Scientist cost reduction	R	In Year	Green	168	0	214	214
Pathology	CSS-14	Pathology - KPI rebates on MSC's - Siemens and Sysmex	NR	In Year	Green	142	0	147	147
Pathology	CSS-15	Pathology - SLA's - Income review	R	In Year	Green	50	0	60	60
Pathology	CSS-16	Pathology - repatriation of tests	R	In Year	Red	0	0	0	0
Pathology	CSS-17	Pathology - DHCW SLA Haemonetics	R	In Year	Green	11	0	13	13
Pathology	CSS-18	Pathology - All Wales Non Pay Procurement scheme	R	In Year	Green	34	0	47	47
Radiology	CSS-19	Radiology - Decommission YF Room 2 - maintenance contr	R	In Year	Green	7	0	10	10
Pathology	CSS-20	Pathology - Fibrinogen concentrate - change of supplier	R	In Year	Green	10	0	12	12
Pathology	CSS-21	Pathology - Use of Taxis	R	In Year	Green	24	0	29	29
Radiology	CSS2	Radiology - Decommission Fluoroscopy Equipm NHH - mainte	R	In Year	Green	2	0	6	6
Radiology	CSS3	Radiology	NR	In Year	Amber	0	0	30	30
Radiology	CSS4	Radiology - restricted GP access MSK scans	R	In Year	Green	27	0	40	40
						723	593	963	370

Divisional analysis – Complex Care



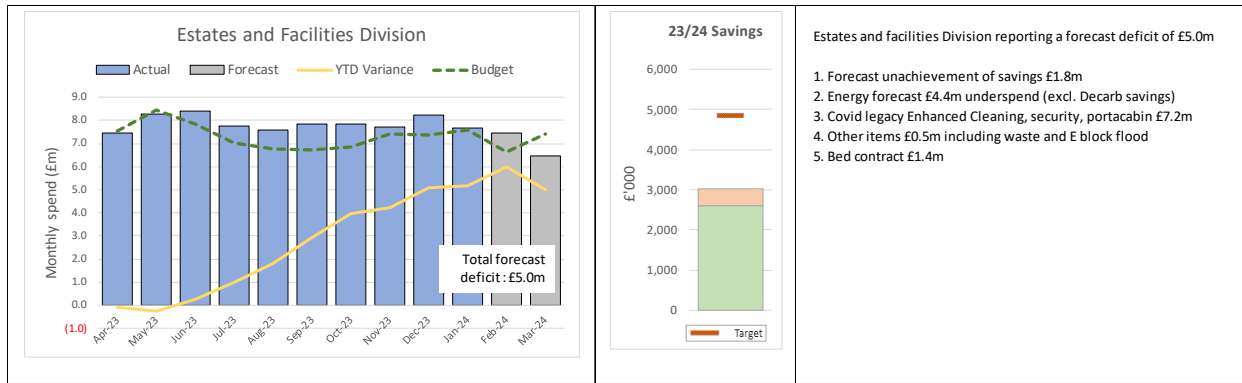
Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Complex Care	CHC-01	Generic CIP - Pay	R	IMTP	Red	0	34	0	(34)
Complex Care	CHC-02	Rostering Efficiencies	R	IMTP	Red	0	305	0	(305)
Complex Care	CHC-03	Adult CHC Care at home team	R	IMTP	Green	101	100	133	33
Complex Care	CHC-04	Adult CHC high cost packages, 1:1 & chages for hospital visits	R	IMTP	Red	0	100	0	(100)
Complex Care	CHC-05	Adult CHC (balance to NP plan (3m target @40% of spend for	R	IMTP	Red	0	1,000	0	(1,000)
Complex Care	CHC-06	procurement	R	IMTP	Red	0	56	0	(56)
Complex Care	CHC-07	Generic CIP - Non-Pay	R	IMTP	Red	0	288	0	(288)
Complex Care	CHC-08	Right Sizing Commitments	R	In Year	Green	339	0	459	459
Complex Care	CHC-09	Enhanced care working group and panel	R	In Year	Green	191	0	266	266
Complex Care	CHC-10	CHC review assessments	NR	In Year	Green	33	0	41	41
Complex Care	CHC-11	Enhanced care cohort model - TBC	R	In Year	Red	0	0	0	0
Complex Care	CHC-12	CHC placements review	NR	In Year	Green	1,389	0	1,389	1,389
Complex Care	CHC1	Enhanced care	R	In Year	Green	6	0	171	171
Complex Care	CHC3	Hospital admissions	R	In Year	Red	0	0	0	0
Complex Care	CHC4	Days after death	R	In Year	Red	0	0	0	0
Complex Care	CHC5	Deputyship SLA	R	In Year	Red	0	0	0	0
						2,059	1,883	2,459	576

Divisional analysis – Corporate



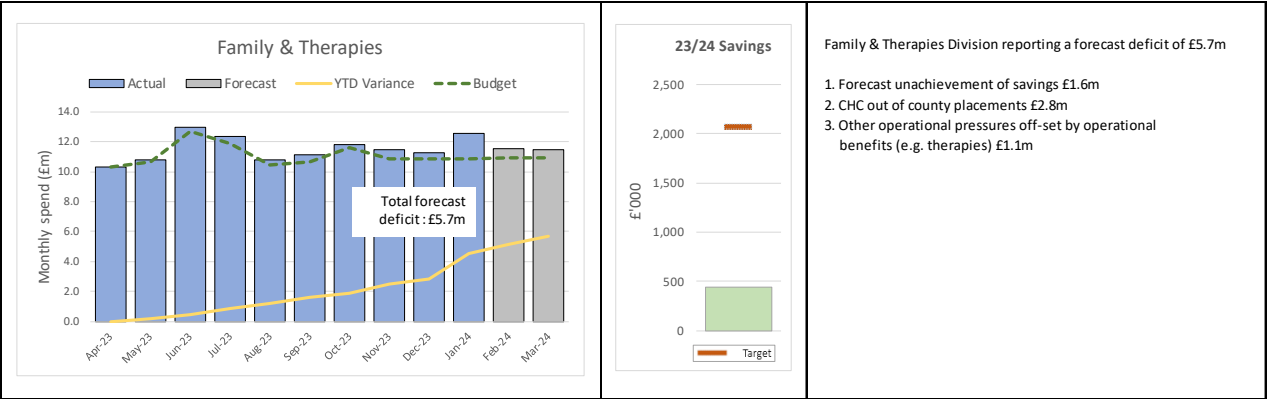
Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Corporate-ABCI	CORP-01	Generic CIP - Non-Pay	R	IMTP	Red	0	4	0	(4)
Corporate-CEO	CORP-02	Generic CIP - Pay	R	IMTP	Green	108	0	130	130
Corporate-CEO	CORP-03	Review of RIF expenditure	NR	IMTP	Red	0	300	0	(300)
Corporate-CEO	CORP-04	Review of Health protection expenditure	NR	IMTP	Red	0	1,200	0	(1,200)
Corporate-CEO	CORP-05	Generic CIP - Non-Pay	R	IMTP	Green	139	415	203	(212)
Corporate-DirFin	CORP-06	Generic CIP - Pay	R	IMTP	Green	232	46	322	276
Corporate-DirFin	CORP-07	Generic CIP - Non-Pay	R	IMTP	Green	4	5	5	0
Corporate-DirNurs	CORP-08	Generic CIP - Pay	R	IMTP	Red	0	34	0	(34)
Corporate-DirNurs	CORP-09	procurement	R	IMTP	Red	0	1	0	(1)
Corporate-DirNurs	CORP-10	Generic CIP - Non-Pay	R	IMTP	Red	0	6	0	(6)
Corporate-DirOps	CORP-11	Generic CIP - Pay	R	IMTP	Red	0	61	0	(61)
Corporate-DirOps	CORP-12	procurement	R	IMTP	Red	0	2	0	(2)
Corporate-DirOps	CORP-13	Generic CIP - Non-Pay	R	IMTP	Red	0	16	0	(16)
Corporate-DirPCMH	CORP-14	Generic CIP - Pay	R	IMTP	Green	63	2	76	74
Corporate-DirPH	CORP-15	Generic CIP - Pay	R	IMTP	Green	17	33	17	(16)
Corporate-DirPH	CORP-16	Generic CIP - Non-Pay	R	IMTP	Green	26	3	38	35
Corporate-DirPH	CORP-17	Health protection review	NR	IMTP	Red	0	1,000	0	(1,000)
Corporate-DirPH	CORP-18	procurement	R	IMTP	Green	9	1	13	12
Corporate-DirPH	CORP-19	Health protection review	NR	IMTP	Red	0	3,000	0	(3,000)
Corporate-DirTher	CORP-20	Generic CIP - Pay	R	IMTP	Green	39	6	58	52
Corporate-DirTher	CORP-21	Generic CIP - Non-Pay	R	IMTP	Green	4	2	6	4
Corporate-DirTher	CORP-22	Rostering Efficiencies	R	IMTP	Red	0	47	0	(47)
Corporate-Governance	CORP-23	Generic CIP - Pay	R	IMTP	Green	7	7	7	0
Corporate-Governance	CORP-24	Generic CIP - Non-Pay	R	IMTP	Red	0	2	0	(1)
Corporate-Litig	CORP-25	Generic CIP - Non-Pay	R	IMTP	Red	0	11	0	(11)
Corporate-Litig	CORP-26	procurement	R	IMTP	Red	0	2	0	(2)
Corporate-MedDir	CORP-27	Generic CIP - Pay	R	IMTP	Red	0	19	0	(19)
Corporate-MedDir	CORP-28	Generic CIP - Non-Pay	R	IMTP	Green	1	10	3	(7)
Corporate-PlanICT	CORP-29	Generic CIP - Pay	R	IMTP	Red	0	77	0	(77)
Corporate-PlanICT	CORP-30	procurement	R	IMTP	Green	94	113	113	0
Corporate-PlanICT	CORP-31	Generic CIP - Non-Pay	R	IMTP	Red	0	63	0	(63)
Corporate-WOD	CORP-32	Generic CIP - Pay	R	IMTP	Green	234	43	304	261
Corporate-WOD	CORP-33	procurement	R	IMTP	Green	5	6	6	0
Corporate-WOD	CORP-34	Generic CIP - Non-Pay	R	IMTP	Green	123	43	130	87
Corporate-DirOps	CORP-35	NEPT & INTERSITE	R	IMTP	Red	0	1,000	0	(1,000)
Corporate-PlanICT	CORP-36	Generic CIP - Non-Pay	R	IMTP	Green	17	20	20	0
Corporate-PlanICT	CORP-37	Generic CIP - Pay	R	IMTP	Green	20	25	25	0
Corporate-DirOps	FAC-41	Reduced Bed Capacity	R	In Year	Red	0	0	0	0
Corporate - CAPITAL CHARGE	CAP1	Disposal of unused equipment	NR	In Year	Amber	0	0	22	22
						1,141	7,623	1,497	(6,126)

Divisional analysis – Estates & Facilities



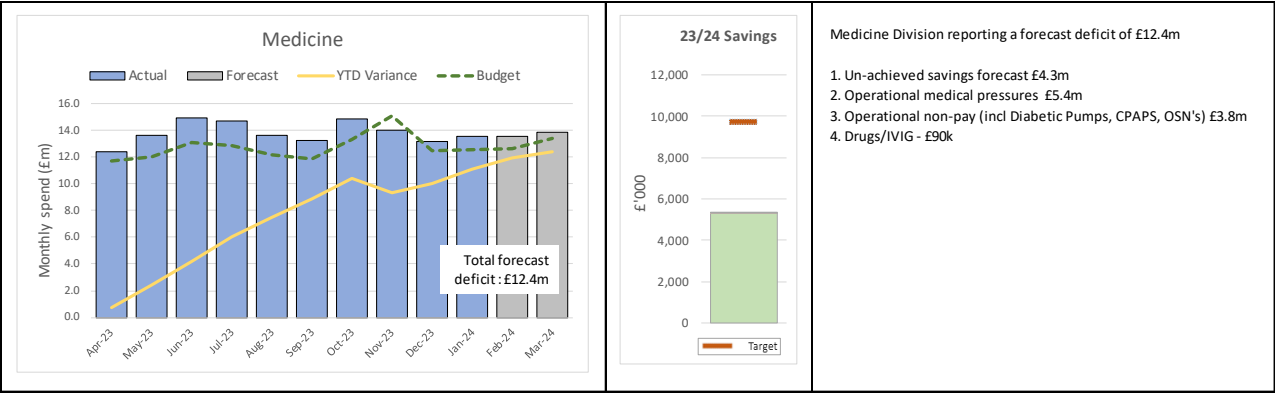
Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Estates and Facilities	ESF-01	Generic CIP - Pay	R	IMTP	Red	0	161	0	(161)
Estates and Facilities	ESF-02	Parking	R	IMTP	Green	175	210	210	0
Estates and Facilities	ESF-03	Procurement	R	IMTP	Green	20	40	27	(13)
Estates and Facilities	ESF-04	Rostering Efficiencies	R	IMTP	Red	0	642	0	(642)
Estates and Facilities	ESF-05	estates and facilities strategy	R	IMTP	Red	0	170	0	(170)
Estates and Facilities	ESF-06	Decarbonisation	R	IMTP	Green	832	1,000	1,000	(1)
Estates and Facilities	ESF-08	Estates Opps / leases (running costs)	R	IMTP	Red	0	1,000	0	(1,000)
Estates and Facilities	ESF-09	procurement	R	IMTP	Red	0	181	0	(181)
Estates and Facilities	ESF-10	Estates and Facilities avoid agency premiums (50%)	R	IMTP	Green	209	1,095	391	(704)
Estates and Facilities	ESF-11	Generic CIP - Non-Pay	R	IMTP	Red	0	340	0	(340)
Estates and Facilities	ESF-12	Rates Rebates	NR	In Year	Green	352	0	584	584
Estates and Facilities	FAC-02	Pod-point chargers	R	In Year	Green	3	0	4	4
Estates and Facilities	FAC-03	Catering Subsidy Removal	R	In Year	Green	70	0	117	117
Estates and Facilities	FAC-04	Hot Vending	R	In Year	Green	9	0	14	14
Estates and Facilities	FAC-12	Security @ GUH	R	In Year	Red	0	0	0	0
Estates and Facilities	FAC-13	Security @ NHH	R	In Year	Red	0	0	0	0
Estates and Facilities	FAC-14	Security @ STC	R	In Year	Red	0	0	0	0
Estates and Facilities	FAC-15	Security @ RGH	R	In Year	Red	0	0	0	0
Estates and Facilities	FAC-17	Enhanced Cleaning - reduced WTE's	R	In Year	Green	110	0	170	170
Estates and Facilities	FAC-22	GUH Carparking	R	In Year	Green	25	0	38	38
Estates and Facilities	FAC-23	All Wales Buying Group Credit for sale of energy procured	NR	In Year	Amber	0	0	423	423
Estates and Facilities	FAC-24	NCC Parking - Kingsway & Park Square	R	In Year	Green	26	0	39	39
Estates and Facilities	FAC-28	Window Cleaning	R	In Year	Green	10	0	15	15
Estates and Facilities	FAC-29	Removal of water coolers	R	In Year	Green	1	0	2	2
						1,843	4,840	3,034	(1,806)

Divisional analysis – Family & Therapies



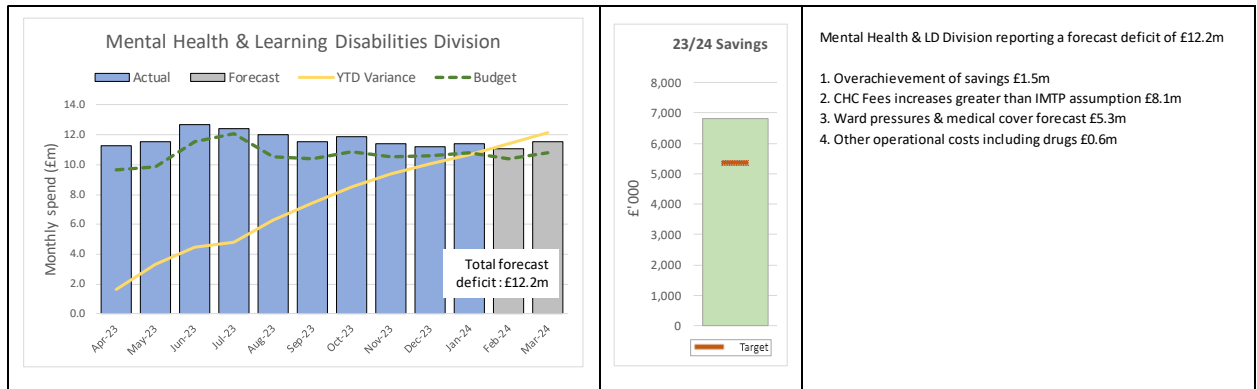
Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Families and Therapies	FAT-01	Generic CIP - Pay	R	IMTP	Green	176	558	211	(347)
Families and Therapies	FAT-02	BADS	R	IMTP	Red	0	25	0	(25)
Families and Therapies	FAT-03	Outpatient transformation (F2F and Virtual)	R	IMTP	Red	0	93	0	(93)
Families and Therapies	FAT-04	Outpatient transformation (New to Follow Up ratio)	R	IMTP	Red	0	134	0	(134)
Families and Therapies	FAT-05	Procurement	R	IMTP	Red	0	25	0	(25)
Families and Therapies	FAT-06	Rostering Efficiencies	R	IMTP	Green	137	1,021	164	(857)
Families and Therapies	FAT-07	Medicines management	R	IMTP	Green	33	50	36	(14)
Families and Therapies	FAT-08	procurement	R	IMTP	Red	0	72	0	(72)
Families and Therapies	FAT-09	Generic CIP - Non-Pay	R	IMTP	Red	0	96	0	(96)
Families and Therapies	FAT-10	ABUHB Exec decision to cease Flexible Rewards from end of	R	In Year	Green	19	0	26	26
Families and Therapies	FAT-11	Medicines management (VRIII Fluids - supplier Switch)	R	In Year	Green	1	0	1	1
						365	2,074	438	(1,635)

Divisional analysis – Medicine



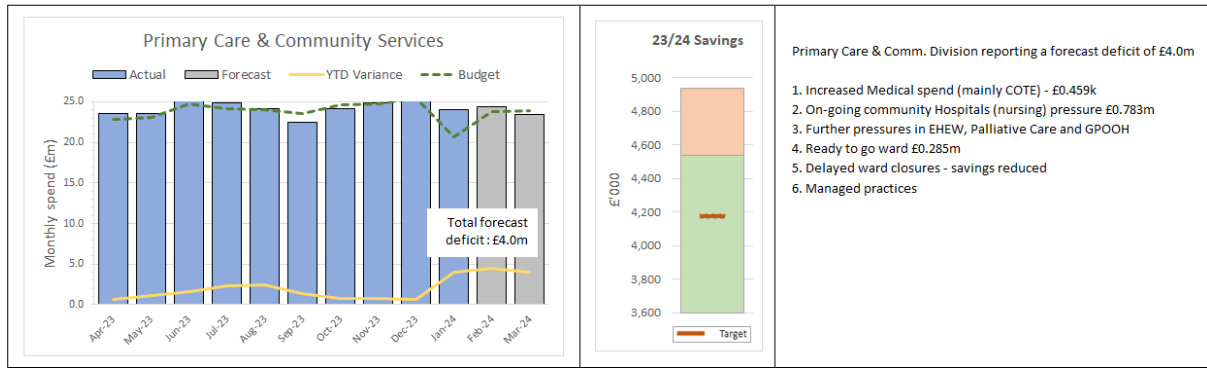
Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Medicine	MED-01	Generic CIP - Pay	R	IMTP	Green	30	516	42	(474)
Medicine	MED-02	Outpatient transformation (F2F and Virtual)	R	IMTP	Red	0	95	0	(95)
Medicine	MED-03	Outpatient transformation (New to Follow Up ratio)	R	IMTP	Red	0	656	0	(656)
Medicine	MED-04	Beds (1 ward Med)	R	IMTP	Red	0	2,223	0	(2,223)
Medicine	MED-05	Procurement	R	IMTP	Red	0	25	0	(25)
Medicine	MED-06	Rostering Efficiencies	R	IMTP	Green	609	738	709	(28)
Medicine	MED-07	Insourcing review	R	IMTP	Red	0	1,066	0	(1,066)
Medicine	MED-08	Medicines management	R	IMTP	Green	130	150	182	32
Medicine	MED-09	procurement	R	IMTP	Green	71	35	77	42
Medicine	MED-10	Slippage in spend regional eyes / endo / path	NR	IMTP	Green	3,322	4,000	3,987	(13)
Medicine	MED-11	Generic CIP - Non-Pay	R	IMTP	Red	0	184	0	(184)
Medicine	Med-12	Green Schemes - Drugs MED 12 & MED 13	R	In Year	Red	0	0	0	0
Medicine	Med-13	Green Sheme - Medical MED 05 & MED 19	R	In Year	Green	42	0	83	83
Medicine	Med-14	Green Schemes - Non Pay Wound Clinic REF MED-06	R	In Year	Green	17	0	25	25
Medicine	Med-15	Green Schemes - Income Spy Glass MED-07	R	In Year	Amber	0	0	70	70
Medicine	Med-16	Green Scheme - Virtual Outliers	R	In Year	Green	48	0	96	96
Medicine	Med-18	RGH reduction in bed base	R	In Year	Green	66	0	110	110
Medicine	Med-22	Green Scheme - HCRU	R	In Year	Red	0	0	0	0
						4,335	9,688	5,381	(4,307)

Divisional analysis – Mental Health and Learning Disabilities



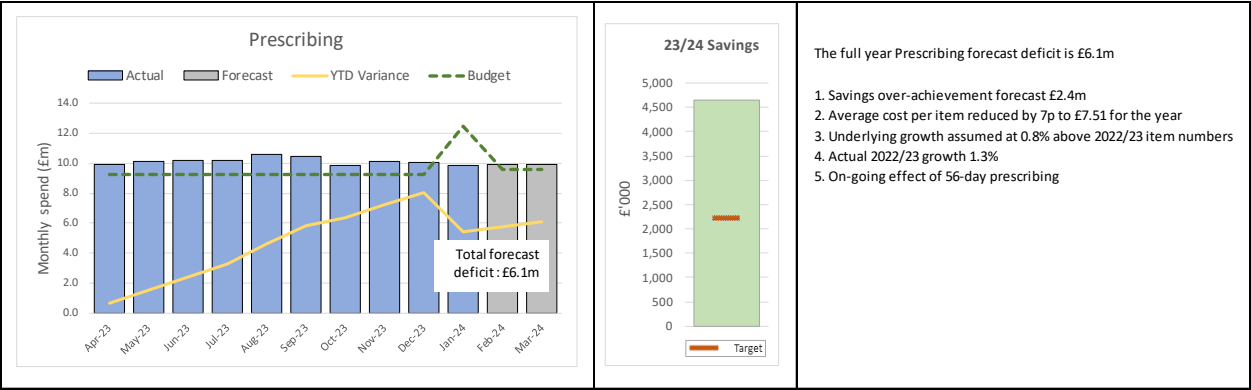
Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Mental Health and Learning Disabilities	MHLD-01	Generic CIP - Pay	R	IMTP	Red	0	107	0	(107)
Mental Health and Learning Disabilities	MHLD-01a	MH Adults - Reduction of agency costs due to appointment o	R	IMTP	Green	81	142	122	(20)
Mental Health and Learning Disabilities	MHLD-01b	OAMH - Reduction in LT Med Agency due to successful recrui	R	IMTP	Green	42	50	50	0
Mental Health and Learning Disabilities	MHLD-01c	Flexi rewards ceasing	R	IMTP	Red	0	9	0	(9)
Mental Health and Learning Disabilities	MHLD-02	Generic CIP - Non-Pay	R	IMTP	Red	0	0	0	0
Mental Health and Learning Disabilities	MHLD-02a	Maximise ECT Income generation from private patient refer	R	IMTP	Green	58	70	70	0
Mental Health and Learning Disabilities	MHLD-02b	PCMHs Counselling commissioning	R	IMTP	Green	67	218	100	(118)
Mental Health and Learning Disabilities	MHLD-02c	SLA Recovery works & Sanctuary	NR	In Year	Green	238	0	285	285
Mental Health and Learning Disabilities	MHLD-03	Rostering Efficiencies	R	IMTP	Red	0	562	0	(562)
Mental Health and Learning Disabilities	MHLD-04	MH CHC - LD	R	IMTP	Red	0	922	0	(922)
Mental Health and Learning Disabilities	MHLD-05	MH CHC High cost packages	R	IMTP	Green	133	250	200	(50)
Mental Health and Learning Disabilities	MHLD-06	MH Older Adults Beds	R	IMTP	Red	0	206	0	(206)
Mental Health and Learning Disabilities	MHLD-06a	OAMH - Capped beds on Annwyllfan (YF) resulting in lower v	R	IMTP	Green	30	150	30	(120)
Mental Health and Learning Disabilities	MHLD-07	Review of Mental Health expenditure	NR	IMTP	Red	0	2,000	0	(2,000)
Mental Health and Learning Disabilities	MHLD-08	MH CHC (balance to NP plan (3m target @60% of spend for M	R	IMTP	Red	0	628	0	(628)
Mental Health and Learning Disabilities	MHLD-09	procurement	R	IMTP	Red	0	55	0	(55)
Mental Health and Learning Disabilities	MHLD-10	CHC Eligibility Reviews	R	In Year	Green	184	0	403	403
Mental Health and Learning Disabilities	MHLD-11	CHC Repatriations to in house wards	R	In Year	Green	875	0	1,123	1,123
Mental Health and Learning Disabilities	MHLD-12	CHC Right Size Packages	R	In Year	Green	245	0	343	343
Mental Health and Learning Disabilities	MHLD-13	CHC Step Down	R	In Year	Green	534	0	727	727
Mental Health and Learning Disabilities	MHLD-14	CHC Change in Need	R	In Year	Green	906	0	1,188	1,188
Mental Health and Learning Disabilities	MHLD-15	Structured Clinical Management	R	In Year	Green	87	0	157	157
Mental Health and Learning Disabilities	MHLD-16	Paliperidone HC FYE	R	In Year	Green	89	0	109	109
Mental Health and Learning Disabilities	MHLD-17	Paliperidone Non HC FYE	R	In Year	Green	72	0	87	87
Mental Health and Learning Disabilities	MHLD-18	Clozapine repatriation FYE	R	In Year	Green	59	0	71	71
Mental Health and Learning Disabilities	MHLD-19	Clozapine price reduction	R	In Year	Green	5	0	6	6
Mental Health and Learning Disabilities	MHLD-20	Flexi Rewards Ceasing	R	In Year	Green	215	0	301	301
Mental Health and Learning Disabilities	MH2	Step 9 People Down From Secure Placements	R	In Year	Green	285	0	397	397
Mental Health and Learning Disabilities	MH3	Repatriate Individuals From OOA And In House Placements	R	In Year	Green	50	0	75	75
Mental Health and Learning Disabilities	MH6	Review SIF SLAs	NR	In Year	Green	167	0	200	200
Mental Health and Learning Disabilities	MH10	Review secure transport options	R	In Year	Green	5	0	15	15
Mental Health and Learning Disabilities	MH11	Flexi Rewards Ceasing	R	In Year	Red	0	0	0	0
Mental Health and Learning Disabilities	MH4	West Sussex Dispute	NR	In Year	Green	495	0	742	742
Mental Health and Learning Disabilities	MH12	Non Pay Reduction	R	In Year	Green	6	0	10	10
						4,926	5,369	6,811	1,442

Divisional analysis – Primary Care and Community



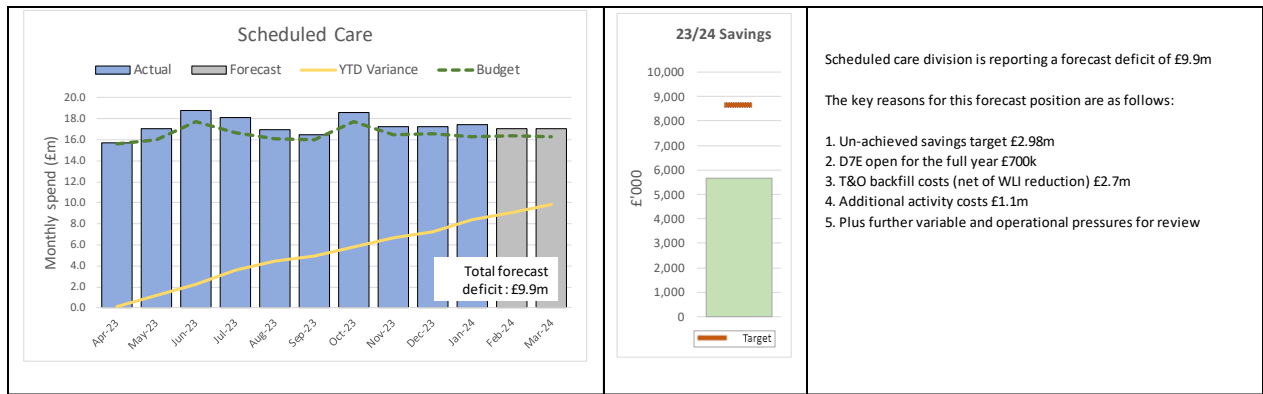
Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Primary Care and Community	PCC-01	Generic CIP - Pay	R	IMTP	Green	278	278	278	0
Primary Care and Community	PCC-02	Generic CIP - Non-Pay	R	IMTP	Green	264	291	293	2
Primary Care and Community	PCC-04	Beds (1 ward Community)	R	IMTP	Amber	0	2,223	215	(2,009)
Primary Care and Community	PCC-05	Procurement	R	IMTP	Red	0	85	0	(85)
Primary Care and Community	PCC-06	Rostering Efficiencies	R	IMTP	Green	80	1,008	124	(884)
Primary Care and Community	PCC-08	Managed practices	R	IMTP	Green	100	100	100	0
Primary Care and Community	PCC-10	procurement	R	IMTP	Red	0	185	0	(185)
Primary Care and Community	PCCS11	Reduce Face To Face CPD Cost	NR	In Year	Green	12	0	16	16
Primary Care and Community	PCCS17	Bank MV HCSW	NR	In Year	Red	0	0	0	0
Primary Care and Community	PCCS18	Bank & Agency CCH Registered Nurses	NR	In Year	Red	0	0	0	0
Primary Care and Community	PCCS19	Reduce Non Pay Monnow Vale Ward	NR	In Year	Red	0	0	0	0
Primary Care and Community	PCCS2	NCN Development Programme Manager No Backfill	NR	In Year	Green	24	0	36	36
Primary Care and Community	PCCS20	Non-Pay Cas Gwent	NR	In Year	Red	0	0	0	0
Primary Care and Community	PCCS21	Non Pay DNS	NR	In Year	Green	10	0	14	14
Primary Care and Community	PCCS3	Dental Professional Collaborative On Hold	NR	In Year	Green	16	0	24	24
Primary Care and Community	PCCS36	GMS IT Services	NR	In Year	Green	29	0	35	35
Primary Care and Community	PCCS37	GMS Improvement Grants	NR	In Year	Green	228	0	274	274
Primary Care and Community	PCCS4	Uncommitted SPCC Funding	NR	In Year	Amber	0	0	27	27
Primary Care and Community	PCCS45	Withdraw Band 7 Advert PC Contracting Team	NR	In Year	Green	30	0	40	40
Primary Care and Community	PCCS58	Remove Band 3 Admin Post Newport	NR	In Year	Green	18	0	24	24
Primary Care and Community	PCCS6	Hold Current SPCC Vacancy Band 4	NR	In Year	Amber	0	0	10	10
Primary Care and Community	PCCS7	Reduce Spend On SPCC Promotion	NR	In Year	Green	5	0	5	5
Primary Care and Community	PCCS8	Delay Recruitment Of Band 8A Academy Nurse	NR	In Year	Green	15	0	18	18
Primary Care and Community	PCCS9	Delay Recruitment Of Lead Pharmacist for academy	NR	In Year	Green	15	0	18	18
Primary Care and Community	PCCS1	NCN Academy Funding	NR	In Year	Green	125	0	175	175
Primary Care and Community	PCCS10	Amendment to ANP Programme	NR	In Year	Amber	0	0	9	9
Primary Care and Community	PCCS26	GMS LES Additional Clinics	NR	In Year	Green	100	0	140	140
Primary Care and Community	PCCS30	GDS UDA Clawback 22/23	NR	In Year	Green	282	0	282	282
Primary Care and Community	PCCS32	GDS CR Clawback 22/23	NR	In Year	Green	1,187	0	1,187	1,187
Primary Care and Community	PCCS67	Review ONN Overnight vehicle hire	NR	In Year	Green	1	0	3	3
Primary Care and Community	PCCS69	Reduce GP & Nurse mobiles	NR	In Year	Green	12	0	18	18
Primary Care and Community	PCCS33	GDS CR Clawback 23/24	NR	In Year	Green	0	0	1,194	1,194
Primary Care and Community	PCCS12	UPC To Support Sustainability	NR	In Year	Red	0	0	0	0
Primary Care and Community	PCCS14	Additional Managed Practice to Independent Status	NR	In Year	Red	0	0	0	0
Primary Care and Community	PCCS38	WG Improvement Grant	NR	In Year	Red	0	0	0	0
Primary Care and Community	PCCS73	Review Current Workforce In Managed Pracies	NR	In Year	Green	28	0	28	28
Primary Care and Community	PCCS59	Non Pay Stock Review	NR	In Year	Amber	0	0	15	15
Primary Care and Community	PCCS76	District Nursing Variation	NR	In Year	Amber	0	0	50	50
Primary Care and Community	PCCS78	Community Wards Variation	NR	In Year	Amber	0	0	70	70
Primary Care and Community	PCCS13	Merge Telephone Contracts In Managed Practices	NR	In Year	Red	0	0	0	0
Primary Care and Community	PCCS79	Flexi rewards saving	NR	In Year	Green	120	0	186	186
Primary Care and Community	PCCS77	Reduce Variation In Managed Practices	NR	In Year	Green	26	0	26	26
						3,005	4,170	4,934	763

Divisional analysis – Prescribing



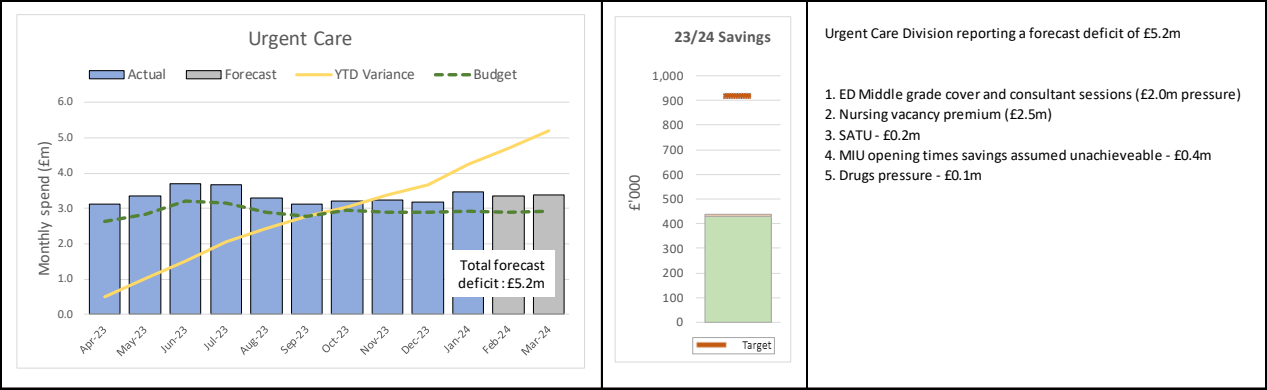
Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Prescribing	PCC-03	Generic CIP - Non-Pay	R	IMTP	Green	384	435	434	(1)
Prescribing	PCC-07	Medicines management	R	IMTP	Green	826	1,125	1,125	0
Prescribing	PCC-09	Medicines management	R	IMTP	Green	378	650	463	(187)
Prescribing	PCC-11	LOE - Apixaban	R	In Year	Green	1,568	0	2,382	2,382
Prescribing	PCC-12	LOE - Sitagliptin	R	In Year	Green	157	0	225	225
Prescribing	PCCS51	Specials And Liquid Preps Review	NR	In Year	Green	4	0	6	6
Prescribing	PCCS52	ONPOS/NWOS Expanded To GP Surgeries	NR	In Year	Green	9	0	15	15
						3,326	2,210	4,650	2,440

Divisional analysis – Scheduled Care



Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Scheduled Care	SCH-01	Generic CIP - Pay	R	IMTP	Red	0	703	0	(703)
Scheduled Care	SCH-02	BADS	R	IMTP	Red	0	478	0	(478)
Scheduled Care	SCH-03	RTT WLI	R	IMTP	Green	1,574	2,296	1,934	(362)
Scheduled Care	SCH-04	RTT Backfill	R	IMTP	Green	91	962	91	(871)
Scheduled Care	SCH-05	Outpatient transformation (F2F and Virtual)	R	IMTP	Red	0	1,490	0	(1,490)
Scheduled Care	SCH-06	Outpatient transformation (New to Follow Up ratio)	R	IMTP	Red	0	277	0	(277)
Scheduled Care	SCH-07	SAU rostering	R	IMTP	Red	0	155	0	(155)
Scheduled Care	SCH-08	Procurement	R	IMTP	Red	0	586	0	(586)
Scheduled Care	SCH-08a	Procurement - Ophthalmology B&L theatre consumables	R	IMTP	Green	20	38	40	2
Scheduled Care	SCH-08b	Procurement - Stryker Pricing review	R	IMTP	Green	24	72	40	(32)
Scheduled Care	SCH-09	Rostering Efficiencies	R	IMTP	Green	1,097	895	1,243	348
Scheduled Care	SCH-09a	Ortho Geriatric variable pay saving	R	IMTP	Green	12	48	24	(24)
Scheduled Care	SCH-10	Medicines management	R	IMTP	Green	731	150	911	761
Scheduled Care	SCH-11	procurement	R	IMTP	Red	0	166	0	(166)
Scheduled Care	SCH-12	Generic CIP - Non-Pay	R	IMTP	Red	0	317	0	(317)
Scheduled Care	SCH11	Stop backfill	NR	In Year	Green	46	0	46	46
Scheduled Care	SCH2	Christmas shutdown of elective activity	NR	In Year	Green	57	0	57	57
Scheduled Care	SCH23	Retinue accruals hold for 3 months not 6 months	NR	In Year	Green	111	0	111	111
Scheduled Care	SCH6	Nursing - Reduction of flexible rewards for agency / bank	R	In Year	Green	483	0	700	700
Scheduled Care	SCH13	Non-uk resident patient spend target	R	In Year	Green	27	0	48	48
Scheduled Care	SCH12	Purchasing off frameworks	R	In Year	Green	17	0	33	33
Scheduled Care	SCH22	Switch all patients from originator drugs to biosimilar	R	In Year	Green	174	0	300	300
Scheduled Care	SCH24	Rationalisation of Uni Knee and removing Zimmer	R	In Year	Green	4	0	8	8
Scheduled Care	SCH9	Limit value of study leave with a cap	NR	In Year	Green	3	0	5	5
Scheduled Care	SCH3	Medical staff agency spend reduction	NR	In Year	Green	44	0	68	68
Scheduled Care	SCH NEW	Specialist Rates ITU / Theatres	NR	In Year	Red	0	0	0	0
						4,515	8,634	5,659	(2,975)

Divisional analysis – Urgent Care



Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Urgent care	URG-01	Generic CIP - Pay	R	IMTP	Green	227	198	251	53
Urgent care	URG-02	Procurement	R	IMTP	Amber	0	25	8	(17)
Urgent care	URG-03	Rostering Efficiencies	R	IMTP	Green	50	170	70	(100)
Urgent care	URG-04	Reduce opening times of MIU	R	IMTP	Red	0	500	0	(500)
Urgent care	URG-05	procurement	R	IMTP	Green	25	4	41	37
Urgent care	URG-06	Generic CIP - Non-Pay	R	IMTP	Green	12	22	16	(6)
Urgent care	MMUC01	Variable Fluids Rate	R	In Year	Green	1	0	2	2
Urgent care	MMUC02	Monifer	R	In Year	Green	4	0	7	7
Urgent care	UC-01	Hold Rectuiting Assistant PFCs	NR	In Year	Green	19	0	26	26
Urgent care	UC-02	Hold Flow Centre Manager Recruitment	NR	In Year	Green	17	0	17	17
						355	919	437	(482)

Divisional analysis – External Commissioning / WHSSC / EASC



Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Contracting and Commissioning	CON-01	External Contracts	R	IMTP	Green	1,667	2,000	2,000	0
Contracting and Commissioning	CON-02	External Contracts	R	In year	Green	276	0	331	331
Contracting and Commissioning	CON-03	External Contracts	NR	In year	Green	169	0	207	207
Contracting and Commissioning	CON-04	External Contracts (English)	R	In Year	Green	1,126	0	1,350	1,350
WHSSC	WHC-01	WHSSC 1% pathways savings	R	IMTP	Red	0	1,363	0	(1,363)
WHSSC	WHC-01a	WHSSC 1% pathways savings	R	IMTP	Green	138	138	138	1
WHSSC	WHC-02	WHSSC 10-20-30% savings	NR	In Year	Green	462	0	554	554
WHSSC	WHC-03	WHSSC Integrated Commissioning Plan Savings	NR	In Year	Green	2,028	0	2,434	2,434
						5,866	3,500	7,014	3,514

National Covid-19 Funding Assumptions

The Health Board has received £10.821m of funding relating to Covid-19 schemes. Anticipated WG funding for Covid-19 is listed below;

Type	Covid-19 Specific allocations - December 2023	£'000
HCHS	Nosocomial Covid 19 cases - Investigation and learning	753
HCHS	C19 PPE (Q1+Q2)	977
HCHS	C19 Health Protection (Q1+Q2+Q3)	4,517
HCHS	C19 Vaccination programme (Q1+Q2+Q3)	3,342
GMS	GMS Covid19 Vaccinations (Q2+Q3)	746
HCHS	Adeferiad Programme	486
	Total Confirmed Covid-19 Allocations	10,821
HCHS	Adferiad Programme	121
HCHS	C19 Vaccination programme	2,201
HCHS	C19 Health Protection	1,794
HCHS	C19 PPE	423
	Total Anticipated Covid-19 Allocations	4,539
	Total Covid-19 Allocations	15,361

In addition, Estates & Facilities legacy costs for areas such as enhanced cleaning, security, portacabins continue and provide a significant forecast pressure for 2023/24 (forecast c.£7.2m).

Reserves

Reserves Delegation:

A number of confirmed and anticipated allocations have remained in reserves for month 10 reporting (£2.8m). This funding will be reviewed by the Executive Team to determine whether it is appropriate to delegate to Divisions in the context of the budget setting methodology for 23/24 and the Health Board deficit.

A net total of £2.6m was approved and delegated into 23/24 Divisional positions from reserves in month 10. Significant delegations in-month were:

- **Regional Planned Care: Ophthalmology -£1.8m** – Delegated to Commissioning (£1.76m) with other amounts to Digital, Planning and Finance (NR)
- **WHSSC Traumatic Stress Wales £271k** – Delegated to WHSSC in line with spend plan (NR)
- **DPIF-Video Consultation contract variation £250k** – Additional funding to cover extension of licensing costs with current supplier (NR)
- **Mental Health 111/Press 2 £220k** – Additional funding allocated to stabilise the MH 111/Press 2 service by utilising variable pay (NR)

Further delegations will be made in month 11 where confirmed and approved. Other allocations require further information and discussion before delegation can be confirmed.

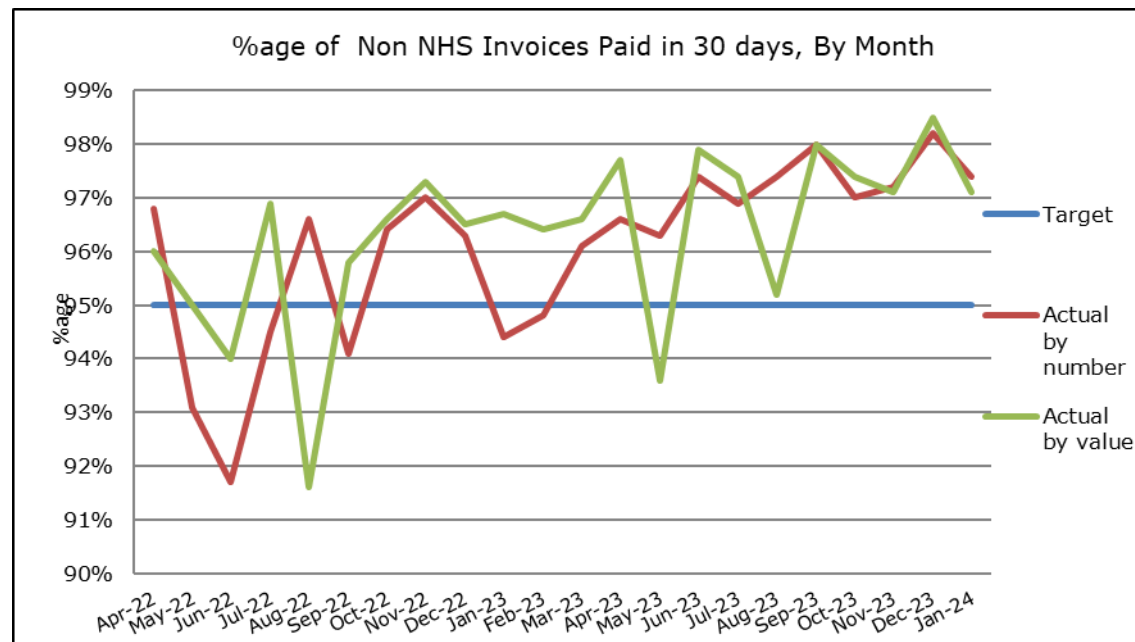
7769-ALLOCATIONS TO BE DELEGATED			
Confirmed or Anticipated	R / NR	Description	23/24
Confirmed	NR	Regional Planned Care funding-Ophthalmology	514,382
Confirmed £290k Anticipated	NR	PPE 23-24	662,642
Anticipated	NR	MH SIF 23-24 remaining 50pct	471,000
Anticipated	NR	MH SIF 22-23 remaining 25pct	1,012,496
		Healthcare pathways income (NHS Exec.)	120,000
Confirmed	NR	Urgent and Emergency Care M1-6 supplementary	24,000
		Confirmed Allocations to be apportioned	2,804,520
7788-COMMITMENTS TO BE DELEGATED			
Description			23/24
Innovation and Development Fund (£10m)			461,312
Total Commitments			461,312
7501-SUPPORTING FINANCIAL POSITION			
Description			23/24
		Balances at month 9	10,265,787
Confirmed	NR	Neighbourhood District Nursing: Data Analyst	85,000
Confirmed	NR	IT Revenue to Capital (IT Purchases) Jan-24	30,318
		Healthcare pathways income (NHS Exec.)	(120,000)
	R	Further National Pressures	1,000,000
	R	Allocation risks / ULD risks	624,769
	R	Innovation and Development Fund (£10m)	8,000,000
Total Commitments			19,885,874
7515-IMTP 23/24 DEFICIT			
Description			23/24
	R	23/24 recurrent deficit	(112,848,200)
Confirmed	NR	Underlying deficit	28,800,000
Confirmed	NR	Inflationary uplift (conditional recurrent)	35,700,000
Confirmed	NR	Inflationary uplift (non-recurrent)	14,400,000
Anticipated	NR	Energy	9,500,000
Total Commitments			(24,448,200)
Totals			(1,296,494)

Cash Position

The cash balance on the 31st of January is £10.810m, which is above the advisory figure set by Welsh Government of £6m.

Public Sector Payment Policy (PSPP)

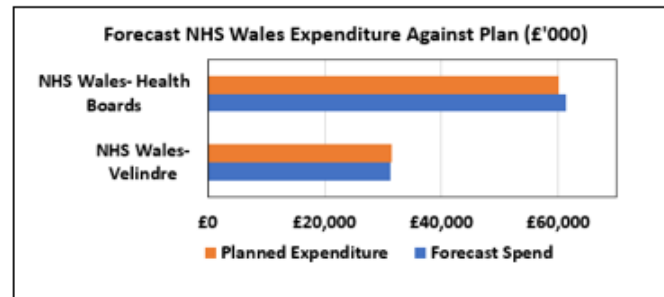
The HB has achieved the target to pay 95% of the number of non-NHS creditors within 30 days of delivery of goods/services in January and cumulatively. There has been a slight decrease in the number of NHS invoices paid within 30 days this month, with an increase in the value of invoices paid within 30 days.



Contracting & Commissioning – LTA Spend & Income

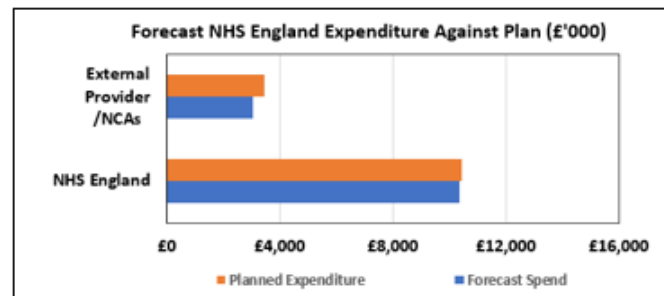
Month/Financial Year: - Month 10 (January) 2023-24

At Month 10 the financial performance for Contracting and Commissioning is a £327k overspend against the delegated budget
The key elements contributing to this position at Month 10 are as follows:



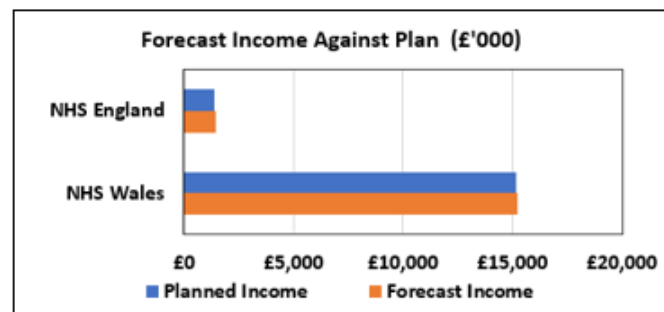
NHS Wales Expenditure

ABUHB pursued additional underperformance from Cwm Taf Morgannwg UHB to reflect reduced activity being provided for Gwent residents. WG had to arbitrate on the disputed position and the outcome was a reduction of c£2m compared to the 22-23 LTA.



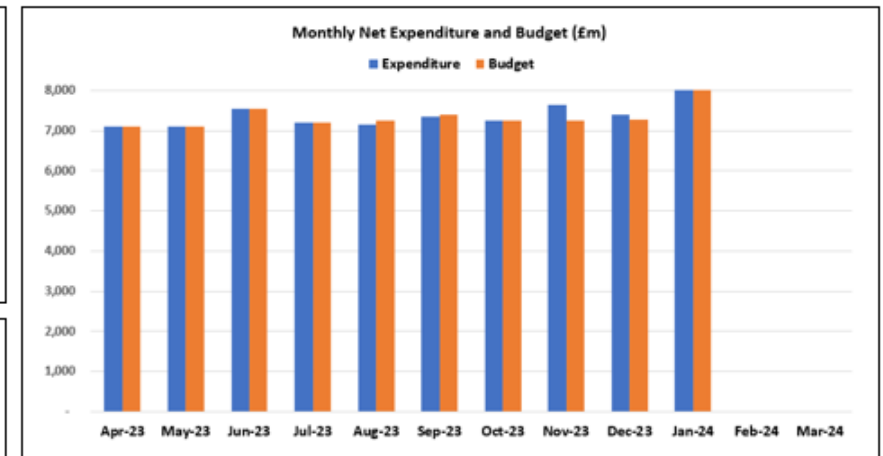
NHS England Expenditure

Contract Expenditure with NHS England organisations is expected to be c£12m in 2023/24 and will continue to be monitored and managed regularly.



Provider Income

Provider income of c£16m is being planned and forecast in 2023/24 and will continue to be monitored and managed regularly.

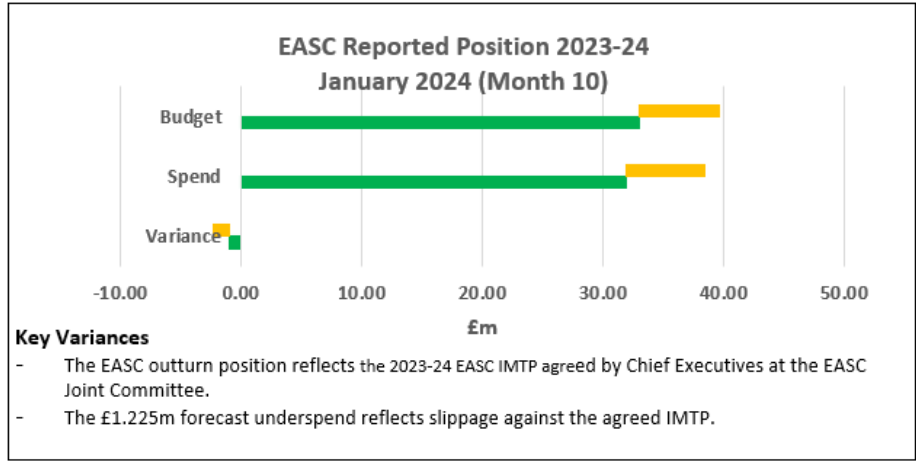
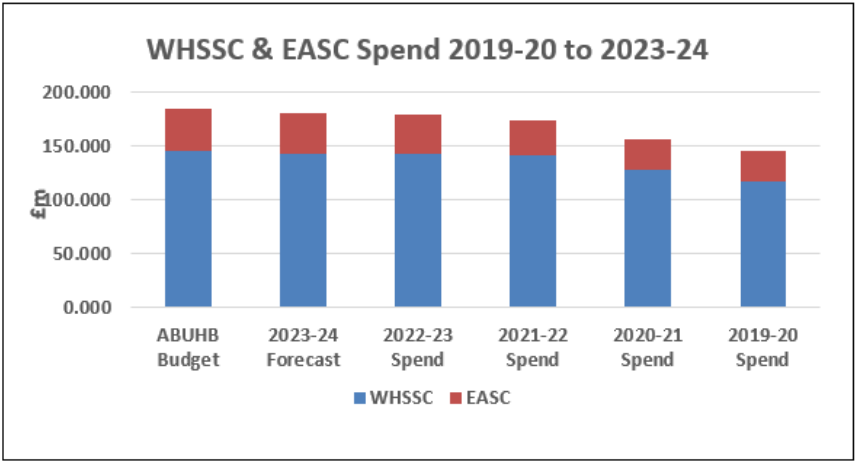
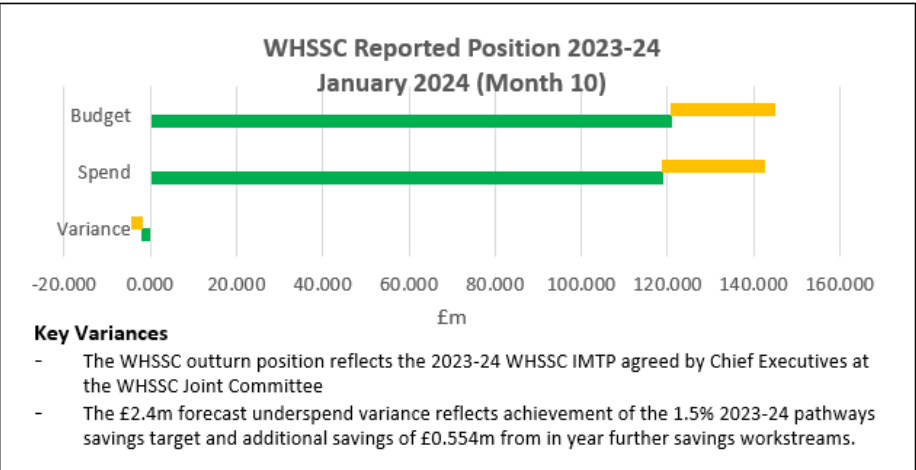
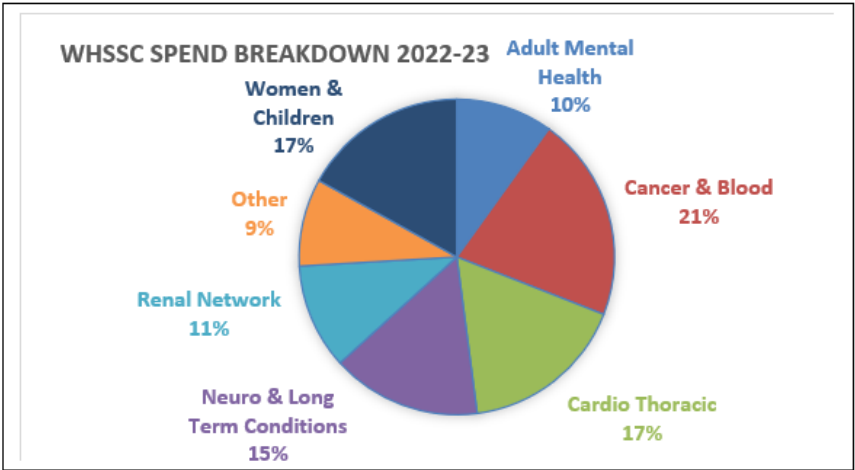


Key Issues 2023-24

- All LTAs have been signed by the end of June 2023 WG deadline with the exception of the Cwm Taf LTA. A Heads of Agreement has now been signed by both parties reflecting the WG arbitration which resulted in c£2m reduction in expenditure compared to 22-23 terms and conditions.
- The nationally agreed inflationary uplift of 1.5% has been funded and is reflected in the above position.
- The forecast spend at Velindre Trust is broadly in line with the provider IMTP however there is a degree of uncertainty around NICE and activity forecasts and the implementation of new service developments.
- A new saving of £331k was achieved in month 5 from negotiating additional underperformance from the Velindre contract.
- A cost pressure of c£210k is forecast for increased delivery of pancreatic cancer surgery and thyroid surgery for AB patients at Swansea Bay UHB.
- The plan and forecast takes into account the full year effect of the regional vascular centralisation project in Cardiff and the phased contract reduction for Powys patients in relation to reduced GUH flows (income).

WHSSC & EASC Financial Position 2023-24: Month 10

The Month 10 financial performance for WHSSC & EASC is an underspend of £3.020m. The Month 10 position reflects the agreed IMTP with WHSSC and EASC.



Balance Sheet

Balance sheet as at 31st January 2024			
	2023/24 Opening balance £000s	31st January 2024 £000s	Movement £000s
Fixed Assets	893,408	933,555	40,147
Other Non current assets	83,283	57,872	-25,411
Current Assets			
Inventories	9,576	9,848	272
Trade and other receivables	152,220	213,988	61,768
Cash	4,704	10,810	6,106
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	166,500	234,646	68,146
Liabilities			
Trade and other payables	242,817	210,718	-32,099
Provisions	168,466	205,607	37,141
	411,283	416,325	5,042
	731,908	809,748	77,840
Financed by:-			
General Fund	552,859	611,814	58,955
Revaluation Reserve	179,049	197,934	18,885
	731,908	809,748	77,840

Fixed Assets: -

- An increase in net additions of £40.7m in relation to new 2023/24 capital expenditure incurred.
- A reduction of £35.8m for depreciation charges. A reduction of £2.3m for IFRS16 related charges.
- An increase in indexation costs of £37.9m

Other Non-Current Assets: This relates to an increase in Welsh Risk Pool claims due in more than one year £28.3m, a decrease in intangible assets of £1.8m and an increase in ICR income due in more than one year of £0.1m since the end of 2022/23.

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

Current Assets, Trade & Other Receivables: The main movements since the end of 2022/23 relate to:

- A decrease in the value of debts outstanding on the Accounts Receivable system since 2022/23 to the end of January £9.6m
- An increase in the value of both NHS & Non-NHS accruals of £67.2m, of which £64.3m relates to an increase of Welsh Risk Pool claims due in less than one year, £3.5m relates to an increase in NHS & Non-NHS accruals and £0.6m relates to a decrease in VAT & other debtors since the end of 2022/23.
- An increase in the value of prepayments held £4.2m

Cash: The cash balance held at the end of January is £10.810m.

Liabilities, Provisions:

- The movement since the end of 2022/23 relates to a number of issues the most significant of which are:- a decrease in Capital accruals (£2.5m), an increase in NHS Creditor accruals (£4.0m), a decrease in the level of invoices held for payment from the year end (£13.0m), a decrease in non NHS accruals (£2.7m), a decrease in Tax & Superannuation (£2.3m), a decrease in other creditors (£12.9m), a decrease in the liability for lease payments (£1.9m), an increase in payments on account (£0.8m)
- Due to the increase in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £37.7m and a decrease in other provisions of £0.4m.

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

Health Board Income WG Funding Allocations: £1.6bn

Funding Allocations - January 24 (M10 2023/24)

	£'000
HCHS	1,503,030
GMS	110,766
Pharmacy	34,917
Dental	34,643
Total confirmed allocations	1,683,356

Anticipated allocations	33,015
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Total Allocations	1,716,370
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Other Income:

The HB receives income from several sources other than WG, based on the year-to-date income, this is forecast to be approximately £110m. (£108m for 22/23). Most of this income is delegated to budget holders and therefore nets against their delegated budget positions. The main areas for income are other NHS Bodies, Frailty, Education & Training, Dental, Child Health Projects, Managed Practices, Retail and Catering.

Estimated funding (allocations & income) for the UHB totals £1.83bn (£1.75bn for 22/23).

WG anticipated allocations: £33.0m

WG Revenue Resource Limit : Anticipated Allocations (January)			
Funding Type	Description	Value £'000	Recurrent / Non Recurrent
GMS	GMS Refresh	1,603	R
HCHS	(Provider) SPR's	125	R
HCHS	(Provider) Clinical Excellence Awards (CDA's)	149	R
HCHS	Technology Enabled Care National Programme (ETTF)	1,800	R
HCHS	Informatics - Virtual Consultations	1,065	R
HCHS	Digital Medicines transformation team (pre-implement)	203	NR
HCHS	Same Day Emergency Care (SDEC)	1,560	R
HCHS	Adferiad Programme	121	NR
HCHS	Exceptional-Incremenntal Real Living Wage	5,404	NR
HCHS	VBH: Heart Failure and Rehab in the Community	506	R
HCHS	23-24 C19 Vaccination programme	2,201	NR
HCHS	23-24 C19 TTP	1,794	NR
HCHS	New Medical Training Posts 2017-2022 cohorts	1,100	R
HCHS	Capital - DEL Depreciation - Baseline Surplus/Shortfall	551	NR
HCHS	Capital - DEL Depreciation - Strategic	337	NR
HCHS	Capital - DEL Depreciation - Accelerated	95	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	(343)	NR
HCHS	Capital - IFRS16 DEL Depreciation (Equipment + Property)	363	NR
HCHS	Capital - AME Depreciation - IFRS 16 Leases (Peppercorn)	116	NR
HCHS	Capital - AME Depreciation - Donated Assets	336	NR
HCHS	Capital - AME Depreciation - Impairments	23,567	NR
HCHS	Capital - AME Depreciation - Impairment reversals	(19,552)	NR
HCHS	Capital - Removal of Donated assets / Gvnt grant receipts	(300)	NR
HCHS	Revenue Interest Expense (IFRS16) Equipment	117	NR
HCHS	Revenue Interest Expense (IFRS16) Property	160	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Equip)	(2,325)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Prop)	(2,070)	NR
HCHS	Mental Capacity Act 23-24	189	NR
HCHS	Mental Capacity Act Advocacy 23-24	217	NR
HCHS	Consolidated pay award 1.5% Apr-23	932	NR
HCHS	C19 PPE 23/24	423	NR
HCHS	Mental Capacity Act 23-24 - Gwent consortium	49	NR
HCHS	A4C Pay award 23-24	2,655	R
HCHS	Informatics - Virtual Consultations platform license	1,273	NR
HCHS	Financial position 23-24 - Energy	6,394	NR
HCHS	Pay award-Medical and Dental 5% 23-24	639	R
HCHS	Mental Health SIF 22-23 (final 25%)	1,012	NR
HCHS	Mental Health SIF 23-24 (final 50%)	471	NR
HCHS	Planned Care Recovery: Delivering the 3Ps	80	NR
Total Anticipated: Per Ledger		33,015	

Capital Planning & Performance

	2023/24				
	Original Plan £000	Revised Plan £000	Spend to M10 £000	Forecast Outturn £000	Variance £000
Source:					
Discretionary Capital:					
Approved Discretionary Capital Funding Allocation	9,521	9,521		9,521	0
Less EFAB Contribution	-629	-629		-629	0
Less AWCP Brokerage 22/23	-1,472	-2,278		-2,278	0
Grant Income Received	0	0		0	0
NBV of Assets Disposed	0	493		493	0
Total Approved Discretionary Funding	7,420	7,107		7,107	0
All Wales Capital Programme Funding:					
AWCP Approved Funding	43,396	50,617		50,617	0
Anticipated AWCP Funding	0	1,133		1,133	0
AWCP funding adjustment re: underspends	0	0		-280	-280
Charitable Donations YYF Breast Centralisation Unit	0	150		150	0
Total Approved AWCP Funding	43,396	51,900		51,620	-280
Total Approved IFRS16 Lease funding	0	1,016		1,016	0
Total Capital Funding / Capital Resource Limit (CRL)	50,816	60,023		59,743	-280
Applications:					
Discretionary Capital:					
Commitments B/f From 2022/23	321	644	146	444	-199
Statutory Allocations	576	660	458	660	0
Divisional Priorities	2,868	3,790	2,389	3,494	-297
Corporate Priorities	300	186	120	152	-34
Informatics National Priority & Sustainability	2,170	2,008	784	1,559	-449
Remaining DCP Contingency	1,185	-180	0	1,207	1,387
Total Discretionary Capital	7,420	7,107	3,897	7,516	409
All Wales Capital Programme:					
Grange University Hospital Remaining works	-3,517	-74	-203	-74	0
Tredegar Health & Wellbeing Centre Development	4,019	3,375	3,840	3,853	478
NHH Satellite Radiotherapy Centre	17,675	16,158	11,051	15,678	-480
YYF Breast Centralisation Unit	8,685	8,632	7,833	8,352	-280
Newport East Health & Wellbeing Centre Development	10,362	9,411	6,595	9,411	0
RGH Endoscopy Unit	4,004	4,914	4,558	4,914	0
RGH – Block 1 and 2 Demolition and Car Park	404	554	257	324	-230
EFAB Schemes	1,764	1,580	345	1,580	0
EOY Funding Schemes	0	239	216	256	17
MH SISU Development	0	10	2	10	0
ICF Schemes	0	16	14	14	-2
Housing with Care Fund - 2022/23 Schemes	0	10	9	10	0
ED Waiting Area Funding	0	256	138	235	-21
CAMHS Sanctuary Hub	0	662	210	662	0
National Imaging Programme - 2022/23 Old year schemes	0	55	8	51	-4
Digital Eye Care	0	10	10	10	0
Radiotherapy Satellite Centre NHH Enabling Works	0	9	1	9	0
SDEC Equipment	0	19	0	22	3
Housing with Care Fund - 2023/24 Schemes	0	293	185	274	-19
DPIF - RISP, Cyber and End of Year Funding	0	1,088	9	1,088	0
GUH ED Extension	0	2,985	1,341	2,875	-110
Diagnostics Funding	0	339	0	339	0
Ty Gwent	0	150	0	150	0
EOY Funding 2023/24	0	452	0	412	-40
NHH RAAC Funding	0	757	221	757	0
Total AWCP Capital	43,396	51,900	36,639	51,211	-689
Total IFRS16 Lease Expenditure	0	1,016	1,016	1,016	0
Total Programme Allocation and Expenditure	50,816	60,023	41,553	59,743	-280
Forecast Break Even against Overall Capital Resource Limit					0

Aneurin Bevan University Health Board
Finance Report – January (Month 10) 2023/24
Appendix 2 – Welsh Government Monthly Monitoring Return (MMR)

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Note: further detail available upon request

Table A – Movement of Opening Financial Plan to Forecast Outturn

	In Year Effect	Non Recurring	Recurring	FYE of Recurring														
	£'000	£'000	£'000	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-89,600	0	-89,600	-89,600	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-74,667	-89,600
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-101,947	-518	-101,429	-101,429	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-84,956	-101,947
3 Planned Expenditure For Covid-19 (Negative Value)	-17,146	-17,146			-1,456	-1,668	-1,399	-1,249	-1,114	-1,761	-1,892	-1,627	-1,171	-1,209	-1,245	-1,356	-14,546	-17,146
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	26,662	5,933	20,729	20,729	2,222	2,222	2,222	2,222	2,222	2,222	2,222	2,222	2,222	2,222	2,222	2,220	22,220	26,662
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	17,146	17,146			1,456	1,668	1,399	1,249	1,114	1,761	1,892	1,627	1,171	1,209	1,245	1,356	14,546	17,146
6 Planned Provider Income (Positive Value)	535	0	535	535	45	45	45	45	45	45	45	45	45	45	45	45	446	535
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0	-2,725	-514	543	336	324	463	302	291	155	144	133	548	-681	0
8 Planned (Finalised) Savings Plan	51,502	11,500	40,002	40,002	4,155	1,944	4,399	4,456	4,468	4,478	4,490	4,501	4,637	4,648	4,659	4,669	42,174	51,502
9 Planned (Finalised) Net Income Generation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0													0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0															0	0
12	0	0															0	0
13 Planning Assumptions still to be finalised at Month 1	0	0															0	0
14 Opening IMTP / Annual Operating Plan	-112,848	16,915	-129,763	-129,763	-12,266	-12,266	-8,754	-8,904	-8,904	-8,754	-8,904	-8,904	-8,904	-8,904	-8,904	-8,481	-95,463	-112,848
15 Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0															0	0
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	392	392												392			392	392
18 Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-32,448	-7,513	-24,935	-24,935	-3,074	-1,135	-3,364	-3,357	-1,272	-3,448	-2,745	-2,738	-2,722	-2,943	-2,863	-2,786	-26,799	-32,448
20 Additional In Year Identified Savings - Forecast	24,223	11,333	12,891	17,926	146	97	251	815	815	3,039	3,216	3,254	2,567	2,884	2,754	4,385	17,084	24,223
21 Variance to Planned RRL & Other Income	0	0			1,433	-278	-3,170	-1,111	0	0	0	0	1,345	1,782	891	-891	0	0
22 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	-1,785	-1,785			0	-201	-217	-1,119	-537	487	-1,043	365	-505	-448	542	890	-3,218	-1,785
23 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	88,400	23,900	64,500	64,500							51,567	7,367	7,367	7,367	7,367	7,367	73,667	88,400
24 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction)	1,509	1,509			-96	297	217	1,119	818	544	1,058	-927	-379	448	-614	-976	3,099	1,509
25 In Year Accountancy Gains (Positive Value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0															0	0
27 Savings plans / mitigating actions to be finalised	0	0						-26	26								0	0
28 In-month operating benefits/pressures	-5,924	-5,924				-1,152			-2,233	-1,065	-989	-1,303	600	557	-260	-81	-5,584	-5,924
29 CHC pressures (uplift/growth)	-5,482	-2,482	-3,000	-3,000	-417	-1,324	-417	-417	-542	-542	-391	-391	-206	-206	-306	-327	-4,850	-5,482
30 Prescribing	-11,912	-5,311	-6,601	-6,601	-333	-1,169	-333	-209	-2,488	-1,097	-1,189	-1,189	-55	-1,183	-1,183	-1,483	-9,246	-11,912
31 Energy	8,394	862	7,532	7,532	1,112	1,152	1,272	691	607	708	311	225	487	326	849	653	6,891	8,394
32 Covid-19 estates & facilities legacy costs	-5,454	-4	-5,450	-6,839				-586	-608	-608	-608	-608	-608	-608	-608	-612	-4,234	-5,454
33 Income risk (RPB)	0	0													0	0	0	0
34	0	0															0	0
35 Planning Assumptions - EXEC process (Ideas / proposal requiring substantial further development)	0	0		0										0	0	0	0	0
36 Planning Assumptions - EXEC process (Ideas / proposal requiring further development)	0	0											0	0	0	0	0	0
37	0	0															0	0
38	0	0															0	0
39	0	0															0	0
40 Forecast Outturn (- Deficit / + Surplus)	-52,936	31,892	-84,827	-81,181	-13,494	-15,979	-14,515	-13,105	-14,318	-10,736	40,282	-4,847	-1,013	-536	-2,335	-2,342	-48,259	-52,936
41 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	-276				-96	96	0	0	281	1,031	15	-562	-884	0	-72	-86	-118	-276
42 Operational - Forecast Outturn (- Deficit / + Surplus)	-52,660				-13,399	-16,075	-14,515	-13,105	-14,599	-11,767	40,268	-4,286	-129	-536	-2,263	-2,256	-48,141	-52,660

Table A1 - Underlying Position

Section A - By Spend Area		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal		Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'000
1	Pay - Administrative, Clerical & Board Members	(500)	500	500	500	(500)	(0)
2	Pay - Medical & Dental	(17,293)		8,000	(9,293)	(15,000)	(24,293)
3	Pay - Nursing & Midwifery Registered	(16,738)	8,108	8,700	70	(15,708)	(15,638)
4	Pay - Prof Scientific & Technical	(257)		200	(57)	(750)	(807)
5	Pay - Additional Clinical Services	(9,000)	3,000	8,000	2,000	(8,776)	(6,776)
6	Pay - Allied Health Professionals	(0)			(0)		(0)
7	Pay - Healthcare Scientists	(115)			(115)	0	(115)
8	Pay - Estates & Ancillary	(513)			(513)	(2,328)	(2,841)
9	Pay - Students	0			0		0
10	Non Pay - Supplies and services - clinical	(16,937)	7,057	20,600	10,720	(25,721)	(15,001)
11	Non Pay - Supplies and services - general	(740)		2,500	1,760	(2,500)	(740)
12	Non Pay - Consultancy Services	0			0		0
13	Non Pay - Establishment	0			0		0
14	Non Pay - Transport	0			0		0
15	Non Pay - Premises	(13,600)	4,585	8,000	(1,015)	(4,073)	(5,088)
16	Non Pay - External Contractors	0			0		0
17	Health Care Provided by other Orgs – Welsh LHBs	(1,400)	1,400		0	(1,000)	(1,000)
18	Health Care Provided by other Orgs – Welsh Trusts	0			0		0
19	Health Care Provided by other Orgs – WHSSC	(2,000)	2,431		431	(431)	0
20	Health Care Provided by other Orgs – English	0			0		0
21	Health Care Provided by other Orgs – Private / Other	(10,506)	7,025	8,000	4,519	(13,400)	(8,881)
22	Total	(89,600)	34,106	64,500	9,006	(90,187)	(81,181)

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
	£'000	Likelihood	
Risks (negative values)			
Under delivery of Amber Schemes included in Outturn via Tracker		High	
Continuing Healthcare		Low	
Prescribing	(500)	Low	
Pharmacy Contract			
WHSSC Performance			
Other Contract Performance			
GMS Ring Fenced Allocation Underspend Potential Claw back			
Dental Ring Fenced Allocation Underspend Potential Claw back			
Continued Operational pressures	(2,536)	Medium	
Allocation funding risk	(4,659)	Medium	
Non Achievement of savings	(1,880)	Medium	
Junior Doctors Strike	TBC	High	
PACS / RISP onerous contract double running (q AME?)	(425)	Low	
Total Risks	(10,000)		
Further Opportunities (positive values)			
Insurance refund (E block)	296	Medium	
Further operational benefits (National policy, refunds, further slippage, accruals release)	0	Low	
Further benefits (review of options discounted by Clinical Advisory Board)	1,575	Low	
Microsoft licence	763	Low	
		Low	
Releases of uncommitted budget	302	High	
Total Further Opportunities	2,936		
Current Reported Forecast Outturn	(52,936)		
	(52,936)		
Worst Case Outturn Scenario	(60,000)		
Best Case Outturn Scenario	(50,000)		

Table B– Monthly Summarised Statement of Comprehensive Net Expenditure/Statement of Comprehensive Net Income

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12		
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Revenue Resource Limit	Actual/F'cast	126,659	121,997	141,139	136,897	132,781	129,001	178,120	142,347	144,901	146,440	161,964	154,123	1,400,282	1,716,370
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast	0	0	42	0	0	60	0	0	28	0	0	171	129	300
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	1,837	1,739	1,891	2,043	1,912	1,844	2,045	1,912	2,023	1,996	1,959	1,959	19,242	23,160
4	WHSSC Income	Actual/F'cast	896	896	859	1,046	933	862	936	2,258	1,062	1,209	914	914	10,957	12,786
5	Welsh Government Income (Non RRL)	Actual/F'cast	(369)	419	491	372	103	286	(587)	(124)	295	(64)	117	2,117	822	3,056
6	Other Income	Actual/F'cast	5,070	5,044	5,588	5,737	5,396	5,393	5,374	6,566	5,529	9,853	5,350	5,347	59,550	70,247
7	Income Total		134,093	130,095	150,010	146,095	141,125	137,446	185,888	152,959	153,838	159,434	170,304	164,631	1,490,982	1,825,917
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast	15,621	16,175	16,316	16,684	16,428	14,719	15,441	16,903	18,037	16,574	16,544	17,930	162,898	197,372
9	Primary Care - Drugs & Appliances	Actual/F'cast	9,911	10,119	10,175	10,159	10,594	10,421	9,835	10,145	10,018	9,865	9,912	9,915	101,242	121,069
10	Provided Services - Pay	Actual/F'cast	59,888	62,050	73,082	69,139	63,642	61,747	65,918	64,003	62,928	62,995	64,565	63,513	645,392	773,469
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	12,972	12,216	13,471	11,188	13,091	12,022	13,719	13,980	13,030	12,575	14,047	15,359	128,264	157,670
12	Secondary Care - Drugs	Actual/F'cast	4,901	4,918	4,279	6,584	4,703	4,733	6,102	5,316	4,847	5,178	5,350	5,262	51,561	62,173
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	25,297	27,471	28,095	26,476	25,716	26,688	27,136	28,860	27,115	29,729	27,500	27,500	272,583	327,584
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast	10,665	11,144	10,706	10,591	10,578	10,418	10,482	9,722	9,927	11,139	9,714	10,446	105,372	125,532
16	Other Private & Voluntary Sector	Actual/F'cast	1,176	1,236	1,226	1,282	1,611	975	1,240	1,232	1,383	3,577	1,200	1,200	14,938	17,338
17	Joint Financing and Other	Actual/F'cast	3,049	2,775	3,455	2,664	4,389	2,307	2,551	3,293	3,264	3,915	3,107	5,107	31,662	39,876
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	441	440	(394)	383	322	157	305	220	140	132	163	163	2,146	2,473
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast													0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	3,638	4,434	4,057	4,013	4,035	3,930	4,525	4,089	4,085	4,253	4,153	4,227	41,058	49,438
23	AME Donated Depreciation/Impairments	Actual/F'cast	28	(6,902)	57	38	38	38	(11,674)	38	38	35	16,384	6,351	(18,268)	4,467
24	Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit/Loss Disposal of Assets	Actual/F'cast	0	(0)	0	0	295	27	27	4	38	3	0	0	392	392
26	Cost - Total	Actual/F'cast	147,587	146,075	164,626	159,200	155,441	148,181	145,606	157,806	154,850	159,970	172,639	166,973	1,539,241	1,878,853
27	Net surplus/ (deficit)	Actual/F'cast	(13,494)	(15,980)	(14,615)	(13,105)	(14,317)	(10,735)	40,282	(4,847)	(1,012)	(536)	(2,335)	(2,342)	(48,259)	(62,935)

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	9,826	9,824	12,656	11,677	10,234	10,024	10,244	10,507	10,308	10,124	10,400	10,200	105,424	126,024
2	Medical & Dental	14,244	15,137	14,914	14,773	14,981	14,572	18,323	15,697	15,496	15,198	15,700	15,300	153,335	184,335
3	Nursing & Midwifery Registered	18,935	19,299	23,568	22,278	20,144	19,538	19,554	19,759	19,307	19,548	20,250	19,750	201,930	241,930
4	Prof Scientific & Technical	2,316	2,344	2,879	2,867	2,530	2,538	2,573	2,738	2,742	2,788	2,850	2,700	26,315	31,865
5	Additional Clinical Services	9,192	9,567	12,060	11,125	10,124	9,377	9,416	9,653	9,308	9,488	10,000	9,750	99,310	119,060
6	Allied Health Professionals	3,601	3,687	4,509	4,296	3,830	3,834	3,773	3,913	3,908	3,829	4,100	3,950	39,180	47,230
7	Healthcare Scientists	1,112	1,133	1,364	1,297	1,165	1,140	1,119	1,151	1,145	1,208	1,300	1,200	11,834	14,334
8	Estates & Ancillary	3,556	3,692	4,427	4,048	3,517	3,560	3,573	3,443	3,412	3,392	3,800	3,600	36,620	44,020
9	Students	4	4	6	5	4	5	2	2	1	2	7	7	35	49
10	TOTAL PAY EXPENDITURE	62,786	64,687	76,383	72,366	66,529	64,588	68,577	66,863	65,627	65,577	68,407	66,457	673,983	808,847

Analysis of Pay Expenditure

11	LHB Provided Services - Pay	59,888	62,050	73,082	69,139	63,642	61,747	65,918	64,003	62,928	62,995	64,565	63,513	645,392	773,469
12	Other Services (incl. Primary Care) - Pay	2,898	2,637	3,301	3,227	2,887	2,841	2,659	2,860	2,699	2,582	3,842	2,944	28,591	35,378
13	Total - Pay	62,786	64,687	76,383	72,366	66,529	64,588	68,577	66,863	65,627	65,577	68,407	66,457	673,983	808,847

B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	72	64	77	49	41	39	86	39	29	67	40	40	563	643
2	Medical & Dental	1,185	2,048	1,500	1,192	1,426	1,118	1,118	1,215	1,196	719	1,150	1,150	12,717	15,017
3	Nursing & Midwifery Registered	1,434	1,387	1,394	1,575	1,650	1,807	1,573	1,369	1,371	1,388	1,350	1,350	14,948	17,648
4	Prof Scientific & Technical	(1)	6	11	29	1	21	46	31	7	51	25	25	202	252
5	Additional Clinical Services	295	341	210	161	237	183	80	80	89	65	80	80	1,741	1,901
6	Allied Health Professionals	171	219	147	196	196	192	123	165	136	120	150	150	1,665	1,965
7	Healthcare Scientists	57	63	31	59	47	29	8	15	14	48	40	40	371	451
8	Estates & Ancillary	682	675	483	490	341	471	489	247	281	239	300	300	4,398	4,998
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	3,895	4,803	3,853	3,751	3,939	3,860	3,523	3,161	3,123	2,697	3,135	3,135	36,605	42,875
11	Agency/Locum (premium) % of pay	6.2%	7.4%	5.0%	5.2%	5.9%	6.0%	5.1%	4.7%	4.8%	4.1%	4.6%	4.7%	5.4%	5.3%

C - Agency / Locum (premium) Expenditure - Analysed by Reason for Using Agency/Locum (premium)		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	REASON	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Vacancy	2,500	3,000	2,500	2,500	2,760	2,778	2,450	2,250	2,218	2,022	2,230	2,230	24,978	29,438
2	Maternity/Paternity/Adoption Leave	5	5	5	5	5	20	10	10	10	10	10	10	85	105
3	Special Leave (Paid) – inc. compassionate leave, interview	5	5	5	5	5	6	5	5	5	5	5	5	51	61
4	Special Leave (Unpaid)	3	3	3	3	3	3	3	3	3	3	3	3	30	36
5	Study Leave/Examinations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Additional Activity (Winter Pressures/Site Pressures)	1,117	1,525	1,125	1,023	901	800	800	638	632	402	632	632	8,963	10,227
7	Annual Leave	15	15	15	15	15	3	5	5	5	5	5	5	98	108
8	Sickness	250	250	200	200	200	200	200	200	200	200	200	200	2,100	2,500
9	Restricted Duties	0	0	0	0	50	50	50	50	50	50	50	50	300	400
10	Jury Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	WLI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Exclusion (Suspension)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
														0	0
13	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	3,895	4,803	3,853	3,751	3,939	3,860	3,523	3,161	3,123	2,697	3,135	3,135	36,605	42,875

Table B3 - COVID-19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
A1	Enter as positive values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
108	Total Planned COVID-19 Expenditure	1,456	1,668	1,399	1,249	1,114	1,761	1,892	1,627	1,171	1,209	1,245	1,356	14,546	17,146
109	Total Actual/Forecast COVID-19 Expenditure	1,551	1,371	1,182	130	296	1,216	835	2,554	1,550	761	1,859	2,331	11,446	15,636
110	Movement from Planned Expenditure	(96)	297	217	1,119	818	544	1,058	(927)	(379)	448	(614)	(976)	3,099	1,509
111	Total Planned Funding	1,456	1,668	1,399	1,249	1,114	1,761	1,892	1,627	1,171	1,209	1,245	1,356	14,546	17,146
112	Total Actual/Forecast COVID-19 Funding excluding Virements	1,456	1,467	1,182	130	577	2,248	849	1,992	666	760	1,787	2,246	11,328	15,360
113	Total Actual/Forecast COVID-19 Virements	0	0	0	0	0	0	0	0	0	0	0	0	0	0
114	Total Actual/Forecast Funding	1,456	1,467	1,182	130	577	2,248	849	1,992	666	760	1,787	2,246	11,328	15,360
115	Movement from Planned Funding	0	(201)	(217)	(1,119)	(537)	487	(1,043)	365	(505)	(448)	542	890	(3,218)	(1,785)
116	Net Planned Position	0	0	0	0	0	0	0	0	0	0	0	0	0	0
117	Actual / Forecast Net Impact on overall Financial Position due to Covid-19	(96)	96	0	0	281	1,031	15	(562)	(884)	(0)	(72)	(86)	(118)	(276)
118	Net Movement from Plan	(96)	96	0	0	281	1,031	15	(562)	(884)	(0)	(72)	(86)	(118)	(276)

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation and Accountancy Gains)

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD	Green £'000	Amber £'000	non recurring £'000	recurring £'000	
1	CHC and Funded Nursing Care	Budget/Plan	150	150	150	150	150	150	150	150	150	150	150	151	1,499	1,800		250	1,550			
2		Actual/F'cast	43	145	251	658	279	566	427	892	838	1,160	906	776	5,258	6,940	75.76%	6,940	0	1,430	5,510	7,010
3		Variance	(107)	(5)	101	508	129	416	277	742	688	1,010	756	625	3,759	5,140	250.74%	6,690	(1,550)			
4	Commissioned Services	Budget/Plan	292	167	304	304	304	304	304	304	304	304	304	304	2,892	3,500		2,138	1,363			
5		Actual/F'cast	167	167	167	660	394	1,332	463	1,363	576	576	575	573	5,866	7,014	83.63%	7,014	0	3,195	3,819	3,819
6		Variance	(125)	0	(137)	356	90	1,028	159	1,059	272	272	271	269	2,974	3,514	102.82%	4,876	(1,363)			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	117	73	143	154	166	177	188	199	210	221	232	244	1,649	2,125		2,125	0			
8		Actual/F'cast	139	41	178	153	351	532	634	596	658	783	776	786	4,065	5,627	72.24%	5,627	0	21	5,606	8,291
9		Variance	22	(33)	34	(2)	185	356	446	397	449	561	543	543	2,415	3,502	146.47%	3,502	0			
10	Non Pay	Budget/Plan	1,389	640	1,465	1,470	1,470	1,470	1,470	1,470	1,470	1,470	1,470	1,471	13,783	16,724		3,053	13,671			
11		Actual/F'cast	101	93	369	273	2,116	762	816	(1,546)	763	649	695	1,225	4,394	6,314	69.59%	5,750	565	2,682	3,633	3,953
12		Variance	(1,289)	(547)	(1,095)	(1,197)	646	(708)	(654)	(3,016)	(707)	(821)	(775)	(246)	(9,389)	(10,409)	(68.12%)	2,697	(13,106)			
13	Pay	Budget/Plan	2,207	914	2,337	2,378	2,378	2,378	2,378	2,378	2,503	2,503	2,503	2,499	22,351	27,353		14,486	12,867			
14		Actual/F'cast	778	461	320	170	756	821	1,101	3,663	1,596	1,386	1,551	1,657	11,052	14,261	77.50%	13,886	375	4,871	9,390	9,920
15		Variance	(1,429)	(453)	(2,016)	(2,207)	(1,622)	(1,556)	(1,276)	1,285	(907)	(1,117)	(951)	(842)	(11,299)	(13,092)	(50.55%)	(600)	(12,492)			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	115	56	1,519	50	50	36	46	1,249	1,826	3,121	58.51%	3,112	9	3,121	0	0
18		Variance	0	0	0	0	115	56	1,519	50	50	36	46	1,249	1,826	3,121		3,112	9			
19	Total	Budget/Plan	4,155	1,944	4,399	4,456	4,468	4,478	4,490	4,501	4,637	4,648	4,659	4,669	42,174	51,502		22,051	29,450			
20		Actual/F'cast	1,227	906	1,286	1,914	4,011	4,069	4,960	5,017	4,482	4,589	4,550	6,267	32,460	43,277	75.01%	42,328	948	15,320	27,957	32,992
21		Variance	(2,928)	(1,038)	(3,113)	(2,542)	(457)	(409)	471	516	(155)	(59)	(109)	1,599	(9,714)	(8,225)	(23.03%)	20,277	(28,502)			
22	Variance in month		(70.48%)	(53.41%)	(70.77%)	(57.05%)	(10.23%)	(9.14%)	10.48%	11.48%	(3.34%)	(1.27%)	(2.35%)	34.24%	(23.03%)							
23	In month achievement against FY forecast		2.83%	2.09%	2.97%	4.42%	9.27%	9.40%	11.46%	11.59%	10.36%	10.60%	10.51%	14.48%								

**Table D - Welsh NHS Assumptions – Income/Expenditure Assumptions
Annual Forecast**

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000	Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
1	Swansea Bay University	286	732	1,018	984	3,008	3,992
2	Aneurin Bevan University	0	0	0	0	0	0
3	Betsi Cadwaladr University	0	61	61	0	1,260	1,260
4	Cardiff & Vale University	1,144	1,211	2,355	36,389	3,937	40,326
5	Cwm Taf Morgannwg University	1,729	425	2,154	20,022	1,297	21,319
6	Hywel Dda University	301	26	327	419	849	1,268
7	Powys	11,077	3,677	14,754	164	159	323
8	Public Health Wales	0	4,156	4,156	0	1,765	1,765
9	Velindre	0	9,289	9,289	25,402	53,398	78,800
10	NWSSP	0	0	0	0	0	0
11	DHCW	0	888	888	0	5,311	5,311
12	Wales Ambulance Services	0	245	245	0	10,583	10,583
13	WHSSC	11,914	729	12,643	156,527	(1,416)	155,111
14	EASC	0	0	0	46,445	(402)	46,043
15	HEIW	0	14,000	14,000	0	48	48
16	NHS Executive	0	0	0	0	0	0
17	Total	26,451	35,439	61,890	286,352	79,797	366,149

Table F - Statement of Financial Position

Table F - Statement of Financial Position For Monthly Period		Opening Balance Beginning of Apr 23	Closing Balance End of Jan 24	Forecast Closing Balance End of Mar 24
	Non-Current Assets	£'000	£'000	£'000
1	Property, plant and equipment	893,409	933,555	917,054
2	Intangible assets	5,091	3,288	3,282
3	Trade and other receivables	77,466	53,858	77,466
4	Other financial assets	726	726	726
5	Non-Current Assets sub total	976,692	991,427	998,528
	Current Assets			
6	Inventories	9,576	9,848	9,576
7	Trade and other receivables	152,162	213,930	152,162
8	Other financial assets	58	58	58
9	Cash and cash equivalents	4,704	10,810	(50,998)
10	Non-current assets classified as held for sale	0	0	0
11	Current Assets sub total	166,500	234,646	110,798
12	TOTAL ASSETS	1,143,192	1,226,073	1,109,326
	Current Liabilities			
13	Trade and other payables	222,125	191,944	192,503
14	Borrowings (Trust Only)	0	0	0
15	Other financial liabilities	0	0	0
16	Provisions	87,280	147,784	87,280
17	Current Liabilities sub total	309,405	339,728	279,783
18	NET ASSETS LESS CURRENT LIABILITIES	833,787	886,345	829,543
	Non-Current Liabilities			
19	Trade and other payables	20,692	18,774	20,692
20	Borrowings (Trust Only)	0	0	0
21	Other financial liabilities	0	0	0
22	Provisions	81,186	57,823	81,186
23	Non-Current Liabilities sub total	101,878	76,597	101,878
24	TOTAL ASSETS EMPLOYED	731,909	809,748	727,665
	FINANCED BY: Taxpayers' Equity			
25	General Fund	552,846	611,814	534,731
26	Revaluation Reserve	179,063	197,934	192,934
27	PDC (Trust only)			
28	Retained earnings (Trust Only)			
29	Other reserve			
30	Total Taxpayers' Equity	731,909	809,748	727,665

Table G - Monthly Cashflow Forecast

		April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
	RECEIPTS													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	148,150	133,350	164,250	136,950	138,850	160,300	130,000	150,500	160,000	138,700	128,864	98,667	1,688,581
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	0	0	0	0	0	0	0	0	0	0	0	(375)	(375)
3	WG Revenue Funding - Other (e.g. invoices)	242	265	236	193	676	300	303	351	767	269	500	1,200	5,302
4	WG Capital Funding - Cash Limit - LHB & SHA only	5,000	2,700	4,500	6,300	6,200	800	4,300	5,000	6,500	4,500	4,500	8,931	59,231
5	Income from other Welsh NHS Organisations	7,346	3,999	3,618	6,412	5,185	4,023	5,909	4,288	7,404	2,967	4,800	5,250	61,201
6	Short Term Loans - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
7	PDC - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Interest Receivable - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Sale of Assets	5	1	0	39	6	16	0	6	4	30	0	0	107
10	Other - (Specify in narrative)	13,119	4,565	4,765	5,365	8,075	2,905	9,698	4,207	3,243	10,274	7,920	12,960	87,096
11	TOTAL RECEIPTS	173,862	144,880	177,369	155,259	158,992	168,344	150,210	164,352	177,918	156,740	146,584	126,633	1,901,143
	PAYMENTS													
12	Primary Care Services : General Medical Services	9,763	7,601	9,181	8,081	7,675	8,212	8,423	7,570	10,348	9,363	8,133	11,765	106,115
13	Primary Care Services : Pharmacy Services	5,256	5	5,954	5	2,523	4,890	1	2,827	5,745	2	2,650	3,210	33,068
14	Primary Care Services : Prescribed Drugs & Appliances	20,731	14	19,758	603	10,875	21,214	178	10,796	21,639	245	8,690	10,980	125,723
15	Primary Care Services : General Dental Services	2,788	2,822	2,767	2,766	2,790	2,726	2,395	2,483	2,388	3,878	2,680	3,350	33,833
16	Non Cash Limited Payments	(143)	(65)	(601)	585	(52)	(700)	508	(31)	(403)	630	(76)	(27)	(375)
17	Salaries and Wages	59,942	62,122	70,887	67,064	63,261	60,054	60,085	61,772	60,699	60,650	61,210	66,890	754,636
18	Non Pay Expenditure	73,409	66,399	67,832	69,558	65,663	71,834	71,201	73,660	71,053	73,978	64,076	75,474	844,137
19	Short Term Loan Repayment - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
20	PDC Repayment - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Capital Payment	4,851	3,150	4,556	3,488	4,998	4,612	4,606	4,305	6,423	2,693	6,992	9,450	60,124
22	Other items (Specify in narrative)	5	1	0	7	1	3	0	2	(15)	2	0	(422)	(416)
23	TOTAL PAYMENTS	176,602	142,049	180,334	152,157	157,734	172,845	147,397	163,384	177,877	151,441	154,355	180,670	1,956,845
24	Net cash inflow/outflow	(2,740)	2,831	(2,965)	3,102	1,258	(4,501)	2,813	968	41	5,299	(7,771)	(54,037)	
25	Balance b/f	4,704	1,964	4,795	1,830	4,932	6,190	1,689	4,502	5,470	5,511	10,810	3,039	
26	Balance c/f	1,964	4,795	1,830	4,932	6,190	1,689	4,502	5,470	5,511	10,810	3,039	(50,998)	

Table H - Prompt Payment of Invoice Performance

30 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
PROMPT PAYMENT OF INVOICE PERFORMANCE		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	91.6%	-3.4%	91.5%	-3.5%	98.2%	3.2%		-95.0%	93.8%	-1.2%	95.0%	0.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	89.3%	-5.7%	87.0%	-8.0%	90.0%	-5.0%		-95.0%	88.9%	-6.1%	95.0%	0.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	96.5%	1.5%	96.8%	1.8%	97.7%	2.7%		-95.0%	97.0%	2.0%	97.0%	2.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	96.7%	1.7%	97.4%	2.4%	97.5%	2.5%		-95.0%	97.2%	2.2%	97.2%	2.2%

Table I - Capital Resource/Expenditure Limit Management

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	Gross expenditure						
	All Wales Capital Programme:						
	Schemes:						
1	Primary Care - Fees - Tredegar - Main scheme	3,375	3,840	465	3,375	3,853	478
2	Primary Care Fees - Newport East	6,557	6,595	38	9,411	9,411	0
3	Radiotherapy Satellite - Main Scheme	12,548	11,051	(1,497)	16,158	15,678	(480)
4	Efab - Infrastructure	186	155	(30)	560	654	94
5	Efab - Fire	366	164	(203)	885	885	0
6	Efab - Decarbonisation	41	26	(15)	135	41	(94)
7	Breast Centralisation YYF	8,212	7,833	(379)	8,482	8,202	(280)
8	Plaid Agreement - Mental Health Sanctuary Hubs	288	210	(78)	662	662	0
9	Grange University Hospital	(172)	(203)	(32)	(74)	(74)	0
10	Endoscopy Expansion - RGH	4,685	4,558	(126)	4,914	4,914	0
11	Royal Gwent Demolition	232	257	26	554	324	(230)
12	Specialist inpatient services Unit - Development Fees	5	2	(3)	10	10	0
13	B/F - End of Year Funding – November 2022	225	216	(9)	239	256	17
14	Emergency Department Waiting Area Improvements	99	111	13	111	111	0
15	Housing Care fund	10	9	(1)	10	10	0
16	Eye Care Transfer from C&V	10	10	0	10	10	(0)
17	ICF - Trethomas Feasibility	6	6	0	8	6	(2)
18	ICF - Pontllanfraith Feasibility	7	7	0	8	7	(1)
19	RadiotherapySatellite Centre at Nevill Hall Hospital – Enabling Works	4	2	(3)	9	9	0
20	SDEC	12	0	(11)	19	22	3
21	National Programme - Imaging P2	8	8	0	55	51	(4)
22	DPIF - RISP	15	9	(6)	15	15	0
23	HCF - Refurbishment of Suite 136 St Cadocs	75	75	0	75	75	(0)
24	HCF - Forglen House	87	90	3	90	90	0
25	HCF - Exterior Lighting Serennu Centre	10	10	0	41	34	(7)
26	HCF - Soundproof Pods Serennu Centre	1	1	0	37	37	0
27	HCF - Specialist Children's Beds	23	9	(14)	50	38	(12)
28	Cyber Security	0	0	0	392	392	0
29	Emergency Department and Minor Injury Unit Improvements	44	27	(17)	145	124	(22)
30	Grange University Hospital - Emergency Department	1,374	1,341	(33)	2,985	2,875	(110)
31	Ty Gwent	0	0	0	150	150	0
32	Diagnostic Equipment	0	0	0	339	339	0
33	RAAC Remedial Works at Nevill Hall Hospital	221	221	0	757	757	0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	Sub Total	38,551	36,640	(1,911)	50,617	49,968	(649)

Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Forecast		Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
			Min. £'000	Max. £'000	April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
1	Primary Care - Fees - Tredegar - Main scheme	Lorraine Morgan	3,850	3,900	139	727	657	484	771	721	46	(9)	(51)	355	7	6	3,840	3,853	Medium
2	Primary Care Fees - Newport East	Lorraine Morgan	9,300	9,500	110	725	199	503	446	530	881	1,016	1,157	1,030	1,382	1,433	6,595	9,411	Medium
3	Radiotherapy Satellite - Main Scheme	Lorraine Morgan	15,500	15,900	734	848	1,394	208	1,786	1,293	1,249	1,044	992	1,503	2,210	2,418	11,051	15,678	High
4	Efab - Infrastructure	Mark Arscott	500	675	1	20	1	4	89	(3)	0	24	25	(6)	186	313	155	654	Medium
5	Efab - Fire	Mark Arscott	800	900	0	0	0	0	0	0	57	94	10	2	350	371	164	885	Medium
6	Efab - Decarbonisation	Mark Arscott	40	50	0	0	0	0	0	20	6	0	0	0	0	15	26	41	Low
7	Breast Centralisation YYF	Hannah Capel	8,200	8,482	313	513	984	637	1,052	722	1,028	1,347	1,049	188	344	25	7,833	8,202	Low
8	Plaid Agreement - Mental Health Sanctuary Hubs	Kola Gamede	550	662	0	0	18	(1)	65	27	1	57	105	(63)	200	252	210	662	Medium
9	Grange University Hospital	Hannah Capel	(100)	(74)	70	18	5	77	(26)	(337)	10	(5)	(25)	8	60	69	(203)	(74)	Low
10	Endoscopy Expansion - RGH	Lorraine Morgan	4,914	4,914	866	213	944	296	728	621	793	43	31	24	150	206	4,558	4,914	Low
11	Royal Gwent Demolition	Hannah Capel	320	324	0	0	0	13	0	3	0	176	(0)	66	30	37	257	324	Low
12	Specialist inpatient services Unit - Development Fees	Andrew Walker	10	10	1	(0)	(0)	1	0	0	0	0	0	0	4	4	2	10	Low
13	B/F - End of Year Funding – November 2022	Various	250	289	0	36	94	(4)	35	0	16	39	(0)	0	9	31	216	256	Low
14	Emergency Department Waiting Area Improvements	Various	111	111	85	1	0	0	0	0	0	0	0	25	0	0	111	111	Low
15	Housing Care fund	Various	9	10	0	0	0	0	0	9	0	0	0	0	1	0	9	10	Low
16	Eye Care Transfer from C&V	Glenys Mansfield	10	10	3	3	4	0	0	0	0	0	0	0	0	0	10	10	Low
17	ICF - Trethomas Feasibility	David Powell	6	6	4	(4)	3	0	0	4	0	0	0	0	0	0	6	6	Low
18	ICF - Pontllanfraith Feasibility	David Powell	8	8	3	(3)	4	0	0	3	0	0	0	0	0	0	7	7	Low
19	RadiotherapySatellite Centre at Nevill Hall Hospital – Enabli	Lorraine Morgan	9	9	0	0	1	1	(1)	(2)	3	(1)	0	0	4	4	2	9	Low
20	SDEC	Paul Underwood	22	22	0	(21)	0	0	0	0	0	22	0	(1)	11	11	0	22	Low
21	National Programme - Imaging P2	Arvind Kumar	51	55	0	0	0	0	8	0	0	0	0	0	0	44	8	51	Low
22	DPIF - RISP	Paul Solloway	15	15	0	0	0	0	0	0	0	9	0	0	6	0	9	15	Low
23	HCF - Refurbishment of Suite 136 St Cadocs	Helen Dodoo	75	75	0	0	0	0	0	0	0	75	0	0	0	0	75	75	Low
24	HCF - Forglen House	Helen Dodoo	90	90	0	0	0	0	0	0	0	87	0	3	0	0	90	90	Low
25	HCF - Exterior Lighting Serennu Centre	Sara Garland	34	41	0	0	0	0	0	0	0	0	10	0	24	0	10	34	Low
26	HCF - Soundproof Pods Serennu Centre	Sara Garland	37	37	0	0	0	0	0	0	0	0	1	0	36	0	1	37	Low
27	HCF - Specialist Children's Beds	Sara Garland	38	50	0	0	0	0	0	0	0	9	0	0	14	15	9	38	Low
28	Cyber Security	Paul Solloway	392	392	0	0	0	0	0	0	0	0	0	0	192	200	0	392	Low
29	Emergency Department and Minor Injury Unit Improvements	Various	120	145	0	0	0	0	0	0	0	0	0	27	72	25	27	124	Low
30	Grange University Hospital - Emergency Department	Hannah Capel	2,800	2,875	0	0	0	0	0	0	0	0	0	1,341	589	945	1,341	2,875	Medium
31	Ty Gwent	Hannah Capel	75	150	0	0	0	0	0	0	0	0	0	0	0	150	0	150	Low
32	Diagnostic Equipment	Various	339	339	0	0	0	0	0	0	0	0	0	0	0	339	0	339	Low
33	RAAC Remedial Works at Nevill Hall Hospital	Jamie Marchant	750	757	0	0	0	0	0	0	0	0	0	221	200	336	221	757	Medium
34	Sub Total		49,125	50,709	2,328	3,075	4,308	2,218	4,953	3,612	4,091	4,028	3,304	4,724	6,081	7,248	36,640	49,968	

Table J - In Year Capital Scheme Profiles

	Discretionary:																		
35	IT.	Various	2,400	2,600	171	166	265	(2)	(118)	56	72	123	236	421	305	860	1,390	2,554	Low
36	Equipment	Various	2,000	2,300	16	80	0	379	258	247	104	49	288	138	59	603	1,558	2,220	Low
37	Statutory Compliance	Various	694	720	99	45	46	128	87	33	(20)	41	27	9	85	114	496	694	Low
38	Estates	Various	2,000	2,200	35	212	121	238	84	162	31	185	50	(663)	305	1,250	454	2,008	Medium
39	Other	Various															0	0	
40	Sub Total		7,094	7,820	321	503	432	743	310	498	187	398	600	(95)	754	2,826	3,897	7,477	
	Other Schemes (Including IFRS 16 Leases):																		
41	Charitable Funds - donated assets / YYF UBU Cont	Various	250	300	0	0	42	0	0	60	0	0	28	0	75	96	129	300	Low
42	IFRS16 New Leases / Lease Renewals	Various	1,016	1,016						(211)				1,227			1,016	1,016	Low
43																	0	0	
44																	0	0	
45																	0	0	
46																	0	0	
47																	0	0	
48																	0	0	
49																	0	0	
50																	0	0	
51																	0	0	
52																	0	0	
53																	0	0	
54																	0	0	
55																	0	0	
56																	0	0	
57																	0	0	
58																	0	0	
59																	0	0	
60																	0	0	
61	Sub Total		1,266	1,316	0	0	42	0	0	(151)	0	0	28	1,227	75	96	1,145	1,316	
62	Total Capital Expenditure		57,485	59,845	2,649	3,579	4,781	2,961	5,263	3,960	4,278	4,425	3,931	5,856	6,909	10,169	41,682	58,761	

Table K - Capital Disposals

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 23)	MM/YY (text format, e.g. Apr 23)	MM/YY (text format, e.g. Feb 24)	£'000	£'000	£'000	£'000	
1	Equipment disposals various			Apr-23	0	5	5	0	
2	Equipment disposals various			May-23	0	1	1	0	
3	Equipment disposals various			Jun-23	0	0	0	0	
4	Equipment disposals RGH E Block			Jul-23	299	306	7	0	Welsh Risk Pool claim to be submitted to cover loss on disposal
5	Equipment disposals RGH E Block			Aug-23	32	(266)	0	(298)	Welsh Risk Pool claim to be submitted to cover loss on disposal - shown as a loss until income received
6	Other equipment disposals various			Aug-23	0	5	1	4	
7	Equipment disposals RGH E Block			Sep-23	39	0	0	(39)	
8	Other equipment disposals various			Sep-23	0	16	3	13	
9	Ventilator disposals			Oct-23	57	30	0	(27)	
10	Other equipment disposals various			Oct-23	0	0	0	0	
11	Other equipment disposals various			Nov-23	8	6	2	(4)	
12	Other equipment disposals various			Dec-23	57	4	(15)	(38)	
13	Other equipment disposals various			Jan-24	0	0	2	(2)	
14	IFRS16 equipment lease early termination			Jan-24	1	0	0	(1)	
15								0	
16								0	
17								0	
18								0	
19								0	
	Total for in-year				494	107	5	(392)	

Table M - Debtors Schedule

Debtor	Inv #	Inv Date	Orig Inv £	Outstand. Inv £	Valid Entry	>11 weeks but <17 weeks	Over 17 weeks	Arbitration Due Date	Comments
HEALTH EDUCATION & IMPROVEMENT WALES	224470	17 August 2023	1068.72	1,009.53	Yes, valid entry for period		1,009.53	14 December 2023	Confirmation from HEIW invoice approval confirmed with AP on 08.02.2024. To be paid on next payemnt run.
HEALTH EDUCATION & IMPROVEMENT WALES	224536	24 August 2023	10850.15	9,602.56	Yes, valid entry for period		9,602.56	21 December 2023	Confirmation from HEIW invoice approval confirmed with AP on 08.02.2024. To be paid on next payemnt run.
HEALTH EDUCATION & IMPROVEMENT WALES	224542	24 August 2023	8502.12	7,559.09	Yes, valid entry for period		7,559.09	21 December 2023	Confirmation from HEIW invoice approval confirmed with AP on 08.02.2024. To be paid on next payemnt run.
HEALTH EDUCATION & IMPROVEMENT WALES	224543	24 August 2023	9730.66	8,651.14	Yes, valid entry for period		8,651.14	21 December 2023	Confirmation from HEIW invoice approval confirmed with AP on 08.02.2024. To be paid on next payemnt run.
HEALTH EDUCATION & IMPROVEMENT WALES	224544	24 August 2023	6121.18	5,441.05	Yes, valid entry for period		5,441.05	21 December 2023	Confirmation from HEIW invoice approval confirmed with AP on 08.02.2024. To be paid on next payemnt run.
HEALTH EDUCATION & IMPROVEMENT WALES	224739	14 September 2023	1068.72	1,009.53	Yes, valid entry for period		1,009.53	11 January 2024	Confirmation from HEIW invoice approval confirmed with AP on 08.02.2024. To be paid on next payemnt run.
HEALTH EDUCATION & IMPROVEMENT WALES	224900	28 September 2023	5239.88	4,990.37	Yes, valid entry for period		4,990.37	25 January 2024	Confirmation from HEIW invoice approval confirmed with AP on 08.02.2024. To be paid on next payemnt run.
HEALTH EDUCATION & IMPROVEMENT WALES	224909	28 September 2023	3960.72	3,772.12	Yes, valid entry for period		3,772.12	25 January 2024	Confirmation from HEIW invoice approval confirmed with AP on 08.02.2024. To be paid on next payemnt run.
HEALTH EDUCATION & IMPROVEMENT WALES	224910	28 September 2023	4533.98	4,318.08	Yes, valid entry for period		4,318.08	25 January 2024	Confirmation from HEIW invoice approval confirmed with AP on 08.02.2024. To be paid on next payemnt run.
HEALTH EDUCATION & IMPROVEMENT WALES	224911	28 September 2023	2856.56	2,720.54	Yes, valid entry for period		2,720.54	25 January 2024	Confirmation from HEIW invoice approval confirmed with AP on 08.02.2024. To be paid on next payemnt run.
HEALTH EDUCATION & IMPROVEMENT WALES	225096	19 October 2023	1068.72	1,009.53	Yes, valid entry for period	1,009.53		15 February 2024	Confirmation from HEIW invoice approval confirmed with AP on 08.02.2024. To be paid on next payemnt run.
HEALTH EDUCATION & IMPROVEMENT WALES	225208	26 October 2023	16738.73	16,738.73	Yes, valid entry for period	16,738.73		22 February 2024	Awaiting Authorisation
HEALTH EDUCATION & IMPROVEMENT WALES	225224	26 October 2023	5239.88	4,990.36	Yes, valid entry for period	4,990.36		22 February 2024	Confirmation from HEIW invoice approval confirmed with AP on 08.02.2024. To be paid on next payemnt run.
HEALTH EDUCATION & IMPROVEMENT WALES	225268	26 October 2023	3960.72	3,772.11	Yes, valid entry for period	3,772.11		22 February 2024	Confirmation from HEIW invoice approval confirmed with AP on 08.02.2024. To be paid on next payemnt run.
HEALTH EDUCATION & IMPROVEMENT WALES	225270	26 October 2023	2856.56	2,720.53	Yes, valid entry for period	2,720.53		22 February 2024	Confirmation from HEIW invoice approval confirmed with AP on 08.02.2024. To be paid on next payemnt run.
HEALTH EDUCATION & IMPROVEMENT WALES	225273	26 October 2023	14043.32	12,741.79	Yes, valid entry for period	12,741.79		22 February 2024	Confirmation from HEIW invoice approval confirmed with AP on 08.02.2024. To be paid on next payemnt run.
CWM TAF MORGANWGW UHB	225076	17 October 2023	167.50	167.50	Yes, valid entry for period	167.50		13 February 2024	To be Paid 09.02.24
POWYS HEALTH BOARD	224820	25 September 2023	30105.60	30,105.60	Yes, valid entry for period		30,105.60	22 January 2024	To be Paid w/c 12.02.24
POWYS HEALTH BOARD	224989	10 October 2023	31624.47	31,624.47	Yes, valid entry for period	31,624.47		06 February 2024	To be Paid w/c 12.02.24
POWYS HEALTH BOARD	225001	12 October 2023	2678.40	2,678.40	Yes, valid entry for period			08 February 2024	To be Paid w/c 12.02.24
POWYS HEALTH BOARD	225009	12 October 2023	58800.00	58,800.00	Yes, valid entry for period		58,800.00	08 February 2024	To be Paid w/c 12.02.24
POWYS HEALTH BOARD	225319	27 October 2023	830.74	830.74	Yes, valid entry for period			23 February 2024	To be Paid w/c 12.02.24
POWYS HEALTH BOARD	225354	31 October 2023	53480.75	53,480.75	Yes, valid entry for period	53,480.75		27 February 2024	To be Paid 09.02.24

Table N - General Medical Services Financial Position

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
	LINE NO.	£000's	£000's	£000's	£000's	£000's
Global Sum	1					52,514
Practice support payment	2					123
Total Global Sum and MPIO	3	70,191	71,335	70,192	(1,143)	52,637
QAIF Aspiration Payments	4					1,238
QAIF Achievement Payments	5					536
QAIF - Access Achievement Payments	6					1,038
Total Quality	7	3,413	3,413	3,734	321	2,812
Direct Enhanced Services (To equal data in Section A (i) Line 31)	8		6,518	5,261	(1,257)	3,988
National Enhanced Services (To equal data in Section A (ii) Line 41)	9		484	733	249	569
Local Enhanced Services (To equal data in Section A (iii) Line 94)	10		1,681	2,019	338	1,573
Total Enhanced Services (To equal data in section A Line 95)	11	12,628	8,683	8,013	(670)	6,130
LHB Administered (To equal data in Section B Line 109)	12	4,041	8,224	9,220	996	7,236
Premises (To equal data in section C Line 138)	13	6,945	8,099	6,974	(1,125)	5,254
IM & T	14	2,150	1,660	1,586	(74)	1,201
Out of Hours (including OOHDF)	15	4,736	7,624	7,947	323	5,831
Dispensing (To equal data in Line 154)	16	8,133	8,177	9,011	834	7,156
Total	17	112,237	117,215	116,677	(538)	88,257

Table O - Dental Services Financial Position

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	LINE NO.	£000's	£000's	£000's	£000's	£000's
Gross Contract Value - Personal Dental Services	1		0	0	0	0
Gross Contract Value - General Dental Services	2		37,607	36,131	(1,476)	25,490
Emergency Dental Services (inc Out of Hours)	3		549	922	373	671
Additional Access	4		14	22	8	16
Business Rates	5		207	227	20	170
Domiciliary Services	6		0		0	0
Maternity/Sickness etc.	7		190	131	(59)	83
Sedation services including GA	8		0	547	547	410
Seniority payments	9		94	77	(17)	51
Employer's Superannuation	10		1,546	1,581	35	1,174
Oral surgery	11		0	0	0	0
OTHER (PLEASE DETAIL BELOW)	12		1,821	(28)	(1,849)	1,070
TOTAL DENTAL SERVICES EXPENDITURE	13	34,643	42,028	39,610	(2,418)	29,135

Table P - Ringfenced

				1	2	3	4	5	6	7	8	9	10	11	12			
				Expenditure (£000s) - Variance (-deficit/+surplus)												Total	Total	Total
Table A: Allocation Paper (23/24 New Ring Fenced)				April	May	June	July	August	September	October	November	December	January	February	March	YTD	Annual	Variance against WG Allocation (+over/-under spend)
Recovery Funding (£120m)	Plan	22,605	22,605	1,884	1,884	1,884	1,884	1,884	1,884	1,884	1,884	1,884	1,884	1,884	1,881	18,840	22,605	
	Actual/Forecast - not yet committed															0	0	
	Actual/Forecast - committed			1,884	1,884	1,884	1,884	1,884	1,884	1,884	1,884	1,884	1,884	1,884	1,881	18,840	22,605	
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Value Based Funding (£14m)	Plan	2,686	2,686	74	74	74	225	225	225	298	298	298	298	298	299	2,089	2,686	
	Actual/Forecast - not yet committed															0	0	
	Actual/Forecast - committed			74	74	74	225	225	225	298	298	298	298	298	299	2,089	2,686	
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Regional Integration Fund (£132.7m)	Plan	24,683	24,683	1,529	2,053	2,199	897	3,630	400	1,981	2,564	2,227	2,407	2,744	2053.6698	19,886	24,683	
	Actual/Forecast - not yet committed															0	0	
	Actual/Forecast - committed			1,529	2,053	2,199	897	3,630	400	1,981	2,564	2,227	2,407	2,744	2,054	19,886	24,683	
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Genomics for Precision Medicine Strategy (£10.1m)	Plan	1,904	1,904	159	159	159	159	159	159	159	159	159	159	159	159	1,587	1,904	
	Actual/Forecast - not yet committed															0	0	
	Actual/Forecast - committed			159	159	159	159	159	159	159	159	159	159	159	159	1,587	1,904	
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Critical Care Funding (£18.7m)	Plan	2,753	2,753	229	229	229	229	229	229	229	229	229	229	229	234	2,290	2,753	
	Actual/Forecast - not yet committed															0	0	
	Actual/Forecast - committed			229	229	229	229	229	229	229	229	229	229	229	234	2,290	2,753	
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

				Expenditure (£000s) - Variance (-deficit/+surplus)												Total	Total	Total
Table B : Additional In-Year (23/24 Anticipated & Allocated)				April	May	June	July	August	September	October	November	December	January	February	March	YTD	Annual	Variance against WG Allocation (+over/-under spend)
Urgent Emergency Care Allocations	Plan	7,489	7,489	590	593	625	644	630	630	629	629	629	629	629	631	6,229	7,489	
	Actual/Forecast - not yet committed															0	0	
	Actual/Forecast - committed			723	732	767	738	756	-12	648	684	637	638	637	700	6,311	7,648	
	Variance against current plan			133	139	142	94	126	(642)	19	55	8	9	8	68	83	159	159
Mental Health (SIF) Allocations	Plan	3,508	3,508	228	228	228	261	261	261	340	340	340	340	340	340	2,828	3,508	
	Actual/Forecast - not yet committed															0	0	
	Actual/Forecast - committed			228	228	228	261	261	261	340	340	340	340	340	340	2,828	3,508	
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Planned Care	Plan	6,040	6,040	258	258	258	405	405	-36	1,203	845	610	610	610	614	4,816	6,040	
	Actual/Forecast - not yet committed															0	0	
	Actual/Forecast - committed			258	258	258	405	405	-36	1,203	-14	928	941	941	941	4,606	6,487	
	Variance against current plan			0	0	0	0	0	0	0	(859)	318	331	331	327	(210)	447	447
Value Based Health Care	Plan	506	506	42	42	42	42	42	42	42	42	42	42	42	44	420	506	
	Actual/Forecast - not yet committed															0	0	
	Actual/Forecast - committed			42	42	42	42	42	42	42	42	42	42	42	44	420	506	
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery	Plan															0	0	
	Actual/Forecast - not yet committed															0	0	
	Actual/Forecast - committed															0	0	
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Spare	Plan															0	0	
	Actual/Forecast - not yet committed															0	0	
	Actual/Forecast - committed															0	0	
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

MONITORING RETURN FOR MONTH 10 2023/24

Director of Finance Commentary for the Period Ended 31st January 2024

Introduction

The purpose of this narrative is to provide a commentary on the financial monitoring returns being submitted to the Welsh Government (WG) by the Aneurin Bevan University Health Board (ABUHB) for the period to 31st January 2024 (Month 10, 2023/24). This commentary will provide an overview of the financial position and performance of the Health Board as at month ten of the 2023/24 financial year. It will also provide a detailed narrative, where required, on each of the tables within the accompanying returns, in the format prescribed by WG.

This commentary will also respond, as far as is possible, to the issues highlighted in the WG response letter, the Health Board's response is recorded in the action log included as an Annex 1 to this commentary.

The ABUHB month 10 year to date budget performance identifies an adverse variance of **£48.3m**.

Welsh Government correspondence received on the 20th of October describes funding of £89m and a control total of £13m year-end deficit for the Health Board. The Health Board does not currently have plans to enable this control total to be achieved, however, the Health Board will continue to progress all savings opportunities and to manage operational pressures where feasible to make progress towards this target.

The Board, Executives, budget holders and staff have engaged in a rigorous and thorough review of the opportunities to improve the financial forecast for 2023/24 as part of the mid-year review process. This process involved a multi-professional clinical advisory group performing an impact assessment of proposals with consideration of what is an acceptable patient risk (i.e. stopping certain services). The updated month 6 forecast was £145.7m.

Since that position was reported there has been additional WG allocations and funding c.£82m as well as the remaining anticipated funding of £6.4m relating to energy costs, decreased prescribing costs alongside savings relating to Apixaban, which improved the forecast to £56.4m deficit. In month 10 there have been further improvements linked to VAT income, dental clawback, CHC activity, corporate expenditure and review of medical aged agency/locum shifts. These benefits were offset by the impact of the junior doctor industrial action. **As a result, the forecast as at month 10 has decreased to £52.9m.**

This forecast does not include any impact of the potential strike action by Junior Doctors in February and March 2024. The anticipated income continues to assume full funding for the Real Living Wage estimates, if this is not confirmed the position for ABUHB will worsen.

The Health Board has assessed a **range of best case £50m to worst case £58m** is reflective of the remaining opportunities and risks. Further detail is provided in this report.

The best case incorporates opportunities that were not supported by the Clinical Advisory Group but are being revisited due to the financial position.

The worst case takes account of the risks including not receiving anticipated allocations to full value, achieving the mitigation / savings within the forecast but excluding industrial action consequences.

Welsh Government correspondence also noted some areas which provide a risk to the Health Board namely: -

- Health Protection funding of actual costs incurred – the forecast costs have remained the same as at months 8 and 9, ABUHB are anticipating funding of £12.6m this is required to maintain the forecast position.
- Additional Mental Health SIF allocations have been anticipated (total c.£1.5m) with the assumption of additional recruitment and variable pay costs supported by this funding.
- Pay award funding (remaining 10% element), assuming actual costs will be funded.
- Confirmation (via DDoF's) that any financial impact from the forthcoming Junior Doctors strike sits with the Health Boards.
- Real living wage funding (total £5.404m for 2022/23 and 2023/24) – the initial estimated impact undertaken for the IMTP used a different methodology and also included general inflationary CHC pressures as at the time of analysis.

This forecast was derived by:

- Month 6 reported forecast of £145.7m
- Confirmed and anticipated allocations from WG of £88.4m
- WG funding pressure of £0.6m (Adferiad)
- Removal of bed and other savings of £2.5m
- Additional commissioning and other benefits of (£4m)
Total £56.4m deficit as at month 9
- GDS clawback (£1m), Locum provisions (£0.4m), VAT income (£1.2m)
- Corporate savings (£0.7m), CHC (£0.6m), other reserves (£0.4m)
- Junior doctor industrial action of £0.8m
Total £52.9m deficit as at month 10

At month 10 the Health Board has increased the forecast because of the Junior Doctor industrial action in January by c.£1m for variable pay off-set by substantive pay reduction of c.£0.2m. As a result, **the net impact is £0.8m.**

Opportunities towards achieving, or moving towards, the control target are reviewed by the Executive Team regularly as well as through the ABUHB Value and Sustainability Board meetings.

The Executives and Board have allocated leads for the themes as part of revised escalation arrangements and have formed the local Value and Sustainability Board to progress savings, mitigations and delivery of core themes: -

- CHC
- Medicines Management
- Non-pay
- Workforce
- Service reconfiguration
- Prevention
- Digital

The Health Board appreciates the national pressures on NHS Wales, but it is important to be clear that the challenge for ABUHB is significant and the reported forecast deficit is based on mitigations considered by the Board. The revised forecast still relies on savings and mitigating actions being delivered and slippage on funding continuing to be held and anticipated by the Health Board. Non receipt of the full indicated values (per plan) of WG funding will result in a worsening of the Health Board forecast.

There continues to be additional surge and DToC beds open on all sites outside of the IMTP bed plan and the workforce demands remain a risk to delivering the financial target identified in the IMTP financial plan.

The Health Board financial plan assumes that any pay award, cost impact from changes to non-wage related terms and conditions will be fully funded by WG.

Energy costs have been based on the All Wales WEG groups figures. The position assumes the benefit of the credit of c.£0.4m resulting from the 'buy-back' of energy via British Gas (shown as an amber savings scheme). This is included within the mitigating actions to achieve the current position. The latest NWSSP forecast was received on the 6th of February and reflects a £1.146m expenditure reduction compared to the pre-January forecast. A provision is currently included for c. £1m to cover non-WEG energy costs within ABUHB & potential for WEG contract adverse movements.

As at Month 10, ABUHB is reporting a year-to-date deficit of £48.259m with the revised forecast deficit of £52.9m, which includes the additional WG funding received and anticipated. There remain risks associated with this forecast position, particularly the full receipt of all reported anticipated income, achievement of mitigation savings plans as well as cost containment for prescribing cost growth, CHC fee uplifts and workforce pressures. Further detail is provided in this report; however, the risk lies between a £50m and £60m deficit.

Actual YTD

The month ten reported financial position shows a **£48.3m overspend**; this is presented as such on the face of **Table B – Monthly Positions**. The table below details the outturn financial position analysed across the Health Board's organisational structure of Divisions and Corporate Directorates. Funding has been delegated following Board approval and subsequent Chief Executive agreement: -

Summary Reported position - January 2024 (M10)	Full Year Budget £000s	YTD Reported Variance £000s	Prior month reported variance £000s	Movement from prior month £000s
Operational Divisions:-				
Primary Care and Community	285,917	3,943	682	3,261
Prescribing	114,944	5,450	8,019	(2,569)
Community CHC & FNC	73,581	(2,821)	(1,827)	(993)
Mental Health	127,930	10,692	10,034	659
Total Primary Care, Community and Mental Health	602,372	17,265	16,908	357
Scheduled Care	197,792	8,415	7,274	1,141
Clinical Support Services	62,608	(1,325)	(1,207)	(118)
Medicine	153,260	11,067	10,054	1,013
Urgent Care	34,965	4,116	3,683	432
Family & Therapies	132,514	4,536	2,837	1,700
Estates and Facilities	87,676	5,171	5,097	74
Director of Operations	8,391	644	571	73
Total Director of Operations	677,206	32,624	28,309	4,315
Total Operational Divisions	1,279,578	49,889	45,217	4,672
Corporate Divisions	122,799	(3,775)	(2,453)	(1,322)
Specialist Services	184,492	(3,021)	(2,700)	(321)
External Contracts	88,950	327	342	(15)
Capital Charges	53,606	392	389	3
Total Delegated Position	1,729,425	43,811	40,795	3,017
Total Reserves	(1,296)	4,448	6,929	(2,481)
Total Allocations	(1,716,370)	0	0	0
Other Corporate Income	(11,759)	(0)	(0)	(0)
Total Reported Position	0	48,259	47,723	536

Key messages for Month 10

The financial position on the 31st of January 2024 shows a £48.259m deficit position, with the key issues in the month being:

Expenditure in the Health Board for pay has decreased by c.£0.1m in comparison with December 2023. Additional overtime / consultant sessional costs to cover the industrial action were offset by equivalent substantive reductions. Variable pay has decreased by £0.1m in January compared with December linked to reduced medical agency costs due to a review of aged shifts over 3 months in the Medicine Division. This was offset by increased bank costs particularly for HCSW. The YTD costs for variable pay total £78.2m.

Non-Pay Spend (excluding capital adjustments) - have increased by c.£5.1m. Key movements from month 9 include;

- SEW Regional Ophthalmology costs (funded through planned care recovery monies) were paid to other organisations of £2m,
- Funded Regional Partnership Board costs of £2m,
- Additional CHC costs off-set by the Dental contract funded costs incurred in month 9 (+£0.4m),
- WHSSC funded treatment costs paid in month 10 of £0.25m,
- 6 goals associated costs of £0.45m.

Medical Agency costs have decreased by £0.4m compared with December, linked to the review of shifts over 3 months within the Medicine Division. On-going costs continue in areas such as Mental Health, Managed Practices and Community hospitals. Areas including ENT incurred additional costs to achieve 156 week wait targets as well as cover for vacant shifts.

Enhanced care shifts have remained at a similar level compared with December but continue to be lower than the 2022/23 levels and the previous monthly average. The reduction compared to 2022/23 is across several areas but specifically linked to several high-cost Acute Medicine Division patients predominantly within YYF. Work is being undertaken to review and potentially reduce enhanced care including the implementation of a Patient Safety exercise reviewing current usage and configurations across all Health Board sites. This programme of work is mid-way through delivery.

CHC cost inflation for Adult Community Care, Mental Health & Learning Disabilities and Children are causing significant financial pressures compared with IMTP forecasts. An increase in high-cost paediatric and Mental Health patients has resulted in an on-going cost pressure coupled with fee uplifts for CHC packages which are anticipated to be c.12% which is significantly higher than the 6% assumption in the IMTP. Within Mental Health, fee uplifts are currently forecast in the region of 11%, additionally specific high-cost packages within Learning Disabilities presents a significant financial pressure. Within Paediatrics there are 6 high-cost external CHC packages and 3 high-cost internal packages (>£100k annual cost per package).

In January there has a specific very high-cost package of 'emergency' care for a paediatric patient which has been in place since the start of the financial year but has only been presented and discussed at the Children's CHC panel in January 2024. Whilst CHC eligibility is not being disputed, the Divisional Director is disputing the commissioning / governance around the care package process and the level of healthcare provided. Legal advice is currently being obtained, with a date being established for a dispute panel meeting (likely to be March 24).

Prescribing costs present a significant financial pressure compared with IMTP financial forecasts. The average cost per item has increased from £7.20 (IMTP) to £7.54 (November PAR). Growth has correspondingly decreased to 0.54% forecast for the

year (0.74% growth in the past 12 months). This continues to be investigated given the likely effect of 56 day prescribing now being reflected. The operational forecast deficit for prescribing is c.£6.1m for 2023/24.

Energy costs are lower than IMTP estimates which presents a favourable financial forecast. The latest available forecast (6th February) reflects a continued reduction, and it will need further analysis to ensure all non-NWSSP are reflected in the energy forecast. The current reduction against previous forecasts of c.£1.1m is being provided for whilst further analysis is undertaken. The price and usage are being monitored internally with usage reduction plans (linked with de-carbonisation) being implemented to maximise price/volume reductions.

There have been on-going non-pay costs across several areas including respiratory equipment, diabetes pumps/consumables and hearing aids and drugs continue to present an overall cost pressure due to increased patient numbers as well as inflation on consumables costs. Diabetes pumps and associated consumable costs are now forecast to be c.£1.4m above budget levels across both adult and paediatric services.

The impact of the Junior Doctor Industrial Action is summarised in the table below: -

IA Junior Doctors January	£'000
Cross Cover	961
A4C Overtime	20
Gross impact	982
Payroll Deductions	(173)
Net impact	809

The actual number of Juniors who went on strike were far less in reality than had been anticipated from the initial rotas. In addition, the fill rate to cover these shifts was lower than anticipated. Both issues resulted in the net impact being less than originally estimated. It is noted that there is a risk for those staff who have accrued time off in lieu as additional annual leave will require backfill and incur costs in future months, this is under review.

1. Actual YTD and Forecast Under / Overspend (Tables A, B, B2 & B3)

Table A – Movement of Opening Financial Plan to Outturn

The over-riding objectives of the ABUHB financial plan are to improve financial sustainability for service delivery and use transformation as a vehicle for value-based improvement and efficiency delivery.

The IMTP submitted to Welsh Government in March 2023 identified a challenging financial deficit of £112.8m assuming funding for National Covid-19 costs and a range of other areas such as Real living wage, wage awards and 6 goals. It should also be noted that there are on-going significant financial risks for 2023/24 which require mitigation.

A break-down of the submitted IMTP for 2023/24 is summarised below:

- Underlying deficit brought forward of £89.6m
- Cost pressures identified of £84m
- Anticipated WG recurrent funding of £9.2m
- Savings of £51.5m
- **Total £112.848m**

IMTP savings plans/opportunities were identified at £51.5m, they are now forecast to achieve £43.3m.

In response to Action point 9.1;

- Recurrent savings which are not being delivered in 2023/24 will make up part of the underlying deficit for 2024/25. Each of the savings plans which are not delivered will be reviewed by the Executive Committee and, if appropriate be referred to the Clinical Advisory Group to ascertain whether any of these can be delivered in 2024/25 and what further actions would be required.
- The operational pressures have been described in previous commentaries and are broadly described as follows: -
 - CHC (inflationary and growth) – c.£7m – on-going Divisional reviews and is one of the core themes for the ABUHB V&S Board. Mitigation through specific patient reviews, discussion with providers and other organisations as necessary (e.g. specialised cases) and enhanced care package reviews are on-going. The work between the Divisions affected is part of the actions which progress into 2024/25 to reduce run-rate expenditure.
 - Prescribing (inflationary and growth) – c.£8.5m – again this is one of the core themes for the Health Board's V&S Board. The impact of 56 day prescribing and the benefits using national indicators is under continuous review to ascertain financial benefits.
 - Medical and nursing operational pressures – c.£21m an on-going focus on variable pay has had an impact, reducing the on-going run-rate, however this is partly linked to bank flexible rates. Specific Division reviews are being undertaken to highlight areas which could be analysed. In addition, the most effective method to mitigate this pressure will be through capacity reduction linked to pathway efficiency and re-design which is a theme of the V&S Board. Delayed transfers of care for all reasons including social care are driving significant variable pay costs which are aimed to be mitigated through the 6 goals programme.
 - Covid legacy – c.£7m the areas affected by these additional estates and facilities costs include enhanced cleaning which is under review but is currently necessary given infection control risks. Additional security and facilities costs are required given the bed/site capacity remains greater than clinical futures plans. A major element of the 24/25 annual plan requires bed capacity to reduce to these levels which will have a

resulting impact on these costs. A further major element of these costs relates to additional facilities costs in ED and Assessment Units which is considered by the Board at this stage to be a recurrent pressure.

- Non-pay / drugs and all other benefits – (c.£2.8m benefit) the operational pressure here is across several specific areas including diabetes pumps and secondary care drugs. All these areas are being reviewed by the relevant Divisional teams. In addition, the UHB Non-Pay Board & Medicines Management Board review opportunities on a regular basis to pursue all areas to mitigate operational pressures. The pressures are being mitigated through a range of non-recurrent benefits as well as energy expenditure being lower than forecast. Each of these benefits are being reviewed to ascertain if they can be made recurrent (e.g. holding vacancies).
- In addition, there are a wide range of issues with full year effect of costs (e.g. RGH endoscopy unit as part of planned care recovery diagnostics) which need to be reviewed in line with the benefits incurred.
- Further Industrial action will jeopardise delivery of further run rate improvements.

I would draw your attention to the ABUHB Board financial Performance report for further details – previously shared with WG colleagues and available on our website.

Table B - Monthly Positions

The year to date reported position is a £48.259m deficit position, the planned year end deficit agreed by the Board as part of the Annual Plan was £112.8m.

This has been revised to a forecast deficit position of £52.9m which is based on the £145.7m deficit as agreed by the Board on the 11th of October less funding assumed of £88.4m following WG correspondence on the 20th of October. Taking account of further benefits due to GDS clawback, VAT income and other non-recurrent benefits off-set by the impact of the Junior Doctor industrial action results in the revised £52.9m deficit forecast.

Differences highlighted in Table B1 SOCNE movement are as follows:

- *RRL* – The material differences are in relation to AME depreciation costs which have now been re-profiled into months 11 and 12.
- *WG income / other income* – WG income forecast has decreased by £5m given the value of RPB capital grants is forecast to be far lower than previous years. Other income increased in month 10 due to additional ICF income for payments to care homes as well as VAT income received in month.
- *Primary Care Contractor* – Contractor expenditure is higher than forecast because of the increased pharmacy contract uplift costs.

- *Provider Services – Pay* – in-month costs are lower than forecast because of lower substantive pay, overtime and additional hours costs linked to additional capacity and specific costs for additional enhancements. In addition, some non-recurrent benefits were actioned in-month. The forecast has decreased for months 11 and 12 linked to further non-recurrent benefits and on-going savings plan including reduction of bed capacity.
- *Provider Services – Non-Pay* – expenditure is lower in-month linked to mitigating actions and re-coding of some costs to other categories e.g. regional ophthalmology to Healthcare Provided by Other NHS bodies.
- *Secondary Care Drugs* – expenditure was lower than plan in-month and analysis suggests that this remains linked to seasonal profile for homecare drugs.
- *Healthcare Services provided by other NHS bodies* – in-month and forecast costs have been increased due to funded regional ophthalmology expenditure.
- *Continuing Care and Funded Nursing Care* – January and forecast costs have increased due to the impact of the additional specialist paediatric patient. Other adult packages are lower than forecast which off-set the impact of the additional costs incurred.
- *Joint Financing and Other* – costs are higher than plan linked to the ICF agreements in relation to payments to care homes combined with re-coding from provider non-pay. Movements between months are a profile spend issue which is dictated by agreements with our partners.

Table D shows the year-to-date and forecast depreciation position for the Health Board based on the final asset values for 2022/23 and the 2023/24 capital schemes approved in the CRL (Capital Resource Limit) issued on 6th February 2024.

The adjusted DEL and AME depreciation and impairment requirements have been updated for known changes. Several of the AME impairments are still estimated and will be updated on scheme completion when the final valuations, which are in progress, are obtained. Any revised requirements will be confirmed to WG as soon as they materialise.

The DEL IFRS16 Leases depreciation requirement has now been updated for all new / renewed / terminated leases approved to date but also includes a forecast for those submitted on the 31st of January return which are awaiting approval.

The table below sets out the DEL and AME requirements as reported in the Non-Cash Return submitted on 3rd November 2023 versus those reported in the Month 10 tables.

	Forecast per Nov Non- Cash Return	Forecast per M10- 24 MMR	Difference	Allocations Received	Balance Anticipated
Allocations M10	£000	£000	£000	£000	£000
DEL - Baseline Depreciation Shortfall	581	551	(30)	0	551
DEL Strategic depreciation Support Required	337	337	0	0	337
DEL Accelerated Depreciation Required	95	95	0	0	95
DEL IFRS16 Leases Depreciation	4,159	4,383	224	4,363	20
Total DEL Anticipated Funding	5,172	5,366	194	4,363	1,003
AME Forecast Donated Asset Depreciation	343	336	(7)	0	336
AME Impairment Funding	24,267	23,567	(700)	0	23,567
AME Reversals of Impairment Funding	(19,552)	(19,552)	0	0	(19,552)
AME IFRS16 Leases Depreciation	116	116	0	0	116
Total AME Anticipated Funding	5,174	4,467	(707)	0	4,467
Donated Asset Receipts	(300)	(300)	0	0	(300)
Total Forecast Anticipated Allocations	10,046	9,533	(513)	4,363	5,170

In addition to the approved scheme allocations included in the table above, further unapproved allocations have been included in the non-cash return in relation to risks associated with the WCCIS (Welsh Community Care Information System) system implementation (DEL - £0.400m) and RAAC (Reinforced Autoclaved Aerated Concrete) issues at Nevill Hall Hospital (AME - £2.761m). Amounts for these items will be included in future monitoring returns when they are agreed.

Section F describes the energy forecast, the breakdown of the full year energy costs is as follows: -

- Crown Services element - £15.155m
- Other gas and electricity costs - £1.923m
- All other related costs (NWSSP Greenvale laundry) - £0.877m
- Total forecast energy costs in section F - £17.955m

It should be noted that this forecast does not include energy management related contracts, water, sewage, staffing and other fuel costs which are part of the utilities directorate within the Health Board. Please also note that the expected energy buy back exercise (£0.423m) is currently assumed as additional income in the HB forecast. The latest forecast received from NWSSP indicates a lower forecast however the costs relating to other areas are higher and are therefore being analysed.

Table B2 – Pay & Agency (Section A)

This table has been completed in line with the guidance.

In response to Action point 9.3; the previous forecasts had assumed pay expenditure reductions across a number of staff groups including Administration and Clerical linked to items such as Health Protection, this has not materialised and the forecasts were updated in line with current expenditure forecasts assuming the effect of

enhancements would occur in months 11 and 12. These forecasts have been revised again given the lower expenditure incurred in months 9 and 10.

Table B3 – Covid-19

Total Covid-19 costs are shown as £15.4m for which full income is expected, with funding received of £10.8m (Nosocomial, Long Covid - Adferiad (75%) plus quarters 1-3 costs for PPE, Health Protection and Immunisation/Mass Vaccination).

The expenditure profile is reflective of the current analysis of all Health Protection related expenditure areas and associated assumptions.

Anticipated funding is made up of the following: -

- Immunisation (Mass Vaccination) - £2.201m
- Surveillance (TTP) - £1.794m
- Adferiad (Long Covid) - £0.121m
- PPE - £0.423m
- **Total £4.54m**

The receipt of a reduced level of funding for Adferiad based on an early forecast presents a financial pressure. The service current forecast spend is above funding levels and the service are in discussion with the relevant WG policy lead.

The Health Board continues to have surge capacity open which is a legacy of Covid-19 responses. The Health Board also continues to incur extra costs across areas which were previously part of Covid-19 reporting. The list below is not exhaustive but includes: -

- Enhanced Cleaning
- Additional security and rental of portacabins
- Covid Public Inquiry
- Reduced dental income

The Health Board also has Covid legacy costs relating to staff suffering from Long Covid and those with restricted duties (e.g. medical staffing / gynaecology).

The Health Board continues to review and mitigate costs wherever possible and is assuming receipt of the full allocation values of anticipated funding for Covid-19 schemes included in table E.

2. Underlying Position (Tables A1)

The Underlying (U/L) position was a brought forward value of £89.6m. The current revised carry forward position into the 2024/25 financial year is assessed to be aligned with the revised 2023/24 c.£145m forecast deficit less assumed recurrent WG funding linked to WG correspondence on the 20th of October (c.£65m). **This forecast will undergo further review during 2023/24 as part of the 2024/25 annual plan process.**

The analysis of the c/f underlying deficit is as follows: -

- Forecast 2023/24 deficit - £112.8m
- Non-Recurrent Savings - £11.5m
- FYE Cost Pressures as at IMTP - £5.5m
- **Sub-total £129.8m**
- Estimated FYE Pressures in 2023/24 (Prescribing, CHC, Covid legacy) - £15.9m
- **Sub-total - £145.7m**
- Additional WG funding (received Month 7 assumed recurrent) - £64.5m
- **Total - £81.2m**

The month 8 response letter from WG questioned why ABUHB were including the recurrent support funding (c.£65m) in future assessments. It is noted that the additional WG funding is assumed to be recurrent based on allocations already received and for month 9 the Health Board has made progress to reduce the 2023/24 forecast. **As requested in the month 9 return, if this treatment is unacceptable, please advise.**

3. Risk Management (Table A2)

The risk table has been updated to represent the specific areas of opportunities and risk that are reflected in the forecast range of £50m to £58m deficit updated as at month 10.

A number of other risks that were noted without financial impacts have been removed as directed by WG. Therefore, the Health Protection risk has been removed as a specific risk, but any clawback would impact the Health Boards ability to deliver the revised forecast.

There are significant challenges to the financial forecast for 2023/24, which include:

- **Ensuring delivery of the savings plans identified in the annual plan,**
- **Receipt of full anticipated income,**
- **Funding for any wage award or change in terms and conditions,**
- **Real living wage funding for Complex Care and Mental Health & Learning Disabilities methodology differences compared to WG,**
- **Impact of any further strike action,**
- **Prescribing growth in items and average cost per item,**
- Managing variable pay linked to workforce operational pressures,
- Identifying savings to mitigate any further financial pressures identified outside of the plan,
- Delayed transfers of care due to LA service challenges (estimated c.£8.2m year to date impact),
- Further CHC fee uplifts above forecast levels,
- Inflationary impacts including provisions and supplies,

- Additional revenue costs due to IFRS 16,
- WCCIS in relation to the cessation of WG supporting the use of the platform required to run it, ABUHB has invested in staff to undertake work related to phases 2 & 3. If it is decided to cease this work then the costs of these staff will no longer be eligible for Capital funding and will transfer to revenue,
- The new funding indicated in Judith's Paget's letter was apportioned based on Commissioner shares, there is a risk that the HB will be directed to pass some of the funding through to the Providers of AB's services,
- IFRS 16 for PFI schemes. HM treasury has issued guidance related to the accounting / recording of the index linked payments in accordance with IFRS 16 from 2023/24. This could mean additional charges to revenue, this is being taken forward by WG colleagues,
- RISP national project – funding excluding VAT based on the assumption it is reclaimable along with any impact of an 'onerous' contract accounting requirements, and
- Impact on service delivery and performance on waiting times because of savings required.

In response to Action point 9.2; the allocation risks are broadly made up of the following items; AHP funding (£0.85m), Mental Health SIF (c.£1.5m), CHC Real Living Wage (c.£1m), Energy (c.£1m), all others (£0.309m).

4. Ring Fenced Allocations (Tables N, O & P)

This has been completed but is subject to continuous review and refinement.

5. Agency / Locum (Premium) Expenditure (Tables B2 Sections B & C)

Agency expenditure continues at the high level of previous months but has decreased when compared with December (January value £2.7m). It is expected that the full effect of the junior doctor's industrial action will impact in months 11 and 12.

Registered and HCSW substantive wte numbers have increased in the last few months which should result in a continued decrease in variable pay including agency costs. The use of HCSW agency continues to be at a lower level compared to the months 1-6 average.

Table B2, Section A includes updated figures to correlate with the revised financial deficit of £52.9m. **No additional costs have been assumed for the additional planned junior doctors industrial action in February and March.**

6. Savings (inc Accountancy Gains & Income Generation) (Tables C, C1, C2 & C3)

As part of the annual plan submitted by the Board to Welsh Government (March 2023), the financial plan for 2023/24 identified an ambitious savings requirement of

£51.5m. As at Month 10 forecast achievement in 23/24 for green and amber schemes is reported as £43.3m (including replacement plans).

The Board reviewed a wide range of new options which were finalised and approved at formal Board on the 11th October. The additional plans had been previously discussed at the in-committee meeting on the 31st August.

Following the announcement of WG funding and the reinforced message relating to the revised control total of £13m, the Executive Committee and Board have discussed further possibilities linked to:-

- Reduction of cardiology sessions particularly in the evening
- Use of discharge lounges
- CHC policy changes for days after death and hospital admissions
- Impact of wards moving from St.Woolos hospital to Royal Gwent site ensuring bed capacity is reduced and there is no financial risk to these moves.

The 'Clinical Advisory Group' alongside the Executive Committee continue to undertake reviews that could have service or reputational impacts.

A number of the additional schemes are shown as 'amber' whilst the necessary actions are taken to implement the plans. Health Board Divisions continue to work to translate opportunities into mitigating actions. Delivery confidence has improved in many areas with some increased savings as follows including:-

- GDS clawback – this has increased savings by c.£1.2m given this clawback should be achieved in month 12.
- CHC savings have increased given reduction in Adult complex care patients linked to specific patient reviews by the Division.

Actual savings delivered to January totalled £32.5m. The narrative on several schemes may change to reflect further detail on the relevant savings plan in future months as on-going review progresses.

The UHB continue to request that all members of staff consider new ideas and potential savings/efficiency proposals. These new ideas are be collated on a regular basis with potential to feed into new pipeline savings schemes.

7. Income Assumptions 2023/24 (Tables D, E & E1)

Table D – Welsh NHS Assumptions

This table has been completed in line with the guidance.

Table E - Revenue Resource Limit

The Month 10 financial position is based on total allocations of £1,716.4m, of which £1,683.4m are received and £33m are anticipated.

Allocations are anticipated on receipt of a notification from WG, including Policy Leads and finance colleagues. A list of anticipated allocations is included in Table E.

The Health Board has adjusted its anticipated allocations based on WG correspondence and updated forecasts. This includes anticipated allocations for the immunisation framework (Mass Vaccination), surveillance (Test, Trace, Protect), Adferiad/Long Covid, PPE, Mental Health SIF, AHP and Regional recovery funding.

Further allocations expected:

- The remaining element (10%) of pay awards or changes to T&C's is expected to be fully funded by WG, costs and funding are currently only included for the confirmed awards,
 - Specifically, the remaining elements of the medical pay award which were paid in Month 7 (October) (c.£0.65m anticipated), the A4C pay award of c.£2.66m is also anticipated as well as the consolidated 1.5% pay award (c.£0.93m)
- Additional energy costs for months 7-12 as per the WG correspondence on the 20th of October.
- Real living wage linked to CHC providers – c.£5.4m. An internal analysis of this anticipated allocation linked to the correspondence received by WG is ongoing and a response will be provided as soon as possible. It is likely that there will be an element of this allocation that is linked to general inflation given the nature of the calculation especially for Mental Health and other specialist CHC packages pay costs.
- Mental Health SIF remaining 22/23 and 23/24 funding – c.£1.5m

8. Healthcare Agreements and Major Contracts

ABUHB has signed LTA documentation with provider and commissioner organisations except Cwm Taf. Following the arbitration between ABUHB and Cwm Taf HB (where ABUHB is the Commissioner), we can confirm that ABUHB will pay the arbitrated sum as per the WG arbitration direction. A Heads of Agreement letter has been sent to CTMUHB confirming AB will comply with the arbitration letter for 2023-24 and CTMUHB returned the signed document on the 18th of January.

9. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)

Table F – Statement of Financial Position

The main changes in the balance sheet from the previous month relate to:

- An increase in trade and other payables mainly due to a decrease in Trade Payables and Goods received not invoiced and an increase in Non-NHS Accruals.
- An increase in the cash balance held at the end of the month from £5.5m in month 9 to £10.8m in month 10. This is discussed in more detail below.

Table M - AGED WELSH NHS DEBTORS

At the end of January 2024, the Health Board had 23 invoices outstanding with other Welsh Health Bodies totalling £268,735.

Cwm Taf Morgannwg UHB – 1 invoice outstanding for £168. We have been in contact with Cwm Taf and they have provided a confirmed payment date of 9th February 2024.

Health Education and Improvement Wales – 16 invoices outstanding for £91,047. The invoices relate to secondment charges which have been raised in line with the All-Wales NHS secondment agreement and include the 2023/24 pay award which is being disputed by HEIW. A meeting was held with HEIW and based on the funding mechanism (which is being reviewed by WG) it was agreed that given the value of the 2023/24 pay award being disputed was not significant, that credits would be raised to reduce the invoices by the pay award amount. All credit notes have been issued and HEIW have confirmed that the invoices were approved for payment on the 8th of February 2024 so should be paid on the next payment run apart from 1 invoice which is still awaiting authorisation.

Powys Teaching Local Health Board – 6 invoices outstanding totalling £177,520. We have been in contact with Powys, and they have provided a confirmed payment date for 1 of the invoices which will be paid on 9th February 2024 with the remaining 5 invoices to be paid week commencing 12th February 2024.

The Health Board will continue to chase payment of all our outstanding invoices.

In response to Action point 9.6; part Credit notes have been raised against the 6 invoices quoted. We have received confirmation from HEIW that these are with Accounts Payable and should be paid on the next payment run.

10. Cash Flow Forecast (Table G)

The cash balance held at the end of January is £10.810m which is made up of £8.137m relating to revenue and £2.673m relating to Capital. The balance exceeds the advisory figure set by Welsh Government of £6m.

The reasons for the HB holding cash more than the advisory figure set by Welsh Government of £6m is due to the following:

- Unplanned receipt of £3.6m in relation to payment of an invoice for ICF which was received at the end of January.
- Additional capital cash was drawn down in December as we were requested to pay some invoices that had been built into the January capital FIS in December. As the FIS for January had already been submitted this resulted in a higher capital cash balance of £2.7m being held in January due to the payment of the invoices early than forecast.

Working Capital Cash Requirements

The working capital cash amount has been reflected within table G within the total cash drawing limit.

The Health Board are estimating a cash shortfall of £29.816m at the end of month 10 relating to working capital movements, and as such are requesting working capital cash support of £27.816m for revenue and £2.0m for capital.

The working capital requirement does not include the cash effect of the forecast deficit which will need additional strategic cash support.

Working Capital	Month 10 position
	£000
Creditors & Accruals	(26,823)
Total Revenue	(26,823)
<u>Cash Not drawn down in 2022/23</u>	
Removal of IFRS16 Leases	(1,287)
IFRS16 Leases New/ Renewals Revenue Reduction	294
Total cash not drawn down 2022/23	(993)
Sub-Total Revenue forecast cash shortfall	(27,816)
Capital - creditors	(2,000)
Total Forecast cash shortfall	(29,816)

The estimated working capital balances are reviewed monthly with further updates to be provided in future monitoring return submissions.

The Health Board's reported deficit as at month 10 is £48.259m with a revised reported forecast year end deficit of £52.935m. The deficit position gives rise to a significant cash support requirement, and as noted in the letter from Judith Paget of 30 January 2024, Welsh Government will provide strategic cash equal to the actual deficit to manage this position. Welsh Government has also noted the request for working capital cash support. The Health Board can confirm that the strategic cash support will be required in March 2024 given the funding received in February for the Pay Award.

The Health Board may also be requesting temporary cash support from Welsh Government for the litigation payments made, where no reimbursement has been possible due to the timing of submissions. At the end of January 2024 this equates to £22.130m. We will look to offset some of this following the meeting early in March of the WRP. This has not been included in our working capital assessment following WG guidance on this last year.

The cashflow table G is currently showing a forecast year end overdrawn balance of £50,998m which reflects the forecast reported year end deficit of £52,935m less the projected c/f balance of cash held at the end of the year of £1.937m.

In response to Action point 9.4; the tables have been updated accordingly.

11. Public Sector Payment Compliance (Table H)

This table is not required for month 10. ***In response to Action point 9.5;*** the Health Board continue to address areas of non-compliance to achieve improved performance both by value and by number of invoices.

12. Capital Schemes & Other Developments (Tables I, J & K)

Table I has been completed in line with the latest CRL issued on 6th February 2024.

The approved Capital Resource Limit (CRL) as at Month 10 totalled £58.247m. Further funding letters have also been received in month totalling £1.133m, these will be added to the CRL in February. In addition, Charitable funds donations totalling £0.150m and disposals proceeds of £0.493m have been confirmed. The forecast outturn at Month 10 after adjusting for AWCP funding that is required to be returned in relation to underspends (£0.280m), is breakeven. The forecast AWCP underspend (£0.280m) relates to the YYF Centralised Breast Unit scheme which is nearing completion (further details below).

AWCP Schemes

Tredeggar HWBC

The handover and commissioning of the new Bevan (Tredeggar) Health and Well-being Centre took place in January. Phase 2 (demolition of the existing Health Centre and car-parking) is anticipated to complete in September 2024.

The scheme is forecasting an overspend of £0.478m in 2023/24 which is being funded by the Discretionary Capital programme (DCP). The current overall projected overspend for the scheme is £0.848m with the balance of this amount falling into 2024/25. Further risks are identified in relation to seven rejected compensation events which total £2.541m plus VAT (including re-design of the foundations (£0.753m plus VAT), costs associated with the cancellation of the brick supply (£0.644m plus VAT), the delay associated with the remedial works to the heart floor slab (£0.367m plus VAT) and delays in relation to the electricity and water meter installations (£0.534m

plus VAT)) which are not currently built into the forecast outturn. If these claims are found to be valid, they will significantly increase the reported overspend position and will need to be funded via the remaining DCP contingency balance during 2023/24. An additional funding bid to WG is planned to be made in 2024/25 for unfunded costs in relation to inflation allowances on works and fees, EV charging and other required changes. These currently total circa £1.2m plus VAT.

Newport East HWBC

Works are ongoing on Newport East Health and Well-being Centre. The Cost Advisor reports continue to forecast breakeven against the £9.411m allocation for the current financial year. Phase 1 handover is scheduled for January 2025 with building completion by 17th March 2025.

The cost reports are forecasting an overall overspend on the scheme of circa £0.323m which will impact on the DCP in 2024/25 unless additional savings or funding can be achieved. The forecast overspend is due to high levels of contingency spend incurred to date for additional asbestos removal and utility connection costs.

NHH Satellite Radiotherapy Centre

Slippage of £480k is being reported on the NHH Satellite Radiotherapy Centre Scheme as the contingency sum allocated for the current financial year is not required in full. This slippage will need to be brokered via the DCP. There remains a risk of further slippage as the scheme is currently tracking £1.5m behind the mid-year plan. A meeting has been called with the external advisors for the 9th of February to confirm how the position will be recovered.

WG have confirmed an additional £0.401m of funding in 2024/25 to address the Reinforced Autoclaved Aerated Concrete found to be present in an area of the existing hospital which will link to the new unit.

EFAB – National Programmes: Infrastructure / Fire / Decarbonisation

The schemes within each of the funding headings have now all commenced, with some now complete, but others expected to encounter further slippage. It is necessary for fluidity of funding between the three headings to achieve completion and full spend of the overall 2024/25 allocation of £1.580m by 31st March 2024. Progress continues to be closely monitored.

YYF Unified Breast Unit

Works are complete and the unit is now operational, with the first clinics taking place on 9th February. The scheme is currently forecasting an underspend of £0.280m, although the final account is still to be agreed with the contractor. WG approval is being sought to utilise some of the underspend on additional equipment.

CAMHS – Sanctuary Hub

The main contractor has been appointed and works are expected to commence in mid-February on the CAMHS Sanctuary Hub scheme. Scheme completion is currently anticipated to be August 2025. This funding allocation is part funding for the total

scheme. The additional £975k CRL allocation from the Housing Care Fund has been confirmed but will not be required until 2024/25.

Grange University Hospital Remaining Works

Final invoices and VAT recoveries are being agreed. The final VAT recovery claim for the main scheme was submitted to HMRC in September which, if accepted, would generate a VAT saving of £3.728m over and above the budgeted VAT recovery of £3.517m (subject to HMRC review and approval). The Health Board is currently responding to Information requests from HMRC and anticipate the final claim will be agreed in 2024/25.

RGH Endoscopy

RGH Endoscopy unit was opened on the 6th of November. The final account with the contractor is being agreed. Orders have been placed for the additional scope guides and scopes in relation to Bowel Screening patients with delivery expected before the end of the financial year.

RGH Blocks 1 & 2 Demolition and Car Park

The RGH Blocks 1 & 2 Demolitions and Car Park scheme is forecasting slippage of £0.230m due to delays associated with the discovery and removal of further asbestos found under the building post demolition. The WG capital team have been advised of the requirement to broker this amount with Discretionary Capital Programme funding.

Fees for MH SISU

The Outline Business Case for the Mental Health SISU has been submitted to WG for approval. The scrutiny process is on-going.

B/F – End of Year Funding – November 2022

These slippage schemes are awaiting delivery / works completion but expected to complete during the year.

Emergency Department Waiting Area Improvements – 2022/23

These slippage schemes are awaiting delivery / works completion but expected to be fully spent in year.

Housing Care Fund

The original 2022/23 small scheme is complete. Schemes approved in 2023/24 have commenced with the majority due to complete before the end of March 2024. There is currently slippage of £19k that will need to be brokered via the Discretionary Capital Programme.

Digital Eye-Care

The funding for this scheme is fully spent.

ICF Discretionary Funded Schemes

These schemes are now complete with a small underspend of £2k.

SDEC (Same Day Emergency Care) Equipment

WG have approved the upgrade to the urgent care Nugensis Flow Centre system to utilise a saving of £40k against this scheme. The order has been placed for this upgrade and is expected to complete this financial year.

Imaging National Programme

Orders have been placed for the small equipment purchases approved to use the remaining underspend. Delivery is expected before the end of the financial year.

DPIF – RISP and Cyber

Orders are being progressed to ensure the delivery of these schemes before the end of the financial year.

Emergency Department Improvements – 2023/24

Slippage of £22k is currently being reported against this scheme due to trolleys that can no longer be delivered by the 31st of March. This slippage will need to be brokered via the Discretionary Capital Programme.

GUH Emergency Department Extension

The scheme is progressing as per the cashflow provided by the contractor. The underspend of £110k being reported in the MMR table relates to the reimbursement of fees that were funded via the Discretionary Capital Programme in 2022/23.

Ty Gwent

The ADL3 form to request permission to enter the lease has been submitted to WG for approval. It is expected that the lease will be signed during February. Orders have been placed for the IT infrastructure for the building.

Diagnostic Equipment

Orders have been placed for this equipment with delivery anticipated before the end of the financial year.

RAAC – Remedial works at Nevill Hall Hospital

Plans are underway to ensure this new allocation is expended before the end of the financial year.

The recent CRL additions now mean that all available space in the AWCP section of Table J has been filled. With further CRL approvals received/ anticipated since month 10 close, please can WG colleagues insert a suitable number of additional rows into the table for the Month 11 Return.

Discretionary Capital Programme

The Health Board Discretionary Capital Programme (DCP) funding available for 2023/24 is £7.107m made up of:

- 2023/24 DCP Funding - £9.521m (a reduction of 12% compared to 2021/22)
- Less 30% EFAB contribution – (£0.629m)

- Less 2022/23 AWCP scheme brokerage – (£2.278m)
- NBV of Assets Disposed - £0.493m

The opening DCP for 2023/24 was approved at the January 2023 Board meeting. The current forecast spend for approved DCP schemes is £7.516m generating an overspend against DCP of £0.409m. The overspend relates to the acceleration of 2024/25 DCP schemes to broker the slippage occurring on AWCP schemes.

The approvals received for the GUH ED Extension, NHH RAAC Urgent works, additional AWCP brokerage have reimbursed the 2023/24 Discretionary Capital Programme. The unallocated contingency at the end of January is £1.207m. The remaining balance will be used to address any risks that emerge in relation to the Bevan (Tredegar) H&WBC disputed compensation events or to fund the acceleration of 2024/25 approved schemes.

Other Issues

Risk Management

Claims submitted to the Welsh Risk Pool at the end of January 2024 total £20.527m. Claims reimbursed up to the end of January 2024 total £11.061m leaving a balance of £9.466m to be reimbursed. We have received notification from the Welsh Risk Pool that at the January meeting claims totalling £8.566m were approved for reimbursement which should be actioned in February.

The total payments made by the HB equate to £42.657m of which we have submitted reimbursement claims for £20.527m leaving a balance of £22.130m relating to claims not yet reimbursed.

CREDITORS

Attached to the returns is a separate file containing the following information in relation to outstanding creditors: -

- All outstanding creditors we currently have identified with other Welsh Health bodies as of 9th February 2024.
- Response to the month 09 list of creditors circulated as part of the monthly reply letter.

13. Authorisation

Financial Performance is reported consistently in Board papers and external reporting including the MMR, however, internally these are presented in a more user-friendly way. The MMR Narrative and key tables are usually submitted for review to Finance and Performance Committee, as a sub-committee of the Board.

The next date for the Finance and Performance Committee meeting is Thursday 29th February 2024.

In accordance with the MMR guidance, the Health Board will endeavour to ensure that the MMR submission is agreed, and the narrative signed by two parties, by the Chief Executive and the Director of Finance. Where timescales and availability prevent this the Deputy Chief Executive will sign on behalf of the Chief Executive and the Deputy / Assistant Director of Finance (Financial Planning) will sign on behalf of the Director of Finance.

Robert Holcombe

Director of Finance, Procurement and Value
Cyfarwyddwr cyllid a chaffael

James Calvert

Medical Director / Deputy Chief Executive Officer
Cyfarwyddwr Meddygol / Dirprwy Brif Weithredwr

Submitted with this report are:

- Monthly Monitoring return Tables

- All outstanding creditors we currently have identified with other Welsh Health bodies as of 9th February 2024, and the
- Response to the month 9 list of creditors circulated as part of the monthly reply letter.

Appendix 1

Aneurin Bevan Health Board

Monthly Monitoring Returns – Current Period Action Points 2023/24

Month	Action Point	How responded to
2022/23 Month 12		
12	It is disappointing to note that the organisation did not achieve the minimum 95% PSPP for NHS invoices, with performance of 88.6% reflecting a minor improvement on 21/22 (87%). The narrative does not provide any details on planned actions to improve performance; therefore, please include this in the M1 MMR submission as part of the expected assurance that the minimum 95% will be achieved in 23/24.	See Commentary
2023/24		
Month 1		
1.1	I note that the HB is not using a straight twelve approach to the phasing of the planned deficit on line 14. The Month 1 and 2 planned deficits are c£2.7m higher than the rest of the year, and I acknowledge that the balance of your deficit is equally phased after M3. I note your use of the RRL line 7; however, it is not clear why it was necessary to use this to such an extent, as all other lines within the top half of the Table (Opening Plan section) are broadly equally phased. The RRL line 7 is often used when savings are weighted towards future months, but this is not to the extent of c£5.4m. Given that the higher profile is in M1 & M2, it is not practical to ask you to review this. However, please ensure your narrative explains your methodology, to support the reported profile of the planned deficit.	See Commentary
1.2	Health Boards have been asked to review their Plan for the 31st of May. Any amendments should be reflected in the Opening Plan section of Table A for Month 2. There is therefore the opportunity to build into the top half of this table, the re-assessed Energy c£10m (reduction), CHC £5m and Prescribing £4m (increases) values, reported at M1 as in-year movements from Plan (all issues are recurrent and almost net nil, see PPE note below).	See Commentary
1.3	I note your use of the 'in-year' RRL line (31), which I have assumed is being used to mitigate the impact of planned savings not delivering in M1 & M2 – this reverses in future months (albeit on a different profile to the forecast savings) as the position is recovered. Whilst your narrative does reference the phasing of the SoCNE RRL in the content of non-cash etc, it would be helpful if your narrative acknowledged and explained the specific use of line 31 if indeed it is linked to the savings recovery.	See Commentary
1.4	Your narrative states that the HB is not anticipating the funding for exceptional PPE costs which are forecast as £1.5m in Table B3 (Covid). The HB can anticipate this funding, therefore please review this for Month 2 (currently the £1.5m pressure is feeding through to Table A and is being mitigating by the balance of Energy reduced costs – it would appear therefore, that these can be released for another purpose).	Noted
1.5	The HB is including a significant forecast benefit in the c/f underlying position of £9.572m, which is currently unsubstantiated. As per the WHC, organisations are reminded that they must not include any non-finalised (aspiration) improvement values in Table A including improvements in the FYE column of Table A	See Commentary

	(underlying). Only finalised plans can be incorporated into the tables. Details of aspirational plans, including the FYE (underlying forecast), that are 'still to be finalised', should be described in the narrative only. I would kindly suggest there is an opportunity to review the forecast recurring FYE of savings recorded in your Tracker, as I note this has no increased value assessed on the schemes that commence delivery after M1.	
1.6	Please revise the completion of this table for M2 - the unfunded cost pressures column should only be completed using negative values. If your Directorates are delivering savings to eliminate their own underlying b/f deficit, please record the positive entry in the savings column (D), rather than showing a mix of entries in column G.	See Commentary
1.7	I note the quantified risk value of £22.5m and that there are number of risks with 'TBC' in the value column. It is concerning to note the extent of the potential risk (high likelihood) relating to CHC £5m and prescribing £7.5m which is in addition to the movement from Plan reported at M1 (referenced in AP 1.2). I also note that yet there are no quantified opportunities, that could potentially mitigate the impact should the risks crystallise. Please continue to review and revise the assessment of risks to ensure a 'balanced' assessment is taken each month.	See Commentary
1.8	It is noted that the phased expenditure in the SoCNE is fairly rudimentary in this first submission. The expectation is that this will be refined during the next couple of months. It would also be helpful to receive a further progress update on LTA sign off at M2, particular the agreement with CTM HB.	See Commentary
1.9	Whilst it is pleasing to note that the Tables report your full saving plan of £51.5m as being fully finalised at Month 1 (£37.316m Amber and £14.184m Green), the supporting narrative describes the status of the schemes differently, with the statement "The amber and red schemes listed are being finalised internally by local Divisional teams. In addition, as specific schemes are finalised, the narrative on several schemes may change to reflect further detail on the relevant savings plan." (see table below). Please ensure the narrative and tables reflect a consistent position. I also note that savings delivery was materially below the planned value at M1 (£2.9m) and is also forecast to underdeliver at M2 (£3.1m). The recovery of this position has been incorporated into the future month profile. I will look to your future submission for further assurance that the HB has fully finalised schemes and that they are delivering as planned.	See Commentary
Month 2		
2.1	Table A – We note that the opening plan entered in the top of Table A refers to the revised plan submitted at the end of May 2023. Within this we can see on line 2 that planned new recurring expenditure (non-COVID) totals £101.947m and is phased into the position equally for the full year. The FYE of this has been entered as £107.361m which is almost £6m higher. Please could you confirm this is correct, and if so, it would be helpful if you could explain why there is a difference of such a high value between the year's forecast and the FYE.	See Commentary
2.2	Table B – The phased expenditure in the SoCNE remains rudimentary at this early point in the year although the expectation is that this will be refined during the next couple of months. At this point, however, it would be helpful to understand what the value of £7m on line 5 "Welsh Government Income (Non RRL)" in month 12 relates to please.	See Commentary
2.3	Tables C-C4 – Within the tables some schemes have zero values or are referred to as targets or % reduction schemes. Ordinarily we would expect to see clearer descriptions in line with the savings delivery plans. However, we recognise at month 2 some schemes may not be fully finalised. We would ask though please that you ensure the narrative and tables reflect a consistent position. Whilst the narrative refers to red schemes it is noted that they are shown as amber within the tables: "The amber and red schemes listed are being finalised internally by local Divisional teams and are shown as amber schemes within the table C4".	See Commentary
2.4	Table E – Please ensure that a negative value reflecting the IFRS 16 Leases Revenue Recovery forecast data is included in this table on line 14.	Actioned
2.5	Table E - Additionally, please also include the anticipated RRL reduction relating to the latest WRP risk sharing agreement from month 3.	Actioned
2.6	Tables E/G – The revenue drawing limit and cash forecast for WG funding on these two tables should match but differ. Please could you amend in the month 3 submission.	Noted

2.7	LTA/SLAs - As per the WHC, we look forward to receiving confirmation that all LTAs and SLAs have been signed by 30th June 2023.	See Commentary
Month 3		
3.1	In terms of presentation of the current deficit forecast, it is noted that in month 12 there are significant reductions as follows: Pay £33.4m, non-pay £6.0m and RRL £15.5m, all of which are described in the commentary as being an adjustment “needed to meet the £112m deficit included in the IMTP”. As these are clearly not the anticipated month 12 values in each category this leads to a distortion of values when a consolidated NHS Wales position is reported, so we would ask you please to consider and action a more accurate and realistic way of reporting these values in the month 4 submission.	See Commentary
3.2	The increase in Primary Care Contractor forecast expenditure of £7.1m from month 2 to month 3 has not been explained in your commentary. Please provide an explanation for this increase in the month 4 submission.	See Commentary
c/f 2.3	Highlighted in last month’s action point 2.3 was the matter that the commentary and tables reflected a difference in classification of red and amber savings. We note the explanation in month 3 commentary but still expect a consistency in reporting to be in place for future reports. If the savings are unidentified, they should be removed from Table C4 and shown on the free text line in Table A as unidentified savings.	See Commentary
c/f 2.6	As requested last month, please ensure the revenue drawing limit and cash forecast for WG on tables E & G match	Removed - no response required
3.3	As the deadline (22nd May 2023) for payment of invoices raised in 22/23 has now been surpassed by some period, unless a payment date has been confirmed the four outstanding invoices raised against C&VUHB, the five outstanding invoices raised against PTHB, and the one outstanding invoice raised against SBUHB should now be cancelled and must not be listed as outstanding in Table M within future returns.	See Commentary
3.4	Please also ensure the action noted to remove the seven outstanding invoices raised against CTMUHB is taken in month 4 so the invoices are not listed in that return.	Noted
3.5	Please ensure that the full value of the UEC in year allocation is phased across the year: currently only £1,502k is phased in respect of a plan that totals £1,560k.	Noted
Month 4		
4.1	The opening plan identified savings plan (Line 8) has reduced by £34.528m with a corresponding increase reported on Line 13 ‘Planning assumptions still to be finalised’. As Lines 1-13 are fixed, please reinstate Lines 8 and 13 to reflect those values reported in months 2 and 3.	See Commentary
4.2	There has been a significant increase in the forecast year end position from £741.125m in month 3 to £826.828m in month 4. While the narrative provided with the return provides some information to explain part of the increase, the full increase and reasons do not appear to be given. Please provide a full breakdown of the change in forecast position and reasons for it in the month 5 submission.	See Commentary
4.3	Entries in Table C for the months 1-3 appear to have been amended since the month 3 submission. As these figures are fixed once submitted, please reinstate the values to reflect those reported in month 3.	See Commentary
4.4	The value of capital cash drawn down to date is £2.455m more than payments made. Please review the forecast draw down values in months 5 and 6 to ensure cash is not drawn down too far in advance of need.	See Commentary
4.5	The WG opening allocation in section A of this table for RIF is stated as £24.796m but should be reported as £24.683m in line with the allocation letter. Please amend in the month 5 submission.	Noted
Month 5		
5.1	The “planning assumptions” requiring either “substantial further development” or “further development” total £50m and we will look to your month 6 submission for these individual plans and values being listed together with	See Commentary

	sufficient detail for us to gain assurance that they are not creating a risk in delivering the planned position.	
5.2	The month 5 outturn position being c.£5.414m higher than projected last month, is a worsening from the month 4 variance of c.£4.201m. Please ensure that your month 6 narrative submission provides a clear and detailed narrative on the individual drivers of this deficit which we note is not simply due to Un achievement of savings.	See Commentary
5.3	In addition to detail of the plans in place to deliver the £50m mitigating actions as requested in our covering letter, we will also look to your month 6 submission for further details of all other mitigating actions to ensure the planned deficit is not exceeded.	See Commentary
5.4	The pressure seen in month for CHC and prescribing in Table A does not correspond to the variances shown on these lines in table B1: please ensure they are consistent in future returns or variances are explained in the covering narrative.	See Commentary
5.5	Please ensure that future narrative submissions provide detail on all variances highlighted in this table.	Noted
5.6	We note values are included in Section A of this table for the first time relating to joint financing & other which appear to be offset largely by credits relating to Provider Pay. Please provide detail in relation to these values in the month 6 return.	See Commentary
5.7	We further note in Section C of this table there is a forecast reduction in agency expenditure to cover vacancies and, for this first time this year, a forecast value included for agency cover for restricted duties. Please provide an explanation in the month 6 return for these forecasts.	See Commentary
5.8	Please ensure all savings schemes are consistently categorised within the MMR category (Column S) and SOCNE category (Column T) within the savings tracker.	See Commentary
Month 6		
6.1	It is noted that this table has seen several changes since the month 5 submission: notably addition of £34.6m recurring savings and addition of £50m new, recurring FYE of unmitigated pressures. Delivery of savings to month 6 is noted as £13.4m with your narrative stating, "The majority of [presumably the remaining] schemes are shown as 'amber' whilst the necessary actions are taken to implement the plans." Please include in your narrative further detail providing assurance that the additional recurring savings will be achieved on the recurring basis described. We note that you provide detail in your narrative regarding the unmitigated pressures but of course if there is further additional information / updates in this respect please also include.	See Commentary
6.2	We note that the values quoted between CTM and yourselves do not agree – please ensure they are resolved and aligned in future submissions.	See Commentary
6.3	As per the below WHC guidance extract, please ensure working balances requirements are built into Table E.	See Commentary
6.4	Please ensure that the impact of the forecast deficit is reflected in this table.	See Commentary
6.5	While it is pleasing to note the payment of non-NHS invoices are currently within the target set, the NHS invoices are not being paid within the same timeframe. The work being undertaken is noted and an improvement and update will be welcomed in the month 9 return, or sooner if appropriate	Noted
6.6	It is noted that 3 invoices have exceeded the timeframe for arbitration and therefore, if still unpaid, should be cancelled and not included in the month 7 return	Noted
Month 7		
7.1	The in-month savings forecast for October was £5.066m of which £4.960m was achieved this month. Please explain the underachievement of savings of £0.106m.	See Commentary
7.2	There are various risks listed on Table A2, but no values attached to them. Please add quantified values or remove the items in the month 8 submission.	See Commentary
7.3	There are several variances within this table resulting in an overall increase in spend during the year of £0.8m. Please provide an explanation for these movements in the month 8 return.	See Commentary

7.4	As per the letter from Judith Paget to Chief Executives on 20th October 2023 "allocations relating to Testing, Vaccination, Long COVID, and PPE will continue to be funded on an actual cost basis": please therefore remove the assumption that the c£3.8m potential slippage can be retained.	See Commentary
7.5	As we are expecting a firm forecast at month 8, we are anticipating your confirmation that the LTA with CTMUHB has been signed when the month 8 return is submitted.	See Commentary
7.6	We note that capital payments made to date exceed the capital cash drawn down. Please confirm that revenue cash is not being used to support capital payments.	See Commentary
Month 8		
8.1	We note this month the addition of an FYE of the savings plans / mitigating actions to be finalised which you are progressing. However, this should only be included for if there is an in-year achievement. Please review and amend as necessary in the month 9 submission.	See Commentary
8.2	This month the reported forecast has changed from £57.983m on day 5 to £57.627m on day 9. Whilst we recognise this is a relatively small change, please do highlight and explain any variances in the commentary supporting the day 9 return in future	Noted
8.3	We understand from your commentary that the expenditure profile has been updated this month and resulted in a c£3m increase. Please explain in further detail the significant movements within this increase.	See Commentary
8.4	While it is pleasing to note that Savings schemes (Pay -Table C1) were overachieved in month 8, the pay savings forecast reduces by half in the remaining 4 months of this financial year. Please explain the reduction in forecast savings.	See Commentary
c/f 7.5	Both your commentary and the CTMUHB month 8 MMR commentary refer to progress to resolution of this matter. As the arbitration decision was final, we expect to receive confirmation in the month 9 returns that the appropriate documentation has been signed and is in place.	See Commentary
8.5	We note that a loss on disposal of Assets of (£352k) is reported on table K and table B. However, the corresponding value on Table I differs. Please provide an explanation for this variance.	See Commentary
8.6	Both the Urgent Emergency Care and Planned Care forecast expenditure are more than the current plan values. Please explain the reasons for these variances.	See Commentary
Month 9		
9.1	Please ensure that in your month 10 submission you explicitly in detail provide, as a response to Action Point 9.1: <ul style="list-style-type: none"> • an explanation of the treatment of the recurrent savings did not deliver this year; • detail and individual value of the operational pressures and what is being done to mitigate them; and • actions underway to reduce the run rate of 2023/24 costs during the last 3 months of this year and on a recurrent basis post 2023/24. 	See Commentary
9.2	Please provide a breakdown of the allocation funding risk of £4.659m identified as a medium risk.	See Commentary
9.3	The expenditure forecast for Administrative, Clerical & Board members costs has increased by £1.108m in Month 9. Please provide an explanation for this in your next return.	See Commentary
9.4	The value of sale of Assets (£0.077m) recorded on Table G does not align with the value reported on Table K (Capital Disposals). Also, there is no value reported against 'Additional in Year & Movement from Planned Profit / (Loss) on Disposal of Assets' on Table A. Please amend as required to ensure consistency across tables in the month 10 submission.	Noted
9.5	While it is positive to note the Health Board continues to achieve the PSPP target for non-NHS invoices, the NHS invoices payment performance at 88.9% is somewhat lower. Please continue your efforts to address the non-compliance to achieve performance of 95%.	See Commentary
9.6	There are 6 invoices listed over 17 weeks old that had exceeded the arbitration deadline at the point of the month 9 MMR submission. Please ensure that if not	See Commentary

	if a payment date has not been confirmed, the invoices are credited and therefore do not appear on the month 10 MMR.	
9.7	Please can the enclosed supplementary IFRS16 template be completed and submitted as a supplementary return to your month 10 monitoring return. This template is also likely to be used for gaining information towards year end with submission dates to be confirmed.	See Commentary
9.8	The treatment of indexation linked payments in on-balance sheet PPP arrangements should be based on IFRS 16 accounting principles from 2023/24, as detailed in the guidance on the link provided: PPP_arrangements_accounting_for_indexation_linked_payments.pdf (publishing.service.gov.uk) Please confirm in your month 10 Monitoring Return narrative.	See Commentary



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 March 2024
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Governance & Control Escalation – Operational Control Checklist January 2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe Executive Director of Finance, Procurement and VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	Greg Bowen Assistant Director of Finance – Hospital and Corp

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

All Divisional budget holders have been completing a Governance Operational Control Checklist for their respective areas since October 2023. This report provides the Committee with an overall summary of the current reported situation as at the end of January 2024, also demonstrating positive progress at Divisional level since its inception. The report also demonstrates the agreed calculation method used to arrive at an overall Divisional Governance 'score,' and clarifies how this will be maintained and improved upon, on an ongoing basis. The Committee is asked to note the continuing work that has been undertaken along with the scoring assessments and provide views.

Cefndir / Background

In August 2023, the Finance team developed an internal assessment checklist to improve financial control and governance as part of improving financial sustainability, following CEO request, all Divisional budget holders were asked to complete a Governance Operational Control Checklist for their respective Directorate. The requirement was for this to be service led to ensure ownership, but

co-ordinated by the Divisional Finance teams, with a register of completion being maintained within each team.

The purpose of this exercise is that it is not a one-off, and is an ongoing piece of work, with an updated assessment completed periodically with the intention of being able to demonstrate evidence of improved controls for the Executive Committee, the Board and for Welsh Government purposes. The assessments collated so far are to the end of January 2024.

Asesiad / Assessment

The checklist, in Microsoft Excel format, required to be completed is below.

ABUHB

DIVISIONAL AND DIRECTORATE LEVEL CONTROL ASSESSMENT

Division:

Directorate:

Completed by:

OPERATIONAL CONTROL CHECKLIST

SPEND AREA	KEY ACTIONS	IN PLACE? Y/N	RAG RATING	ACTIONS TO IMPLEMENT AND BY WHEN?
BANK	Temporary staffing policy in place			
	Auto enrolment for new starters onto the bank			
	Review pay rates and consider weekly pay as an incentive			
	Admin and clerical bank			
AGENCY	Clear process for agency booking (and compliance)			
	Ensure appropriate deduction for agency staff breaks (lunch)			
	Review authorisation levels - seniority and consistency across sites			
ROSTERING	E-rostering should be fully deployed			
	Annual leave, study leave should be closely managed throughout the year			
	Rosters should be approved six weeks in advance			
	Contracted hours to be fully rostered			
	Sickness management			
OTHER PAY CONTROLS	Line managers to notify HR of leaving dates			
	Cease any early finish dates for leavers			
	Enforce compliance with the All Wales Sickness policy			
	Workforce/Vacancy control panel			
MEDICAL LOCUMS	Implement medical bank			
	Proper process for booking medical agency (no direct approach)			
	Ensure appropriate deduction for agency staff breaks (lunch)			
	Ensure mileage claims are only for required intra site travel			
MEDICAL ROTAS	Clear timeline for submission of rotas			
	Ensure alignment of rota to job plans			
	Review additional sessions allocated			
	Monitor medical annual leave			
WORKING LIST INITIATIVES	Ensure consistent process across organisation			
	Require clear demonstration that existing PAs have been utilised			
	Ensure approval level is appropriate			
PROCUREMENT	Address clinical preference variation in a targeted manner			
	Review and reduce those able to requisition and order			
	Continue to enforce the 'No PO No Pay' policy			

Signed Off

Divisional Manager:

Divisional Director:

Date:

Assessment	Outline Descriptor
Low	Identified controls in place are deemed inadequate with significant gaps identified which need to be addressed
Medium	Identified controls in place are deemed adequate, however some gaps have been identified which need to be addressed
High	Identified controls in place are deemed robust

The process followed to complete the assessment is to assess each of the key actions by spend area and complete as below:

- Answer with a Y or N if it is felt that the key action is currently in place (or N/A if that is the case),
- Populate the template with any key actions identified for improvement, and proposed timeframe for implementation.

All Directorates are asked to complete this for their area and to return to the relevant Divisional Finance team for registering, and consolidation into a Divisional template.

The Scheduled Care Divisional Finance team initially proposed a mechanism for arriving at a Divisional Governance % score (for each key action, overall spend area; and the Division overall). The methodology also provides a RAG rating for each overall spend area and the Divisional overall, based on the % score and criteria set. This proposal has also been agreed at Executive Committee and at the last Finance & Performance Committee meeting.

The methodology used for arriving at both the % score and the RAG rating is as follows:

- All Directorate responses consolidated on to one overall summary sheet for Divisional consolidation purposes,
- The 'Score' is determined by the number of Directorates within the Division that have assessed that the Key Action is in place, by including a 'Y' for the relevant key action in the checklist,
- The 'Max' is the number of Directorates within a particular Division where the Key Action is relevant (Please note that where it has been identified by the service that a particular Key Action is not applicable then it is not included in the scoring mechanism),
- Compliance % is the ratio between the Score and the Max score,
- The same methodology has been used for each Key Action, overall Spend Area, and the Division overall,
- The RAG rating is then determined from the Compliance % (Red < 50%, Amber 51% to 75%, Green > 75%)

A snapshot of assessments is illustrated below, along with demonstrated improvements from October 2023:

Division	Oct-23		Jan-24		Movement
	Compliance	RAG Rating	Compliance	RAG Rating	
PCCS	87%		90%		3%
CHC	88%		83%		-5%
MH & LD	79%		85%		6%
SCH	74%		78%		4%
MED	77%		77%		0%
URG	93%		95%		2%
F & T	83%		83%		0%
CSS	69%		69%		0%
E & F	92%		92%		0%

Top priority actions identified to improve controls are being highlighted and reported through the Divisional Assurance meetings, with revised checklists returned to Divisional Finance Business Partners during the month end reporting process. This allows the scoring to be updated and compared on a month-on-month basis.

Consideration should be given to identifying and sharing best practice across Divisions to drive overall continuous improvement. To assist with this, a matrix has also been developed which captures scores and RAG rating for each Spend Area by Division:

	PCCS	CHC	MH & LD	SCH	MED	URG	F & T	CSS	E & F
Bank	82%	100%	46%	49%	62%	75%	49%	40%	N/A
Agency	92%	100%	100%	78%	100%	100%	100%	86%	100%
Rostering	88%	71%	100%	89%	70%	100%	92%	73%	95%
Other Pay Controls	98%	100%	100%	92%	83%	100%	87%	69%	95%
Medical Locums	88%	N/A	64%	65%	68%	75%	85%	86%	N/A
Medical Rotas	100%	N/A	67%	100%	71%	100%	76%	75%	N/A
Working List Initiatives	100%	N/A	50%	100%	100%	N/A	100%	60%	N/A
Procurement	79%	50%	92%	37%	78%	100%	85%	67%	81%

An updated version of these reports will be presented in the future to monitor progress.

Argymhelliad / Recommendation

The Committee is asked to:

- Note the continuous work completed to date on the Operational Control Checklist assessments, scoring and sharing of best practice.
- Note the future updates to be undertaken and reported to the Value & Sustainability Board on an on-going basis.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3. Effective Care Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Choose an item. Financial Governance & Sustainability

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Choose an item.
• Service Activity & Performance	Choose an item.
• Financial	Choose an item.
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

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

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

Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs
Choose an item.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 March 2024
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Benefits realisation from business case investment
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe, Director of Finance Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	David Hanks, Head of Service Planning

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

Er Gwybodaeth/For Information

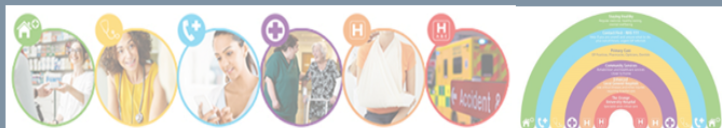
ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

In terms of approach to benefits realisation, the main vehicle in the health board is the Pre-Investment Panel (PIP). This report provides an outline of the business case scrutiny process within the Health Board, with particular reference to evaluation and the realisation of benefits from investment. It also highlights other mechanisms in place to track return on investments and offers some suggested next steps.

Cefndir / Background

The Pre-Investment Panel (PIP) was instigated in 2017 to establish a forum whereby prospective business cases developed within the Health Board could be scrutinised against a consistent set of criteria to ensure that they are comprehensive and fit for purpose prior to submission to the Executive Committee for formal consideration of funding. PIP usually meets on a monthly basis and is chaired by an Assistant Medical Director. There is a wide membership (mainly at Assistant Director level) including finance, workforce and OD, planning, nursing, public health, therapies & health science, Value-Based healthcare, informatics and facilities, with the aim of ensuring that each Director is represented to provide wide and comprehensive scrutiny of cases for investment.



PIP's role is not to 'approve' a case, but to ensure that it is fit for purpose so that the Executive Committee can make an informed decision on priority and investment. A standard case template is used and it is expected that prior to coming to PIP, a case will have been fully worked up with input from finance / workforce business partners and planning support, and will have been formally signed off by the relevant Divisional Management Team as a priority area within the IMTP. Cases are presented at meetings by the case sponsors for review and discussion, with suggested amendments advised for inclusion into a final draft. Once this is complete, the case proceeds to Executive Committee (with an Executive sponsor) accompanied by a covering paper which outlines the PIP review and confirms that the case is now complete for approval and funding consideration.

Asesiad / Assessment

Benefits realisation via PIP

Outcomes and benefits realisation forms a key element within the standard business case template, including the setting out of principles and assumptions within the body of the case and supported by a more detailed appendix. This includes objectives, metrics, current / future projected state and timescales, and always constitutes a significant part of PIP scrutiny and review. An example of the benefits template used is attached as **Appendix 1**.

Following audit review of the overall arrangements for case scrutiny and evaluation, an additional process of post-implementation review was instigated in 2021. This involves case sponsors returning to PIP following a reasonable period of case implementation to present on the following:

- Summary of the original case
- Key projected benefits
- Outcome of Executive consideration and details of agreement / investment
- What benefits delivered and reasons for any variance from original projection
- Any unexpected issues encountered
- Lessons learned and next steps where appropriate

The intention is that this should be a positive and valuable process, seeking assurance regarding progress on benefits realisation, whilst also being mindful of changing operational environments and ensuring that lessons for agile approaches and effective future PIP scrutiny are noted and learned. Examples of issues and areas to consider include:

- Nature of original investment decision e.g. new funding or authorisation for service development at financial risk.
- Recognition of and accounting for significant subsequent changes that have impacted on original plans e.g. COVID, unexpected step changes in service demand, revised Welsh Government guidance / direction.
- Treatment of non-cash releasing financial benefits e.g. reduced length of stay and making judgements on cause and effect.



Since instigation, the process is considered by PIP members to have been extremely useful, with no evaluations undertaken to date that have been considered to raise concerns at a level justifying consideration of disinvestment.

A live schedule of new case scrutiny and post-implementation case evaluation is maintained and presented as a standing agenda item at all PIP meetings.

A schedule of cases considered by PIP / Executive Committee and current evaluation status is attached at **Appendix 2**.

An additional measure instigated for 2023/24 is the preparation of a PIP annual report. This will set out the current PIP arrangements, activities in the year, cases scrutinised / evaluated and actions / recommendations for 2024/25. This is due to be presented to the Executive Committee on 11th April.

Other Evaluation Arrangements

In addition to core PIP processes, there are a number of other mechanisms deployed to provide assurance on benefits realisation:

- The Digital Data and Technology (DDAT) Directorate operate a benefits and business change process as part of its programmes function. This is designed to optimise benefits identification and realisation across the whole life-cycle of a programme and is fully aligned with national benefits management best practice guidelines. This provides a valuable additional proportionate insight – via the PIP DDAT representative – into the discussion of more complex business cases, particularly those proposing significant informatics investment,
- Via the Value in Health projects and investments, detailed reporting and evaluation is required nationally and so a number of investments follow this methodology, for example investment into the redesign of heart failure pathway,
- The Regional Partnership Board has recently agreed an approach and methodology to support, on a proportionate bases, evaluations of Regional Investment Fund (RIF) schemes to support decisions on deployment of current and future RIF monies,
- For capital projects, an important part of the Green Book (HM Treasury) model is for Post Project review and evaluations to be undertaken for capital projects. Best practice dictates that this includes an assessment of all benefits and investment objectives identified in the business case,
- There are also ad hoc requests from policy leads in Welsh Government to report on certain ringfenced monies and intended benefits, for example reporting against investments from Six Goals monies.

Observations

A number of observations emerge from the above:

- PIP is the main vehicle through which assessment of benefits are made, but noting there are other methodologies in use,
- The PIP arrangements have proved to be largely effective, but will continue to be reviewed and strengthened on an ongoing basis,



- It is considered important to retain PIP as the gatekeeper for all business cases and bids for additional funding, to ensure a transparent, equitable and consistent process for prioritising investment and assessing return on investment, particularly in the current extremely challenging financial environment. Compliance against this principle should be ensured by the Executive team, recognising the occasional need for variance from process,
- The process needs to be cognisant of the dynamic and challenging operational environment, to retain authority and credibility across the wider service
- It is important for the Executive to ensure and maintain clear prioritisation criteria for investment prioritisation and for this to be fully aligned with IMTP / annual plan arrangements for 2024/25
- Going forward given the short and long-term challenges, further review and assessment of a single formal Health Board methodology for evaluating investments should be developed and for providing assurance that there is timely benefits realisation, reporting back via PIP to the Executive Committee and Finance & Performance Committee.

Argymhelliad / Recommendation

The Finance & Performance Committee is asked to note the update report and suggested next steps

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Many of the regional work streams are informed by risk assessment and have been established to address and mitigate system risks
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 5.1 Timely Access 7.1 Workforce Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Regional Solutions



Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	n/a
Rhestr Termau: Glossary of Terms:	n/a
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	n/a

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs



Detailed Benefits Realisation Plan based on Value Team definitions

Desired Objectives	Benefit	Current State (Baseline)	Target Future State	Timescale
<i>e.g. Improved safety</i>	<i>e.g. it will reduce falls</i>	<i>Number of falls p.a. = 40</i>	<i>10 p.a.</i>	<i>By Q3 2024/25</i>
<i>e.g. Better access / timeliness</i>	<i>e.g. it will improve length of stay for (specify type) elective patients</i>	<i>Elective patients = 3 bed days ALOS</i>	<i>2.5 bed days ALOS</i>	<i>By Q4 2024/25</i>
<i>e.g. Improved efficiency</i>	<i>e.g. it will reduce high cost variable pay</i>	<i>Budget vs spend £ xx p.a.</i>	<i>% cost saving of variable pay</i>	<i>By Q4 2024/25</i>
<i>e.g. Improved effectiveness</i>	<i>e.g. switch product used to x to improve healing rates</i>	<i>20% patients on new product. Healing rate x.</i>	<i>70% 90% patients switched. Healing rate y.</i>	<i>Yr 1 Yr 2</i>
<i>e.g. Improved equity</i>	<i>e.g. patients receive the same level of service regardless where they live.</i>	<i>Newport service M-F 08:00 – 18:00 hrs Rest of Gwent 7 day 08:00 – 20:00 hrs</i>	<i>All localities offering 7/7 08:00 – 20:00 hrs</i>	<i>By Q2 2024/25</i>
<i>e.g. More patient-centred / Improved patient experience</i>	<i>e.g. improved patient dignity in all OPD sites.</i>	<i>Number changing cubicles with curtains</i>	<i>Number changing cubicles with doors.</i>	<i>By Q3 2024/25</i>



APPENDIX 2

Schedule of case evaluation programme / status (subject to review)

Case	Executive Team review	Executive team outcome	Target evaluation date	Status
Critical care outreach team		Approval to proceed	Held May-21	Evaluation undertaken
Nurse-led ward at Ysbyty Aneurin Bevan		Approval to proceed	Held Oct-21	Evaluation undertaken
Bereavement support service		Approval to proceed	Held Sep-22	Evaluation undertaken
Shared Lives		Approval to proceed	Held Mar-23	Evaluation undertaken
Repatriation of neurology services from C&VUHB		Approval to proceed	Held Oct-23	Evaluation undertaken
Rapid access cancer diagnostic clinics	Nov-21	Approval to proceed	Q1 2024/25	Evaluation planned
Heart failure rehabilitation in the community	Jun-22	Approval to proceed	Q1 2024/25	Evaluation planned
MSK pathway redesign	Dec-21	Approval to proceed	Q2 2024/25	Evaluation planned
Haematology Consultant establishment	Apr-22	Approval to proceed	Q2 2024/25	Evaluation planned
Respiratory ambulatory care unit	Feb-23	Approval to proceed	Q2 2024/25	Evaluation planned

Endoscopy redevelopment at Royal Gwent Hospital	Feb-22	Approval to proceed	Q3 2024/25	Evaluation planned
Additional funding for breast service	Jun-23	Approval to proceed	Q3 2024/25	Evaluation planned
Health Pathways implementation	Mar-23	Approval to proceed	Q3 2024/25	Evaluation planned
Maternity information system	Mar-21	Approval to proceed	Q4 2024/25	Evaluation planned
Robot assisted-surgery	Jun-23	Approval to proceed	Q4 2024/25	Evaluation planned
Clinical pharmacy service for GUH ED	Sep-22	Approval to proceed	Q4 2024/25	Evaluation planned
Patient advice & liaison service (PALS)	Jun-23	Approval to proceed	Q4 2024/25	Evaluation planned
Expansion of ED waiting area	Sep-23	Approval to proceed	TBC in 2025/26	Capital construction in progress
Waiting list single point of contact (from WG Planned Care Fund)	Jan-24	Approved for submission to WG	TBC in 2025/26	Evaluation date TBC
Multiple Sclerosis Service development	Feb-24	Final decision pending further queries	TBC in 2025/26 (Pending final Exec decision)	Evaluation date TBC
2nd MRI scanner for Grange University Hospital	Jul-23	Approval in principle, subject to WG capital funding	TBC	Awaiting WG funding opportunity
Provision of additional diabetes pumps	Feb-22	Approval in principle, pending identification of funding source	TBC	Incorporated into 2024/25 annual plan
Bariatric Surgery	Jun-23	Approved for submission to WHSSC	N/A	Not pursued – since removed from WHSSC commissioning intentions

