



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 June 2024
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Annual Plan 2024/25 Resubmission
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Hannah Evans, Director of Strategy Planning and Partnerships

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to respond to:

- Welsh Government’s feedback of 3 May 2024 on the Health Board’s Annual Plan (approved in March 2024 Board); and
- The request from the Deputy CEO NHS Wales of 29 April 2024 to set out plans to support realisation of productivity and efficiencies in planned care; and
- The request of 7 May from CEO NHS Wales for revised trajectories against new planned care milestones; and
- The introduction of additional expectations communicated by the Cabinet Secretary, supported by NHS Executive to Chairs on 22 May 2024.

This report summarises the updated position, describes the actions taken in response to the feedback, proposes some key changes made to the delivery commitments against the Ministerial Priorities and the financial consequences of those changes, along with the review of the financial position.

Cefndir / Background

The Health Board's Annual Plan: Three Year Intent 2024/25 ("The Plan"), together with supporting templates and appendices, was approved by the Board at its meeting on the 27 March 2024.

The submission recognised the significant challenges and risks going forward and the financial context within which the Health Board was operating to deliver the plan. The Duties of Quality and of Candour and a refocusing of our ambition with respect to prevention are at the forefront of the Annual Plan, alongside the need to drive efficient and effective in year service delivery

The Finance and Performance Committee will be aware from the CEO report to the Public Board meeting held on 22 May 2024 that Welsh Government had provided feedback to the Health Board on the Annual Plan 2024/25 and that the Health Board was required to resubmit a revised plan which addressed the requests of the Welsh Government's feedback of 3 May 2024, Deputy CEO NHS Wales of 29 April 2024, the request of 7 May from CEO NHS Wales, and the introduction of additional expectations communicated by the Cabinet Secretary, supported by NHS Executive to Chairs on 22 May 2024.

A Board briefing on the detail of the resubmitted plan was also held for all Board members on 12th June 2024.

Asesiad / Assessment

The revised assessment is detailed within the attached appendices to this report.

Argymhelliad / Recommendation

The Finance and Performance Committee are asked to **NOTE** the revised Annual Plan 2024/25 which has been submitted to Welsh Government.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg
Corfforaethol a Sgôr Cyfredol:
Corporate Risk Register
Reference and Score:

Safon(au) Gofal ac Iechyd:
Health and Care Standard(s):

Blaenoriaethau CTCI
IMTP Priorities

[Link to IMTP](#)

All Health & Care Standards Apply

Choose an item.

Choose an item.

Choose an item.

Choose an item.

Choose an item.

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	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 Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	Minimum Data Sets (MDS) Trade Union Partnership Forum (TUPF) Reinforced Autoclaved Aerated Concrete (RAAC) Welsh Community Care Information System (WCCIS)
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:	
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Yes not yet available 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
Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies

DYDDIAD Y CYFARFOD: DATE	31 May 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Aneurin Bevan Health Board IMTP Annual Plan 24/25 May 2024 Resubmission

ADRODDIAD SCAA SBAR REPORT

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The Plan outlined an end of year outturn of a £48.9m deficit, notwithstanding a significant savings programme and a high-level line of sight towards a balanced position within three years.

At a high level, the plan committed to improvements across all Ministerial measures with the exception of two planned care targets. From a planned care perspective, the plan set out an operational commitment to:

- Eliminate and maintain 0 patients waiting more than 156 weeks from 31 patients at end of March 24 (this equates to managing a cohort of over 4,000 patients).
- Reduce the number of specialties with patients waiting more than 52 weeks for a first outpatient appointment from 9 to 5 with 31 out of 36 specialties delivering the target.
- Reduce the number of specialties with patients waiting more than 104 weeks total wait (all stages) from 6 to 3 with 33 out of 36 specialties delivering the target.

- Note that whilst the number of specialties is reducing, the total number of patients waiting more than 52 weeks for a first outpatient appointment is forecast to grow (14,846 in March 2024 to 21,739 in March 2025) and numbers waiting more than 104 weeks total wait will grow from 4,086 patients in March 2024 to 8,215 in March 2025.
- Reduce number of patients waiting more than 8 weeks for a diagnostic from 4,209 in March 2024 to 1,160 in March 2025.
- A commitment to reach 70% for Single Cancer Pathway by March 2025.

The trajectories associated with the above have a number of improvements and efficiencies already factored in including:

- Maximum 5% DNA rate
- Maximum 5% CNA
- Minimum 85% theatre utilisation
- Treat in turn improvements by specialty and minimum required
 - Urgent/cancer capacity maintained
 - Improvement in capacity used to treat non urgent/cancer
- Additional capacity for cataract stage 1 and stage 4 as part of regional plan.

In terms of treat in turn rates, the following improvements by specialty have been introduced to target 104-week cohorts and are already factored into the trajectories of the March 2024 plan. Treat in turn rates here relate to the proportion of total capacity available (including cancers, urgent and planned emergencies) that are to be ring-fenced for patients from the target cohort. Note that this is a different methodology to the Welsh Government reported treat in turn rates, although these are available for reporting purposes.

Specialty	Stage 1		Stage 4	
	Baseline	Required	Baseline	Required
Ear Nose & Throat	11%	16%	24%	29%
Maxillo-Facial	9%	20%	5%	17%
Ophthalmology	5%	10%	15%	25%
T&O (Arthroplasty)			19%	30%
T&O (Spines)	7%	14%	11%	15%
T&O (Other)			26%	36%
Urology	4%	10%	11%	17%
Total	3%	6%	9%	19%

Breach Targeting	Baseline	Q1 Target	Q2 Target
Stage 1	3%	6.0%	6.4%
Stage 4	9%	18.8%	19.2%

Monitoring and tracking of the delivery of these efficiencies and productivities is being strengthened in local directorate, divisional and executive oversight arrangements. This will be further supported by an efficiency dashboard being used to report into the Executive and Value and Sustainability Board.

Demand, capacity and backlogs

By way of background, the work to balance financial requirements and improve planned care performance is set against a legacy of an imbalance in demand and capacity in these key specialties, which historically have been met, or partially met, through ad hoc or additional activity. The tables below summarises this within the context of a 36-week waiting time requirement with key messages:

- In terms of the proportion of underlying gap to core capacity, there is a wide range from balance in Rheumatology through to a 68% gap in ophthalmology,
- These mismatches are further exacerbated by a backlog demand which for ENT and ophthalmology are over 100% of all of core capacity,
- Efficiencies and pathway changes and improvements will impact on demand and improve capacity but would not be sufficient to close such gaps.

Specialty	Outpatient					% underlying	% backlog
	Underlying gap	Backlog	Total Demand	Capacity	Deficit/Surplus	to capacity	
Dermatology	43	242	15,971	15,686	-285	0.27%	1.54%
ENT	2,045	6,705	14,255	5,505	-8,750	37.15%	121.80%
General Surgery	1,675	502	22,891	20,714	-2,177	8.09%	2.42%
Ophthalmology	4,929	8,166	20,322	7,227	-13,095	68.20%	112.99%
Oral Surgery/Maxfax	812	1,712	5,723	3,199	-2,524	25.38%	53.52%
Rheumatology	-227	0	2,115	2,342	227	-9.69%	0.00%
Trauma and Orthopaedics	4,926	5,257	18,993	8,810	-10,183	55.91%	59.67%
Urology	943	1,678	8,470	5,849	-2,621	16.12%	28.69%
Total	15,146	24,262	108,740	69,332	-39,408	21.85%	34.99%

Specialty	Treatment					% underlying	% backlog
	Underlying gap	Backlog	Total Demand	Capacity	Deficit/Surplus	to capacity	
Dermatology	481	30	2,705	2,194	-511	21.92%	1.37%
ENT	78	1,176	2,714	1,460	-1,254	5.34%	80.55%
General Surgery	4,621	1,715	9,987	3,651	-6,336	126.57%	46.97%
Ophthalmology	1,196	1,296	5,390	2,898	-2,492	41.27%	44.72%
Oral Surgery/Maxfax	-426	173	2,229	2,482	253	-17.16%	6.97%
Trauma and Orthopaedics	1,713	6,350	13,232	5,169	-8,063	33.14%	122.85%
Urology	2,230	609	6,297	3,458	-2,839	64.49%	17.61%
Total	9,893	11,349	42,554	21,312	-21,242	46.42%	53.25%

The referral growth in the high-volume surgical specialities is also a key factor in achieving service sustainability. With an overall demand increase of 20%, but variability between specialties, in orthopaedics this represents growth of 3,000 referrals a year when compared with pre-covid 2019/20 levels and for ophthalmology this growth is 5,000 (36%) per year when compared with pre-covid levels.

The letter dated 3 May regarding the Health Board's plan submission stated that "as the plan is not aligned to the expectation of the de-escalation criteria it is therefore unsupportable". This paper sets out the further work undertaken on:

- De-risking and testing the financial plan,
- Testing and updating delivery commitments in line with new milestones for Ministerial priorities and,
- Additional detail on the actions in train to demonstrate application of the high impact changes as identified in the letter from the Deputy CEO of NHS Wales dated 29 April.

Asesiad / Assessment

1. Financial Plan

The Health Board has made significant progress in de-risking the savings opportunities identified in the original submission of the financial element of the plan which was approved by the Board in March 2024, which included £9.7m of full year effect of 2023/24 savings plus new 2024/25 opportunities of £40.5m presented as £29.1m savings and £11.4m opportunities.

As part of the continuous work on savings opportunities and delivery, there has been a focus on assessing the achievement and profile of savings delivery. The position has moved positively with a revised savings assessment consisting of:

- £29.1m original plan
- **£5.4m new confirmed opportunities converted to saving plans**
- £6m work progressing on opportunities

Whilst this is positive, the forecast for 2024/25 remains as previously submitted at £48.9m deficit.

The £5.4m de-risked opportunities include:

- FNC growth below forecast (£0.7m)
- CHC Care at home team vacancies (£0.6m)
- Covid Anti-viral 'GP stock' adjustment (£1.3m)
- Optometry contract reduction (£0.5m)
- Litigation costs below plan (£0.4m)
- MH&LD CHC reduction (£0.6m)
- MH&LD variable pay (£0.2m)
- Other funding assumed/agreed (£0.3m)
- Cardiology insourcing below plan (£0.1m)
- Recovery of Agency fees (£0.7m)

Following a review of the cost growth and inflationary assumptions relative to other similar organisations across Wales, the Health Board's estimates do not appear out of line and any significant changes would be premature at this stage of the financial year.

In order to improve performance trajectories an increased focus will be given to accelerating service efficiency delivery along with maximising the full year funding on a regional basis for cataract patients based on regional longest waiting patients. Additionally, £1M of the reserve established for innovative improvements will be utilised to improve the waiting times for patients. Utilising the innovation reserve, originally identified for investments in new and innovative services, for waiting times creates a risk in the potential coverage for managing any changes in expected spend and growth estimates, eg. prescribing and CHC fee uplifts. The amendments outlined above are reflected in the revised MDS submission for 2024/25.

In terms of a 'route map to service and financial sustainability', the Board will need to consider and progress several key pipeline routes, which need to be informed by future service plans, including:

- Prevention
- Service reconfiguration
- Estate reconfiguration
- Workforce models (& Variable Pay)
- Productivity, Efficiency and effectiveness of service provision including sustainability
- ABUHB Operating Model(s)

The pathway to financial sustainability needs to follow a reasonable order of decision making with regards to patient impact and should commence with ensuring the Health Board is achieving maximum efficiency for the services provided whilst ensuring best value and patient outcomes are delivered. Only evidence-based care should be offered to patients and centralisation versus place-based care decisions will need to be carefully balanced with resources available. Performance targets may need to be reconsidered before rationalising or decommissioning services and all key options will be evaluated through a quality impact assessment process.

Emerging opportunities being developed include:

- Bed Base Review – further potential Acute, Mental Health, community services (circa £1.7m per ward per annum direct costs)
- Acute Medical Model and wider service effectiveness reviews
- 6 Goals – rationalised single offer for Gwent
- Ambulatory Care review – single most cost-effective model across the Health Board
- Estates Rationalisation – St Woolos (£1.5m FM 25/26), Ty Gwent (£0.4m 25/26), NHH, other residual sites and further lease options, PFI Chepstow (£0.4m 25/26)
- Elective Care – greater efficiency through control, benchmarking and GIRFT, theatres
- High Value Pathway redesign – health pathways and value-based care opportunities
- Refocus on Core service delivery – INNU’s reduce low clinical value interventions aligned with All Wales approach (c.£2m) and potential service centralisation for safety and economies of scale
- Primary Care sustainability – new management framework to future practice vacancies & support packages (c. £1m 25/26)
- Variable Pay – continued focus to reduce & job planning roll out (possible further £5m (5%) based on service redesign and better controls)
- Digital opportunities

The Health Board recognises the need to improve the financial forecast further and will continue to do so as part of continuous savings pipeline work through its Value and Sustainability Board. The Board will consider a three-year route map to sustainability at its meeting in July 2024.

2. Delivery commitments

The Health Board has undertaken detailed work to test opportunities for improvement to delivery commitments. This work has been undertaken in line with the following principles:

- Stretch to delivery ambition but realistic as to delivery,
- Trajectories only included if are supported by delivery plans and resources,
- Sense checking whether all quantifiable improvements from the Productive and Efficient planned care high impact changes are reflected in trajectories,

- Incorporating updated data sets to review forecasts,
- Reviewing and enhancing a plan for targeted validation
- Reflect known service and workforce updates and changes since March submission,
- Align Urgent and Emergency Care metrics to the Enhanced Monitoring measures

From a planned care perspective, following Executive team review and in view of challenged financial context, improvements for this submission have focused on improving the outpatient position. Improvement plans have been developed based on:

- Additional activity to target waits of more than 104 weeks at outpatient (stage 1) – at a cost of approximately £900k
- Additional validation activity based on evidence of an expected yield of 10% in this cohort at a cost of circa £100k
- Actions to improve throughput included as part of productivity actions in section 3.

Appendix A sets out the impact of the plans developed on the key planned care trajectories of 52 week wait for outpatients, 104-week wait for outpatients and 104 weeks total wait. The headlines are:

- Number of patients waiting more than 52 weeks for outpatients reduces from 21,739 in March’s approved plan to 16,500 which is an improvement of just over 5,200 patients;
- Number of patients waiting more than 104 weeks for a first outpatient appointment reduces from 5,228 in March’s approved plan to 467 which is an improvement of just over 4,700 patients;
- These remaining 467 patients are all in ophthalmology and all relate to very specific sub specialties of glaucoma and ocular plastics,
- The delivery of ophthalmology activity is contingent on the full deployment of the combined regional allocation for ophthalmology,
- Number of patients waiting more than 104 weeks total wait reduces from 8,215 in March plan to 3,925 which is an improvement of just over 4,200 patients.

The broader set of new milestones issued via the letter of 7 May were as follows:

MEASURE	TARGET
Number of patients waiting more than 52 weeks for a new outpatient appointment ¹	40% reduction by end of September 2024 Zero by March 2025
Number of patients waiting more than 104 weeks for referral to treatment ¹	Zero end of December 2024
Number of patients waiting over 8 weeks for a specified diagnostic ¹	95% to be zero by December 2024
Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)	60% performance by December 2024 70% performance by March 2025
Number of ambulance patient handovers over 1 hour ¹	30% reduction by December 2024
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge ¹	20% reduction by September 2024 Further 20% reduction by March 2025
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years	80% by December 2024
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over	80% by December 2024

Appendix B sets out the revised trajectories for these milestones, incorporating the planned care improvements outlined above. In addition to the planned care improvements, these profiles demonstrate:

- Delivery of the Adult Mental Health part 1b standard by December 24;
- Delivery of the CYP Mental Health part 1b standard by November 24, ahead of December 24 milestone;
- Delivery of the Single Cancer Pathway standard of 60% by December 24 and 70% March 25;
- A delivery of 80% of patients waiting for diagnostics < 8 weeks in December 24 against a new standard of 95%, noting the improvement already committed to in the March plan (a reduction in the number of patients waiting > 8 weeks for a diagnostic from 4,209 in March 24 to 1,160 by March 25)

From an Urgent and Emergency Care perspective, due to the Enhanced Monitoring arrangements, these standards (and others) are being tracked and agreed through that structure.

The MDS has been updated to reflect the changes in the financial plan and delivery profiles and is included as part of this submission.

3. Productive and Efficient Planned care services

In response to the post pandemic legacy in respect of elective services, a Planned Care Programme was established in the Health Board. The purpose of the Programme is to transform delivery of elective care pathways, targeting best practice and high impact changes to reduce demand into services (using for example GIRFT), optimise use of elective capacity in both outpatients and theatres and to ensure the application of prudent principles for example Interventions Not Normally Undertaken (INNU's). Alongside this is a focus on supporting patients whilst waiting to access services and upskilling operational managers in the application of waiting list management tools and techniques.

Many of the themes and opportunities identified through the letter of 7 May feature in the Health Board's Planned Care Programme but a thorough review of current actions and an identification of potential gaps has been carried out.

Appendix C sets out the detail of actions against the high impact opportunities identified by the national Planned Care Board. For each theme the document sets out against each area of opportunity:

- The Health Board's current position with respect to the opportunity,
- The actions and milestones associated with realising or testing opportunity,
- The baseline position for each opportunity and, where included either in the original March plan or the updated May trajectories, the delivery assumptions of the plan.

As can be seen from Appendix C, the majority of opportunities already feature within plans so the focus is on ensuring spread across specialties and/or further improvements. The table below gives some examples of the detail in Appendix C against each theme.

EFFECTIVE WAITING LIST MANAGEMENT SYSTEMS	
	<p>Priorities and commitments include:</p> <ul style="list-style-type: none"> - Roll out of Health pathways with phase 1 and 50 pathways going live in April and Phase 2 targeting high volume specialties of ENT and Dermatology following in Q3 and 4 - Treat in Turn targets have been tailored to the high-volume specialties for both outpatient and treatment capacity - The Health Board has developed a Planned Care Academy which aims to support the development and standardisation of skills, expertise and approaches in respect of effective waiting list management. Training materials have been developed to support the Academy in line with extant RTT rules, eg DNA, CNA. - Further work will continue to ensure that all guidance and advice from the national Clinical Implementation Networks (CINs) is understood, embedded and monitored.
OUTPATIENT/PRE-OPERATIVE MODERNISATION	
	<p>Priorities and commitments include:</p> <ul style="list-style-type: none"> - Review of Follow up lists to ensure that already embedded SOS/PIFU pathways have been applied to the current follow up lists - Monitoring implementation of all speciality GIRFT plans via the Health Board's Planned Care Board - Continuing to work as part of regional work on pilot to support virtual pre-operative processes in orthopaedics and ophthalmology.
THEATRE CAPACITY	
	<p>Priorities and commitments include:</p> <ul style="list-style-type: none"> - Improving cancellations at < 4 weeks via tighter implementation of 6-4-2 to support delivery of 85% utilisation commitment - Work with national team on better understanding fallow lists opportunity in AB, differentiating those lists that are resourced but fallow vs those that are decommissioned and/or unfunded, - Evaluation and roll out of HIT lists, learning from recent general surgery pilots - Target day surgery lists in NHH by increasing working day
"High Volume Low Complexity" (HVLC)/DAY CASE & GIRFT	
	<p>Priorities and commitments include:</p> <ul style="list-style-type: none"> - Evaluation and roll out of HIT lists, learning from recent general surgery pilots - As part of regional cataract plan, increase HVLC activity - As part regional orthopaedic work programme support delivery of work re arthroplasty improvements - Strengthened oversight and tracking of GIRFT specialty improvement plans
DIAGNOSTICS	
	<p>Priorities and commitments include:</p>

- To continue to embed improvements in pathology in respect of turnaround times, building on work with operational teams and Toyota
- Delivery of 2nd MRI in GUH as part of enabler to increase Community Diagnostic Hub in YYF
- Delivery improvement of waits over 8 weeks by March 25

4. Further improvements if external funding available

The Health Board is committed to making further improvements in planned care delivery but must be cognisant of the resource and financial implications of choices. In considering and balancing these risks alongside the expectations of the Board and those of its Targeted Intervention status on the financial position, the financial underwriting to improve the position as set out has been capped at £1M. In recognition of the shape of the waiting list and cost of additional activity, this additional focus has been targeted at long outpatient waits rather than treatments.

Were additional finances to be made available on a recurrent or even non recurrent basis, our planning shows that for a further £5m, the treatment position for long waiters could improve by a further circa 3,200 cases across ENT, ophthalmology and orthopaedics. We would welcome opportunity for discussion on these opportunities for further improvement.

5. Ongoing work to further improve position

The Health Board is committed to continuously seek opportunities to improve the plan, delivery commitments and financial outturn further. The work is overseen by an Executive Planning Steering Group and the escalation infrastructure which reports through to Executive Committee and Board. The work also aligns with the response to Targeted Intervention.

Key areas of ongoing work include:

1. As outlined in the March submission, further work continues with the three challenged specialties of ENT, Ophthalmology and Orthopaedics. Detailed analysis is in train that is unpicking the issues of core and recurrent demand and capacity issues alongside backlog implications. The information will also set out current efficiency levels and is being brought together to inform a Chief Executive led **Deep Dive** series. These are planned for June 2024 and any further opportunities will be fed into our end of Q1 review.
2. Aligned to the above is a proposed **Peer Review of ENT** services to ensure that ways of working, pathway development and maximisation of resources is testing by a respected peer. These arrangements are currently in discussion so timescales are not yet confirmed.
3. **Regional working** presents an opportunity as well as a risk for further changes to delivery profiles. The commitments for cataract delivery are currently under review through the regional infrastructure following CTM's confirmation that they are intending to re direct monies allocated under ophthalmology towards other internal priorities. This will impact the regional plan and the above trajectories and delivery for AB patients. In terms of opportunities the work on standardisation, pre-operative processes and "perfect weeks" being held in the regional orthopaedic programme will create learning and opportunities that are not currently factored into plans.
4. Via the recent workshops and the follow up information, the combined outputs from the **Clinical Implementation Networks (CINS)** is being reviewed internally to ensure that

organisation is sighted on work and that opportunities and guidance is being followed. Any additional gains through this work will be added to our quarter 1 update of forecast,

5. Strengthening of oversight and **monitoring of delivery of trajectories** and efficiencies will continue including, Divisional monitoring strengthened via key waiting list tools (eg Treat in Turn tool), Executive oversight via an Efficiency dashboard which will include referenced planned care improvements,
6. In line with previous years, forecasts and trajectories will be re-run at the end of June to ensure that all opportunities not already captured and updated against the actions above can be reflected in trajectories.
7. In terms of Urgent and Emergency Care, the focused action plan and oversight associated with enhanced monitoring will continue to test drive and challenge performance and actions and the wider set of metrics will take primacy internally in maintaining this focus.
8. Work continues via the **Value and Sustainability programme** and internal mechanisms to continue progress on “de-risking” the current financial outturn and ensure national opportunities are being taken forward locally.
9. In line with our commitment as part of the March plan approval, further work is being done for the July meeting of the Board on the Health Board’s **three-year route map to sustainability** – Welsh Government colleagues will be kept engaged with this work via the TI workstream and touchpoints.
10. Detailed update, discussion and review with the Board at its Briefing Session on 12 June

Argymhelliad / Recommendation

- Note approach taken to reviewing key elements of the plan namely, financial plan, planned care delivery and wider ministerial targets,
- Note the progress made in de-risking the financial plan,
- Note actions, including investment plans of circa £1m, to improve planned care delivery through targeting outpatients,
- Note updates to wider trajectories, with key delivery commitments on some of the revised milestones,
- Note the updated MDS as a result of the above financial and delivery changes,
- Note detail and evidence of application of the thematic high impact changes for Productive and Efficient planned care,
- Note the ongoing actions across all of these elements, and
- Note the Board detailed review in its Briefing session of 12 June.

APPENDIX A – DETAILED UPDATED PROFILES FOR PLANNED CARE

52 Weeks Outpatient Forecasted Position												
Specialty	Apr*	May**	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
ENT	4,810	5,018	4,360	4,203	4,046	3,890	3,733	3,577	3,420	3,263	3,107	2,950
General Surgery	4	12	0	0	0	0	0	0	0	0	0	0
Gynaecology	8	59	0	0	0	0	0	0	0	0	0	0
Maxillo-Facial	788	852	927	979	1,021	1,055	1,115	1,124	1,137	1,165	1,197	1,203
Ophthalmology	5,756	6,300	5,839	6,064	6,289	6,514	6,739	6,965	7,190	7,345	7,510	7,674
Orthopaedics	2,650	2,935	2,341	2,510	2,667	2,799	2,931	3,037	3,127	3,209	3,266	3,308
<i>Arthroplasty</i>	180	245	174	281	377	448	519	563	592	613	609	590
<i>Spines</i>	2,243	2,340	2,167	2,228	2,290	2,351	2,412	2,473	2,534	2,596	2,657	2,718
<i>Other</i>	227	350	0	0	0	0	0	0	0	0	0	0
Urology	1,033	1,092	1,011	1,061	1,102	1,094	1,138	1,187	1,203	1,254	1,301	1,365
Adjusted Trajectory	15,049	16,268	14,477	14,816	15,124	15,352	15,656	15,889	16,077	16,237	16,380	16,500
Original Trajectory	15,422	16,289	17,046	18,034	18,771	19,375	20,002	20,264	20,480	20,944	21,434	21,739
											IMTP	
											Mar-25	
											5,841	
											0	
											0	
											1,337	
											8,421	
											4,623	
											655	
											3,968	
											0	
											1,517	
											21,739	
											-	
											Change 5,239	

* Submitted

** 28/05 position

**104 Weeks Outpatient Forecasted
Position**

Specialty	Apr*	May**	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
ENT	1,255	1,349	1,081	948	815	681	548	415	282	149	15	0
General Surgery	0	0	0	0	0	0	0	0	0	0	0	0
Gynaecology	0	0	0	0	0	0	0	0	0	0	0	0
Maxillo-Facial	31	31	0	0	0	0	0	0	0	0	0	0
Ophthalmology	500	665	617	579	541	503	465	427	389	421	444	467
Orthopaedics	423	423	343	305	267	230	192	154	116	78	41	0
<i>Arthroplasty</i>	0	0	0	0	0	0	0	0	0	0	0	0
<i>Spines</i>	423	423	343	305	267	230	192	154	116	78	41	0
<i>Other</i>	0	0	0	0	0	0	0	0	0	0	0	0
Urology	1	10	0	0	0	0	0	0	0	0	0	0
Adjusted Trajectory	2,210	2,478	2,041	1,832	1,623	1,414	1,205	996	787	648	500	467
Original Trajectory	2,277	2,581	2,896	3,201	3,357	3,535	3,747	3,894	4,103	4,491	4,884	5,228

IMTP
Mar-25
2,431
0
0
0
1,968
829
0
829
0
0
5,228

-
Change 4,761

104 Weeks Total Forecasted Position													
Specialty	Apr*	May**	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	IMTP Mar-25
ENT	1,650	1,790	1,574	1,537	1,500	1,463	1,427	1,390	1,353	1,316	1,279	1,242	3,047
General Surgery	123	132	152	165	178	146	115	83	97	65	34	0	0
Gynaecology	0	0	0	0	0	0	0	0	0	0	0	0	0
Maxillo-Facial	62	59	10	9	8	4	4	4	2	2	1	0	0
Ophthalmology	845	952	921	877	833	789	745	701	657	689	732	775	2,218
Orthopaedics	1,355	1,469	1,475	1,563	1,638	1,704	1,764	1,803	1,821	1,863	1,886	1,908	2,951
<i>Arthroplasty</i>	446	498	709	807	894	972	1,056	1,126	1,173	1,245	1,297	1,349	1,499
<i>Spines</i>	765	801	705	689	672	656	640	624	608	591	575	559	1,452
<i>Other</i>	144	170	61	68	72	76	68	54	41	27	14	0	0
Urology	85	125	20	3	3	4	2	2	1	0	0	0	0
Adjusted Trajectory	4,120	4,527	4,152	4,154	4,160	4,110	4,055	3,983	3,929	3,934	3,931	3,925	8,215
Original Trajectory	4,240	4,651	5,072	5,531	5,810	6,066	6,356	6,529	6,814	7,333	7,788	8,215	
													-
													Change 4,290

APPENDIX B – Ministerial trajectories

PERFORMANCE BOARD TRAJECTORIES SUBMISSION FOR 2024-25

SUBMITTING ORGANISATION

Aneurin Bevan UHB

MEASURE	TARGET	BASELINE	PERFORMANCE TRAJECTORY											
		Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Number of patients waiting more than 52 weeks for a new outpatient appointment ¹	40% reduction by end of September 2024 Zero by March 2025	14,704	15,049	16,268	14,477	14,816	15,124	15,352 <small>(4% increase on March 24 baseline)</small>	15,656	15,889	16,077	16,237	16,380	16,500
Number of patients waiting more than 104 weeks for referral to treatment ¹	Zero end of December 2024	4,086	4,120	4,527	4,152	4,154	4,160	4,110	4,055	3,983	3,929	3,934	3,931	3,925
Number of patients waiting over 8 weeks for a specified diagnostic ¹	95% to be zero by December 2024	4,209	3,942	3,852	3,762	3,672	3,582	3,492	3,402	3,312	3,286 (79.7% compliance)	3,196	3,106	3,016
Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)	60% performance by December 2024 70% performance by March 2025	60.8%	52.0%	61.0%	61.0%	64.0%	64.0%	64.0%	67.0%	67.0%	67.0%	70.0%	70.0%	70.0%
Number of ambulance patient handovers over 1 hour ¹	30% reduction by December 2024	1,007	973	940	906	873	839	806	772	738	705	705	705	705
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge ¹	20% reduction by September 2024 Further 20% reduction by March 2025	1,476	1,427	1,378	1,328	1,279	1,230	1,181	1,141	1,102	1,063	1,023	984	945
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years	80% by December 2024	7.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	27.4%	80.0%	80.0%	80.0%	80.0%
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over	80% by December 2024	7.0%		33.0%	38.0%	41.0%	43.0%	53.0%	71.0%	83.0%	92.0%	95.0%	92.0%	94.0%

Comments

Impact of pipeline (12mil) and planning assumptions on workforce and activity remain to be determined.

Mental Health

The number of people experiencing first episode psychosis commencing a NICE-recommended package of care. Currently not available on WCCIS

Number of people experiencing first episode psychosis commencing a NICE-recommended package of care within two weeks of referral. - Not currently available, data cleansing exercise in progress

The total number of adults and older people followed up from being discharged from Mental Health Inpatient Care. - every patient is followed up therefore is this measure needed with the measure for time to follow up already included

The planning assumptions for bed occupancy is based on a 90% median occupancy rate.

Community Services

- For the DN measures, we have supplied what we have available and is validated for overall activity.

Pathway

- Row 26 – It is not currently possible to forecast due to data available.

GMS

- Row 33 & 34 – We are currently unable to collect or provide this data.

Dental Services

General Notes

Please only fill in the lightly yellow shaded cells.

Please populate all cells and only use figures when populating.

If cell value is 0 then please enter 0 and do not leave blank. Please also do not enter "-" to denote 0.

This is intended to be a small guide, showing how the tabs work together, which hopefully assists in completion.

Notes:

The MDS aims to collect a broad set of data that support the planning function in NHS organisations. The data should underpin your IMTP

We recognise not all tabs will apply to every organisation. Please complete those relevant to your organisation. Please state which are completed and which have been disregarded when you submit.

If there are any individual data items that you are unable to complete, please state this with your submission and the reason for the lack of data, so it can be further investigated.

The MDS Working Group has supported the development of this MDS planning tool and will continue to refine and refresh the MDS during 2024.

Please address any queries to heather.giles@gov.wales

For further guidance on completion please contact:

HSS-PlanningTeam@gov.wales

	Validation	Result	Comments
Completion & Guidance	Has an organisation been selected?	Yes	
	Have all sheets been confirmed as complete?	Yes	
Vaccinations	Are all entries numeric?	Yes	
Bedplan	Are all entries numeric?	Yes	
Workforce WTE	Are all entries numeric?	Yes	
Primary Care Activity Commissioned Services Mental Health Activity Cancer Care Activity Unscheduled Care & Ambulance Planned Care Activity	Are all entries numeric?	Yes	
	Are all entries numeric?	Yes	
	Are all entries numeric?	Yes	
	Are all entries numeric?	Yes	
	Are all entries numeric?	Yes	
F1 Revenue Plan	Have cost pressures been entered as negative?	Yes	
	Have Savings and Mitigations been entered as positive?	Yes	
	Are all entries numeric?	Yes	
F2 - Net Expenditure	Are all entries numeric?	Yes	
F3 - ULD	Are all ULD Assumptions labelled?	Yes	
	Are all entries numeric?	Yes	
F4 - Funding Assumptions	Are all Funding Assumptions labelled?	Yes	
	Are all entries numeric?	Yes	
F5 - Cost Pressures	Are all free text items labelled?	Yes	
	Are all entries numeric?	Yes	
F6 - Savings	Have all fields been completed for schemes that have value?	Yes	
	Have all schemes a unique number?	Yes	
	Has a monitoring return category been selected for all schemes?	Yes	
	Is FYE of R Schemes >= In Year Plan	Yes	
	Has FYE been entered on NR Scheme?	Yes	
	Do all schemes have a valid Start Date & Go Green Date	Yes	
F7 Opportunity Pipeline	Are all Opportunity Pipelines labelled?	Yes	
	Are Opportunities greater than Pipeline and Planning Assumptions?	Yes	
F8 - Pay Split	Does the 2022/23 pay split equal the total agency on F2 Net Expenditure?	Yes	
	Does the 2023/24 pay split equal the total agency on F2 Net Expenditure?	Yes	
	Are all entries numeric?	Yes	
F9 - Project Profile	Are all Free Text items labelled?	Yes	
	Are all entries numeric?	Yes	
F10 Risks & Opportunities	Are all free text items labelled?	Yes	

2024/25

Please select organisation from front sheet

Aneurin Bevan UHB

Key	
P	WG Most Likely Scenario TO PLAN for Vaccination
NP	WG Most Likely Scenario NOT TO PLAN for Vaccination

A - Total COVID Vaccine Population

Dose	Vaccine Population	Total Cohort Size		Planning Scenario		Eligible Cohort	
		No's		Spring Booster	Annual B	Spring Booster	Annual B
1	Severely immunosuppressed	17,201	P	P		14,961	14,961
2	Care home residents	2,631	P	P		2,512	2,512
3	Care home workers	2,295	NP	P		N/A	6,726
4	80 years and older	29,950	P	P		27,127	27,127
5	Frontline Health care workers	22,031	NP	P		N/A	20,023
6	Frontline Social care workers	6,064	NP	P		N/A	5,661
7	Ages 75-79	26,381	P	P		23,919	23,919
8	Ages 70-74	28,628	NP	P		N/A	26,653
9	Ages 65-69	30,517	NP	P		N/A	28,075
10	Clinical risk groups aged 16-64 years	76,896	NP	P		N/A	69,958
11	Clinical risk groups aged 12-15 years	1,475	NP	P		N/A	1,498
12	Clinical risk groups aged 6mths-11 years	2,450	NP	P		N/A	1,854
13	Ages 60-64	20,864	NP	NP		N/A	N/A
14	Ages 55-59	25,024	NP	NP		N/A	N/A
15	Ages 50-54	26,889	NP	NP		N/A	N/A
16	Ages 40-49	15,335	NP	NP		N/A	N/A
17	Ages 30-39	12,906	NP	NP		N/A	N/A
18	Ages 18-29	8,325	NP	NP		N/A	N/A
19	Ages 16-17	869	NP	NP		N/A	N/A
20	Ages 12-15	1,658	NP	NP		N/A	N/A
21	Ages 5-11	1,942	NP	NP		N/A	N/A
22	Total COVID Vaccine Population	363,389				68,519	229,007

A2 - Eligible COVID Booster Vaccination

Ref	Population Cohort	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
23	Severely immunosuppressed		13,775	1,186	-	-	-	14,961	-	-	-	-	-	29,922
24	Care home residents		2,512	-	-	-	-	2,512	-	-	-	-	-	5,024
25	Care home workers		-	8,716	18,145	262	-	27,127	-	-	-	-	-	54,259
26	80 years and older		-	-	-	-	-	20,023	-	-	-	-	-	20,023
27	Frontline Health care workers		-	-	-	-	-	-	5,661	-	-	-	-	5,661
28	Frontline Social care workers		-	-	-	-	-	-	23,919	-	-	-	-	23,919
29	Ages 75-79		-	11,555	12,364	-	-	-	26,653	-	-	-	-	47,838
30	Ages 70-74		-	-	-	-	-	-	26,653	-	-	-	-	26,653
31	Ages 65-69		-	-	-	-	-	-	23,075	5,000	-	-	-	28,075
32	Clinical risk groups aged 16-64 years		-	-	-	-	-	-	69,958	-	-	-	-	69,958
33	Clinical risk groups aged 12-15 years		-	-	-	-	-	-	-	1,498	-	-	-	1,498
34	Clinical risk groups aged 5-11 years		-	-	-	-	-	-	-	1,854	-	-	-	1,854
35	Total COVID Vaccines planned to administer		25,003	30,886	12,626	-	-	71,349	79,308	78,350	-	-	-	297,522

A3 - COVID Service Model Breakdown

Ref	Population Cohort	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
36	Link Vaccination and Mobile Outreach		9,349	17,773	12,626	-	46,985	84,944	53,986	-	-	-	-	195,163
37	GP Commissioned		13,370	11,466	-	-	23,376	23,376	23,376	-	-	-	-	94,964
38	Pharmacy Commissioned		1,784	1,647	-	-	988	988	988	-	-	-	-	6,395
39	Other		-	-	-	-	-	-	-	-	-	-	-	-
40	Total Breakdown by Service Model (Total to match Line Ref 44)		25,003	30,886	12,626	-	71,349	79,308	78,350	-	-	-	-	297,522
41	Calculation Check should be Zero (Difference between Line Ref 44 and 39)		-	-	-	-	71,349	7,959	958	78,350	-	-	-	-

B1 - Total Flu Vaccine Population

Dose	Vaccine Population	Total Cohort Size		Planning Scenario		Eligible Cohort	
		No's		Annual Booster	No's	No's	No's
42	Severely immunosuppressed	17,893	P	P		17,893	
43	Care home residents	2,550	P	P		2,550	
44	Care home workers	6,982	P	P		6,982	
45	80 years and older	30,878	P	P		30,878	
46	Frontline Health care workers	21,119	P	P		21,119	
47	Frontline Social care workers	5,852	P	P		5,852	
48	Ages 75-79	26,381	P	P		26,381	
49	Ages 70-74	28,622	P	P		28,622	
50	Ages 65-69	30,517	P	P		30,517	
51	Clinical risk groups aged 16-64 years	72,023	P	P		72,023	
52	Clinical risk groups aged 12-15 years	1,475	P	P		1,475	
53	Clinical risk groups aged 6mths-11 years	2,450	P	P		2,450	
55	Ages 60-64	21,932	NP	NP		N/A	
56	Ages 55-59	25,774	NP	NP		N/A	
57	Ages 50-54	25,382	NP	NP		N/A	
58	Ages 40-49	50,491	NP	NP		N/A	
59	Ages 30-39	65,274	NP	NP		N/A	
60	Ages 18-29	66,330	NP	NP		N/A	
61	Ages 16-17	13,326	NP	NP		N/A	
62	Ages 12-15	28,215	P	P		28,215	
63	Ages 5-11	47,155	P	P		47,155	
66	Reception Age	6,160	P	P		6,160	
65	Ages 2-3	13,691	P	P		13,691	
66	Total Flu Vaccine Population	608,312				339,923	

B2 - Eligible Flu Vaccination

Ref	Population Cohort	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
67	Ages 2-3	-	-	-	-	-	11,691	-	-	-	-	-	-	11,691
68	Reception Age	-	-	-	-	-	6,160	-	-	-	-	-	-	6,160
69	Ages 5-11	-	-	-	-	-	11,788	11,789	11,789	11,789	-	-	-	47,155
70	Ages 12-15	-	-	-	-	-	7,054	7,054	7,054	7,053	-	-	-	28,215
71	Clinical risk groups aged 6mths-11 years	-	-	-	-	-	2,450	-	-	-	-	-	-	2,450
72	Clinical risk groups aged 12-15 years	-	-	-	-	-	1,475	-	-	-	-	-	-	1,475
73	Clinical risk groups aged 16-64 years	-	-	-	-	-	-	24,008	24,008	24,007	-	-	-	72,023
74	Severely immunosuppressed	-	-	-	-	-	-	5,964	5,964	5,965	-	-	-	17,893
75	Care home residents	-	-	-	-	-	-	2,550	2,550	-	-	-	-	2,550
76	Care home workers	-	-	-	-	-	-	6,982	6,982	-	-	-	-	6,982
77	80 years and older	-	-	-	-	-	-	10,292	10,293	10,293	-	-	-	30,878
78	Frontline Health care workers	-	-	-	-	-	-	7,040	7,040	7,039	-	-	-	21,119
79	Frontline Social care workers	-	-	-	-	-	-	3,950	3,950	3,951	-	-	-	11,851
80	Ages 75-79	-	-	-	-	-	-	8,793	8,794	8,794	-	-	-	26,381
82	Ages 70-74	-	-	-	-	-	-	9,541	9,541	9,540	-	-	-	28,622
81	Ages 65-69	-	-	-	-	-	-	10,173	10,172	10,172	-	-	-	30,517
83	Total Flu Vaccines planned to administer						40,578	106,136	96,606	96,603	-	-	-	339,923

B3 - Flu Service Model Breakdown

Ref	Population Cohort	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
84	Mass Vaccination and Mobile Outreach		-	-	-	-	8,290	8,290	8,290	8,289	-	-	-	33,159
85	GP Commissioned		-	-	-	-	-	68,050	68,050	68,050	-	-	-	212,200
86	Pharmacy Commissioned		-	-	-	-	8,521	8,521	8,521	8,521	-	-	-	34,084
87	School Nurses		-	-	-	-	120	120	120	120	-	-	-	480
88	Operational Health Teams		-	-	-	-	-	-	-	-	-	-	-	-
89	Other		-	-	-	-	-	-	-	-	-	-	-	-
90	Total Breakdown by Service Model (Total to match Line Ref 83)						84,981	84,981	84,981	84,980	-	-	-	339,923
91	Calculation Check should be Zero (Difference between Line Ref 80 and 83)						44,603	21,356	11,626	11,623	-	-	-	-

	ACTUAL WTE							
	ACTUAL as @ 31/3/2023	FORECAST as @ 31/03/24	Q1 FORECAST as @ 30/06/24	Q2 FORECAST as @ 30/09/24	Q3 FORECAST as @ 31/12/24	Plan End 2024/25	Plan End 2025/26	Plan End 2026/27
SECTION 1) WORKFORCE PLANS - ESTABLISHMENT WTE								
WORKFORCE ESTABLISHMENT								
Administrative, Clerical & Board Members	2,818.0	2,848.0	2,785.0	2,785.0	2,761.0	2,737.0		
Medical & Dental	909.0	938.0	928.6	928.6	929.6	929.6		
Nursing & Midwifery Registered	4,079.0	4,111.1	4,126.0	4,126.0	4,126.0	4,126.0		
Prof Scientific & Technical	474.0	509.0	508.0	508.0	508.0	508.0		
Additional Clinical Services	2,960.0	3,017.0	3,016.0	3,016.0	3,016.0	3,016.0		
Allied Health Professionals	868.4	978.0	1,001.0	1,001.0	1,001.0	1,001.0		
Healthcare Scientists	241.0	241.0	241.0	241.0	241.0	241.0		
Estates & Ancillary	1,035.0	1,035.0	1,056.0	1,056.0	1,056.0	1,056.0		
Students	7.5	7.5	7.5	7.5	7.5	7.5		
TOTAL	13,391.3	13,684.6	13,669.1	13,669.1	13,646.1	13,622.1		

SECTION 2) DEPLOYMENT PLANS - IN POST								
SUBSTANTIVE WORKFORCE (WTE IN POST)								
Administrative, Clerical & Board Members	2,781	2,838	2,785	2,785	2,785	2,761		
Medical & Dental	806	824	816	816	816	817		
Nursing & Midwifery Registered	3,804	3,916	3,916	3,916	3,916	3,916		
Prof Scientific & Technical	472	495	495	495	495	495		
Additional Clinical Services	2,760	2,857	2,857	2,857	2,857	2,857		
Allied Health Professionals	826	942	965	965	965	965		
Healthcare Scientists	233	249	249	249	249	249		
Estates & Ancillary	976	1,023	1,046	1,046	1,046	1,046		
Students	7.5	7.5	7.5	7.5	7.5	7.5		
Medical & Dental (Central Shared Service Contract)							0	0
TOTAL	12,665	13,092	13,077	13,077	13,077	13,054		

VARIABLE WORKFORCE (BANK AND OVERTIME)								
Administrative, Clerical & Board Members	58.0	48.0	48.0	48.0	48.0	48.0		
Medical & Dental	69.7	96.0	94.0	93.0	93.0	93.0		
Nursing & Midwifery Registered	374.9	300.0	300.0	300.0	300.0	300.0		
Prof Scientific & Technical	3.7	7.0	7.0	7.0	7.0	7.0		
Additional Clinical Services	439.3	480.0	469.2	458.2	458.2	448.2		
Allied Health Professionals	18.1	11.8	11.8	11.8	11.8	11.8		
Healthcare Scientists	7.6	5.7	5.7	5.7	5.7	5.7		
Estates & Ancillary	195.5	130.0	130.0	130.0	130.0	130.0		
TOTAL	1,076.7	1,078.0	1,063.2	1,053.2	1,053.2	1,043.2		

AGENCY/LOCUM								
Administrative, Clerical & Board Members								
Medical & Dental	65.1	66.0	55.0	55.0	55.0	55.0		
Nursing & Midwifery Registered	199.7	186.0	160.3	150.6	150.5	146.5		
Prof Scientific & Technical	157.3	23.0	-	-	-	-		
Additional Clinical Services								
Allied Health Professionals								
Healthcare Scientists								
Estates & Ancillary	52.0	49.9	26.5	26.5	26.5	26.5		
TOTAL	474.1	324.9	241.8	232.1	232.0	228.0		

	ACTUAL as @ 31/3/2023	FORECAST as @ 31/03/24	Q1 FORECAST as @ 30/06/24	Q2 FORECAST as @ 30/09/24	Q3 FORECAST as @ 31/12/24	Plan End 2024/25	Plan End 2025/26	Plan End 2026/27
Administrative, Clerical & Board Members	2,838.8	2,886.0	2,833.0	2,833.0	2,833.0	2,809.0	-	-
Medical & Dental	900.7	966.0	964.0	964.0	964.0	965.0	-	-
Nursing & Midwifery Registered	4,378.6	4,402.0	4,376.3	4,366.6	4,366.5	4,362.5	-	-
Prof Scientific & Technical	475.7	442.0	442.0	442.0	442.0	442.0	-	-
Additional Clinical Services	3,256.5	3,360.0	3,326.2	3,315.2	3,315.2	3,292.2	-	-
Allied Health Professionals	844.1	953.3	976.3	976.3	976.3	976.3	-	-
Healthcare Scientists	240.3	254.7	254.7	254.7	254.7	254.7	-	-
Estates & Ancillary	1,133.5	1,202.9	1,202.5	1,202.5	1,202.5	1,202.5	-	-
Students	7.5	7.5	7.5	7.5	7.5	7.5	-	-
Medical & Dental (Central Shared Service Contract)							-	-
Total	14,215.4	14,494.4	14,383.5	14,361.8	14,361.7	14,324.7		

SUMMARY	WTE split 2023/24	WTE split 2024/25
Administrative, Clerical & Board Members	20%	20%
Medical & Dental	2%	2%
Nursing & Midwifery Registered	30%	30%
Prof Scientific & Technical	3%	3%
Additional Clinical Services	23%	23%
Allied Health Professionals	7%	7%
Healthcare Scientists	2%	2%
Estates & Ancillary	8%	8%
Students	0%	0%
Medical & Dental (Central Shared Service Contract)	0%	0%
Total	100%	100%

SECTION 3) SICKNESS & STAFF TURNOVER

% SICKNESS ABSENCE	2023/24	2024/25	Staff absent per day
All sickness absence data			
Anticipated sickness rate Medical and Dental (%)	1.6%	1.6%	13
Anticipated sickness rate Nursing and Midwifery (%)	6.5%	6.0%	235
Anticipated sickness rate (All Other staff groups) (%)	6.6%	6.3%	526

% CORE WORKFORCE TURNOVER	2023/24	2024/25	WTE leaving Organisation
CORE WORKFORCE			
Administrative, Clerical & Board Members	9.0%	8.9%	253
Medical & Dental	9.8%	9.7%	80
Nursing & Midwifery Registered	8.1%	7.9%	309
Prof Scientific & Technical	10.5%	10.8%	47
Additional Clinical Services	10.5%	10.8%	309
Allied Health Professionals	13.4%	13.1%	123
Healthcare Scientists	8.6%	8.2%	20
Estates & Ancillary	6.5%	6.6%	68
Students	0.0%	0.0%	0
Medical & Dental (Central Shared Service Contract)			0
TOTAL CORE WORKFORCE	9.2%	9.2%	1,208.7

SECTION 4) MOVEMENTS IN SUBSTANTIVE WTE	2024/25	Medical and Dental	Nursing and Midwifery Registered	Additional Clinical Services	Administrative and Clerical	Other
Starting WTE	13,092	824	3,916	2,857	2,838	2,657
Planned Inflow						
New joiners from outside the organisation	1,209	80	309	309	253	0
Transfers in or other non-standard increase in staff in post		0	0	0	0	0
Planned Outflow						
Staff leaving organisation due to standard turnover or retirement	-1,209	-80	-309	-309	-253	-258
Transfers out, restructures or other reduction in staff in post		0	0	0	0	0
TOTAL SUBSTANTIVE WORKFORCE AT THE END OF THE PERIOD	13,092	824	3,916	2,857	2,838	2,399
Check Variance	38	7	(0)	0	77	(297)

DELIVERY OF ESSENTIAL SERVICES IN PRIMARY & COMMUNITY CARE Click here for Guidance

	Click here for Guidance		Plan 2024/25 (Total/Average)	Plan 2023/24	Plan 2022/23
	FY 2022/23 ACTUAL	FY 2023/24 FORECAST			
MTELC					
1. Community Partners					
Planned increase in the proportion of patients discharged from hospital to their usual place of residence	78.0%	89.2%	89.2%	89.2%	89.2%
Total number of referrals to enhanced Community Care					
Number of referrals to enhanced Community Care					
Direct Nursing Total number of referrals accepted - WEEDS					
Direct Nursing Total number of services seen on the contract	5,504	5,933	5,933	5,933	5,933
Direct Nursing Total number of Direct services with undertakes by District Nursing Services - WEEDS					
Direct Nursing Total number of Direct services with undertakes by District Nursing Services - WEEDS					
Direct Nursing Total number of visits undertaken by District Nursing Services with Welsh Level of Care activity Score (1,2,3,4,5)					
Direct Nursing Total Funded Registered Nurses (RN)	261	261	261	261	261
Direct Nursing Total Funded Health Care Support Workers (HCSW)	58	58	58	58	58
Direct Nursing Total Funded Nurses (RN)	31	31	31	31	31
2. Pathway					
% of babies on week checks completed	93.0%	93.7%	93.7%	93.7%	93.7%
Number of babies who do not have the community planned visits - e.g. being used rapid discharge/ palliative care teams / community resources etc.)	1,989	1,914	1,914	1,914	1,914
Community Total number of visits relating to usual health conditions (Diphtheria and Chlamydia)					
Proportion of diabetes patients that have received all eight diabetes care process	44.0%	44.0%	44.0%	44.0%	44.0%
Proportion of diabetes patients that have received four or more care process	29.3%	29.3%	29.3%	29.3%	29.3%
Healthy Child at Home (HCH) - Planned number of visits (RN)					
3. GMS					
% of GMS practices with GP practices contracted	69.0%	70.6%	70.6%	70.6%	70.6%
Total number of prescriptions issued in 96 day duration as a percentage of total eligible prescriptions issued	5	4	4	4	4
Total number of GP practices in 96 day duration as a percentage of total eligible GP practices	101	102	102	102	102
Number of GP practices that have received all eight diabetes care process	44	44	44	44	44
Number of GP practices that have received four or more care process	29	29	29	29	29
% of GMS practices that are GP registered practices	6.0%	6.0%	6.0%	6.0%	6.0%
4. Dental Services					
% of practices (total) meeting the minimum criteria for a dental panel - General Dental Services (GDS)					
% of practices (total) meeting the minimum criteria for a dental panel - General Dental Services (GDS)					
% of practices (total) meeting the minimum criteria for a dental panel - Community Dental Services (CDS)					
% of practices (total) meeting the minimum criteria for a dental panel - Community Dental Services (CDS)					
Number of contracts to be procured in year 1	1,353	1,363	1,363	1,363	1,363
Number of contracts to be procured in year 2					
Number of contracts to be procured in year 3					
Proportion of day care visits of 15 minutes or less	33.3%	33.3%	33.3%	33.3%	33.3%
Proportion of day care visits of 15 minutes or less in Year 1 Children					
% of dental schools and nurseries participating in health/education programme	79.0%	79.0%	79.0%	79.0%	79.0%
% of dental schools and nurseries participating in health/education programme	79.0%	79.0%	79.0%	79.0%	79.0%
% of dental schools participating in the GMS practice programme	95.0%	95.0%	95.0%	95.0%	95.0%
% of dental schools participating in the GMS practice programme	95.0%	95.0%	95.0%	95.0%	95.0%
5. Pharmacy Services					
Number of consultations undertaken for community pharmacy when the customer attends a store	47,278	47,250	47,250	47,250	47,250
Total number of Community Pharmacy prescriptions dispensed	38	38	38	38	38
Number of hours being commissioned for Out of Hours pharmacy services	3,705	3,705	3,705	3,705	3,705
Number of contracts to be procured in year 1					
6. Optometry Services					
Percentage of Community Optometric Practices who are independent opticians					
Planned increase in the number of opticians (8 opticians) in the optometry services					
Planned increase in the number of new opticians (8 opticians) in the optometry services					
The proportion of all referrals to optometry services that will be from enhanced optometry practitioners					
Number of optometry practice providing patients with any part of the service (hourly capped)					
7. Adult Health Professionals					
Number of referrals to neighbourhood care teams (NCC) Community Resource Team					
Number of referrals to neighbourhood care teams (NCC) Community Resource Team					
Number of Adult (WTE) working in NCC Community Resource Teams - see breakdown below					
Psychiatrists					
Occupational Therapists					
Speech and Language Therapists					
Physiotherapists					
Other					
Number of people seen by an Adult Health Professional in NCC Community Resource Teams					
Psychiatrists					
Occupational Therapists					
Speech and Language Therapists					
Physiotherapists					
Other					
Number of additional Adult Health Professionals (NCC) since April 2023 (WTE GDS)					
Number of additional Adult Health Professionals (NCC) since April 2023 (WTE GDS)					
8. Pathway Measures					
% of babies on week checks completed					
Proportion of diabetes patients that have received all eight diabetes care process					
Proportion of diabetes patients that have received four or more care process					
Number of Health Data in future					
Number of Health Data in future					
Number of babies who do not have the community planned visits - e.g. being used rapid discharge/ palliative care teams / community resources etc.)					
Planned increase in the proportion of patients discharged from hospital to their usual place of residence					
9. Care Calling Measures					
Percentage of GMS practices engaged in Accredited Centre Development					
Percentage of GMS practices engaged in Accredited Centre Development					
Percentage of GMS practices engaged in Accredited Centre Development					
Percentage of GMS practices engaged in Accredited Centre Development					
% of GMS practices delivering the all Wales Diabetes Prevention Programme					
% of GMS practices delivering the all Wales Diabetes Prevention Programme					
Number of people expected to receive Enhanced Community Care (Definitions can be determined by the Care Action Programme and will be available March)					

Plan Profile	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total / Average
1. Community Partners	89.2%	89.2%	89.2%	89.2%	89.2%	89.2%	89.2%	89.2%	89.2%	89.2%	89.2%	89.2%	89.2%
2. Pathway	93.7%	93.7%	93.7%	93.7%	93.7%	93.7%	93.7%	93.7%	93.7%	93.7%	93.7%	93.7%	93.7%
3. GMS	70.6%	70.6%	70.6%	70.6%	70.6%	70.6%	70.6%	70.6%	70.6%	70.6%	70.6%	70.6%	70.6%
4. Dental Services	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
5. Pharmacy Services	3,705	3,705	3,705	3,705	3,705	3,705	3,705	3,705	3,705	3,705	3,705	3,705	3,705
6. Optometry Services													
7. Adult Health Professionals													
8. Pathway Measures													
9. Care Calling Measures													

Actual Profile	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
1. Community Partners													
2. Pathway													
3. GMS													
4. Dental Services													
5. Pharmacy Services													
6. Optometry Services													
7. Adult Health Professionals													
8. Pathway Measures													
9. Care Calling Measures													

CHC/FNC - PATIENT NUMBERS	Click here for Guidance				
	Actual @ 31/03/23	Forecast as @ 31/03/2024	Plan as @ 31/03/2025	Plan as @ 31/03/2026	Plan as @ 31/03/2027
CHC/FNC - PATIENT NUMBERS					
CHC and FNC PATIENT NUMBERS supported at period end (including Fast Tracks and Joint Funded packages)	1,570	1,639	1,757	1,827	1,900

Plan profile			
Plan at 30/6/24 (Q1)	Plan at 30/9/24 (Q2)	Plan at 31/12/24 (Q3)	Plan at 31/03/25 (Q4)
1,668	1,698	1,721	1,757

Actual profile			
Actual at 30/6/24	Actual at 30/9/24	Actual at 31/12/24	Actual at 31/03/25

CANCER CARE	Click here for Guidance		Plan 2024/25	Plan 2025/26	Plan 2026/27
	FY 2022/23 ACTUAL	FY 2023/24 FORECAST			
METRIC	No's				
Cancer					
Estimated new referrals	35,876	41,100	43,200	43,200	45,500
Planned % concordance with stable cancer pathway performance	57.1%	58.0%	64.3%	63.0%	70.0%
Planned % reduction in backlog of those patients waiting over 62 days		10.0%	10.0%	10.0%	10.0%
High Impact Cancer QoI referral numbers	79,036	31,600	35,980	35,300	40,000

Plan Profile												
APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	
3,600	3,600	3,600	3,600	3,600	3,600	3,600	3,600	3,600	3,600	3,600	3,600	3,600
52.0%	61.0%	61.0%	64.0%	64.0%	64.0%	67.0%	67.0%	67.0%	70.0%	70.0%	70.0%	70.0%
10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
2,280	2,800	3,000	3,000	3,000	3,000	3,200	2,900	2,800	3,200	3,300	3,200	

Actual Profile												
APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	

UNDESIGNED CARE		Historical Performance			
Metric	FY 2023/24 ACTUAL	FY 2023/24 FORECAST	Plan 2024/25	Plan 2025/26	Plan 2026/27
Unscheduled Care Activity					
Total number of patients attending from ED	29,329	28,327	27,891	28,375	28,323
Total number of patients attending at Urgent Care Centres	10,681	10,296	10,165	10,174	11,181
Total number of emergency admissions from Type 1 ED	22,009	22,096	22,480	22,994	22,775
Total number of patients admitted to ward in ED	6,639	6,935	6,656	6,656	6,656
Total number of patients completed by ward in ED (includes ambulance visits)	66,121	66,174	66,174	66,174	66,174
AMBULANCE					
Metric	FY 2023/24 ACTUAL	FY 2023/24 FORECAST	Plan 2024/25	Plan 2025/26	Plan 2026/27
EMERGENCY SERVICES - Ambulance					
Total number of patients attending at ED					
Number of Level 1 ED demand					
Number of Level 2 ED demand					
Number of Level 3 ED demand					
Number of Level 4 ED demand					
Number of Level 5 ED demand					
Number of Level 6 ED demand					
Number of Level 7 ED demand					
Number of Level 8 ED demand					
Number of Level 9 ED demand					
Number of Level 10 ED demand					
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Number of Level 99 ED demand					
Number of Level 100 ED demand					

Plan Profile 2024/25												
Metric	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Total number of patients attending from ED	6,018	6,474	6,552	6,556	6,239	6,597	7,098	6,514	6,551	6,295	5,979	6,751
Total number of patients attending at Urgent Care Centres	4,842	4,855	4,855	4,856	4,858	4,859	4,861	4,862	4,863	4,864	4,865	4,866
Total number of emergency admissions from Type 1 ED	3,762	3,800	3,800	3,801	3,802	3,803	3,804	3,805	3,806	3,807	3,808	3,809
Total number of patients admitted to ward in ED	786	786	786	786	786	786	786	786	786	786	786	786
Total number of patients completed by ward in ED (includes ambulance visits)	3,882	3,881	3,881	3,881	3,881	3,881	3,881	3,881	3,881	3,881	3,881	3,881

Actual Profile 2024/25												
Metric	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Total number of patients attending from ED												
Total number of patients attending at Urgent Care Centres												
Total number of emergency admissions from Type 1 ED												
Total number of patients admitted to ward in ED												
Total number of patients completed by ward in ED (includes ambulance visits)												

F1 - Revenue Plan

MOVEMENT OF OPENING FINANCIAL PLAN TO FORECAST OUTTURN	Year 2024/25		Year 2025/26		Year 2026/27
	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect
	£'000		£'000	£'000	£'000
Total: B/F ULD from Previous Year	(81,410)	(81,410)	(51,911)	(51,911)	(25,912)
Income Assumptions					
Allocation Letter Revenue Funding Uplift / (Reduction)	51,830	51,830	32,732	32,732	33,386
WG RRL / WG Income Uplift / (Reduction)	0	0			
Other Income Uplift / (Reduction)	0	0			
Total Revenue Uplift / (Reduction)	51,830	51,830	32,732	32,732	33,386
Cost Pressures (Populated from F5 - Cost Pressures)					
Macro Economic Inflation	(15,412)	(15,412)	(10,911)	(10,911)	(11,129)
Pay award	0	0			
Contractual or unavoidable	(12,373)	(12,373)	(10,911)	(10,911)	(11,217)
National Investment Decisions	(24,005)	(24,005)	(10,911)	(10,911)	(11,129)
Local Investment Decisions	(8,008)	(8,008)			
Ringfence Funded	0	0			
AME & Non-Cash Depreciation	0	0			
Total Cost Pressures	(59,798)	(59,798)	(32,732)	(32,732)	(33,474)
Pressure before savings applied	(89,378)	(89,378)	(51,912)	(51,912)	(26,000)
Savings (Populated from Savings Tracker)					
Saving Schemes (Green and Amber)	33,928	30,876			
Saving Schemes (Red)	590	590			
Pipeline and Planning Assumptions	6,000	6,000	26,000	26,000	26,000
Net Income Generation (Profit Element Only)	0	0			
Total Savings	40,518	37,466	26,000	26,000	26,000
Net Revenue Financial Plan	(48,860)	(51,911)	(25,912)	(25,912)	0

NET EXPENDITURE PROFILE ANALYSIS		MMR Basis Submission Period												Current Year (2023/24 Profile)												2024/25 PLAN PROFILE											
		Feb-23				Current Year (2023/24 Profile)												2024/25 PLAN PROFILE																			
Forecast 2023/24		PLAN YEAR-END POSITION 2024/25	PLAN YEAR-END POSITION 2025/26	PLAN YEAR-END POSITION 2026/27	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	PLAN YEAR-END POSITION 2024/25								
METRIC		£'000				£'000												£'000																			
SUMMARISED STATEMENT OF COMPREHENSIVE NET EXPENDITURE/INCOME																																					
Revenue Resource Limit	1,769,330	1,704,364	1,737,096	1,770,482	126,659	121,997	141,139	136,897	132,711	129,001	178,120	142,347	144,901	146,440	153,003	216,045	140,293	144,365	142,489	142,501	142,387	142,243	142,085	140,776	141,029	141,578	141,776	142,839	1,704,364								
Capital Donation / Government Grant Income (Health Board only)	136	0	190	150	0	0	42	0	60	0	0	28	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
Welsh NHS Local Health Boards & Trusts Income	25,063	23,882	23,971	23,971	1,837	1,739	1,891	2,043	1,912	1,844	2,045	1,912	2,023	1,996	2,052	3,769	1,909	1,998	1,998	1,998	1,998	1,998	1,998	1,998	1,998	1,998	1,998	1,998	1,998	23,882							
WHSSC Income	13,920	12,851	12,949	12,949	896	896	859	1,046	933	862	936	2,258	1,062	1,209	1,110	1,853	981	1,079	1,079	1,079	1,079	1,079	1,079	1,079	1,079	1,079	1,079	1,079	1,079	12,851							
Welsh Government Income (Non RRI)	2,756	14,419	1,237	1,237	(369)	419	491	372	103	286	(587)	(124)	295	(64)	515	1,419	2,285	1,103	1,103	1,103	1,103	1,103	1,103	1,103	1,103	1,103	1,103	1,103	1,103	14,419							
Other Income	71,901	60,864	66,157	66,157	5,070	5,044	5,588	5,737	5,396	5,393	5,374	6,566	5,529	5,853	6,218	6,133	5,072	5,072	5,072	5,072	5,072	5,072	5,072	5,072	5,072	5,072	5,072	5,072	5,072	60,864							
SUB TOTAL INCOME	1,883,105	1,816,380	1,841,560	1,874,946	134,093	130,095	150,010	146,095	141,125	137,446	185,888	152,959	153,838	159,434	162,898	229,226	150,540	153,617	151,741	151,753	151,639	151,495	151,337	150,028	150,281	150,830	151,028	152,091	1,816,380								
Primary Care Contractor (excluding drugs, including non resource limited expenditure)	203,328	224,087	185,350	185,350	15,621	16,175	16,316	16,684	16,428	14,719	15,441	16,903	18,037	16,574	20,407	20,023	18,815	18,952	18,782	18,782	18,782	18,782	18,532	18,532	18,532	18,532	18,532	18,532	18,532	224,087							
Primary Care - Drugs & Appliances	121,947	118,364	119,034	119,034	9,911	10,119	10,175	10,159	10,594	10,421	9,835	10,145	10,018	9,865	9,961	10,744	9,898	9,861	9,861	9,861	9,861	9,861	9,861	9,861	9,861	9,861	9,861	9,861	9,861	118,364							
Provided Services - Pay	805,523	742,968	782,940	788,714	59,888	62,050	73,082	69,139	63,642	61,747	65,918	64,003	62,928	62,925	64,896	95,035	62,289	63,789	62,789	62,289	62,289	62,289	62,289	62,289	61,789	60,789	60,789	60,789	742,968								
Provider Services - Non Pay (excluding drugs & depreciation)	152,777	156,307	168,638	168,638	12,972	12,216	13,471	11,188	13,091	12,022	13,719	13,980	13,090	12,575	11,822	12,691	13,292	13,724	12,946	13,322	13,241	13,446	12,605	12,468	12,944	12,901	12,342	13,626	156,307								
Secondary Care - Drugs	61,505	66,394	54,126	54,126	4,901	4,918	4,279	6,584	4,703	4,733	6,102	5,316	4,847	5,178	4,753	5,191	5,708	5,551	5,541	5,545	5,481	5,555	5,425	5,548	5,536	5,536	5,487	5,490	66,394								
Healthcare Services Provided by Other NHS Bodies	329,153	323,855	317,435	319,135	25,297	27,471	28,095	26,476	25,716	26,688	27,136	28,860	27,115	29,729	31,855	34,715	27,455	27,200	27,200	27,200	27,200	27,200	26,800	26,800	26,800	26,800	26,800	26,800	323,855								
Non Healthcare Services Provided by Other NHS Bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
Continuing Care and Funded Nursing Care	125,860	133,131	115,843	115,843	10,665	11,144	10,706	10,591	10,578	10,418	10,482	9,722	9,927	11,139	9,561	10,927	10,580	11,092	11,174	11,307	11,338	11,317	11,301	10,807	11,148	11,199	10,497	11,570	133,131								
Other Private & Voluntary Sector	18,303	16,588	22,009	22,009	1,176	1,236	1,216	1,282	1,611	975	1,240	1,232	1,383	3,577	1,087	2,278	813	1,434	1,434	1,434	1,434	1,434	1,434	1,434	1,434	1,434	1,434	1,434	16,588								
Joint Financing and Other	41,120	32,920	45,183	45,183	3,049	2,775	3,455	2,664	4,389	2,307	2,551	3,293	3,264	3,915	3,532	5,926	2,502	2,765	2,765	2,765	2,765	2,765	2,765	2,765	2,765	2,765	2,765	2,765	32,920								
Losses, Special Payments and Irrecoverable Debts	3,217	2,430	2,504	2,504	441	440	(394)	383	322	157	305	220	140	132	236	835	135	209	209	209	209	209	209	209	209	209	209	209	2,430								
Exceptional (Income) / Costs - (Trust Only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
Total Interest Receivable - (Trust Only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
Total Interest Payable - (Trust Only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
DEL Depreciation/Accelerated Depreciation/Impairments	49,777	47,762	49,243	49,243	3,638	4,434	4,057	4,013	4,035	3,930	4,525	4,085	4,085	4,153	4,135	4,583	3,976	3,984	3,984	3,983	3,983	3,983	3,981	3,980	3,980	3,978	3,978	3,975	47,762								
AME Donated Depreciation/Impairments	10,217	435	5,174	5,174	28	(6,902)	57	38	38	38	(11,674)	38	38	35	73	28,413	37	37	37	37	36	36	36	36	36	36	36	36	36	435							
Uncommitted Reserves & Contingencies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
Profit/Loss Disposal of Assets	332	(0)	0	0	0	(0)	0	0	295	27	27	4	38	3	(65)	4	(0)	0	0	0	0	0	0	0	0	0	0	0	0	(0)							
SUB TOTAL EXPENDITURE	1,932,859	1,865,241	1,867,478	1,874,952	147,587	146,075	164,525	159,200	155,441	148,181	145,606	157,806	154,850	159,970	162,253	231,365	155,499	158,597	156,721	156,733	156,619	156,475	154,537	153,228	153,481	154,031	154,228	155,091	1,865,241								
TOTAL DEFICIT/SURPLUS	(49,754)	(48,860)	(25,918)	(6)	(13,494)	(15,980)	(14,515)	(13,105)	(14,317)	(10,735)	40,282	(4,847)	(1,012)	(536)	645	(2,140)	(4,959)	(4,980)	(4,980)	(4,980)	(4,980)	(4,980)	(3,200)	(3,200)	(3,200)	(3,200)	(3,200)	(3,000)	(48,860)								
Pay Spend Profile																																					
TOTAL CORE WORKFORCE	718,956	720,918	745,726	757,726	54,548	55,719	68,166	63,763	57,871	57,006	61,213	59,743	58,810	60,130	61,827	60,160	60,077	61,327	60,077	60,077	60,077	60,077	59,877	60,177	59,597	59,597	60,847	59,597	720,918								
TOTAL VARIABLE PAY	47,040	41,220	31,649	29,649	4,125	3,823	4,242	4,568	4,460	3,480	3,519	3,692	3,392	3,692	3,457	3,692	3,435	3,435	3,435	3,435	3,435	3,435	3,435	3,435	3,435	3,435	3,435	3,435	41,220								
TOTAL AGENCY/DOCLUM	45,919	32,839	27,051	22,051	4,106	5,015	4,113	4,035	4,138	4,102	3,846	3,431	3,425	2,998	3,372	3,278	2,937	2,937	2,937	2,937	2,937	2,937	2,537	2,537	2,537	2,537	2,537	2,757	32,839								
TOTAL	811,915	794,977	804,426	809,426	62,779	64,557	76,521	72,366	66,529	64,588	68,578	66,864	65,627	66,820	69,556	67,120	66,448	67,698	66,448	66,448	66,448	66,448	66,048	66,148	65,568	65,568	66,818	65,788	794,977								
TOTAL PAY IN OTHER SPEND LINES (inc. PRIMARY CARE)	6,592	52,009	21,486	20,712	2,891	2,507	3,439	3,227	2,887	2,841	2,660	2,861	2,699	3,825	4,660	(27,905)	4,159	3,909	3,659	4,159	4,159	4,159	3,759	4,359	4,779	4,779	4,779	4,529	52,009								
TOTAL PAY IN net expenditure analysis	805,323	742,968	782,940	788,714	59,888	62,050	73,082	69,139	63,642	61,747	65,918	64,003	62,928	62,925	64,896	95,0																					

NET COST BASE/PRESSURES & INVESTMENTS	Cost Pressure Category	2024/25		2024/25		Pay		Non Pay		Primary Care Drugs		Secondary Care Drugs		CHC/PNC		Primary Care Contractor		Healthcare Services Provided by other NHS Bodies		Non Healthcare Services Provided by other NHS Bodies		Other Private & Voluntary Sector		Joint Financing & Other		AME and Other Non Cash			
		In Year Effect	FYE	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
General Inflation	Macro Economic Inflation	2,452	2,452					2,440	2,440							11	11												
Building Works	Macro Economic Inflation	0	0																										
NICE & New High Cost Drugs	National Investment Decisions	2,402	2,402															2,402	2,402										
Commissioned Services - Specialist Services	National Investment Decisions	10,995	10,995																10,995	10,995									
Mental Health & LD 111#2	National Investment Decisions	547	547	547	547																								
Planned Care recovery (Regional Cataracts/Endoscopy)	National Investment Decisions	2,614	2,614	1,712	1,712	587	587												315	315									
Welsh Risk Pool	National Investment Decisions	754	754																										
Litigation increased costs (non-WRP)	Local Investment Decisions	485	485																										
Colony contract reform costs	National Investment Decisions	757	757																										
RSP	National Investment Decisions	114	114	114	114					757	757																		
Community Admissions Avoidance Therapy Team (CAAT) (AHP)	National Investment Decisions	850	850	850	850																								
GB85 licences	National Investment Decisions	1,223	1,223					1,223	1,223																				
EPMA	National Investment Decisions	328	328	328	328																								
Outpatient Transformation	National Investment Decisions	520	520																										
Section 33 / Premises	Contractual or unavoidable	88	88														88	88											
Section 28 uplift RWI with LAs	Contractual or unavoidable	0	0	0	0																								
HB Inflationary pass through	Macro Economic Inflation	2,751	2,751																	2,751	2,751								
Wellfire Inflationary pass through	Macro Economic Inflation	550	550																	550	550								
NHS England Inflation	Macro Economic Inflation	440	440																	440	440								
Radiology NHS Uplift	Macro Economic Inflation	16	16																	16	16								
Pathology NHS Uplift	Macro Economic Inflation	75	75																	75	75								
Pathology MSC 7.7% uplift	Macro Economic Inflation	132	132																										
GLH CT scanner uplift	Macro Economic Inflation	67	67																										
NWSSP energy growth	Macro Economic Inflation	2,069	2,069																										
CHC Care Homes in Gwent 5.7% (prev 10.3%)	Macro Economic Inflation	1,227	1,227										1,227	1,227															
Placements or Services 7.7% (prev 10.1%)	Macro Economic Inflation	1,003	1,003																	1,003	1,003								
Domiciliary Care 7.7% (prev 10.1%)	Macro Economic Inflation	282	282																	282	282								
FNC 3.5% (prev 3.7%)	Macro Economic Inflation	431	431																	431	431								
MH&LD CHC 7.7% (prev 10%) fee uplift	Macro Economic Inflation	3,794	3,794										3,794	3,794															
F&T 5% Inflation 2%	Macro Economic Inflation	15	15																	15	15								
WAST energy/leap inflation	Macro Economic Inflation	131	131																	131	131								
Tredgwr HWBC	Local Investment Decisions	200	200					200	200																				
Prescribing	Contractual or unavoidable	981	981							981	981																		
Primary Care sustainability	Local Investment Decisions	690	690															690	690										
FNC growth	Contractual or unavoidable	1,104	1,104										1,104	1,104															
CHC transition case	Contractual or unavoidable	28	28										28	28															
MH&LD growth	Contractual or unavoidable	5,641	5,641										5,641	5,641															
Diabetes insulin pumps	Contractual or unavoidable	160	160					160	160																				
F&T CHC growth / specific	Contractual or unavoidable	200	200										200	200															
Wellfire service growth	Contractual or unavoidable	1,529	1,529																	1,529	1,529								
Developments tbc (MS / Pumps / other)	Local Investment Decisions	2,000	2,000	750	750	750	750					500	500																
Covid Anti-viral	National Investment Decisions	1,401	1,401	139	139															1,262	1,262								
Newport East HWBC	Local Investment Decisions	114	114					66	66											48	48								
Primary Care Academy	Local Investment Decisions	723	723					723	723																				
Mit safety service	Contractual or unavoidable	70	70																										
Glaucoma Diagnostic Hub	Local Investment Decisions	61	61	61	61																								
Robot	Local Investment Decisions	537	537																										
Transfer Practitioner service increase	Local Investment Decisions	165	165	165	165																								
Waste recycling regulations	Contractual or unavoidable	35	35					35	35																				
Payroll adj. enhancements & on-call	Contractual or unavoidable	0	0	0	0																								
Discharge Ward	Local Investment Decisions	0	0	0	0																								
Managed Practice Mobilisation costs PCCS	Local Investment Decisions	345	345																	345	345								
Cardiology insourcing	Local Investment Decisions	783	783	134	134	649	649																						
NCN costs / GDS related clawback	Contractual or unavoidable	1,135	1,135																	1,135	1,135								
GLH ED extension	Local Investment Decisions	211	211	93	93	118	118																						
PSA/Digital Patient Communications	Local Investment Decisions	377	377																										
HSDU Maintenance contract	Contractual or unavoidable	30	30																										
Transformation / IT related	Contractual or unavoidable	1,372	1,372																										
Smart business case	Local Investment Decisions	317	317																										
Health Protection additional costs	National Investment Decisions	1,500	1,500																										
Developments RTT	Local Investment Decisions	1,000	1,000	500	500																								
Total Cost Pressures		59,798	59,798	10,070	10,070	11,004	11,004	1,738	1,738	500	500	13,710	13,710	3,579	3,579	19,197	19,197	0	0	0	0	0	0	0	0	0	0		

PAY EXPENDITURE BREAKDOWN	FORECAST 2023/24	PLAN YEAR-END POSITION 2024/25
METRIC	£'000	
SUBSTANTIVE WORKFORCE		
Administrative, Clerical & Board Members	124,728	120,000
Medical & Dental	169,344	173,000
Nursing & Midwifery Registered	200,664	203,664
Prof Scientific & Technical	26,940	26,940
Additional Clinical Services	97,608	95,000
Allied Health Professionals	49,680	49,860
Healthcare Scientists	13,776	13,776
Estates & Ancillary	36,180	38,631
Students	36	48
TOTAL SUBSTANTIVE WORKFORCE	718,956	720,918

VARIABLE PAY		
Administrative, Clerical & Board Members	1,140	900
Medical & Dental	-	-
Nursing & Midwifery Registered	24,012	19,800
Prof Scientific & Technical	-	-
Additional Clinical Services	19,368	18,000
Allied Health Professionals	-	-
Healthcare Scientists	-	-
Estates & Ancillary	2,520	2,520
Students	-	-
TOTAL VARIABLE PAY	47,040	41,220

AGENCY/LOCUM		
Administrative, Clerical & Board Members	704	304
Medical & Dental	18,256	13,488
Nursing & Midwifery Registered	17,703	13,800
Prof Scientific & Technical	317	317
Additional Clinical Services	1,890	480
Allied Health Professionals	1,833	1,200
Healthcare Scientists	402	250
Estates & Ancillary	4,814	3,000
Students	-	-
TOTAL AGENCY/LOCUM	45,919	32,839

Summary	FORECAST 2023/24	PLAN YEAR-END POSITION 2024/25
Administrative, Clerical & Board Members	126,572	121,204
Medical & Dental	187,600	186,488
Nursing & Midwifery Registered	242,379	237,264
Prof Scientific & Technical	27,257	27,257
Additional Clinical Services	118,866	113,480
Allied Health Professionals	51,513	51,060
Healthcare Scientists	14,178	14,026
Estates & Ancillary	43,514	44,151
Students	36	48
SUMMARY - TOTAL PAY	811,915	794,977

	2023/24 Pay	2024/25 Pay
	15.6%	15.2%
	23.1%	23.5%
	29.9%	29.8%
	3.4%	3.4%
	14.6%	14.3%
	6.3%	6.4%
	1.7%	1.8%
	5.4%	5.6%
	0.0%	0.0%
	100.0%	100.0%

Programme Spend Profile		PLAN PROFILE 2024/25											
	PLAN YEAR-END POSITION 2024/25	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
METRIC	£'000	£'000											

Activity													
Learning Disabilities	13,800	1,150	1,150	1,150	1,150	1,150	1,150	1,150	1,150	1,150	1,150	1,150	1,150
Mental Health Services	117,753	9,813	9,813	9,813	9,813	9,813	9,813	9,813	9,813	9,813	9,813	9,813	9,813
Palliative Care/ Bereavement/ Hospice Funding	1,633	136	136	136	136	136	136	136	136	136	136	136	136
Genomics for Precision Medicine Strategy	1,904	159	159	159	159	159	159	159	159	159	159	159	159
Critical Care Funding	2,753	229	229	229	229	229	229	229	229	229	229	229	229
Planned Care Recovery and Sustainability	26,545	2,212	2,212	2,212	2,212	2,212	2,212	2,212	2,212	2,212	2,212	2,212	2,212
Value Based Recovery	2,686	224	224	224	224	224	224	224	224	224	224	224	224
Regional Integration Fund	24,683	2,057	2,057	2,057	2,057	2,057	2,057	2,057	2,057	2,057	2,057	2,057	2,057
Further Faster	2,291	191	191	191	191	191	191	191	191	191	191	191	191
Health Protection / Vaccination and PPE	11,200	933	933	933	933	933	933	933	933	933	933	933	933
Urgent Emergency Care Allocations	2,753	229	229	229	229	229	229	229	229	229	229	229	229
Mental Health (SIF)	4,992	416	416	416	416	416	416	416	416	416	416	416	416
	0												
	0												
	0												
	0												
	0												
	0												
	0												
	0												
	0												

OTHER ESTATES DATA	Date	Notes
Date of Last Estates Condition Survey	01/08/2017	Due every 5 years
Date of Last Review of Estates Strategy	01/11/2018	Date of last revision (last review tbc)

KEY PERFORMANCE INDICATORS	2023-24- as per EFPMS	2024-25 - Plan
	£m	£m
High Risk Backlog Maintenance	178	200
	%	%
Physical Condition: % in Category B or above	92.0%	92.0%
Statutory, Safety & Compliance: % in Category B or above	92.0%	92.0%
Fire Safety Compliance : % in Category B or above	85.0%	85.0%
Functional Suitability: % in Category B or above	98.0%	98.0%
Space Utilisation: % in Category F or above	90.0%	90.0%
Energy Performance: % with Energy B or better	412.0%	412.0%

SPEND TRAJECTORIES (Adjusted to remove Additional M12 Pension Contribution)																																																									
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21												
Net Spend	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182	1182							
Primary Care - Non Pay (including drugs & diagnostics)	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45					
Primary Care - Drugs & Appliances	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10			
Secondary Care - Drugs	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15			
Non-Healthcare Services Provided by Other M12 Bodies	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10		
Healthcare Services Provided by Other M12 Bodies	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Contracting Care and Funded Nursing Care	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10



Reconciling 2023/24 Forecast Outturn to 2024/25 Plan

Movement in Funding compared to 2023/24

ANALYSIS of Funding Movement £'000	Forecast 2023/24	In year funding uplift	Savings	Underlying deficit adjustment	Other (Balancing Figure)	Plan 2024/25
Income and Funding	1,883,105	51,830	0	(23,036)	(95,519)	1,816,380

ANALYSIS of Funding Movement %	In year funding uplift	Savings	Underlying deficit adjustment	Other (Balancing Figure)	Total Movement
Income and Funding	3%	0%	-1%	-5%	-4%

Movement in Expenditure compared to 2023/24

ANALYSIS of Expenditure Movement £'000	Forecast 2023/24	New cost pressures	Savings (inc. Pipeline)	Underlying deficit adjustment	Other (Balancing Figure)	Plan 2024/25
Total Expenditure	1,869,316	59,798	(40,466)	8,620	(82,654)	1,814,614

ANALYSIS of Expenditure Movement %	New cost pressures	Savings (inc. Pipeline)	Underlying deficit adjustment	Other (Balancing Figure)	Total Movement
Total Expenditure	3%	-2%	0%	-4%	-3%

Movement in Expenditure by Spend Type compared to 2023/24

ANALYSIS of Expenditure Movement £'000	Forecast 2023/24	New cost pressures	Savings (inc. Pipeline)	ULD & Other (Balancing Figure)	Plan 2024/25
Primary Care Contractor	203,328	3,579	(4,608)	21,788	224,087
Primary Care - Drugs & Appliances	121,947	1,738	(2,187)	(3,134)	118,364
Pay	805,323	10,070	(11,347)	(61,078)	742,968
Non Pay	152,777	11,004	(12,090)	4,617	156,307
Secondary Care - Drugs	61,505	500	(1)	4,389	66,394
Healthcare Services Provided by Other NHS Bodies	339,153	19,197	(2,805)	(31,690)	323,855
Non Healthcare Services Provided by Other NHS Bodies	0	0	0	0	0
Continuing Care and Funded Nursing Care	125,860	13,710	(7,428)	989	133,131
Other Private & Voluntary Sector	18,303	0	0	(1,715)	16,588
Joint Financing & Other	41,120	0	0	(8,200)	32,920
Total (Exc. AME, Non-Cash Del and other special costs)	1,869,316	59,798	(40,466)	(74,034)	1,814,614

ANALYSIS of Expenditure Movement %	New cost pressures	Savings (inc. Pipeline)	ULD & Other (Balancing Figure)	Total Movement
Primary Care Contractor	2%	-2%	11%	10%
Primary Care - Drugs & Appliances	1%	-2%	-3%	-3%
Pay	1%	-1%	-8%	-8%
Non Pay	7%	-8%	3%	2%
Secondary Care - Drugs	1%	0%	7%	8%
Healthcare Services Provided by Other NHS Bodies	6%	-1%	-9%	-5%
Non Healthcare Services Provided by Other NHS Bodies	0%	0%	0%	0%
Continuing Care and Funded Nursing Care	11%	-6%	1%	6%
Other Private & Voluntary Sector	0%	0%	-9%	-9%
Joint Financing & Other	0%	0%	-20%	-20%
Total (Exc. AME, Non-Cash Del and other special costs)	3%	-2%	-4%	-3%

Breakdown of Cost Pressures by Spend Type

Cost Pressures by Category £'000	2024/25	2024/25
	In Year Effect	FYE
Macro Economic Inflation	15,412	15,412
Pay award	0	0
Contractual or unavoidable	12,373	12,373
National Investment Decisions	24,005	24,005
Local Investment Decisions	8,008	8,008
Ringfence Funded	0	0
AME & Non-Cash Depreciation	0	0
Grand Total	59,798	59,798

Cost Pressures by Spend Type £'000	2024/25	2024/25
	In Year Effect	FYE
Primary Care Contractor	3,579	3,579
Primary Care Drugs	1,738	1,738
Pay	10,070	10,070
Non Pay	11,004	11,004
Secondary Care Drugs	500	500
Healthcare Services Provided by Other NHS Bodies	19,197	19,197
Non Healthcare Services Provided by other NHS Bodies	0	0
CHC/FNC	13,710	13,710
Other Private & Voluntary Sector	0	0
Joint Financing & Other	0	0
AME, Non-Cash Del and other special costs	0	0
Grand Total	59,798	59,798

Cost Pressures by Category	Macro Economic Inflation	Pay award	Contractual or unavoidable	National Investment Decisions	Local Investment Decisions	Ringfence Funded	AME & Non-Cash Depreciation	Total Cost Pressure
Primary Care Contractor	11	0	1,223	1,262	1,083	0	0	3,579
Primary Care - Drugs & Appliances	0	0	981	757	0	0	0	1,738
Pay	0	0	1,372	5,710	2,988	0	0	10,070
Non Pay	4,708	0	295	2,564	3,437	0	0	11,004
Secondary Care Drugs	0	0	0	0	500	0	0	500
Healthcare Services Provided by Other NHS Bodies	3,956	0	1,529	13,712	0	0	0	19,197
Non Healthcare Services Provided by other NHS Bodies	0	0	0	0	0	0	0	0
CHC/FNC	6,737	0	6,973	0	0	0	0	13,710
Other Private & Voluntary Sector	0	0	0	0	0	0	0	0
Joint Financing & Other	0	0	0	0	0	0	0	0
Subtotal before AME, Non-Cash Del and other specialities	15,412	0	12,373	24,005	8,008	0	0	59,798
AME, Non-Cash Del and other special costs	0	0	0	0	0	0	0	0
Total	15,412	0	12,373	24,005	8,008	0	0	59,798

Cost Pressures as a % of 2023/24	Macro Economic Inflation	Pay award	Contractual or unavoidable	National Investment Decisions	Local Investment Decisions	Ringfence Funded	AME & Non-Cash Depreciation	Average Cost Pressure
Primary Care Contractor	0.0%	-	0.6%	0.6%	0.5%	-	-	1.8%
Primary Care Drugs	-	-	0.8%	0.6%	-	-	-	1.4%
Pay	-	-	0.2%	0.7%	0.4%	-	-	1.3%
Non Pay	3.1%	-	0.2%	1.7%	2.2%	-	-	7.2%
Secondary Care Drugs	-	-	-	-	0.8%	-	-	0.8%
Healthcare Services Provided by Other NHS Bodies	1.2%	-	0.5%	4.0%	-	-	-	5.7%
Non Healthcare Services Provided by other NHS Bodies	-	-	-	-	-	-	-	0.0%
CHC/FNC	5.4%	-	5.5%	-	-	-	-	10.9%
Other Private & Voluntary Sector	-	-	-	-	-	-	-	0.0%
Joint Financing & Other	-	-	-	-	-	-	-	0.0%
Total excluding AME, Non-Cash Del and other specialities	0.8%	-	0.7%	1.3%	0.4%	-	-	3.2%

Mitigations Summaries

Savings - Recurrent & Non Recurrent Split	2024/25			
	NON RECURRING	RECURRING	IN YEAR	FYE OF RECURRING
£'000 (All Positive Entries)				
Green Saving Schemes	315	1,258	1,573	1,278
Amber Saving Schemes	3,747	28,608	32,355	29,598
Red Rated Saving Schemes	0	590	590	590
Pipeline and Planning Assumptions	0	6,000	6,000	6,000
Net Income Generation (Profit Element Only) (Populated from sheet F6 - Savings Tracker)	0	0	0	0
Grand Total	4,062	36,456	40,518	37,466

Savings (exc. Pipeline) - By Spend Type	2024/25			
	NON RECURRING	RECURRING	IN YEAR	FYE OF RECURRING
£'000 (All Positive Entries)				
Income and Funding	0	0	0	0
Primary Care Contractor	175	4,433	4,608	5,033
Primary Care - Drugs & Appliances	0	2,187	2,187	2,187
Pay	875	10,472	11,347	10,543
Non Pay	1,272	4,818	6,090	4,947
Secondary Care - Drugs	1	0	1	0
Healthcare Services Provided by Other NHS Bodies	300	2,505	2,805	2,505
Non Healthcare Services Provided by Other NHS Bodies	0	0	0	0
Continuing Care and Funded Nursing Care	1,440	5,988	7,428	6,199
Other Private & Voluntary Sector	0	0	0	0
Joint Financing & Other	0	0	0	0
Grand Total	4,062	30,404	34,466	31,414

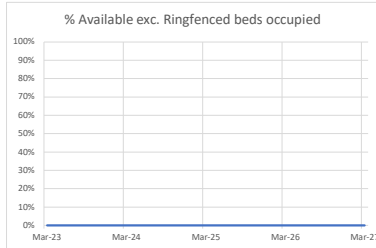
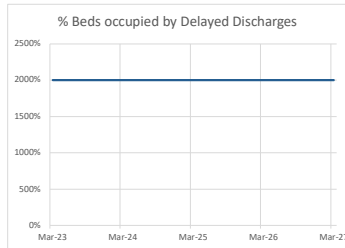
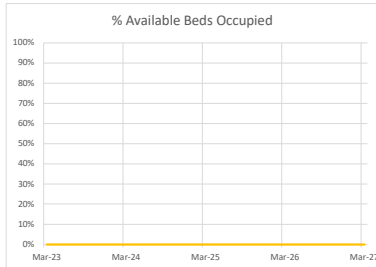
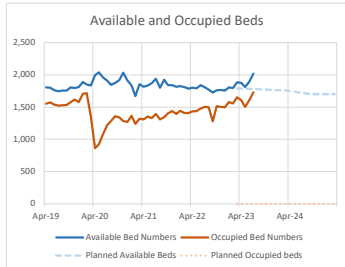
Savings (exc. Pipeline by V&S Area)	NON RECURRING	RECURRING	IN YEAR	FYE OF RECURRING
£'000 (All Positive Entries)				
1) Workforce	875	8,948	9,823	0
2) Medicines Management	1	2,187	2,188	0
3) Procurement & Non-pay	1,447	3,300	4,747	0
4) CHC	1,440	5,388	6,828	0
5) Pathway	0	3,854	3,854	0
Other - Commissioning	300	2,505	2,805	0
Other - Primary Care	0	4,273	4,273	0
Income	0	0	0	0
Grand Total	4,062	30,456	34,518	0

Savings Forecast Profile	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
£'000 (All Positive Entries)													
Green Saving Schemes	129	66	87	142	142	142	142	145	145	145	145	145	1,573
Amber Saving Schemes	963	1,005	1,187	2,725	2,822	2,835	3,391	3,402	3,514	3,426	3,438	3,647	32,355
Red Rated Saving Schemes	0	0	0	0	0	0	98	98	98	98	98	98	590
Pipeline and Planning Assumptions	0	0	0	0	0	0	1,000	1,000	1,000	1,000	1,000	1,000	6,000
Non-Saving Running Cost Reduction	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Income Generation (Profit Element Only)	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	1,092	1,071	1,274	2,867	2,964	2,976	4,631	4,646	4,758	4,669	4,681	4,890	40,518

Capital Summary

Summary Capital	2024-25	2025-26	2026-27	2027-28
	£m	£m	£m	£m
Discretionary	11			
Disposal Capital Receipts (Negative)	0			
Approved	43	0	0	0
Unapproved	41	38	56	189
IFRS16	1	0	2	1
Total Capital Spend	97	38	58	190

Impact of Capital on Other spend 2024/25	Non-Cash DEL	Non-Cash AME	Other Revenue Costs	Revenue Savings
	£m	£m	£m	£m
Discretionary and Disposals	0	1	0	0
Approved	0	45	0	0
Unapproved	2	0	1	0
IFRS16	0	0	0	0
Total Non-Cash DEL Impact	2	46	1	0



Month	Available Bed Numbers	Occupied Bed Numbers	Planned Available Beds	Planned Available Beds (Exc. Ringfenced)	Planned Occupied beds
Apr-19	1,804	1,554			
May-19	1,803	1,573			
Jun-19	1,761	1,538			
Jul-19	1,749	1,525			
Aug-19	1,754	1,527			
Sep-19	1,758	1,533			
Oct-19	1,808	1,578			
Nov-19	1,799	1,618			
Dec-19	1,810	1,579			
Jan-20	1,892	1,707			
Feb-20	1,851	1,714			
Mar-20	1,834	1,348			
Apr-20	1,995	863			
May-20	2,042	920			
Jun-20	1,962	1,079			
Jul-20	1,911	1,222			
Aug-20	1,846	1,283			
Sep-20	1,873	1,360			
Oct-20	1,922	1,340			
Nov-20	2,035	1,285			
Dec-20	1,913	1,271			
Jan-21	1,836	1,366			
Feb-21	1,674	1,243			
Mar-21	1,856	1,319			
Apr-21	1,816	1,307			
May-21	1,836	1,354			
Jun-21	1,872	1,331			
Jul-21	1,940	1,394			
Aug-21	1,800	1,311			
Sep-21	1,923	1,346			
Oct-21	1,842	1,405			
Nov-21	1,841	1,437			
Dec-21	1,819	1,393			
Jan-22	1,827	1,442			
Feb-22	1,813	1,407			
Mar-22	1,788	1,407			
Apr-22	1,802	1,434			
May-22	1,790	1,436			
Jun-22	1,839	1,480			
Jul-22	1,812	1,502			
Aug-22	1,773	1,501			
Sep-22	1,725	1,280			
Oct-22	1,761	1,514			
Nov-22	1,768	1,504			
Dec-22	1,755	1,500			
Jan-23	1,808	1,580			
Feb-23	1,795	1,558			
Mar-23	1,887	1,653	1,791	1,553	0
Apr-23	1,877	1,605	1,788	1,550	0
May-23	1,810	1,503	1,786	1,548	0
Jun-23	1,895	1,606	1,783	1,545	0
Jul-23	2,019	1,730	1,780	1,542	0
Aug-23			1,778	1,540	0
Sep-23			1,775	1,537	0
Oct-23			1,772	1,534	0
Nov-23			1,770	1,532	0
Dec-23			1,767	1,529	0
Jan-24			1,764	1,526	0
Feb-24			1,762	1,524	0
Mar-24			1,759	1,521	0
Apr-24			1,750	1,512	0
May-24			1,740	1,502	0
Jun-24			1,731	1,493	0
Jul-24			1,722	1,484	0
Aug-24			1,712	1,474	0
Sep-24			1,703	1,465	0
Oct-24			1,703	1,465	0
Nov-24			1,703	1,465	0
Dec-24			1,703	1,465	0
Jan-25			1,703	1,465	0
Feb-25			1,703	1,465	0
Mar-25			1,703	1,465	0

Period	Planned Available Beds	Planned Beds Exc. Ringfenced	Occupied Beds	% Total Beds Occupied	% Beds Occupied Exc. Ringfenced	Delayed Discharges	% Delayed Discharges
Mar-23	1791	1553	0	0%	0%	270	2000%
Mar-24	1759	1521	0	0%	0%	266	2000%
Jun-24	1731	1493	0	0%	0%	262	2000%
Sep-24	1703	1465	0	0%	0%	258	2000%
Dec-24	1703	1465	0	0%	0%	254	2000%
Mar-25	1703	1465	0	0%	0%	250	2000%
Mar-26	1703	1465	0	0%	0%	250	2000%
Mar-27	1703	1465	0	0%	0%	250	2000%

APPENDIX C - Productive and Effective Elective Pathways plan

Waiting List Management SECTION

Current Position	24/25 Key Milestones	Q2	Q3	Q4	Current baseline	Annual plan assumptions																																																												
Effective waiting list management systems																																																																		
The Health Board launched Community Health Pathways on April 19 th with 50 Pathways launched	Commencement of Phase 2 Health Pathways and 100 Pathways live by Q4				50 Pathways April 24	100 Pathways Q4																																																												
	GP Gatekeeper model - ENT in place - opportunity to spread to urol, general surgery and spinal (<i>subject to Transformation bid</i>)																																																																	
	Validation exercise Clinical and Administration (learning from gain in BCU and Hywel dda)				Validation currently done in specialty teams	10% yield																																																												
	2 way e-referral implementation - to facilitate timely communication between primary and secondary care				Baseline for current Advice Only Process 5.99% 2023 - 2024	To be confirmed as part of end of Q1 submission																																																												
	Review of Demand and capacity planning approach as part of lessons learnt from planning cycle - linked to development of Planned Care Academy																																																																	
Deep dives for top 3 in this order 1. ENT 2. Ophthalmology 3. Ortho With OMF and Urology to follow				All baselines for metrics will be in detailed Deep Dive packs	To be determined as part of deep dives																																																													
Treat in Turn																																																																		
There is an established Treat in Turn focus in place and well established in the Division of Surgery Assurance meetings. This includes monitoring and challenge against performance metrics to drive improvement. Each specialty is provided with weekly metrics and the performance improvement requirements to be able to meet the agreed trajectories.	Continue to monitor adherence and challenge through Performance Management Framework				<p>Breach Targeting to Reduce 104 Waits</p> <table border="1"> <thead> <tr> <th rowspan="2">Specialty</th> <th colspan="2">Stage 1</th> <th colspan="2">Stage 4</th> </tr> <tr> <th>Baseline</th> <th>Required</th> <th>Baseline</th> <th>Required</th> </tr> </thead> <tbody> <tr> <td>Ear Nose & Throat</td> <td>11%</td> <td>16%</td> <td>24%</td> <td>29%</td> </tr> <tr> <td>Maxillo-Facial</td> <td>9%</td> <td>20%</td> <td>5%</td> <td>17%</td> </tr> <tr> <td>Ophthalmology</td> <td>5%</td> <td>10%</td> <td>15%</td> <td>25%</td> </tr> <tr> <td>T&O (Arthroplasty)</td> <td></td> <td></td> <td>19%</td> <td>30%</td> </tr> <tr> <td>T&O (Spines)</td> <td>7%</td> <td>14%</td> <td>11%</td> <td>15%</td> </tr> <tr> <td>T&O (Other)</td> <td></td> <td></td> <td>20%</td> <td>30%</td> </tr> <tr> <td>Urology</td> <td>4%</td> <td>10%</td> <td>11%</td> <td>17%</td> </tr> <tr> <td>Total</td> <td>3%</td> <td>6%</td> <td>9%</td> <td>19%</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Breach Targeting</th> <th>Baseline</th> <th>Q1 Target</th> <th>Q2 Target</th> </tr> </thead> <tbody> <tr> <td>Stage 1</td> <td>3%</td> <td>6.0%</td> <td>6.4%</td> </tr> <tr> <td>Stage 4</td> <td>9%</td> <td>18.8%</td> <td>19.2%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Stage 4 current 9% 	Specialty	Stage 1		Stage 4		Baseline	Required	Baseline	Required	Ear Nose & Throat	11%	16%	24%	29%	Maxillo-Facial	9%	20%	5%	17%	Ophthalmology	5%	10%	15%	25%	T&O (Arthroplasty)			19%	30%	T&O (Spines)	7%	14%	11%	15%	T&O (Other)			20%	30%	Urology	4%	10%	11%	17%	Total	3%	6%	9%	19%	Breach Targeting	Baseline	Q1 Target	Q2 Target	Stage 1	3%	6.0%	6.4%	Stage 4	9%	18.8%	19.2%
	Specialty	Stage 1		Stage 4																																																														
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T&O (Arthroplasty)			19%	30%																																																														
T&O (Spines)	7%	14%	11%	15%																																																														
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Stage 1	3%	6.0%	6.4%																																																															
Stage 4	9%	18.8%	19.2%																																																															
Continued tracking of the urgency profile and the impact on Treat in Turn Performance, including league table, and prospective treat in turn scheduling tool																																																																		
Focused intervention in the following specialties to achieve required Treat in Turn levels <ul style="list-style-type: none"> • Stage 1 Max Fax and Urology sustained practice ENT and Optom • Stage 4 Max Fax, T and O and Urology, sustained practice ENT and Optom Current rate is observed and the improvement rates are monitored and communicated weekly						<ul style="list-style-type: none"> • Stage 1 Improvement assumption 6% • Stage 4 Improvement assumption 19% 																																																												
Effective Booking Processes																																																																		
Cataracts Regional Booking Centre implemented: <ul style="list-style-type: none"> • Funding for team secured and 50% of team in post, all employed by AB and training commenced with employees in post. • DPIA completed to enable data access across Health Boards. • Testing with CTM systems completed. • Number of AB patients booked for regional outpatient to date: 20 • Number of AB patients booked for regional theatre procedure to date: 69 	Cataracts Regional Booking Centre: <ul style="list-style-type: none"> • On-boarding of CTM booking team in June 2024. • On-boarding CAV booking team in August 2024. • Aim for team to be fully 'live' by September 2024. 				In line with timescales	No additional gains - part of cataract business case																																																												
Outpatients Transformation: DNA: <ul style="list-style-type: none"> • Focused ongoing with cohorts reporting high DNA rates, to include Hepatology working with Gastroenterology and Public Health Teams. To understand patterns for DNA's and potential reasons, along with analysis of Secondary Care activity following DNA to understand impact. Patient contact has commenced in May, to inform service planning and redesign for effective booking processes and maximisation of clinic attendance. • Approach to be rolled out in other areas of high DNA if pilot successful. Clinic Room Booking System: <ul style="list-style-type: none"> • Work ongoing with DHCW to undertake proof of concept development of Clinical Room Booking System on MS Team App, with aim of increasing clinic efficiencies and utilisation across the Health Board. • Assessment currently being undertaken to define system capabilities. Once defined, timeframe for roll out to be developed. 	Outpatient Transformation: DNA: <ul style="list-style-type: none"> • Outcome and learning pilot focused on Hepatology completed. Identify next priority areas for focused intervention of pilot proven successful. • Machine Learning test project outcomes published to identify those likely to DNA with a view to developing and algorithm which can be used across specialties. 				Current period at 6%. Recent audits show there are utilisation opportunities	DNA Improvement assumption 5% CNA Improvement assumption 5% Not currently quantified - will review as part of benefits realisation of development																																																												
Demand Management																																																																		
<ul style="list-style-type: none"> • GP Gatekeeper in post for ENT specialty to support demand management and appropriate triaging against referrals from Primary and Community Care Services. Currently funded for 3 sessions per week • ABUHB Community Health Pathways: Health Pathways launched, aim to reduce unnecessary demand into secondary care, clinical investigations or unwarranted variation in patient care. • Spinal Pathway Developments - Spinal Pathway review undertaken to support rapid pathway redesign in view of significant increased demand to the Service, working as part of the South Wales Spinal Network to develop Front of Pathway Guidance based on successful models in Cardiff and Swansea. • Work commenced in July 2023 with parallel delivery of front of pathway redesign and service development of lower back pain pathway underway. Pathway guidance currently in consultation period, to include engagement with Local Medical Committee. 	GP Gatekeeper: <ul style="list-style-type: none"> • Assess impact of ENT GP Gatekeeper and opportunities in other specialties scoped (subject to funding). 				During 3 month period of model, nearly a quarter (24%) of referral into ENT were returned back to GPs with advice and guidance	To be picked up as part of deep dive																																																												
	ABUHB Community Health Pathways: <ul style="list-style-type: none"> • 100 pathways live by Q3 2024-25. • Evaluation of first year during Q4 2024-25. 				50 Live in April 24	100 Pathways Live by Q4																																																												
	Outpatients Transformation: <ul style="list-style-type: none"> • Launch two-way advice functionality during Q2/3 of 2024-25, as enabler of better communication and referral management. Ongoing monitoring of effectiveness. 				Baseline for current Advice Only Process 5.99% 2023 - 2024	To be confirmed as part of end of Q1 submission																																																												
	Spinal Pathway Developments: <ul style="list-style-type: none"> • Community Spinal Pathway to go live in July, and approve safe go-live criteria for the new Pathway. • Agree timeline for the launch of a lower back pain pathway (CPPP) programme. • Agree assessment process to measure impact and quality assurance of the new pathway and impact on the MSK Hub. 				0 currently (not gone live)	Planning assumption 100 patients per month.																																																												

APPENDIX C - Productive and Effective Elective Pathways plan

Outpatients/Pre-operative SECTION

Current Position	24/25 Key Milestones	Q2	Q3	Q4	Current baseline	Annual plan assumptions																		
SOS/PIFU defaults																								
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<p>Engagement with key specialties to increase number of services live on the Consultant Connect platform. Trauma and Orthopaedics to commence in May 2024, discussions underway to explore potential use in Emergency Eye Clinics and Mental Health Medicines Management.</p> <ul style="list-style-type: none"> Number of advice only outpatient attendances 2023-2024 12,942 (2022-2023 11,273, this is an increase of 1,669 for the same time period). <p>ABUHB Community Health Pathways:</p> <ul style="list-style-type: none"> Health Pathways launched <p>Spinal Pathway Developments:</p> <p>Parallel delivery of front of pathway redesign and service development of lower back pain pathway underway. Pathway guidance currently in consultation period, to include engagement with Local Medical Committee. Go live to be confirmed. Plans in process for training offer from the Spinal team.</p> <p>Keeping Well:</p> <ul style="list-style-type: none"> Public facing page created in collaboration with the communications team https://abuhb.nhs.wales/hospitals/staying-well-and-healthy/keeping-well/ Communication material created and circulated with QR codes included on validation letters, patient outpatient letters and URL via text messages from the Referral and Booking Centre. Soft launch of ABUHB 'Keeping Well' (Single Point of Contact) Service complete with Business Case for funding approved by ABUHB Executive Team in January 2024. x3 Band 3 call handlers recruited - recruitment of B5 RN in process. Service currently inclusive of outgoing calls only, and to ENT patients initially. 	<p>Outpatients Transformation:</p> <ul style="list-style-type: none"> Launch two-way eAdvice functionality during Q2/3 of 2024-25, as enabler of better communication and timely advice/guidance between Primary and Secondary Care clinicians. Continue engagement with key specialties regarding Consultant Connect developments, T and O go live and Ophthalmology and Mental Health scoped Continue monitoring of 'advice only' metrics. 				Baseline for current Advice Only Process 5.99% 2023 - 2024	To be determined as part of deep dives																		
	<p>ABUHB Community Health Pathways:</p> <ul style="list-style-type: none"> Implementation of opportunities identified through other initiatives under Planned Care Recovery Programme (e.g., GP Gatekeeper, two-way advice) and keep active communication with national Consultant Connect contact to ensure up-to-date information of services available through the platform locally. Evaluation of first year during Q4 2024-25. 				50 in April 24	100 pathways live by Q4																		
	<p>Spinal Pathway developments -</p> <ul style="list-style-type: none"> Pathway guidance to go live. Commence delivery of training offer from the Spinal team to support professional development via appropriate training sessions. 					80% of spinal referral to be directed through new pathway																		
	<p>Keeping well:</p> <ul style="list-style-type: none"> Evaluation of Keeping Well service soft launch evaluation. Continue with recruitment to team and subsequent training. Focus on support for patients entering onto a referral pathway from Primary to Secondary Care, to include agreement on how ABUHB patient waiting times are communicated to patients: further discussions required with Executive and Communications teams. 				Currently 100% via spinal surgeons																			
Virtual pre operative clinics																								
<p>Theatres Maximisation Programme:</p> <ul style="list-style-type: none"> Virtual pre-operative clinics in place, this is a varied model in line with patient acuity. Work currently in progress to review the service and identify improvement opportunities. 	<p>Theatres Maximisation Programme:</p> <ul style="list-style-type: none"> Review of pre-operative virtual clinics activity completed with action plan 					To be determined																		
	<p>Outpatients Transformation:</p> <ul style="list-style-type: none"> Review audit of further opportunities and Phase 2 opportunities for Virtual outpatients activity commenced 				Virtual outpatients activity for 2023-24 reported at 23.2% (2022-2023 at 24.5%).	To be determined																		
<p>National and Regional work</p> <p>New anaes CIN - understand work in this area and engage</p> <p>Regional orthopaedics - Pilot underway to standardise pre-operative process including virtual pre-op</p>	Link in with national CIN on opportunities that are being developed - link to digital enablers					To be determined																		

APPENDIX C - Productive and Effective Elective Pathways plan

Theatres SECTION

Current Position	24/25 Key Milestones	Q2	Q3	Q4	Current baseline	Annual plan assumptions
Theatre Utilisation						
<p>First 'high intensity theatres' (HIT) list held within General Surgery in April 2024 - learning to be taken to inform future activity to reduce fallow lists.</p> <p>6-4-2 scheduling SOP established and signed off (v0.1). Infrastructure in place to monitor compliance with SOP and associated performance metrics:</p> <ul style="list-style-type: none"> - Weekly Theatres Scheduling meeting in place and monitoring ; •Surgical specialties maximise their theatre sessions and have a named surgeon for all lists in-line with the 6-4-2 policy. • identifying vacant sessions to present opportunities for other specialties to pick up using the 6-4-2 principles. - Weekly patient focused scheduling meetings; • The Scheduling Meeting provides a systematic approach to utilisation of theatre sessions for week 1 and 2, with a review to ensuring on the day and short notice cancellations are prevented at week 0. • Provides divisional management and oversight by bringing together accountable members from each specialty who use theatre capacity in ABUHB, allowing for monitoring and challenge against agreed theatres utilisation metrics in line with the 6-4-2 SOP. <p>Maximisation of daycase opportunities - focus on NHH</p>	<p>Finalise and refine data visualisation tools</p> <p>Q1 Review v0.1 of SOP, updating with outcome of exercise reviewing theatres 'fallow activity'.</p> <p>Sign off v0.2 of SOP with commitment from specialties.</p> <p>- Monthly Theatres Utilisation Group</p> <p>Complete exercise to define and identify funded 'fallow' activity, with action plan for Q2-4 to improve from baseline.</p>				<p>KPI 1 - Reduce list cancellations within less than 4 weeks' notice - 51.6% April 24</p> <p>KPI 2 - Cancellations with less than 4 weeks' notice outside of agreed tolerances 30.6% Aril 24</p> <p>KPI 3 - Increase fill rate 2 weeks before planned list - 67.4% May 24</p>	<p>KPI 1 - Reduce list cancellations within less than 4 weeks' notice - Target < 20% (not in plan)</p> <p>KPI 2 - Cancellations with less than 4 weeks' notice outside of agreed tolerances Target 0% (not in plan)</p> <p>KPI 3 - Increase fill rate 2 weeks before planned list - Target 85% (in plan)</p>
	<p>HIT list tests of change reviewed with agreed plan for Q2-4 to support reduction of fallow lists</p>					<p>Not yet quantified or in plan</p>
	<p>Scope options to extend day surgery day in NHH (currently closes at 7pm)</p>				<p>All activity in NHH is daycase but opportunity to extend working day and thus increase throughput - needs fully scoping</p>	<p>Not yet quantified or in plan</p>
Scheduling and Booking						
<p>6-4-2 scheduling SOP (v0.1) signed off with infrastructure for embedding and monitoring in place (as above).</p> <p>Qlik Dashboard developed to incorporate agreed theatres scheduling and utilisation metrics, work ongoing for data standardisation which will be followed by engagement with surgical specialties to support secure divisional commitment and embedding of SOP.</p> <p>Performance metrics include x4 locally agreed KPI's and model hospital metrics:</p> <ol style="list-style-type: none"> 1. Reduce list cancellations within less than 4 weeks' notice (20%) 2. Reduce cancellations with less than 4 weeks' notice outside of agreed tolerances (0%) 3. Increased fill rates 2 weeks before planned list (85%) 4. Reduced disparity between total minutes booked versus total minutes delivered (90%) 	<p>All specialties support to embed the SOP with reviews of application and training needs</p>				<p>As above KPIS</p>	<p>As above KPIS</p>

APPENDIX C - Productive and Effective Elective Pathways plan

HVLC/GIRFT SECTION

Current Position	24/25 Key Milestones	Q2	Q3	Q4	Current baseline	Annual plan assumptions
Identify opportunities for full implementation of HVLC						
<ul style="list-style-type: none"> Top three most frequently undertaken procedures identified to inform opportunities for HVLC activity: Cataracts, Hysteroscopy, Laparoscopic Cholecystectomy. First HIT list held within General Surgery in April 2024 with plans for future HIT lists where appropriate taking learning first event. Learning to be applied to future HVLC activity plans. 	<ul style="list-style-type: none"> HIT list tests of change reviewed with agreed plan for Q2-4 to support reduction of fallow lists. Learning to be captured and transferred into plans for HVLC activity. Update of specialty-level action plans in response to GIRFT recommendations. Action plans to be led and delivered by specialties with 				From GIRFT report: Cataract - 1736 undertaken - opportunity of 20,832 mins Hysteroscopy - 537 undertaken - opportunity of 6,444 mins Lapchole - 436 undertaken - opportunity of 18,312 mins	Cataract gain factored in plan
	Cataract business case					Cataract business case - 95% utilisation of lists - 7 cases per list - a total of 4% improvement to account for GIRFT opportunities for cataracts -
	<ul style="list-style-type: none"> Commencement x3 areas of focus identified based on most frequently undertaken procedure action plans to be developed. Key opportunities by Health Board to deliver 80% of HVLC opportunity and procedure time best practice Day Surgery drug chart pilot complete and implementation across all sites commenced 					Not quantified in plan or activity
						To be determined
GIRFT <ul style="list-style-type: none"> T and O largely through action plan or due to complete Ophthalmology good progress and most recommendations complete, improvement in the numbers per list and consistent application over last quarter. Urology - Report received in February 24 Action plan agreed with focus on HVLC Theatres - in progress 15 areas identified including HVLC Opportunities and timings. 	<ul style="list-style-type: none"> Working with Consultants to introduce monthly high flow one stop Cataract clinics which will coincide with their theatre lists. Urology HVLC plan implemented. Theatres plan incorporated into Theatre Maximisation with timescales. 				GIRFT <ul style="list-style-type: none"> T and O 55% actions completed, 17% in place, 21% in progress, 7% interdependent. Ophthalmology 78% recommendations complete, improvement in the numbers per list and consistent application over last quarter. Urology - Report received in February 24 Action plan agreed with focus on HVLC Theatres - in progress 15 areas identified including HVLC Opportunities and timings. 	Cataract business case - 95% utilisation of lists - 7 cases per list - a total of 4% improvement to account for GIRFT opportunities for cataracts -

APPENDIX C - Productive and Effective Elective Pathways plan

Diagnostics SECTION

Current Position	24/25 Key Milestones	Q2	Q3	Q4	Current baseline	Annual plan assumptions
Regional Community Diagnostic Centres						
<ul style="list-style-type: none"> Business Case for second Grange University Hospital MRI Scanner developed - requires capital from AWCP -also revenue implication - not affordable on current planned care allocation. This forms part of plans for supporting regional work. Additional mobile MRI in place at Ysbyty Aneurin Bevan as an interim measure until more substantive plans are established. Business Justification Case for a National Digital Cellular Pathology system submitted to PIP in May 2024. 	and plans for the current interim mobile MR agreed. Plan to deliver next steps. <ul style="list-style-type: none"> Continue engagement in regional diagnostic developments as part of the Regional Diagnostic Programme. Follow appropriate governance for approval of National Digital Cellular Pathology system Business Justification Case and subsequent procurement route if approved. 					Plan to be at c.79.7% by December 24 of patients waiting < 8 weeks - Due largely to: Endoscopy (currently prioritising USC activity until c.July) = 960 >8wk breaches in December 24 Neurophysiology - single handed consultant service here and only 4 in Wales = 1401 breaches in December 24 Urodynamics - capacity to manage = c.200+ breaches in December 24
Straight to Test Pathways and Diagnostic pathway best practice						
<p>Single Cancer Pathway: A number of tumour sites are already implementing Straight to Test models of care:</p> <ul style="list-style-type: none"> Urology Colorectal Upper GI Gynaecology Lung Those pilot phase are currently being audited. These will be evaluated prior to full implementation.	<p>Single Cancer Pathway:</p> <ul style="list-style-type: none"> Complete audit and evaluation of tumour sites currently in pilot - driven by T&F groups. Continued full implementation of tumour sites that have published national optimal pathways. Review and revise workplan objectives for each tumour site during Q4 Improve time to diagnosis with 70% seen within 8 weeks by Q3 and 88% by Q4 as a result of the Endoscopy developments at the Royal Gwent Hospital. 					Plan commits to achieve 70% compliance noting risks. T&F group tumour site work may improve backlog, STT further

APPENDIX C - Productive and Effective Elective Pathways plan

Waiting List Management SECTION

Current Position	24/25 Key Milestones	Q2	Q3	Q4	Current baseline	Annual plan assumptions																																																																	
Effective waiting list management systems																																																																							
The Health Board launched Community Health Pathways on April 19 th with 50 Pathways launched	Commencement of Phase 2 Health Pathways and 100 Pathways live by Q4				50 Pathways April 24	100 Pathways Q4																																																																	
	GP Gatekeeper model - ENT in place - opportunity to spread to urol, general surgery and spinal (<i>subject to Transformation bid</i>)																																																																						
	Validation exercise Clinical and Administration (learning from gain in BCU and Hywel dda)				Validation currently done in specialty teams	10% yield																																																																	
	2 way e-referral implementation - to facilitate timely communication between primary and secondary care				Baseline for current Advice Only Process 5.99% 2023 - 2024	To be confirmed as part of end of Q1 submission																																																																	
	Review of Demand and capacity planning approach as part of lessons learnt from planning cycle - linked to development of Planned Care Academy																																																																						
Deep dives for top 3 in this order 1. ENT 2. Ophthalmology 3. Ortho With OMF and Urology to follow				All baselines for metrics will be in detailed Deep Dive packs	To be determined as part of deep dives																																																																		
Treat in Turn																																																																							
There is an established Treat in Turn focus in place and well established in the Division of Surgery Assurance meetings. This includes monitoring and challenge against performance metrics to drive improvement. Each specialty is provided with weekly metrics and the performance improvement requirements to be able to meet the agreed trajectories.	Continue to monitor adherence and challenge through Performance Management Framework				<p>Breach Targeting to Reduce 104 Waits</p> <table border="1"> <thead> <tr> <th rowspan="2">Specialty</th> <th colspan="2">Stage 1</th> <th colspan="2">Stage 4</th> </tr> <tr> <th>Baseline</th> <th>Required</th> <th>Baseline</th> <th>Required</th> </tr> </thead> <tbody> <tr> <td>Ear Nose & Throat</td> <td>11%</td> <td>16%</td> <td>24%</td> <td>29%</td> </tr> <tr> <td>Maxillo-Facial</td> <td>9%</td> <td>20%</td> <td>5%</td> <td>17%</td> </tr> <tr> <td>Ophthalmology</td> <td>5%</td> <td>10%</td> <td>15%</td> <td>25%</td> </tr> <tr> <td>T&O (Arthroplasty)</td> <td></td> <td></td> <td>19%</td> <td>30%</td> </tr> <tr> <td>T&O (Spines)</td> <td>7%</td> <td>14%</td> <td>11%</td> <td>15%</td> </tr> <tr> <td>T&O (Other)</td> <td></td> <td></td> <td>20%</td> <td>30%</td> </tr> <tr> <td>Urology</td> <td>4%</td> <td>10%</td> <td>11%</td> <td>17%</td> </tr> <tr> <td>Total</td> <td>3%</td> <td>6%</td> <td>9%</td> <td>19%</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Breach Targeting</th> <th>Baseline</th> <th>Q1 Target</th> <th>Q2 Target</th> </tr> </thead> <tbody> <tr> <td>Stage 1</td> <td>3%</td> <td>6.0%</td> <td>6.4%</td> </tr> <tr> <td>Stage 4</td> <td>9%</td> <td>18.8%</td> <td>19.2%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Stage 4 current 9% 	Specialty	Stage 1		Stage 4		Baseline	Required	Baseline	Required	Ear Nose & Throat	11%	16%	24%	29%	Maxillo-Facial	9%	20%	5%	17%	Ophthalmology	5%	10%	15%	25%	T&O (Arthroplasty)			19%	30%	T&O (Spines)	7%	14%	11%	15%	T&O (Other)			20%	30%	Urology	4%	10%	11%	17%	Total	3%	6%	9%	19%	Breach Targeting	Baseline	Q1 Target	Q2 Target	Stage 1	3%	6.0%	6.4%	Stage 4	9%	18.8%	19.2%					<ul style="list-style-type: none"> • Stage 1 Improvement assumption 6% • Stage 4 Improvement assumption 19%
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Focused intervention in the following specialties to achieve required Treat in Turn levels • Stage 1 Max Fax and Urology sustained practice ENT and Optom • Stage 4 Max Fax, T and O and Urology, sustained practice ENT and Optom Current rate is observed and the improvement rates are monitored and communicated weekly																																																																							
Effective Booking Processes																																																																							
<p>Cataracts Regional Booking Centre implemented:</p> <ul style="list-style-type: none"> • Funding for team secured and 50% of team in post, all employed by AB and training commenced with employees in post. • DPIA completed to enable data access across Health Boards. • Testing with CTM systems completed. • Number of AB patients booked for regional outpatient to date: 20 • Number of AB patients booked for regional theatre procedure to date: 69 	<p>Cataracts Regional Booking Centre:</p> <ul style="list-style-type: none"> • On-boarding of CTM booking team in June 2024. • On-boarding CAV booking team in August 2024. • Aim for team to be fully 'live' by September 2024. 				In line with timescales	No additional gains - part of cataract business case																																																																	
<p>Outpatients Transformation:</p> <p>DNA:</p> <ul style="list-style-type: none"> • Focused ongoing with cohorts reporting high DNA rates, to include Hepatology working with Gastroenterology and Public Health Teams. To understand patterns for DNA's and potential reasons, along with analysis of Secondary Care activity following DNA to understand impact. Patient contact has commenced in May, to inform service planning and redesign for effective booking processes and maximisation of clinic attendance. • Approach to be rolled out in other areas of high DNA if pilot successful. <p>Clinic Room Booking System:</p> <ul style="list-style-type: none"> • Work ongoing with DHCW to undertake proof of concept development of Clinical Room Booking System on MS Team App, with aim of increasing clinic efficiencies and utilisation across the Health Board. • Assessment currently being undertaken to define system capabilities. Once defined, timeframe for roll out to be developed. 	<p>Outpatient Transformation:</p> <p>DNA:</p> <ul style="list-style-type: none"> • Outcome and learning pilot focused on Hepatology completed. Identify next priority areas for focused intervention of pilot proven successful. • Machine Learning test project outcomes published to identify those likely to DNA with a view to developing an algorithm which can be used across specialties. 				Current period at 6%.	DNA Improvement assumption 5% CNA Improvement assumption 5%																																																																	
					Recent audits show there are utilisation opportunities	Not currently quantified - will review as part of benefits realisation of development																																																																	
Demand Management																																																																							
<ul style="list-style-type: none"> • GP Gatekeeper in post for ENT specialty to support demand management and appropriate triaging against referrals from Primary and Community Care Services. Currently funded for 3 sessions per week • ABUHB Community Health Pathways: • Health Pathways launched, aim to reduce unnecessary demand into secondary care, clinical investigations or unwarranted variation in patient care. • Spinal Pathway Developments - • Spinal Pathway review undertaken to support rapid pathway redesign in view of significant increased demand to the Service, working as part of the South Wales Spinal Network to develop Front of Pathway Guidance based on successful models in Cardiff and Swansea. • Work commenced in July 2023 with parallel delivery of front of pathway redesign and service development of lower back pain pathway underway. Pathway guidance currently in consultation period, to include engagement with Local Medical Committee. 	<p>GP Gatekeeper:</p> <ul style="list-style-type: none"> • Assess impact of ENT GP Gatekeeper and opportunities in other specialties scoped (subject to funding). <p>ABUHB Community Health Pathways:</p> <ul style="list-style-type: none"> • 100 pathways live by Q3 2024-25. • Evaluation of first year during Q4 2024-25. 				During 3 month period of model, nearly a quarter (24%) of referral into ENT were returned back to GPs with advice and guidance	To be picked up as part of deep dive																																																																	
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		<p>Spinal Pathway Developments:</p> <ul style="list-style-type: none"> • Community Spinal Pathway to go live in July, and approve safe go-live criteria for the new Pathway. • Agree timeline for the launch of a lower back pain pathway (CPPP) programme. • Agree assessment process to measure impact and quality assurance of the new pathway and impact on the MSK Hub. 				0 currently (not gone live)	Planning assumption 100 patients per month.																																																																

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APPENDIX C - Productive and Effective Elective Pathways plan

Theatres SECTION

Current Position	24/25 Key Milestones	Q2	Q3	Q4	Current baseline	Annual plan assumptions
Theatre Utilisation						
<p>First 'high intensity theatres' (HIT) list held within General Surgery in April 2024 - learning to be taken to inform future activity to reduce fallow lists.</p> <p>6-4-2 scheduling SOP established and signed off (v0.1). Infrastructure in place to monitor compliance with SOP and associated performance metrics:</p> <ul style="list-style-type: none"> - Weekly Theatres Scheduling meeting in place and monitoring ; •Surgical specialties maximise their theatre sessions and have a named surgeon for all lists in-line with the 6-4-2 policy. • identifying vacant sessions to present opportunities for other specialties to pick up using the 6-4-2 principles. - Weekly patient focused scheduling meetings; • The Scheduling Meeting provides a systematic approach to utilisation of theatre sessions for week 1 and 2, with a review to ensuring on the day and short notice cancellations are prevented at week 0. • Provides divisional management and oversight by bringing together accountable members from each specialty who use theatre capacity in ABUHB, allowing for monitoring and challenge against agreed theatres utilisation metrics in line with the 6-4-2 SOP. <p>Maximisation of daycase opportunities - focus on NHH</p>	<p>Finalise and refine data visualisation tools</p> <p>Q1 Review v0.1 of SOP, updating with outcome of exercise reviewing theatres 'fallow activity'.</p> <p>Sign off v0.2 of SOP with commitment from specialties.</p> <p>- Monthly Theatres Utilisation Group</p> <p>Complete exercise to define and identify funded 'fallow' activity, with action plan for Q2-4 to improve from baseline.</p>				<p>KPI 1 - Reduce list cancellations within less than 4 weeks' notice - 51.6% April 24</p> <p>KPI 2 - Cancellations with less than 4 weeks' notice outside of agreed tolerances 30.6% Aril 24</p> <p>KPI 3 - Increase fill rate 2 weeks before planned list - 67.4% May 24</p>	<p>KPI 1 - Reduce list cancellations within less than 4 weeks' notice - Target < 20% (not in plan)</p> <p>KPI 2 - Cancellations with less than 4 weeks' notice outside of agreed tolerances Target 0% (not in plan)</p> <p>KPI 3 - Increase fill rate 2 weeks before planned list - Target 85% (in plan)</p>
	<p>HIT list tests of change reviewed with agreed plan for Q2-4 to support reduction of fallow lists</p>					<p>Not yet quantified or in plan</p>
	<p>Scope options to extend day surgery day in NHH (currently closes at 7pm)</p>				<p>All activity in NHH is daycase but opportunity to extend working day and thus increase throughput - needs fully scoping</p>	<p>Not yet quantified or in plan</p>
Scheduling and Booking						
<p>6-4-2 scheduling SOP (v0.1) signed off with infrastructure for embedding and monitoring in place (as above).</p> <p>Qlik Dashboard developed to incorporate agreed theatres scheduling and utilisation metrics, work ongoing for data standardisation which will be followed by engagement with surgical specialties to support secure divisional commitment and embedding of SOP.</p> <p>Performance metrics include x4 locally agreed KPI's and model hospital metrics:</p> <ol style="list-style-type: none"> 1. Reduce list cancellations within less than 4 weeks' notice (20%) 2. Reduce cancellations with less than 4 weeks' notice outside of agreed tolerances (0%) 3. Increased fill rates 2 weeks before planned list (85%) 4. Reduced disparity between total minutes booked versus total minutes delivered (90%) 	<p>All specialties support to embed the SOP with reviews of application and training needs</p>				<p>As above KPIS</p>	<p>As above KPIS</p>

APPENDIX C - Productive and Effective Elective Pathways plan

HVLC/GIRFT SECTION

Current Position	24/25 Key Milestones	Q2	Q3	Q4	Current baseline	Annual plan assumptions
Identify opportunities for full implementation of HVLC						
<ul style="list-style-type: none"> Top three most frequently undertaken procedures identified to inform opportunities for HVLC activity: Cataracts, Hysteroscopy, Laparoscopic Cholecystectomy. 	<ul style="list-style-type: none"> HIT list tests of change reviewed with agreed plan for Q2-4 to support reduction of fallow lists. Learning to be captured and transferred into plans for HVLC activity. Update of specialty-level action plans in response to GIRFT recommendations. Action plans to be led and delivered by specialties with 				From GIRFT report: Cataract - 1736 undertaken - opportunity of 20,832 mins Hysteroscopy - 537 undertaken - opportunity of 6,444 mins Lapchole - 436 undertaken - opportunity of 18,312 mins	Cataract gain factored in plan
<ul style="list-style-type: none"> First HIT list held within General Surgery in April 2024 with plans for future HIT lists where appropriate taking learning first event. Learning to be applied to future HVLC activity plans. 	Cataract business case					Cataract business case - 95% utilisation of lists - 7 cases per list - a total of 4% improvement to account for GIRFT opportunities for cataracts -
	<ul style="list-style-type: none"> Commencement x3 areas of focus identified based on most frequently undertaken procedure action plans to be developed. Key opportunities by Health Board to deliver 80% of HVLC opportunity and procedure time best practice 					Not quantified in plan or activity
	<ul style="list-style-type: none"> Day Surgery drug chart pilot complete and implementation across all sites commenced 					To be determined
GIRFT <ul style="list-style-type: none"> T and O largely through action plan or due to complete Ophthalmology good progress and most recommendations complete, improvement in the numbers per list and consistent application over last quarter. Urology - Report received in February 24 Action plan agreed with focus on HVLC Theatres - in progress 15 areas identified including HVLC Opportunities and timings. 	<ul style="list-style-type: none"> Working with Consultants to introduce monthly high flow one stop Cataract clinics which will coincide with their theatre lists. Urology HVLC plan implemented. Theatres plan incorporated into Theatre Maximisation with timescales. 				GIRFT <ul style="list-style-type: none"> T and O 55% actions completed, 17% in place, 21% in progress, 7% interdependent. Ophthalmology 78% recommendations complete, improvement in the numbers per list and consistent application over last quarter. Urology - Report received in February 24 Action plan agreed with focus on HVLC Theatres - in progress 15 areas identified including HVLC Opportunities and timings. 	Cataract business case - 95% utilisation of lists - 7 cases per list - a total of 4% improvement to account for GIRFT opportunities for cataracts -

APPENDIX C - Productive and Effective Elective Pathways plan

Diagnostics SECTION

Current Position	24/25 Key Milestones	Q2	Q3	Q4	Current baseline	Annual plan assumptions
Regional Community Diagnostic Centres						
<ul style="list-style-type: none"> Business Case for second Grange University Hospital MRI Scanner developed - requires capital from AWCP -also revenue implication - not affordable on current planned care allocation. This forms part of plans for supporting regional work. Additional mobile MRI in place at Ysbyty Aneurin Bevan as an interim measure until more substantive plans are established. Business Justification Case for a National Digital Cellular Pathology system submitted to PIP in May 2024. 	and plans for the current interim mobile MR agreed. Plan to deliver next steps. <ul style="list-style-type: none"> Continue engagement in regional diagnostic developments as part of the Regional Diagnostic Programme. Follow appropriate governance for approval of National Digital Cellular Pathology system Business Justification Case and subsequent procurement route if approved. 					Plan to be at c.79.7% by December 24 of patients waiting < 8 weeks - Due largely to: Endoscopy (currently prioritising USC activity until c.July) = 960 >8wk breaches in December 24 Neurophysiology - single handed consultant service here and only 4 in Wales = 1401 breaches in December 24 Urodynamics - capacity to manage = c.200+ breaches in December 24
Straight to Test Pathways and Diagnostic pathway best practice						
<p>Single Cancer Pathway: A number of tumour sites are already implementing Straight to Test models of care:</p> <ul style="list-style-type: none"> Urology Colorectal Upper GI Gynaecology Lung Those pilot phase are currently being audited. These will be evaluated prior to full implementation.	<p>Single Cancer Pathway:</p> <ul style="list-style-type: none"> Complete audit and evaluation of tumour sites currently in pilot - driven by T&F groups. Continued full implementation of tumour sites that have published national optimal pathways. Review and revise workplan objectives for each tumour site during Q4 Improve time to diagnosis with 70% seen within 8 weeks by Q3 and 88% by Q4 as a result of the Endoscopy developments at the Royal Gwent Hospital. 					Plan commits to achieve 70% compliance noting risks. T&F group tumour site work may improve backlog, STT further

APPENDIX C - Productive and Effective Elective Pathways plan

Waiting List Management SECTION

Current Position	24/25 Key Milestones	Q2	Q3	Q4	Current baseline	Annual plan assumptions																																																												
Effective waiting list management systems																																																																		
The Health Board launched Community Health Pathways on April 19 th with 50 Pathways launched	Commencement of Phase 2 Health Pathways and 100 Pathways live by Q4				50 Pathways April 24	100 Pathways Q4																																																												
	GP Gatekeeper model - ENT in place - opportunity to spread to urol, general surgery and spinal (<i>subject to Transformation bid</i>)																																																																	
	Validation exercise Clinical and Administration (learning from gain in BCU and Hywel dda)				Validation currently done in specialty teams	10% yield																																																												
	2 way e-referral implementation - to facilitate timely communication between primary and secondary care				Baseline for current Advice Only Process 5.99% 2023 - 2024	To be confirmed as part of end of Q1 submission																																																												
	Review of Demand and capacity planning approach as part of lessons learnt from planning cycle - linked to development of Planned Care Academy																																																																	
Deep dives for top 3 in this order 1. ENT 2. Ophthalmology 3. Ortho With OMF and Urology to follow				All baselines for metrics will be in detailed Deep Dive packs	To be determined as part of deep dives																																																													
Treat in Turn																																																																		
There is an established Treat in Turn focus in place and well established in the Division of Surgery Assurance meetings. This includes monitoring and challenge against performance metrics to drive improvement. Each specialty is provided with weekly metrics and the performance improvement requirements to be able to meet the agreed trajectories.	Continue to monitor adherence and challenge through Performance Management Framework				<p>Breach Targeting to Reduce 104 Waits</p> <table border="1"> <thead> <tr> <th rowspan="2">Specialty</th> <th colspan="2">Stage 1</th> <th colspan="2">Stage 4</th> </tr> <tr> <th>Baseline</th> <th>Required</th> <th>Baseline</th> <th>Required</th> </tr> </thead> <tbody> <tr> <td>Ear Nose & Throat</td> <td>11%</td> <td>16%</td> <td>24%</td> <td>29%</td> </tr> <tr> <td>Maxillo-Facial</td> <td>9%</td> <td>20%</td> <td>5%</td> <td>17%</td> </tr> <tr> <td>Ophthalmology</td> <td>5%</td> <td>10%</td> <td>15%</td> <td>25%</td> </tr> <tr> <td>T&O (Arthroplasty)</td> <td></td> <td></td> <td>19%</td> <td>30%</td> </tr> <tr> <td>T&O (Spines)</td> <td>7%</td> <td>14%</td> <td>11%</td> <td>15%</td> </tr> <tr> <td>T&O (Other)</td> <td></td> <td></td> <td>20%</td> <td>30%</td> </tr> <tr> <td>Urology</td> <td>4%</td> <td>10%</td> <td>11%</td> <td>17%</td> </tr> <tr> <td>Total</td> <td>3%</td> <td>6%</td> <td>9%</td> <td>19%</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Breach Targeting</th> <th>Baseline</th> <th>Q1 Target</th> <th>Q2 Target</th> </tr> </thead> <tbody> <tr> <td>Stage 1</td> <td>3%</td> <td>6.0%</td> <td>6.4%</td> </tr> <tr> <td>Stage 4</td> <td>9%</td> <td>18.8%</td> <td>19.2%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Stage 4 current 9% 	Specialty	Stage 1		Stage 4		Baseline	Required	Baseline	Required	Ear Nose & Throat	11%	16%	24%	29%	Maxillo-Facial	9%	20%	5%	17%	Ophthalmology	5%	10%	15%	25%	T&O (Arthroplasty)			19%	30%	T&O (Spines)	7%	14%	11%	15%	T&O (Other)			20%	30%	Urology	4%	10%	11%	17%	Total	3%	6%	9%	19%	Breach Targeting	Baseline	Q1 Target	Q2 Target	Stage 1	3%	6.0%	6.4%	Stage 4	9%	18.8%	19.2%
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Focused intervention in the following specialties to achieve required Treat in Turn levels <ul style="list-style-type: none"> • Stage 1 Max Fax and Urology sustained practice ENT and Optom • Stage 4 Max Fax, T and O and Urology, sustained practice ENT and Optom Current rate is observed and the improvement rates are monitored and communicated weekly						<ul style="list-style-type: none"> • Stage 1 Improvement assumption 6% • Stage 4 Improvement assumption 19% 																																																												
Effective Booking Processes																																																																		
Cataracts Regional Booking Centre implemented: <ul style="list-style-type: none"> • Funding for team secured and 50% of team in post, all employed by AB and training commenced with employees in post. • DPIA completed to enable data access across Health Boards. • Testing with CTM systems completed. • Number of AB patients booked for regional outpatient to date: 20 • Number of AB patients booked for regional theatre procedure to date: 69 	Cataracts Regional Booking Centre: <ul style="list-style-type: none"> • On-boarding of CTM booking team in June 2024. • On-boarding CAV booking team in August 2024. • Aim for team to be fully 'live' by September 2024. 				In line with timescales	No additional gains - part of cataract business case																																																												
Outpatients Transformation: DNA: <ul style="list-style-type: none"> • Focused ongoing with cohorts reporting high DNA rates, to include Hepatology working with Gastroenterology and Public Health Teams. To understand patterns for DNA's and potential reasons, along with analysis of Secondary Care activity following DNA to understand impact. Patient contact has commenced in May, to inform service planning and redesign for effective booking processes and maximisation of clinic attendance. • Approach to be rolled out in other areas of high DNA if pilot successful. Clinic Room Booking System: <ul style="list-style-type: none"> • Work ongoing with DHCW to undertake proof of concept development of Clinical Room Booking System on MS Team App, with aim of increasing clinic efficiencies and utilisation across the Health Board. • Assessment currently being undertaken to define system capabilities. Once defined, timeframe for roll out to be developed. 	Outpatient Transformation: DNA: <ul style="list-style-type: none"> • Outcome and learning pilot focused on Hepatology completed. Identify next priority areas for focused intervention of pilot proven successful. • Machine Learning test project outcomes published to identify those likely to DNA with a view to developing an algorithm which can be used across specialties. 				Current period at 6%. Recent audits show there are utilisation opportunities	DNA Improvement assumption 5% CNA Improvement assumption 5% Not currently quantified - will review as part of benefits realisation of development																																																												
Demand Management																																																																		
<ul style="list-style-type: none"> • GP Gatekeeper in post for ENT specialty to support demand management and appropriate triaging against referrals from Primary and Community Care Services. Currently funded for 3 sessions per week • ABUHB Community Health Pathways: Health Pathways launched, aim to reduce unnecessary demand into secondary care, clinical investigations or unwarranted variation in patient care. • Spinal Pathway Developments - Spinal Pathway review undertaken to support rapid pathway redesign in view of significant increased demand to the Service, working as part of the South Wales Spinal Network to develop Front of Pathway Guidance based on successful models in Cardiff and Swansea. • Work commenced in July 2023 with parallel delivery of front of pathway redesign and service development of lower back pain pathway underway. Pathway guidance currently in consultation period, to include engagement with Local Medical Committee. 	GP Gatekeeper: <ul style="list-style-type: none"> • Assess impact of ENT GP Gatekeeper and opportunities in other specialties scoped (subject to funding). 				During 3 month period of model, nearly a quarter (24%) of referral into ENT were returned back to GPs with advice and guidance	To be picked up as part of deep dive																																																												
	ABUHB Community Health Pathways: <ul style="list-style-type: none"> • 100 pathways live by Q3 2024-25. • Evaluation of first year during Q4 2024-25. 				50 Live in April 24	100 Pathways Live by Q4																																																												
	Outpatients Transformation: <ul style="list-style-type: none"> • Launch two-way advice functionality during Q2/3 of 2024-25, as enabler of better communication and referral management. Ongoing monitoring of effectiveness. 				Baseline for current Advice Only Process 5.99% 2023 - 2024	To be confirmed as part of end of Q1 submission																																																												
	Spinal Pathway Developments: <ul style="list-style-type: none"> • Community Spinal Pathway to go live in July, and approve safe go-live criteria for the new Pathway. • Agree timeline for the launch of a lower back pain pathway (CPPP) programme. • Agree assessment process to measure impact and quality assurance of the new pathway and impact on the MSK Hub. 				0 currently (not gone live)	Planning assumption 100 patients per month.																																																												

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<p>SOS/PIFU – under Outpatients Transformation:</p> <ul style="list-style-type: none"> Data visualisation of metrics and performance made available to all staff as part of dashboard. Discussed at Divisional level and at Outpatient Transformation Group. <p>Scoping exercise of potential new pathways completed to include:</p> <ul style="list-style-type: none"> Gap analysis being undertaken against pathways in other Health Boards. CIN recommendations for relevant specialties Specialty specific plans identified through the development of service-specific OPD transformation plans. Ongoing work with specialties to review follow up lists for patients appropriate for SOS and PIFU targeted at those with the highest numbers. 	<p>SOS/PIFU delivery – under Outpatients Transformation Programme:</p> <p>Implementation of new Pathways identified as part of scoping exercise during Q1.</p>					As per table – gain included in delivery ambitions																				
	<p>Review all outputs from national Clinical Implementation Networks (CINS) for standards, guidance to ensure included</p>						As per above																			
	<p>Review of Follow up lists to move patients onto SOS PIFU</p>						Not quantified in plan																			
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Theatres SECTION

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Theatre Utilisation						
<p>First 'high intensity theatres' (HIT) list held within General Surgery in April 2024 - learning to be taken to inform future activity to reduce fallow lists.</p> <p>6-4-2 scheduling SOP established and signed off (v0.1). Infrastructure in place to monitor compliance with SOP and associated performance metrics:</p> <ul style="list-style-type: none"> - Weekly Theatres Scheduling meeting in place and monitoring ; •Surgical specialties maximise their theatre sessions and have a named surgeon for all lists in-line with the 6-4-2 policy. • identifying vacant sessions to present opportunities for other specialties to pick up using the 6-4-2 principles. - Weekly patient focused scheduling meetings; • The Scheduling Meeting provides a systematic approach to utilisation of theatre sessions for week 1 and 2, with a review to ensuring on the day and short notice cancellations are prevented at week 0. • Provides divisional management and oversight by bringing together accountable members from each specialty who use theatre capacity in ABUHB, allowing for monitoring and challenge against agreed theatres utilisation metrics in line with the 6-4-2 SOP. <p>Maximisation of daycase opportunities - focus on NHH</p>	<p>Finalise and refine data visualisation tools</p> <p>Q1 Review v0.1 of SOP, updating with outcome of exercise reviewing theatres 'fallow activity'.</p> <p>Sign off v0.2 of SOP with commitment from specialties.</p> <p>- Monthly Theatres Utilisation Group</p> <p>Complete exercise to define and identify funded 'fallow' activity, with action plan for Q2-4 to improve from baseline.</p>				<p>KPI 1 - Reduce list cancellations within less than 4 weeks' notice - 51.6% April 24</p> <p>KPI 2 - Cancellations with less than 4 weeks' notice outside of agreed tolerances 30.6% Aril 24</p> <p>KPI 3 - Increase fill rate 2 weeks before planned list - 67.4% May 24</p>	<p>KPI 1 - Reduce list cancellations within less than 4 weeks' notice - Target < 20% (not in plan)</p> <p>KPI 2 - Cancellations with less than 4 weeks' notice outside of agreed tolerances Target 0% (not in plan)</p> <p>KPI 3 - Increase fill rate 2 weeks before planned list - Target 85% (in plan)</p>
	<p>HIT list tests of change reviewed with agreed plan for Q2-4 to support reduction of fallow lists</p>					<p>Not yet quantified or in plan</p>
	<p>Scope options to extend day surgery day in NHH (currently closes at 7pm)</p>				<p>All activity in NHH is daycase but opportunity to extend working day and thus increase throughput - needs fully scoping</p>	<p>Not yet quantified or in plan</p>
Scheduling and Booking						
<p>6-4-2 scheduling SOP (v0.1) signed off with infrastructure for embedding and monitoring in place (as above).</p> <p>Qlik Dashboard developed to incorporate agreed theatres scheduling and utilisation metrics, work ongoing for data standardisation which will be followed by engagement with surgical specialties to support secure divisional commitment and embedding of SOP.</p> <p>Performance metrics include x4 locally agreed KPI's and model hospital metrics:</p> <ol style="list-style-type: none"> 1. Reduce list cancellations within less than 4 weeks' notice (20%) 2. Reduce cancellations with less than 4 weeks' notice outside of agreed tolerances (0%) 3. Increased fill rates 2 weeks before planned list (85%) 4. Reduced disparity between total minutes booked versus total minutes delivered (90%) 	<p>All specialties support to embed the SOP with reviews of application and training needs</p>				<p>As above KPIS</p>	<p>As above KPIS</p>

To be determined as part of deep dives

APPENDIX C - Productive and Effective Elective Pathways plan

HVLC/GIRFT SECTION

Current Position	24/25 Key Milestones	Q2	Q3	Q4	Current baseline	Annual plan assumptions
Identify opportunities for full implementation of HVLC						
<ul style="list-style-type: none"> Top three most frequently undertaken procedures identified to inform opportunities for HVLC activity: Cataracts, Hysteroscopy, Laparoscopic Cholecystectomy. First HIT list held within General Surgery in April 2024 with plans for future HIT lists where appropriate taking learning first event. Learning to be applied to future HVLC activity plans. 	<ul style="list-style-type: none"> HIT list tests of change reviewed with agreed plan for Q2-4 to support reduction of fallow lists. Learning to be captured and transferred into plans for HVLC activity. Update of specialty-level action plans in response to GIRFT recommendations. Action plans to be led and delivered by specialties with 				From GIRFT report: Cataract - 1736 undertaken - opportunity of 20,832 mins Hysteroscopy - 537 undertaken - opportunity of 6,444 mins Lapchole - 436 undertaken - opportunity of 18,312 mins	Cataract gain factored in plan
	Cataract business case					Cataract business case - 95% utilisation of lists - 7 cases per list - a total of 4% improvement to account for GIRFT opportunities for cataracts -
	<ul style="list-style-type: none"> Commencement x3 areas of focus identified based on most frequently undertaken procedure action plans to be developed. Key opportunities by Health Board to deliver 80% of HVLC opportunity and procedure time best practice Day Surgery drug chart pilot complete and implementation across all sites commenced 					Not quantified in plan or activity
<p>GIRFT</p> <ul style="list-style-type: none"> T and O largely through action plan or due to complete Ophthalmology good progress and most recommendations complete, improvement in the numbers per list and consistent application over last quarter. Urology - Report received in February 24 Action plan agreed with focus on HVLC Theatres - in progress 15 areas identified including HVLC Opportunities and timings. 	<ul style="list-style-type: none"> Working with Consultants to introduce monthly high flow one stop Cataract clinics which will coincide with their theatre lists. Urology HVLC plan implemented. Theatres plan incorporated into Theatre Maximisation with timescales. 				<p>GIRFT</p> <ul style="list-style-type: none"> T and O 55% actions completed, 17% in place, 21% in progress, 7% interdependent. Ophthalmology 78% recommendations complete, improvement in the numbers per list and consistent application over last quarter. Urology - Report received in February 24 Action plan agreed with focus on HVLC Theatres - in progress 15 areas identified including HVLC Opportunities and timings. 	Cataract business case - 95% utilisation of lists - 7 cases per list - a total of 4% improvement to account for GIRFT opportunities for cataracts -
						To be determined

APPENDIX C - Productive and Effective Elective Pathways plan

Diagnostics SECTION

Current Position	24/25 Key Milestones	Q2	Q3	Q4	Current baseline	Annual plan assumptions
Regional Community Diagnostic Centres						
<ul style="list-style-type: none"> Business Case for second Grange University Hospital MRI Scanner developed - requires capital from AWCP -also revenue implication - not affordable on current planned care allocation. This forms part of plans for supporting regional work. Additional mobile MRI in place at Ysbyty Aneurin Bevan as an interim measure until more substantive plans are established. Business Justification Case for a National Digital Cellular Pathology system submitted to PIP in May 2024. 	and plans for the current interim mobile MR agreed. Plan to deliver next steps. <ul style="list-style-type: none"> Continue engagement in regional diagnostic developments as part of the Regional Diagnostic Programme. Follow appropriate governance for approval of National Digital Cellular Pathology system Business Justification Case and subsequent procurement route if approved. 					Plan to be at c.79.7% by December 24 of patients waiting < 8 weeks - Due largely to: Endoscopy (currently prioritising USC activity until c.July) = 960 >8wk breaches in December 24 Neurophysiology - single handed consultant service here and only 4 in Wales = 1401 breaches in December 24 Urodynamics - capacity to manage = c.200+ breaches in December 24
Straight to Test Pathways and Diagnostic pathway best practice						
<p>Single Cancer Pathway: A number of tumour sites are already implementing Straight to Test models of care:</p> <ul style="list-style-type: none"> Urology Colorectal Upper GI Gynaecology Lung Those pilot phase are currently being audited. These will be evaluated prior to full implementation.	<p>Single Cancer Pathway:</p> <ul style="list-style-type: none"> Complete audit and evaluation of tumour sites currently in pilot - driven by T&F groups. Continued full implementation of tumour sites that have published national optimal pathways. Review and revise workplan objectives for each tumour site during Q4 Improve time to diagnosis with 70% seen within 8 weeks by Q3 and 88% by Q4 as a result of the Endoscopy developments at the Royal Gwent Hospital. 					Plan commits to achieve 70% compliance noting risks. T&F group tumour site work may improve backlog, STT further

APPENDIX C - Productive and Effective Elective Pathways plan

Waiting List Management SECTION

Current Position	24/25 Key Milestones	Q2	Q3	Q4	Current baseline	Annual plan assumptions																																																																	
Effective waiting list management systems																																																																							
The Health Board launched Community Health Pathways on April 19 th with 50 Pathways launched	Commencement of Phase 2 Health Pathways and 100 Pathways live by Q4				50 Pathways April 24	100 Pathways Q4																																																																	
	GP Gatekeeper model - ENT in place - opportunity to spread to urol, general surgery and spinal (<i>subject to Transformation bid</i>)																																																																						
	Validation exercise Clinical and Administration (learning from gain in BCU and Hywel dda)				Validation currently done in specialty teams	10% yield																																																																	
	2 way e-referral implementation - to facilitate timely communication between primary and secondary care				Baseline for current Advice Only Process 5.99% 2023 - 2024	To be confirmed as part of end of Q1 submission																																																																	
	Review of Demand and capacity planning approach as part of lessons learnt from planning cycle - linked to development of Planned Care Academy																																																																						
Deep dives for top 3 in this order 1. ENT 2. Ophthalmology 3. Ortho With OMF and Urology to follow				All baselines for metrics will be in detailed Deep Dive packs	To be determined as part of deep dives																																																																		
Treat in Turn																																																																							
There is an established Treat in Turn focus in place and well established in the Division of Surgery Assurance meetings. This includes monitoring and challenge against performance metrics to drive improvement. Each specialty is provided with weekly metrics and the performance improvement requirements to be able to meet the agreed trajectories.	Continue to monitor adherence and challenge through Performance Management Framework				<p>Breach Targeting to Reduce 104 Waits</p> <table border="1"> <thead> <tr> <th rowspan="2">Specialty</th> <th colspan="2">Stage 1</th> <th colspan="2">Stage 4</th> </tr> <tr> <th>Baseline</th> <th>Required</th> <th>Baseline</th> <th>Required</th> </tr> </thead> <tbody> <tr> <td>Ear Nose & Throat</td> <td>11%</td> <td>16%</td> <td>24%</td> <td>29%</td> </tr> <tr> <td>Maxillo-Facial</td> <td>9%</td> <td>20%</td> <td>5%</td> <td>17%</td> </tr> <tr> <td>Ophthalmology</td> <td>5%</td> <td>10%</td> <td>15%</td> <td>25%</td> </tr> <tr> <td>T&O (Arthroplasty)</td> <td></td> <td></td> <td>19%</td> <td>30%</td> </tr> <tr> <td>T&O (Spines)</td> <td>7%</td> <td>14%</td> <td>11%</td> <td>15%</td> </tr> <tr> <td>T&O (Other)</td> <td></td> <td></td> <td>20%</td> <td>30%</td> </tr> <tr> <td>Urology</td> <td>4%</td> <td>10%</td> <td>11%</td> <td>17%</td> </tr> <tr> <td>Total</td> <td>3%</td> <td>6%</td> <td>9%</td> <td>19%</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Breach Targeting</th> <th>Baseline</th> <th>Q1 Target</th> <th>Q2 Target</th> </tr> </thead> <tbody> <tr> <td>Stage 1</td> <td>3%</td> <td>6.0%</td> <td>6.4%</td> </tr> <tr> <td>Stage 4</td> <td>9%</td> <td>18.8%</td> <td>19.2%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Stage 4 current 9% 	Specialty	Stage 1		Stage 4		Baseline	Required	Baseline	Required	Ear Nose & Throat	11%	16%	24%	29%	Maxillo-Facial	9%	20%	5%	17%	Ophthalmology	5%	10%	15%	25%	T&O (Arthroplasty)			19%	30%	T&O (Spines)	7%	14%	11%	15%	T&O (Other)			20%	30%	Urology	4%	10%	11%	17%	Total	3%	6%	9%	19%	Breach Targeting	Baseline	Q1 Target	Q2 Target	Stage 1	3%	6.0%	6.4%	Stage 4	9%	18.8%	19.2%					<ul style="list-style-type: none"> • Stage 1 Improvement assumption 6% • Stage 4 Improvement assumption 19%
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Focused intervention in the following specialties to achieve required Treat in Turn levels • Stage 1 Max Fax and Urology sustained practice ENT and Optom • Stage 4 Max Fax, T and O and Urology, sustained practice ENT and Optom Current rate is observed and the improvement rates are monitored and communicated weekly																																																																							
Effective Booking Processes																																																																							
<p>Cataracts Regional Booking Centre implemented:</p> <ul style="list-style-type: none"> • Funding for team secured and 50% of team in post, all employed by AB and training commenced with employees in post. • DPIA completed to enable data access across Health Boards. • Testing with CTM systems completed. • Number of AB patients booked for regional outpatient to date: 20 • Number of AB patients booked for regional theatre procedure to date: 69 	<p>Cataracts Regional Booking Centre:</p> <ul style="list-style-type: none"> • On-boarding of CTM booking team in June 2024. • On-boarding CAV booking team in August 2024. • Aim for team to be fully 'live' by September 2024. 				In line with timescales	No additional gains - part of cataract business case																																																																	
<p>Outpatients Transformation:</p> <p>DNA:</p> <ul style="list-style-type: none"> • Focused ongoing with cohorts reporting high DNA rates, to include Hepatology working with Gastroenterology and Public Health Teams. To understand patterns for DNA's and potential reasons, along with analysis of Secondary Care activity following DNA to understand impact. Patient contact has commenced in May, to inform service planning and redesign for effective booking processes and maximisation of clinic attendance. • Approach to be rolled out in other areas of high DNA if pilot successful. <p>Clinic Room Booking System:</p> <ul style="list-style-type: none"> • Work ongoing with DHCW to undertake proof of concept development of Clinical Room Booking System on MS Team App, with aim of increasing clinic efficiencies and utilisation across the Health Board. • Assessment currently being undertaken to define system capabilities. Once defined, timeframe for roll out to be developed. 	<p>Outpatient Transformation:</p> <p>DNA:</p> <ul style="list-style-type: none"> • Outcome and learning pilot focused on Hepatology completed. Identify next priority areas for focused intervention of pilot proven successful. • Machine Learning test project outcomes published to identify those likely to DNA with a view to developing and algorithm which can be used across specialties. 				Current period at 6%. Recent audits show there are utilisation opportunities	<p>DNA Improvement assumption 5%</p> <p>CNA Improvement assumption 5%</p> <p>Not currently quantified - will review as part of benefits realisation of development</p>																																																																	
Demand Management																																																																							
<ul style="list-style-type: none"> • GP Gatekeeper in post for ENT specialty to support demand management and appropriate triaging against referrals from Primary and Community Care Services. Currently funded for 3 sessions per week • ABUHB Community Health Pathways: • Health Pathways launched, aim to reduce unnecessary demand into secondary care, clinical investigations or unwarranted variation in patient care. • Spinal Pathway Developments - • Spinal Pathway review undertaken to support rapid pathway redesign in view of significant increased demand to the Service, working as part of the South Wales Spinal Network to develop Front of Pathway Guidance based on successful models in Cardiff and Swansea. • Work commenced in July 2023 with parallel delivery of front of pathway redesign and service development of lower back pain pathway underway. Pathway guidance currently in consultation period, to include engagement with Local Medical Committee. 	<p>GP Gatekeeper:</p> <ul style="list-style-type: none"> • Assess impact of ENT GP Gatekeeper and opportunities in other specialties scoped (subject to funding). <p>ABUHB Community Health Pathways:</p> <ul style="list-style-type: none"> • 100 pathways live by Q3 2024-25. • Evaluation of first year during Q4 2024-25. 				During 3 month period of model, nearly a quarter (24%) of referral into ENT were returned back to GPs with advice and guidance	To be picked up as part of deep dive																																																																	
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		<p>Outpatients Transformation:</p> <ul style="list-style-type: none"> • Launch two-way advice functionality during Q2/3 of 2024-25, as enabler of better communication and referral management. Ongoing monitoring of effectiveness. 				Baseline for current Advice Only Process 5.99% 2023 - 2024	To be confirmed as part of end of Q1 submission																																																																
		<p>Spinal Pathway Developments:</p> <ul style="list-style-type: none"> • Community Spinal Pathway to go live in July, and approve safe go-live criteria for the new Pathway. • Agree timeline for the launch of a lower back pain pathway (CPPP) programme. • Agree assessment process to measure impact and quality assurance of the new pathway and impact on the MSK Hub. 				0 currently (not gone live)	Planning assumption 100 patients per month.																																																																

Current Position	24/25 Key Milestones	Q2	Q3	Q4	Current baseline	Annual plan assumptions	
SOS/PIFU defaults							
<p>SOS/PIFU – under Outpatients Transformation:</p> <ul style="list-style-type: none"> Data visualisation of metrics and performance made available to all staff as part of dashboard. Discussed at Divisional level and at Outpatient Transformation Group. <p>Scoping exercise of potential new pathways completed to include:</p> <ul style="list-style-type: none"> Gap analysis being undertaken against pathways in other Health Boards. CIN recommendations for relevant specialties Specialty specific plans identified through the development of service-specific OPD transformation plans. Ongoing work with specialties to review follow up lists for patients appropriate for SOS and PIFU targeted at those with the highest numbers. 	<p>SOS/PIFU delivery – under Outpatients Transformation Programme:</p> <p>Implementation of new Pathways identified as part of scoping exercise during Q1.</p>					As per table – gain included in delivery ambitions	
	<p>Review all outputs from national Clinical Implementation Networks (CINS) for standards, guidance to ensure included</p>						As per above
	<p>Review of Follow up lists to move patients onto SOS PIFU</p>						Not quantified in plan
	<p>Monitoring of compliance with SOS/PIFU and discharge rates.</p>						
Advice & Guidance							
<p>Engagement with key specialties to increase number of services live on the Consultant Connect platform. Trauma and Orthopaedics to commence in May 2024, discussions underway to explore potential use in Emergency Eye Clinics and Mental Health Medicines Management.</p> <ul style="list-style-type: none"> Number of advice only outpatient attendances 2023-2024 12,942 (2022-2023 11,273, this is an increase of 1,669 for the same time period). <p>ABUHB Community Health Pathways:</p> <ul style="list-style-type: none"> Health Pathways launched <p>Spinal Pathway Developments:</p> <p>Parallel delivery of front of pathway redesign and service development of lower back pain pathway underway. Pathway guidance currently in consultation period, to include engagement with Local Medical Committee. Go live to be confirmed. Plans in process for training offer from the Spinal team.</p> <p>Keeping Well:</p> <ul style="list-style-type: none"> Public facing page created in collaboration with the communications team https://abuhb.nhs.wales/hospitals/staying-well-and-healthy/keeping-well/ Communication material created and circulated with QR codes included on validation letters, patient outpatient letters and URL via text messages from the Referral and Booking Centre. Soft launch of ABUHB 'Keeping Well' (Single Point of Contact) Service complete with Business Case for funding approved by ABUHB Executive Team in January 2024. x3 Band 3 call handlers recruited – recruitment of B5 RN in process. Service currently inclusive of outgoing calls only, and to ENT patients initially. 	<p>Outpatients Transformation:</p> <ul style="list-style-type: none"> Launch two-way eAdvice functionality during Q2/3 of 2024-25, as enabler of better communication and timely advice/guidance between Primary and Secondary Care clinicians. Continue engagement with key specialties regarding Consultant Connect developments, T and O go live and Ophthalmology and Mental Health scoped Continue monitoring of 'advice only' metrics. 				<p>Baseline for current Advice Only Process 5.99% 2023 – 2024</p> <ul style="list-style-type: none"> Number of advice only outpatient attendances 2023-2024 12,942 (2022-2023 11,273, this is an increase of 1,669 for the same time period). 	To be determined as part of deep dives	
	<p>ABUHB Community Health Pathways:</p> <ul style="list-style-type: none"> Implementation of opportunities identified through other initiatives under Planned Care Recovery Programme (e.g., GP Gatekeeper, two-way advice) and keep active communication with national Consultant Connect contact to ensure up-to-date information of services available through the platform locally. Evaluation of first year during Q4 2024-25. 				50 in April 24	100 pathways live by Q4	
	<p>Spinal Pathway developments –</p> <ul style="list-style-type: none"> Pathway guidance to go live. Commence delivery of training offer from the Spinal team to support professional development via appropriate training sessions. 					80% of spinal referral to be directed through new pathway	
	<p>Keeping well.</p> <ul style="list-style-type: none"> Evaluation of Keeping Well service soft launch evaluation. Continue with recruitment to team and subsequent training. Focus on support for patients entering onto a referral pathway from Primary to Secondary Care, to include agreement on how ABUHB patient waiting times are communicated to patients: further discussions required with Executive and Communications teams. 				Currently 100% via spinal surgeons		
Virtual pre operative clinics							
<p>Theatres Maximisation Programme:</p> <ul style="list-style-type: none"> Virtual pre-operative clinics in place, this is a varied model in line with patient acuity. Work currently in progress to review the service and identify improvement opportunities. 	<p>Theatres Maximisation Programme:</p> <ul style="list-style-type: none"> Review of pre-operative virtual clinics activity completed with action plan 						
	<p>Outpatients Transformation:</p> <ul style="list-style-type: none"> Review audit of further opportunities and Phase 2 opportunities for Virtual outpatients activity commenced 					<p>To be determined</p> <p>Virtual outpatients activity for 2023-24 reported at 23.2% (2022-2023 at 24.5%).</p>	To be determined
<p>National and Regional work</p> <p>New anaes CIN – understand work in this area and engage</p> <p>Regional orthopaedics – Pilot underway to standardise pre-operative process including virtual pre-op</p>	<p>Link in with national CIN on opportunities that are being developed – link to digital enablers</p>				To be determined	To be determined	

	Baseline	Q2	Q3	Q4
Increase in the rate of Symptom and Patient Initiated Referrals	13.30%	13.30%	13.60%	14%
Reduction in number of patients waiting 100% past Outpatient Follow-up target date	25,949	25,980	16,043	11,042
				6,071

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APPENDIX C - Productive and Effective Elective Pathways plan

Diagnostics SECTION

Current Position	24/25 Key Milestones	Q2	Q3	Q4	Current baseline	Annual plan assumptions
Regional Community Diagnostic Centres						
<ul style="list-style-type: none"> Business Case for second Grange University Hospital MRI Scanner developed - requires capital from AWCP -also revenue implication - not affordable on current planned care allocation. This forms part of plans for supporting regional work. Additional mobile MRI in place at Ysbyty Aneurin Bevan as an interim measure until more substantive plans are established. Business Justification Case for a National Digital Cellular Pathology system submitted to PIP in May 2024. 	and plans for the current interim mobile MR agreed. Plan to deliver next steps. <ul style="list-style-type: none"> Continue engagement in regional diagnostic developments as part of the Regional Diagnostic Programme. Follow appropriate governance for approval of National Digital Cellular Pathology system Business Justification Case and subsequent procurement route if approved. 					Plan to be at c.79.7% by December 24 of patients waiting < 8 weeks - Due largely to: Endoscopy (currently prioritising USC activity until c.July) = 960 >8wk breaches in December 24 Neurophysiology - single handed consultant service here and only 4 in Wales = 1401 breaches in December 24 Urodynamics - capacity to manage = c.200+ breaches in December 24
Straight to Test Pathways and Diagnostic pathway best practice						
<p>Single Cancer Pathway: A number of tumour sites are already implementing Straight to Test models of care:</p> <ul style="list-style-type: none"> Urology Colorectal Upper GI Gynaecology Lung Those pilot phase are currently being audited. These will be evaluated prior to full implementation.	<p>Single Cancer Pathway:</p> <ul style="list-style-type: none"> Complete audit and evaluation of tumour sites currently in pilot - driven by T&F groups. Continued full implementation of tumour sites that have published national optimal pathways. Review and revise workplan objectives for each tumour site during Q4 Improve time to diagnosis with 70% seen within 8 weeks by Q3 and 88% by Q4 as a result of the Endoscopy developments at the Royal Gwent Hospital. 					Plan commits to achieve 70% compliance noting risks. T&F group tumour site work may improve backlog, STT further

APPENDIX C - Productive and Effective Elective Pathways plan

Waiting List Management SECTION

Current Position	24/25 Key Milestones	Q2	Q3	Q4	Current baseline	Annual plan assumptions																																																																
Effective waiting list management systems																																																																						
The Health Board launched Community Health Pathways on April 19 th with 50 Pathways launched	Commencement of Phase 2 Health Pathways and 100 Pathways live by Q4				50 Pathways April 24	100 Pathways Q4																																																																
	GP Gatekeeper model - ENT in place - opportunity to spread to urol, general surgery and spinal (<i>subject to Transformation bid</i>)																																																																					
	Validation exercise Clinical and Administration (learning from gain in BCU and Hywel dda)				Validation currently done in specialty teams	10% yield																																																																
	2 way e-referral implementation - to facilitate timely communication between primary and secondary care				Baseline for current Advice Only Process 5.99% 2023 - 2024	To be confirmed as part of end of Q1 submission																																																																
	Review of Demand and capacity planning approach as part of lessons learnt from planning cycle - linked to development of Planned Care Academy																																																																					
Deep dives for top 3 in this order 1. ENT 2. Ophthalmology 3. Ortho With OMF and Urology to follow				All baselines for metrics will be in detailed Deep Dive packs	To be determined as part of deep dives																																																																	
Treat in Turn																																																																						
There is an established Treat in Turn focus in place and well established in the Division of Surgery Assurance meetings. This includes monitoring and challenge against performance metrics to drive improvement. Each specialty is provided with weekly metrics and the performance improvement requirements to be able to meet the agreed trajectories.	Continue to monitor adherence and challenge through Performance Management Framework				<p>Breach Targeting to Reduce 104 Waits</p> <table border="1"> <thead> <tr> <th rowspan="2">Specialty</th> <th colspan="2">Stage 1</th> <th colspan="2">Stage 4</th> </tr> <tr> <th>Baseline</th> <th>Required</th> <th>Baseline</th> <th>Required</th> </tr> </thead> <tbody> <tr> <td>Ear Nose & Throat</td> <td>11%</td> <td>16%</td> <td>24%</td> <td>29%</td> </tr> <tr> <td>Maxillo-Facial</td> <td>9%</td> <td>20%</td> <td>5%</td> <td>17%</td> </tr> <tr> <td>Ophthalmology</td> <td>5%</td> <td>10%</td> <td>15%</td> <td>25%</td> </tr> <tr> <td>T&O (Arthroplasty)</td> <td></td> <td></td> <td>19%</td> <td>30%</td> </tr> <tr> <td>T&O (Spines)</td> <td>7%</td> <td>14%</td> <td>11%</td> <td>15%</td> </tr> <tr> <td>T&O (Other)</td> <td></td> <td></td> <td>20%</td> <td>30%</td> </tr> <tr> <td>Urology</td> <td>4%</td> <td>10%</td> <td>11%</td> <td>17%</td> </tr> <tr> <td>Total</td> <td>3%</td> <td>6%</td> <td>9%</td> <td>19%</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Breach Targeting</th> <th>Baseline</th> <th>Q1 Target</th> <th>Q2 Target</th> </tr> </thead> <tbody> <tr> <td>Stage 1</td> <td>3%</td> <td>6.0%</td> <td>6.4%</td> </tr> <tr> <td>Stage 4</td> <td>9%</td> <td>18.8%</td> <td>19.2%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Stage 4 current 9% 	Specialty	Stage 1		Stage 4		Baseline	Required	Baseline	Required	Ear Nose & Throat	11%	16%	24%	29%	Maxillo-Facial	9%	20%	5%	17%	Ophthalmology	5%	10%	15%	25%	T&O (Arthroplasty)			19%	30%	T&O (Spines)	7%	14%	11%	15%	T&O (Other)			20%	30%	Urology	4%	10%	11%	17%	Total	3%	6%	9%	19%	Breach Targeting	Baseline	Q1 Target	Q2 Target	Stage 1	3%	6.0%	6.4%	Stage 4	9%	18.8%	19.2%				<ul style="list-style-type: none"> • Stage 1 Improvement assumption 6% • Stage 4 Improvement assumption 19%
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Continued tracking of the urgency profile and the impact on Treat in Turn Performance, including league table, and prospective treat in turn scheduling tool																																																																						
Focused intervention in the following specialties to achieve required Treat in Turn levels • Stage 1 Max Fax and Urology sustained practice ENT and Optom • Stage 4 Max Fax, T and O and Urology, sustained practice ENT and Optom Current rate is observed and the improvement rates are monitored and communicated weekly																																																																						
Effective Booking Processes																																																																						
<p>Cataracts Regional Booking Centre implemented:</p> <ul style="list-style-type: none"> • Funding for team secured and 50% of team in post, all employed by AB and training commenced with employees in post. • DPIA completed to enable data access across Health Boards. • Testing with CTM systems completed. • Number of AB patients booked for regional outpatient to date: 20 • Number of AB patients booked for regional theatre procedure to date: 69 	<p>Cataracts Regional Booking Centre:</p> <ul style="list-style-type: none"> • On-boarding of CTM booking team in June 2024. • On-boarding CAV booking team in August 2024. • Aim for team to be fully 'live' by September 2024. 				In line with timescales	No additional gains - part of cataract business case																																																																
<p>Outpatients Transformation:</p> <p>DNA:</p> <ul style="list-style-type: none"> • Focused ongoing with cohorts reporting high DNA rates, to include Hepatology working with Gastroenterology and Public Health Teams. To understand patterns for DNA's and potential reasons, along with analysis of Secondary Care activity following DNA to understand impact. Patient contact has commenced in May, to inform service planning and redesign for effective booking processes and maximisation of clinic attendance. • Approach to be rolled out in other areas of high DNA if pilot successful. <p>Clinic Room Booking System:</p> <ul style="list-style-type: none"> • Work ongoing with DHCW to undertake proof of concept development of Clinical Room Booking System on MS Team App, with aim of increasing clinic efficiencies and utilisation across the Health Board. • Assessment currently being undertaken to define system capabilities. Once defined, timeframe for roll out to be developed. 	<p>Outpatient Transformation:</p> <p>DNA:</p> <ul style="list-style-type: none"> • Outcome and learning pilot focused on Hepatology completed. Identify next priority areas for focused intervention of pilot proven successful. • Machine Learning test project outcomes published to identify those likely to DNA with a view to developing an algorithm which can be used across specialties. 				Current period at 6%. Recent audits show there are utilisation opportunities	<p>DNA Improvement assumption 5%</p> <p>CNA Improvement assumption 5%</p> <p>Not currently quantified - will review as part of benefits realisation of development</p>																																																																
Demand Management																																																																						
<ul style="list-style-type: none"> • GP Gatekeeper in post for ENT specialty to support demand management and appropriate triaging against referrals from Primary and Community Care Services. Currently funded for 3 sessions per week • ABUHB Community Health Pathways: • Health Pathways launched, aim to reduce unnecessary demand into secondary care, clinical investigations or unwarranted variation in patient care. • Spinal Pathway Developments - • Spinal Pathway review undertaken to support rapid pathway redesign in view of significant increased demand to the Service, working as part of the South Wales Spinal Network to develop Front of Pathway Guidance based on successful models in Cardiff and Swansea. • Work commenced in July 2023 with parallel delivery of front of pathway redesign and service development of lower back pain pathway underway. Pathway guidance currently in consultation period, to include engagement with Local Medical Committee. 	<p>GP Gatekeeper:</p> <ul style="list-style-type: none"> • Assess impact of ENT GP Gatekeeper and opportunities in other specialties scoped (subject to funding). <p>ABUHB Community Health Pathways:</p> <ul style="list-style-type: none"> • 100 pathways live by Q3 2024-25. • Evaluation of first year during Q4 2024-25. 				During 3 month period of model, nearly a quarter (24%) of referral into ENT were returned back to GPs with advice and guidance	To be picked up as part of deep dive																																																																
						50 Live in April 24	100 Pathways Live by Q4																																																															
		<p>Outpatients Transformation:</p> <ul style="list-style-type: none"> • Launch two-way advice functionality during Q2/3 of 2024-25, as enabler of better communication and referral management. Ongoing monitoring of effectiveness. 				Baseline for current Advice Only Process 5.99% 2023 - 2024	To be confirmed as part of end of Q1 submission																																																															
		<p>Spinal Pathway Developments:</p> <ul style="list-style-type: none"> • Community Spinal Pathway to go live in July, and approve safe go-live criteria for the new Pathway. • Agree timeline for the launch of a lower back pain pathway (CPPP) programme. • Agree assessment process to measure impact and quality assurance of the new pathway and impact on the MSK Hub. 				0 currently (not gone live)	Planning assumption 100 patients per month.																																																															

Current Position	24/25 Key Milestones	Q2	Q3	Q4	Current baseline	Annual plan assumptions	
SOS/PIFU defaults							
<p>SOS/PIFU – under Outpatients Transformation:</p> <ul style="list-style-type: none"> Data visualisation of metrics and performance made available to all staff as part of dashboard. Discussed at Divisional level and at Outpatient Transformation Group. <p>Scoping exercise of potential new pathways completed to include:</p> <ul style="list-style-type: none"> Gap analysis being undertaken against pathways in other Health Boards. CIN recommendations for relevant specialties Specialty specific plans identified through the development of service-specific OPD transformation plans. Ongoing work with specialties to review follow up lists for patients appropriate for SOS and PIFU targeted at those with the highest numbers. 	<p>SOS/PIFU delivery – under Outpatients Transformation Programme:</p> <ul style="list-style-type: none"> Implementation of new Pathways identified as part of scoping exercise during Q1. 					As per table – gain included in delivery ambitions	
	<p>Review all outputs from national Clinical Implementation Networks (CINS) for standards, guidance to ensure included</p>						As per above
	<p>Review of Follow up lists to move patients onto SOS PIFU</p>						Not quantified in plan
	<p>Monitoring of compliance with SOS/PIFU and discharge rates.</p>						
Advice & Guidance							
<p>Engagement with key specialties to increase number of services live on the Consultant Connect platform. Trauma and Orthopaedics to commence in May 2024, discussions underway to explore potential use in Emergency Eye Clinics and Mental Health Medicines Management.</p> <ul style="list-style-type: none"> Number of advice only outpatient attendances 2023-2024 12,942 (2022-2023 11,273, this is an increase of 1,669 for the same time period). <p>ABUHB Community Health Pathways:</p> <ul style="list-style-type: none"> Health Pathways launched <p>Spinal Pathway Developments:</p> <p>Parallel delivery of front of pathway redesign and service development of lower back pain pathway underway. Pathway guidance currently in consultation period, to include engagement with Local Medical Committee. Go live to be confirmed. Plans in process for training offer from the Spinal team.</p> <p>Keeping Well:</p> <ul style="list-style-type: none"> Public facing page created in collaboration with the communications team https://abuhb.nhs.wales/hospitals/staying-well-and-healthy/keeping-well/ Communication material created and circulated with QR codes included on validation letters, patient outpatient letters and URL via text messages from the Referral and Booking Centre. Soft launch of ABUHB 'Keeping Well' (Single Point of Contact) Service complete with Business Case for funding approved by ABUHB Executive Team in January 2024. x3 Band 3 call handlers recruited – recruitment of B5 RN in process. Service currently inclusive of outgoing calls only, and to ENT patients initially. 	<p>Outpatients Transformation:</p> <ul style="list-style-type: none"> Launch two-way eAdvice functionality during Q2/3 of 2024-25, as enabler of better communication and timely advice/guidance between Primary and Secondary Care clinicians. Continue engagement with key specialties regarding Consultant Connect developments, T and O go live and Ophthalmology and Mental Health scoped Continue monitoring of 'advice only' metrics. 				<p>Baseline for current Advice Only Process 5.99% 2023 – 2024</p> <ul style="list-style-type: none"> Number of advice only outpatient attendances 2023-2024 12,942 (2022-2023 11,273, this is an increase of 1,669 for the same time period). 	To be determined as part of deep dives	
	<p>ABUHB Community Health Pathways:</p> <ul style="list-style-type: none"> Implementation of opportunities identified through other initiatives under Planned Care Recovery Programme (e.g., GP Gatekeeper, two-way advice) and keep active communication with national Consultant Connect contact to ensure up-to-date information of services available through the platform locally. Evaluation of first year during Q4 2024-25. 				50 in April 24	100 pathways live by Q4	
	<p>Spinal Pathway developments –</p> <ul style="list-style-type: none"> Pathway guidance to go live. Commence delivery of training offer from the Spinal team to support professional development via appropriate training sessions. 					80% of spinal referral to be directed through new pathway	
	<p>Keeping well.</p> <ul style="list-style-type: none"> Evaluation of Keeping Well service soft launch evaluation. Continue with recruitment to team and subsequent training. Focus on support for patients entering onto a referral pathway from Primary to Secondary Care, to include agreement on how ABUHB patient waiting times are communicated to patients: further discussions required with Executive and Communications teams. 				Currently 100% via spinal surgeons		
Virtual pre operative clinics							
<p>Theatres Maximisation Programme:</p> <ul style="list-style-type: none"> Virtual pre-operative clinics in place, this is a varied model in line with patient acuity. Work currently in progress to review the service and identify improvement opportunities. 	<p>Theatres Maximisation Programme:</p> <ul style="list-style-type: none"> Review of pre-operative virtual clinics activity completed with action plan 					To be determined	
	<p>Outpatients Transformation:</p> <ul style="list-style-type: none"> Review audit of further opportunities and Phase 2 opportunities for Virtual outpatients activity commenced 					Virtual outpatients activity for 2023-24 reported at 23.2% (2022-2023 at 24.5%).	To be determined
<p>National and Regional work</p> <p>New anaes CIN – understand work in this area and engage</p> <p>Regional orthopaedics – Pilot underway to standardise pre-operative process including virtual pre-op</p>	<p>Link in with national CIN on opportunities that are being developed – link to digital enablers</p>					To be determined	

	Baseline	Q2	Q3	Q4
Increase in the rate of Symptom and Patient Initiated Referrals	13.30%	13.30%	13.60%	14%
Reduction in number of patients waiting 100% past Outpatient Follow-up target date	25,949	25,980	16,043	11,042
				6,071

APPENDIX C - Productive and Effective Elective Pathways plan

Theatres SECTION

Current Position	24/25 Key Milestones	Q2	Q3	Q4	Current baseline	Annual plan assumptions
Theatre Utilisation						
<p>First 'high intensity theatres' (HIT) list held within General Surgery in April 2024 - learning to be taken to inform future activity to reduce fallow lists.</p> <p>6-4-2 scheduling SOP established and signed off (v0.1). Infrastructure in place to monitor compliance with SOP and associated performance metrics:</p> <ul style="list-style-type: none"> - Weekly Theatres Scheduling meeting in place and monitoring ; •Surgical specialties maximise their theatre sessions and have a named surgeon for all lists in-line with the 6-4-2 policy. • identifying vacant sessions to present opportunities for other specialties to pick up using the 6-4-2 principles. - Weekly patient focused scheduling meetings; • The Scheduling Meeting provides a systematic approach to utilisation of theatre sessions for week 1 and 2, with a review to ensuring on the day and short notice cancellations are prevented at week 0. • Provides divisional management and oversight by bringing together accountable members from each specialty who use theatre capacity in ABUHB, allowing for monitoring and challenge against agreed theatres utilisation metrics in line with the 6-4-2 SOP. <p>Maximisation of daycase opportunities - focus on NHH</p>	<p>Finalise and refine data visualisation tools</p> <p>Q1 Review v0.1 of SOP, updating with outcome of exercise reviewing theatres 'fallow activity'.</p> <p>Sign off v0.2 of SOP with commitment from specialties.</p> <p>- Monthly Theatres Utilisation Group</p> <p>Complete exercise to define and identify funded 'fallow' activity, with action plan for Q2-4 to improve from baseline.</p>				<p>KPI 1 - Reduce list cancellations within less than 4 weeks' notice - 51.6% April 24</p> <p>KPI 2 - Cancellations with less than 4 weeks' notice outside of agreed tolerances 30.6% Aril 24</p> <p>KPI 3 - Increase fill rate 2 weeks before planned list - 67.4% May 24</p>	<p>KPI 1 - Reduce list cancellations within less than 4 weeks' notice - Target < 20% (not in plan)</p> <p>KPI 2 - Cancellations with less than 4 weeks' notice outside of agreed tolerances Target 0% (not in plan)</p> <p>KPI 3 - Increase fill rate 2 weeks before planned list - Target 85% (in plan)</p>
	<p>HIT list tests of change reviewed with agreed plan for Q2-4 to support reduction of fallow lists</p>					<p>Not yet quantified or in plan</p>
	<p>Scope options to extend day surgery day in NHH (currently closes at 7pm)</p>				<p>All activity in NHH is daycase but opportunity to extend working day and thus increase throughput - needs fully scoping</p>	<p>Not yet quantified or in plan</p>
Scheduling and Booking						
<p>6-4-2 scheduling SOP (v0.1) signed off with infrastructure for embedding and monitoring in place (as above).</p> <p>Qlik Dashboard developed to incorporate agreed theatres scheduling and utilisation metrics, work ongoing for data standardisation which will be followed by engagement with surgical specialties to support secure divisional commitment and embedding of SOP.</p> <p>Performance metrics include x4 locally agreed KPI's and model hospital metrics:</p> <ol style="list-style-type: none"> 1. Reduce list cancellations within less than 4 weeks' notice (20%) 2. Reduce cancellations with less than 4 weeks' notice outside of agreed tolerances (0%) 3. Increased fill rates 2 weeks before planned list (85%) 4. Reduced disparity between total minutes booked versus total minutes delivered (90%) 	<p>All specialties support to embed the SOP with reviews of application and training needs</p>				<p>As above KPIS</p>	<p>As above KPIS</p>

To be determined as part of deep dives

APPENDIX C - Productive and Effective Elective Pathways plan

HVLC/GIRFT SECTION

Current Position	24/25 Key Milestones	Q2	Q3	Q4	Current baseline	Annual plan assumptions
Identify opportunities for full implementation of HVLC						
<ul style="list-style-type: none"> Top three most frequently undertaken procedures identified to inform opportunities for HVLC activity: Cataracts, Hysteroscopy, Laparoscopic Cholecystectomy. First HIT list held within General Surgery in April 2024 with plans for future HIT lists where appropriate taking learning first event. Learning to be applied to future HVLC activity plans. 	<ul style="list-style-type: none"> HIT list tests of change reviewed with agreed plan for Q2-4 to support reduction of fallow lists. Learning to be captured and transferred into plans for HVLC activity. Update of specialty-level action plans in response to GIRFT recommendations. Action plans to be led and delivered by specialties with 				From GIRFT report: Cataract - 1736 undertaken - opportunity of 20,832 mins Hysteroscopy - 537 undertaken - opportunity of 6,444 mins Lapchole - 436 undertaken - opportunity of 18,312 mins	Cataract gain factored in plan
	Cataract business case					Cataract business case - 95% utilisation of lists - 7 cases per list - a total of 4% improvement to account for GIRFT opportunities for cataracts -
	<ul style="list-style-type: none"> Commencement x3 areas of focus identified based on most frequently undertaken procedure action plans to be developed. Key opportunities by Health Board to deliver 80% of HVLC opportunity and procedure time best practice Day Surgery drug chart pilot complete and implementation across all sites commenced 					Not quantified in plan or activity
<p>GIRFT</p> <ul style="list-style-type: none"> T and O largely through action plan or due to complete Ophthalmology good progress and most recommendations complete, improvement in the numbers per list and consistent application over last quarter. Urology - Report received in February 24 Action plan agreed with focus on HVLC Theatres - in progress 15 areas identified including HVLC Opportunities and timings. 	<ul style="list-style-type: none"> Working with Consultants to introduce monthly high flow one stop Cataract clinics which will coincide with their theatre lists. Urology HVLC plan implemented. Theatres plan incorporated into Theatre Maximisation with timescales. 				<p>GIRFT</p> <ul style="list-style-type: none"> T and O 55% actions completed, 17% in place, 21% in progress, 7% interdependent. Ophthalmology 78% recommendations complete, improvement in the numbers per list and consistent application over last quarter. Urology - Report received in February 24 Action plan agreed with focus on HVLC Theatres - in progress 15 areas identified including HVLC Opportunities and timings. 	Cataract business case - 95% utilisation of lists - 7 cases per list - a total of 4% improvement to account for GIRFT opportunities for cataracts -
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APPENDIX C - Productive and Effective Elective Pathways plan

Diagnostics SECTION

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Straight to Test Pathways and Diagnostic pathway best practice						
Single Cancer Pathway: A number of tumour sites are already implementing Straight to Test models of care: <ul style="list-style-type: none"> Urology Colorectal Upper GI Gynaecology Lung Those pilot phase are currently being audited. These will be evaluated prior to full implementation.	Single Cancer Pathway: <ul style="list-style-type: none"> Complete audit and evaluation of tumour sites currently in pilot - driven by T&F groups. Continued full implementation of tumour sites that have published national optimal pathways. Review and revise workplan objectives for each tumour site during Q4 Improve time to diagnosis with 70% seen within 8 weeks by Q3 and 88% by Q4 as a result of the Endoscopy developments at the Royal Gwent Hospital. 					Plan commits to achieve 70% compliance noting risks. T&F group tumour site work may improve backlog, STT further

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**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Our ref: **NP 24-188**

Friday 31 May 2024

Judith Paget CBE
Chief Executive Officer and Director General
Health & Social Services Group
Welsh Government
Cathays Park
Cardiff
CF10 3NQ

Sent via email: Judith.paget001@gov.wales

Dear Judith

Annual Plan 2024/25 Resubmission

I write further to the letter received on 3 May 2024 providing feedback on the Annual Plan submission for Aneurin Bevan University Health Board for 2024/25 that set out that the submitted plan was unsupportable due to it not aligning with the de-escalation criteria.

I have attached a report, and supporting appendices, that summarises the updated position and sets out the actions taken in response to the feedback. The report also responds to the request received from NHS Wales on 29 April 2024 to set out plans to support realisation of productivity and efficiencies in planned care and a request from you on 7 May to revise the Health Board's trajectories against new planned care milestones. As such, the report also proposes some key changes to the delivery commitments against the Ministerial Priorities and the financial consequences of those changes, along with the review of the overall financial position.

I want to highlight that, in terms of the financial assessment, the level of risk within the plan has reduced with increased levels of savings opportunities being identified, however the financial forecast for 2024/25 remains at a £48.9M deficit. The Health Board recognises the need to improve the financial forecast further and will continue to do so as part of its continued focus through its Value and Sustainability Board.

Whilst the revised plan provides positive improvement throughout the Health Board's delivery commitments, particularly in relation to planned care, it does not fully deliver on all of the Ministerial milestones. However, I wish to reaffirm our absolute commitment to continue to improve where opportunities arise and achieve a position of long-term service and financial sustainability as we continue with our ambitious agenda of the next few years.

Bwrdd Iechyd Prifysgol Aneurin Bevan
Pencadlys, Ysbyty Sant Cadog
Ffordd Y Lodj, Caerllion, Casnewydd NP18 3XQ

☎ 01633 436 700 **f** BwrddIechydPrifysgol ✉ BIPAneurinBevan

Rydym yn croesawu gohebiaeth yn Gymraeg a byddwn yn ymateb yn Gymraeg heb oedi.
Bwrdd Iechyd Prifysgol Aneurin Bevan yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Aneurin Bevan.

**Dyfodol
Clinical Futures**

Aneurin Bevan University Health Board
Headquarters, St Cadoc's Hospital
Lodge Road, Caerleon, Newport NP18 3XQ

☎ 01633 436 700 **f** AneurinBevanHealthBoard ✉ AneurinBevanUHB

We welcome correspondence in Welsh and we will respond in Welsh without delay.
Aneurin Bevan University Health Board is the operational name of Aneurin Bevan University Local Health Board.

The Board has been briefed on the revised position and remains committed to taking evidence-based decisions in support of delivering the plan, whilst cognisant of the scale of change and risk that exists in fully achieving the targets in the current operating context.

I would welcome further discussions with Welsh Government colleagues on this hugely challenging agenda and look forward to working collaboratively in the pursuit of further opportunities to deliver our shared ambitions.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Nicola Prygodzicz', with a large circular flourish at the end.

Nicola Prygodzicz
Prif Weithredwr | Chief Executive

Enclosed: Annual Plan 24/25 May 2024 Resubmission
 Appendix A: Detailed Updated Profiles for Planned Care
 Appendix B: Ministerial trajectories
 Appendix C: Productive and Effective Elective Pathways plan
 Revised MDS Submission



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 June 2024
CYFARFOD O: MEETING OF:	Finance & Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Performance Report – April 2024 (2024/25 Month 1) - Updated
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:

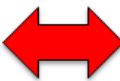


- The financial performance at the end of April 2024 and the forecast position against the statutory revenue and capital resource limits,
- The savings position for 2024/25,
- The revenue reserve position on the 30th of April 2024,
- The Health Board’s underlying financial position,
- The cash position,
- Public sector payment policy performance, and
- The Capital position.
- Revised annual plan submission summary

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report sets out the financial performance of Aneurin Bevan University Health Board, at the 30th of April 2024 (month 1) for the financial year 2024/25.

The 2024/25 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.

Apr-24					
Performance against key financial targets 2024/25					
+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 its funding in each financial year. <i>This confirms the YTD and forecast variance.</i>	£'000	4,959	4,959		48,860
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	5,105	5,105		0
	£53,551	9.5%	9.5%		
Public Sector Payment Policy To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	96.0%	96.0%		>95%
Performance against requirements 23/24		21/22	22/23	23/24	3 Year Aggregate (21/22 to 23/24)
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Revenue	x	(249)	36,842	49,754	86,347
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Capital	✓	(50)	(43)	(41)	(134)
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	£81.410m Deficit

The 2024/25 financial year budget performance as at month 1 is an adverse variance of **£4.959m**.

The 2024/25 reported forecast is a £48.860m deficit reflective of the annual plan however there are risks to the forecast position in relation to the delivery of pipeline opportunities and other operational factors.

The 2024/25 forecast of £48.860m is £36m greater than the Welsh Government control total of a £13m deficit.

Cefndir / Background

Key points to note for month 1 include:

- Year to date position is a deficit of **£4.959m**.
- A reported full year position of **£48.860m deficit**, this is in line with the submitted annual plan financial forecast.
- Income includes anticipated funding for a number of areas including; 2023/24 pay awards, Mental Health Service Improvement funding and CHC real living wage funding.
- Pay Spend (excluding the notional pension adjustment from March 2024), is £5.6m lower compared with March. Reasons are linked to a reduction in managed GP practices and reduced variable pay.
- Non-Pay Spend (excluding capital adjustments) – has decreased by c.£10m due to funded areas of spend in March.
- Savings – overall in-month achievement is £1.22m, against the annual identified savings plan of £29.1m. Further pipeline opportunities of £11.4m are included in the plan which are assumed will be achieved.

At Month 1, the reported revenue position is a £4.959m deficit and the reported capital position is break-even. The revenue position is in deficit and there are risks in achieving the reported forecast.

The underlying financial deficit coming into the 2024/25 financial year is £81.4m, the revised underlying financial deficit for 2024/25 is currently assessed as **£51.9m** in line with the 2024/25 annual plan forecast deficit position.

Revised Annual Plan submission:

Subsequent to the reported month 1 position, significant positive progress has been made on 'de-risking' the plan and identifying specific plans and actions for the achievement of the £11.4m pipeline opportunities, these will 'de-risk' the financial forecast and has informed the revised plan submission.

Opportunities of £5.4m have been converted to 'savings' from the £11.4m and will be identified as such in month 2 reporting. Work continues to find and implement specific plans for the remaining £6m pipeline opportunities required to meet the reported forecast. The revised submission maintains a forecast of £48.9m. Further detail is included as an appendix to this report.

Asesiad / Assessment

• Revenue Performance

The financial forecast deficit is summarised by the following elements:-

- Stated underlying deficit - £81.4m
- New year cost pressures - £59.8m
- Additional discretionary funding – (£51.8m)
- Savings plans and pipeline opportunities – (£40.5m)
- **Total 2024/25 forecast deficit - £48.9m**

The table below describes the annual plan in further detail:-

Financial Plan 2024/25	2024/25 Deficit / (surplus) (£'m)
2023/24 forecast position (as at Month 9)	56.4
WG non-recurrent funding	14.4
Underlying deficit - accounting to reflect recurrent implications	10.6
Underlying deficit going into 2024/25	81.4
National Pressures	14.4
Inflationary Pressures	21.7
Contractual and Unavoidable Pressures	15.7
Local Investment Pressures	8.0
Sub-total 2024/25 including new cost pressures	141.2
Discretionary funding	(51.8)
Sub-total 2024/25 inc. discretionary funding	89.4
2024/25 savings	(29.1)
Total 2024/25 position before further pipeline opportunities	60.3
Additional amber opportunities	(6.9)
Total 2024/25 position before red pipeline opportunities (Likely case)	53.4
Red pipeline opportunities (67% assumption)	(4.5)
ABUHB financial plan 2024/25 total (best case)	48.9
Note	
Additional QIA plans of £6.2m - assumption of 20% achievement would result in c.£47.8m deficit	

A summary of the financial performance is provided in the following table, by delegated area.

Summary Reported position - April 2024 (M01)	Full Year Budget £000s	YTD Reported Variance £000s
Operational Divisions:-		
Primary Care and Community	288,290	206
Prescribing	114,518	354
Community CHC & FNC	72,004	68
Mental Health	124,481	1,335
Total Primary Care, Community and Mental Health	599,293	1,963
Surgery	133,253	1,037
Clinical Support Services	123,176	225
Medicine	148,795	957
Urgent Care	34,514	307
Family & Therapies	129,264	465
Estates and Facilities	86,897	983
Director of Operations	8,283	48
Total Director of Operations	664,180	4,022
Total Operational Divisions (Chief Operating Officer)	1,263,473	5,985
Corporate Divisions	91,608	627
Specialist Services	188,073	92
External Contracts	89,992	341
Capital Charges	48,197	(0)
Total Delegated Position	1,681,343	7,044
Total Reserves	34,753	(2,085)
Total Income	(1,716,096)	(0)
Total Reported Position	0	4,959

Summary of key operational pressures for Month 1

- During April 2024, pay expenditure (excluding the effect of the notional pension costs adjustment from March 2024) was £64.2m a decrease of c.£5.6m (8%) compared with March.
- Substantive pay spend was £58.3m (March £62.3m).
- Variable pay spend was £6m (March £7.5m).

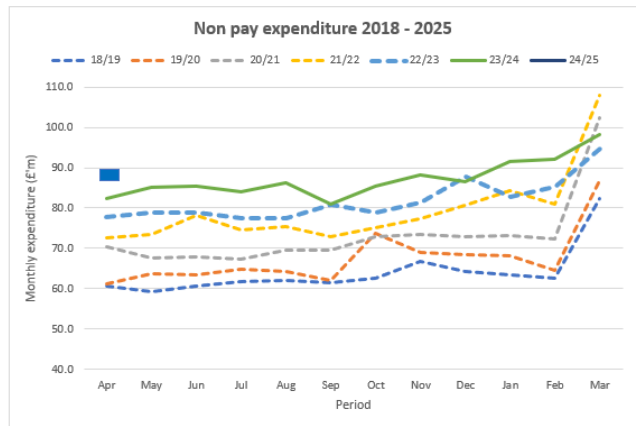
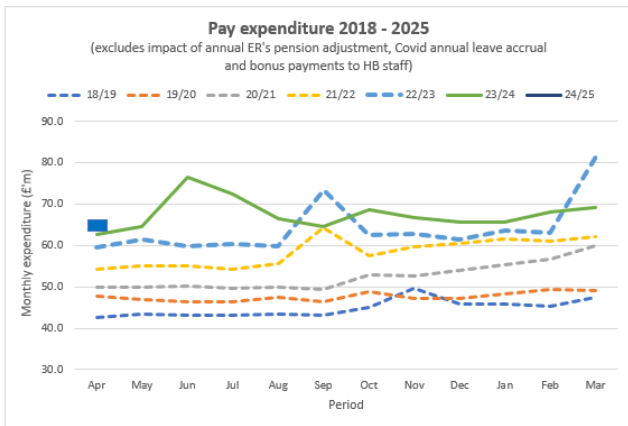
Key **Pay** issues include:

- Specific Sessional GP and Managed Practice expenditure accounted for in March 2023 - £1.5m reduction
- Substantive consultant pay reductions linked to Managed Practice and Industrial Action (off-set by Medical agency increase) - £1.4m reduction
- Nursing agency pay - £0.5m reduction through reduced usage to cover vacancies
- Bank, overtime and WLI usage reduced - £1.4m reduction
- Administration & Clerical substantive decrease relating to Managed Practices becoming independent contractors and externally funded posts (6 goals/111) - £0.8m reduction

- Non-Pay Spend (excluding capital adjustments) was £88.1m a decrease of c.£10m (10.2%) due to funded expenditure for JCC (WHSSC/EASC) pass through costs, RPB and TEC Cymru/E-system spend reported in March. 111/6 goals costs are now transferred outside of the Health Board for 2024/25.
- 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 289 inpatients who are fit for discharge as at the end of April; approximately 28% of the blocked bed days are health related, 45% 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.£15.5m using a £150 cost per bed day. The challenges in terms of demand and flow across the Health Board drive surge bed capacity requirements which result in increased demand in high cost temporary staff, impacting overspends across the Health Board. The delays need to reduce to avoid the requirement for this capacity and optimise appropriate bed capacity to support financial sustainability for 2024/25, through the discharge and bed reduction saving programme.
- In month other significant issues include:-
 - Prescribing average price per item of £7.44 is significantly above the annual plan estimate of £7.29, this is only reflected in the year to date position as limited data is currently available to revise the forecast
 - CHC fees and growth pressures continue in Mental Health off-set by FNC numbers below annual plan
 - Enhanced cleaning, additional security and other facilities legacy costs continue
 - Continued diabetes pump costs
 - Surgery – homecare drug cost increases
 - Additional WLI and backfill costs above plan to support cancer and 156 week targets.
 - On-going use of variable pay by mental health wards for acuity as well as sickness and vacancy cover, (Mental Health nursing variable pay estimated over 45% linked to enhanced care),
 - A number of Payment in Lieu of Notice (PILON) claims and associated costs, and
 - Increased non-pay costs driven by inflationary growth across a number of areas including facilities provisions.

Expenditure run-rates

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

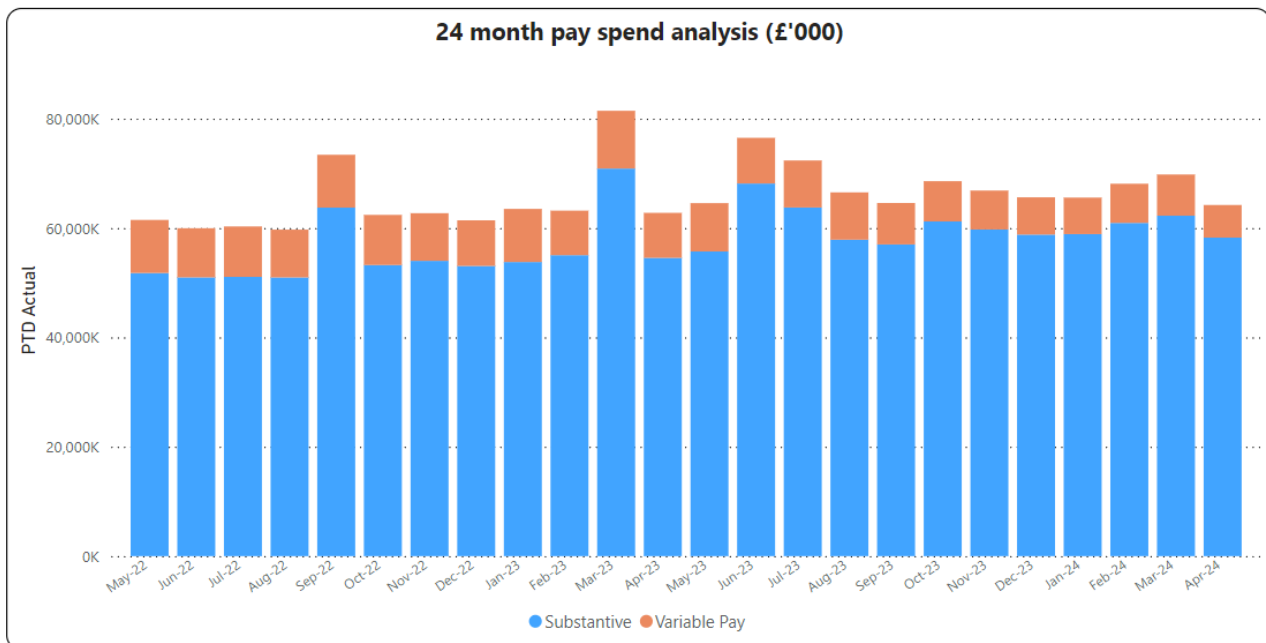


The expenditure run-rates need to significantly reduce in order for the Health Board to progress towards its annual plan deficit and to a break-even position in future financial years.

Workforce

The Health Board spent £64.2m on workforce in month 1 24/25, a decrease of £5.6m compared with March (excluding the notional pension uplift in month 12). To note 2023/24 monthly average expenditure was £67.7m.

Workforce expenditure is shown below differentiating between substantive and variable pay¹:

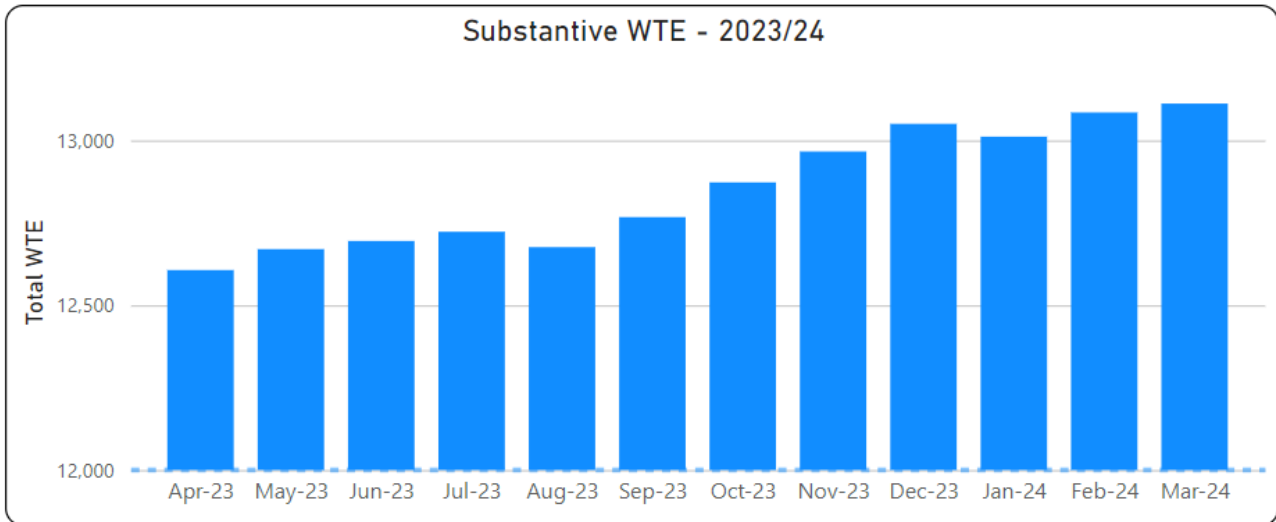


Substantive staff

¹ To enable useful comparisons and trends all references to 23/24 pay expenditure exclude the month 12 expenditure for additional employer pension contributions (6.3%/£32.1m).

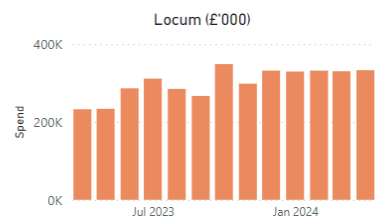
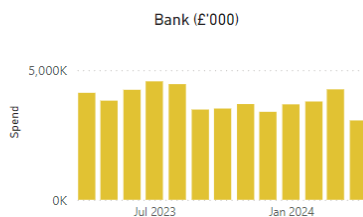
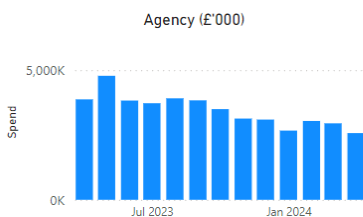
Substantive pay was £58.3m in March (excluding notional pension contributions) - costs decreased by £4m compared with March.

Month 1 includes 12,937 wte employed staff, a decrease of 175 wte over the prior month much of this relates to funded posts now moved outside of the HB as well as managed practice staff which are now part of independent contractor costs.

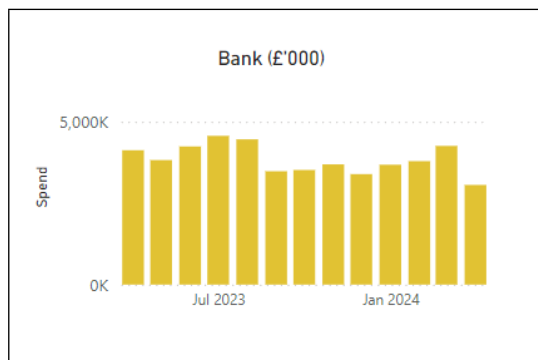


Variable pay

Variable pay (agency, bank and locum) was £6m in April. The monthly average variable pay was £7.75m 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.



Bank staff

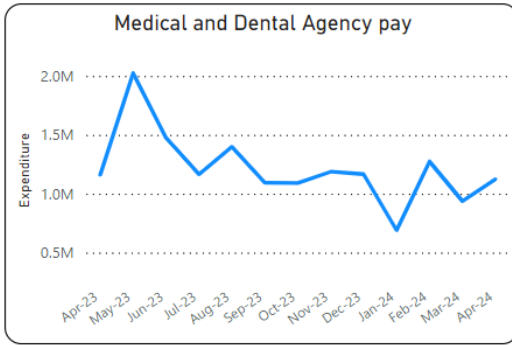


In-month spend of £3m, a £1.2m decrease compared with March, (2023/24 average monthly spend £3.9m).

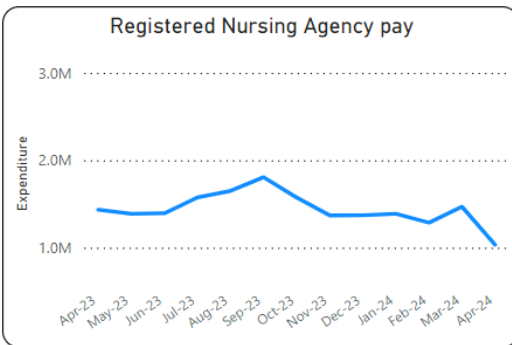
- Continued pressures in Medicine wards/ Urgent Care, GUH Acute Medicine and GUH ED - £1.3m
- Facilities bank staff - £0.2m
- Community Hospitals/localities - £0.4m
- Enhanced care / observation shifts particularly linked to Mental Health - £0.4m
- Continued expenditure in Critical Care, General Surgery and Trauma & Orthopaedics for operational pressures / elective activity - £0.4m

Agency

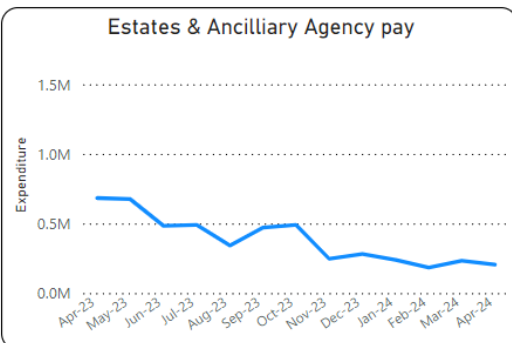
Total agency spend in April was £2.6m compared with £2.9m in March.



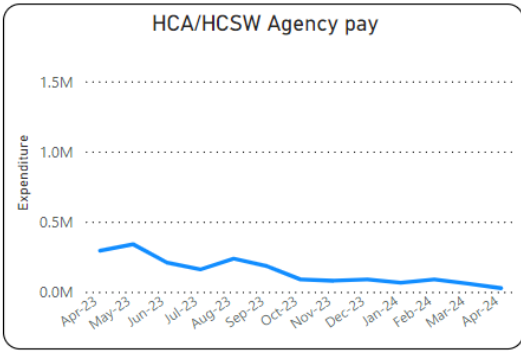
- In-month spend of £1.1m, a £0.2m increase compared with March (2023/24 average monthly spend of c.£1.2m).
 - On-going expenditure in specialist Mental Health, Managed Practices and Community Hospitals - £0.2m
 - Continued pressures in Medicine wards and Urgent Care to cover operational pressures - £0.4m
 - Trauma & Orthopaedics costs for junior rota (vacancies) and orthogeriatric cover that was implemented post GUH - £0.2m



- In-month spend of £1m, a £0.4m decrease compared with March. (2023/24 average monthly spend of c.£1.5m).
- 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 £0.15m and medicine wards £0.45m linked to enhanced care, sickness pressures as well as vacancy cover. Mental Health agency costs of £0.1m mainly linked to enhanced care cover.



- In month spend of £0.2m on Estates & Ancillary agency.
- Reasons for use of agency include:
 - Meeting enhanced cleaning standards,
 - Other additional surge capacity,
 - Sickness,
 - Vacancies
- Estates and Ancillary agency spend averaged £0.65m per month 2023/24.



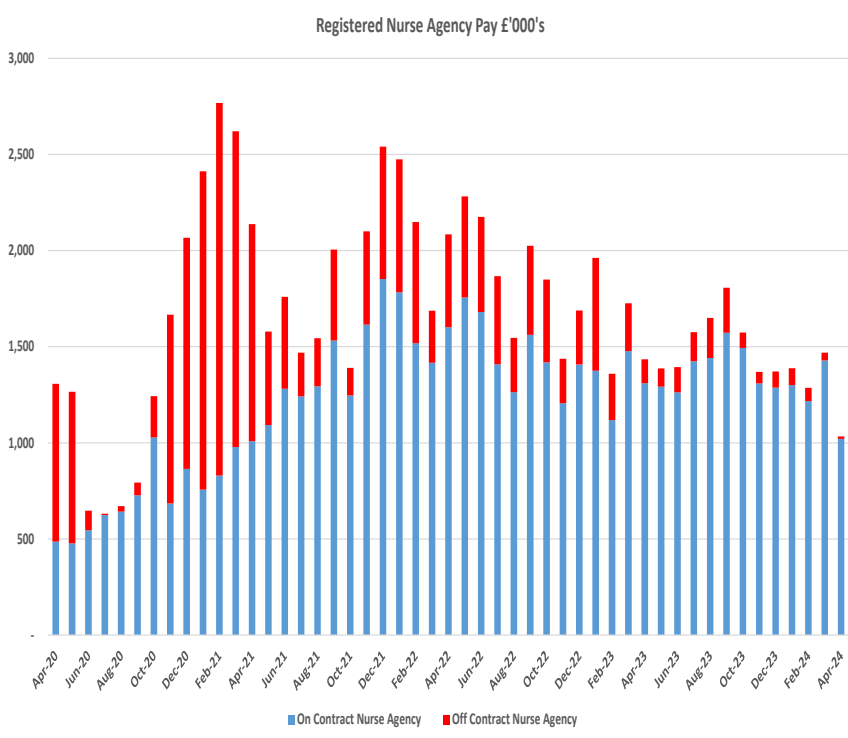
- In month spend of £0.03m on HCSW agency, a decrease of £0.03m compared with March (2023/24 average monthly spend of c.£0.16m).
- Areas where spend remains are:
 - MH&LD £14k,
 - PCCS £2k,
 - Medicine £6k
 - Family & Therapies £12k

Registered Nurse Agency

Health Board spend in April 2024 on RN agency is £1m which is a £0.5m decrease compared with March.

Registered nurse agency spend totalled £17.7m in 2023/24, £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 £0.01m on “off” contract RN agency in April which is a lower level compared with March. These costs reflect the on-going vacancy cover as well as smaller usage for other operational pressures such as:

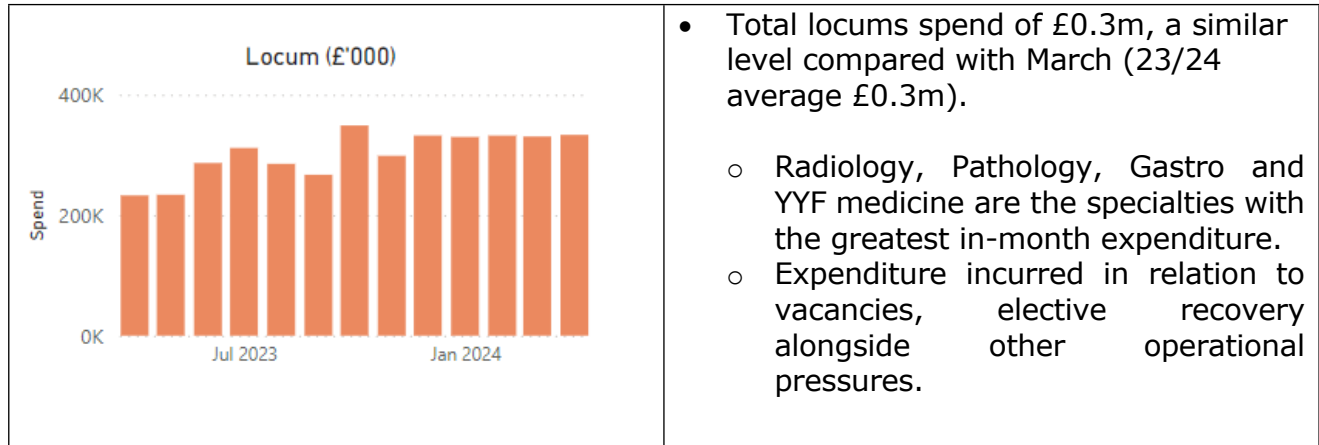
- Enhanced care,
- Additional capacity, and
- Increased sickness

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 April there were approximately 100 unfilled registered nursing shifts and

420 unfilled HCSW shifts, which could have increased the spend by a further c.£0.2m if these shifts were filled. The increase in substantive appointments has now decreased the level of unfilled shifts which demonstrates a service improvement but presents a financial risk in terms of the variable pay saving opportunity due to possible increased availability to cover more shifts.

Medical locum staff



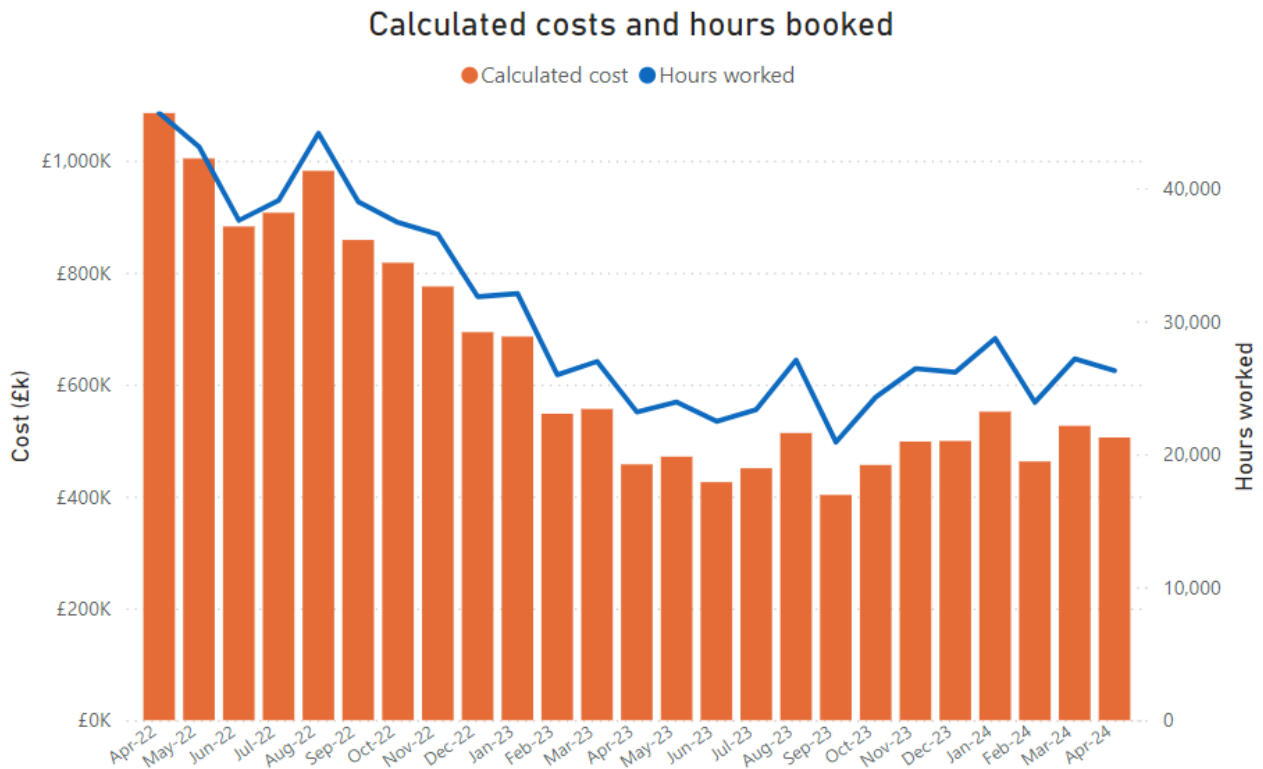
- Total locums spend of £0.3m, a similar level compared with March (23/24 average £0.3m).
 - Radiology, Pathology, Gastro and YYF medicine are the specialties with the greatest in-month expenditure.
 - Expenditure incurred in relation to vacancies, elective recovery alongside other operational pressures.

Enhanced Care

Enhanced Care, also known as 'specialling', can be provided for a variety of reasons ranging from the provision of assistance to mobilise a patient 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 April 2022 to April 2024 (£0.5m 'notional calculated' expenditure in April) using bank and agency registered nurses and health care support workers.

Enhanced Care bank and agency calculated costs and hours booked.



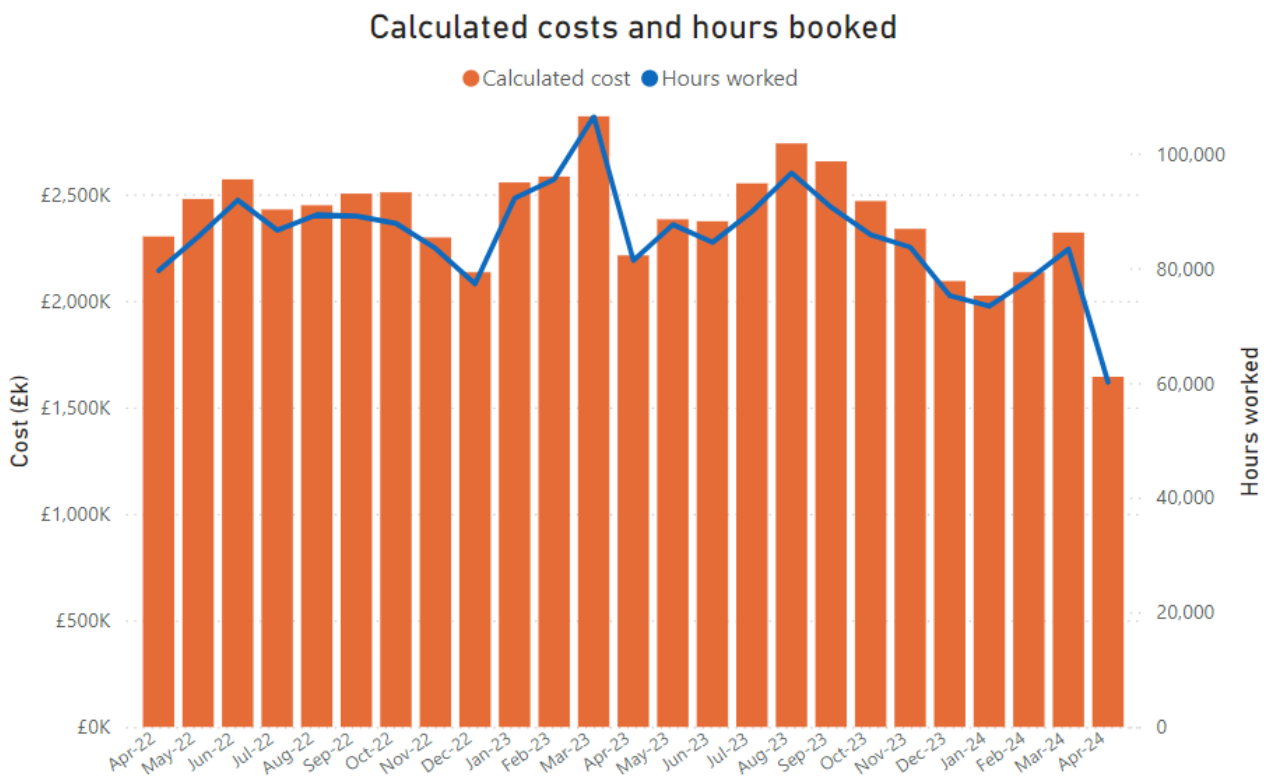
The level of the provision of enhanced care for patients within the Medicine Division for 2024/25 is shown below and will be monitored throughout 2024/25 in order to review further progress against enhanced care in the Division.

	2023/24 average	Apr-24
RGH		
Total no of Medicine beds	192	192
Monthly average enh care patients	34	28
%age of beds in receipt of enh care	18%	15%
NHH		
Total no of Medicine beds	164	164
monthly average enh care patients	22	23
%age of beds in receipt of enh care	13%	14%
GUH		
Total no of Medicine beds	91	91
monthly average enh care patients	12	13
%age of beds in receipt of enh care	13%	14%
YYF		
Total no of Medicine beds	148	148
monthly average enh care patients	24	27
%age of beds in receipt of enh care	16%	18%
Total		
Total no of beds	595	595
Total monthly average enh care patients	92	91
	15%	15%

Nursing vacancy cover

The graph below presents the bank and agency hours and costs relating to those shifts where 'to cover vacancies' is provided as the reason for use. The graph highlights that in April 2024 variable pay relating to vacancies is c.£1.6m ('notional calculated' expenditure). There was a significant reduction in April which is being reviewed as this may be as a result of reduced annual leave taken in April.

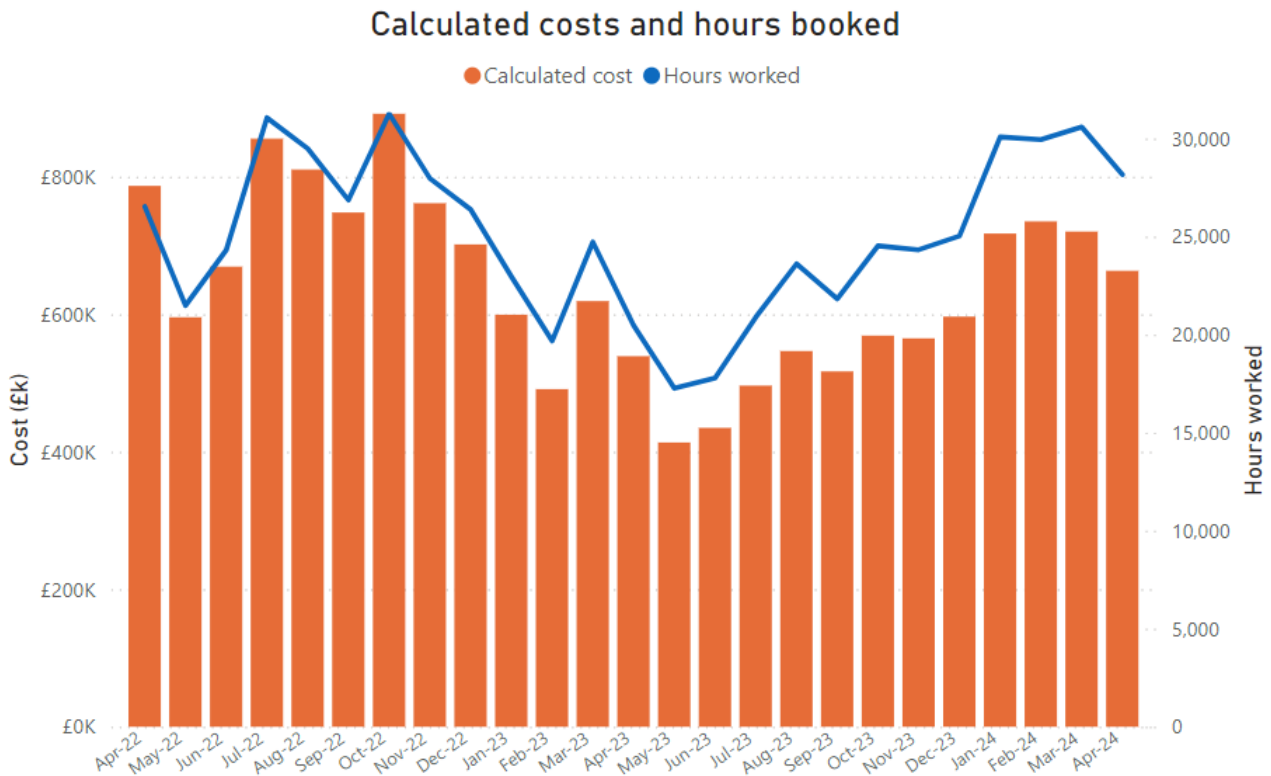
Calculated bank and agency costs / hours booked to cover shifts resulting from vacancies.



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 April 2024 variable pay relating to sickness is c.£0.7m ('notional calculated' expenditure).

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

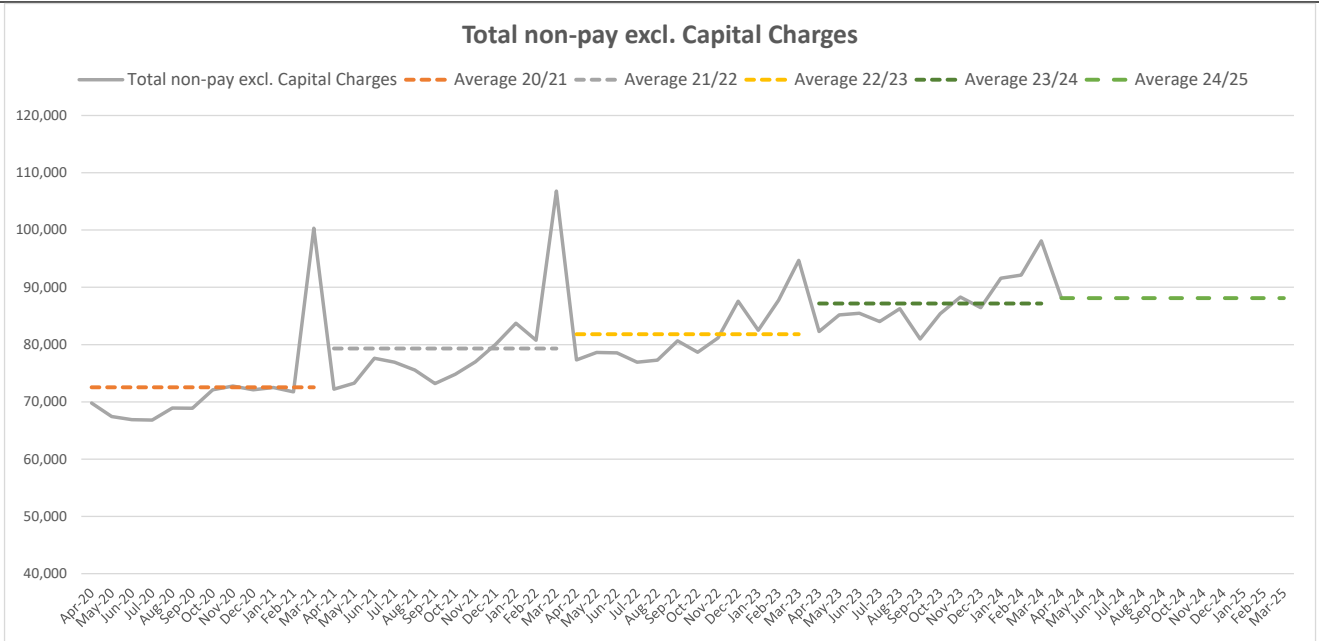


Non-Pay

Spend (excluding capital) was £88.1m in April, which is a £10m decrease when compared with March. Key reasons include:-

- Funded WHSSC, EASC costs incurred in March - £3m
- 111/6 goals cost reduction, now moved to NHS Executive - £3m
- RIF funded spend in March - £2m
- Funded TEC Cymru and E-system cost reductions - £1.5m
- Various other areas including CHC / FNC cost reductions - £0.5m.

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 with a forecast annual growth of £1.8m compared with 2023/24 expenditure using the latest data estimates received. The following table reflects the current position for 2024/25:-

Gas & Electricity	2022/23 Actuals £'000s	2023/24 Actuals £'000s	2024/25 Forecast £'000s
Total Shared Service Contract Energy Cost	21,612	16,834	18,961
Total Other Energy costs	571	777	447
Total	22,183	17,611	19,408

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

CHC

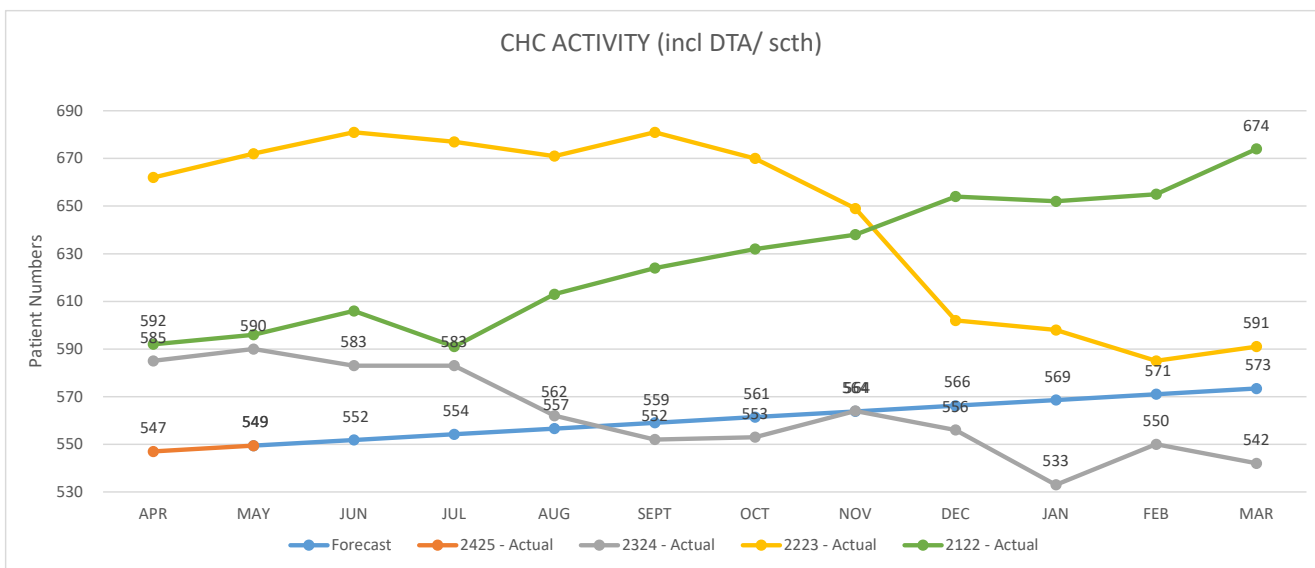
- CHC Mental Health – the patient numbers at the end of April were 421 at a cost of £4.6m (419 patients at a cost of £4.3m in March).
- CHC Adult / Complex Care - 547 total active placements on 30th of April at a cost of £4.8m in-month (increase of 5 from previous month). There was a decrease in the number of D2A patients but no change to the number of 'Step Closer to Home' (SCTH) patients in April.
- Delays in the step closer to home pathway, where patients are not eligible for CHC, are being caused due to delays in confirming social care support. This is impacting the number of patients being discharged.
- The table below summarises the current position (patient numbers and costs):

Activity	Apr 2024	Mar 2024	Movement
D2A	18	22	-4
Step Closer to Home	4	4	0
All Other CHC	529	520	+9
Total	547	542	+5

£'000	2024/25 forecast	2023/24 out-turn position
D2A	1,677	2,093
Step closer to home	563	407
All other CHC	43,136	41,053
Total	45,376	43,553

- FNC - currently 1,040 active placements, which is a decrease of 19 compared with March (expenditure of £1m in April).

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



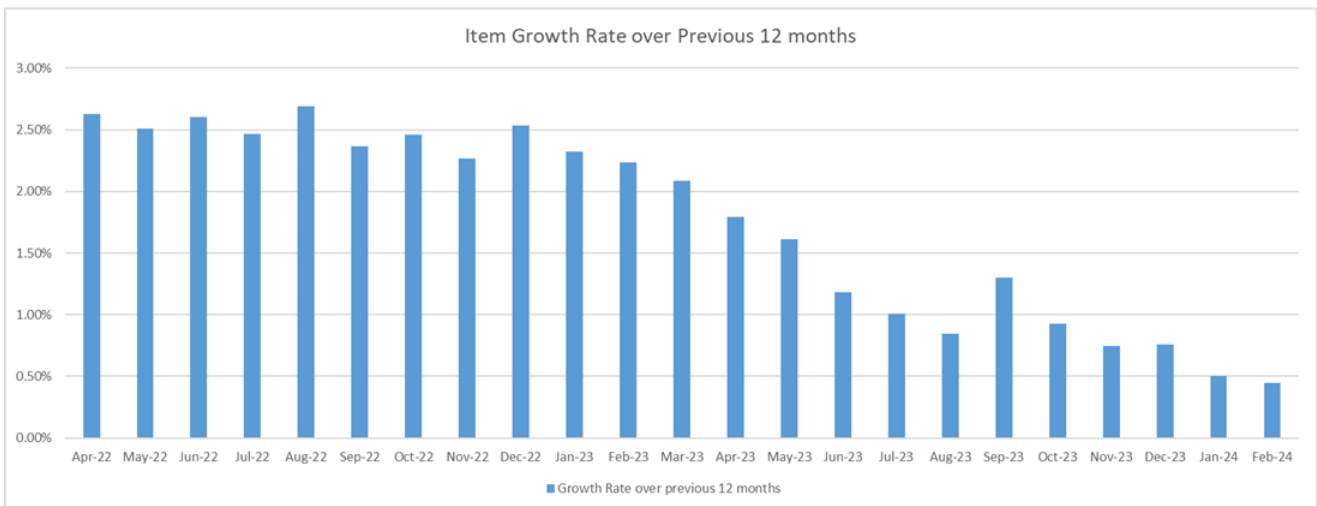
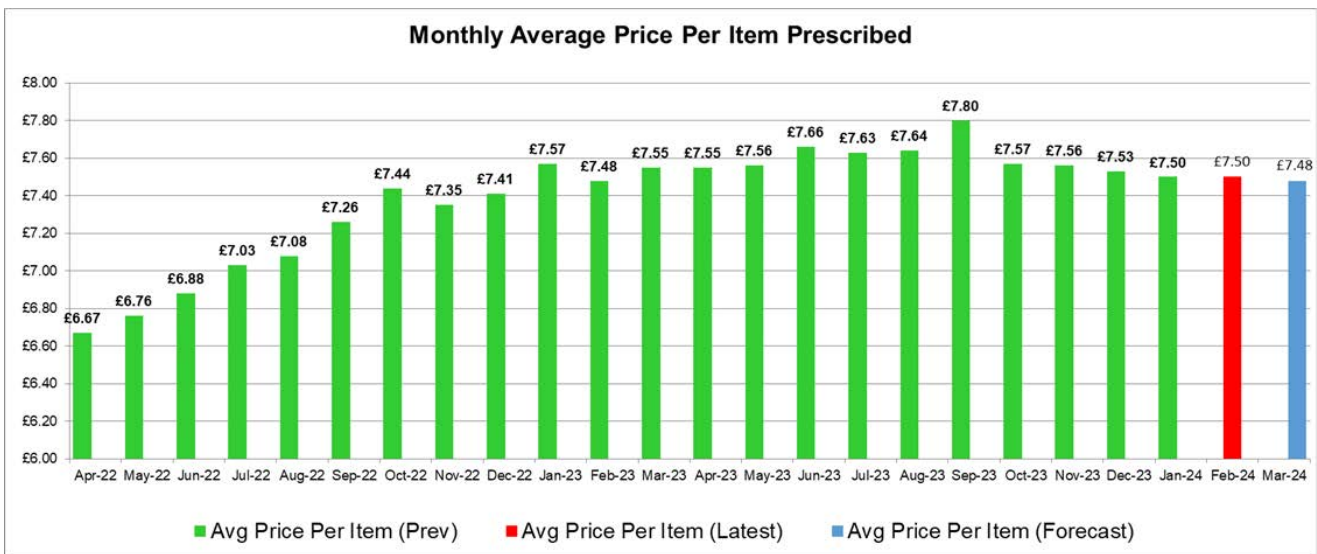
- CHC Paediatric – currently 20 Out of County patients (April in-month cost of £0.18m, 2023/24 total cost of £4.1m) and 17 internal packages (15 patients). There are 6 external and 4 internal high cost packages which continue to be a cost pressure (>£100k expenditure). There is also a high cost case awaiting a dispute panel discussion.

Prescribing

- Primary Care prescribing – April 2024 expenditure is £9.9m (2023/24 expenditure is £121.9m). The April 2024 costs are based on February PAR data, but is only reflected in the year to date reporting: -

- Annual Plan item growth rate for 2024/25 of 0.8%, (forecast volume of items based on the number of prescriptions for 24/25 is c.16.9m)
- Current growth rate for 2023/24 (Apr-Feb) is 0.36%, taking into account the number of prescribing days.
- 2024/25 Annual Plan average cost per item is estimated as £7.29.
- Average cost per item price for 2023/24 (April-March) is estimated at £7.58.
- Average cost per item price for April reporting is currently estimated at £7.25.

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



Scheduled Care treatments and outpatients

Elective Treatments for April '24 is 1,985 (March '24 was 1,783).
 Elective Activity in April has increased by 202 treatments compared with March (11% increase). The number of in month treatments are 71 above plan for April.

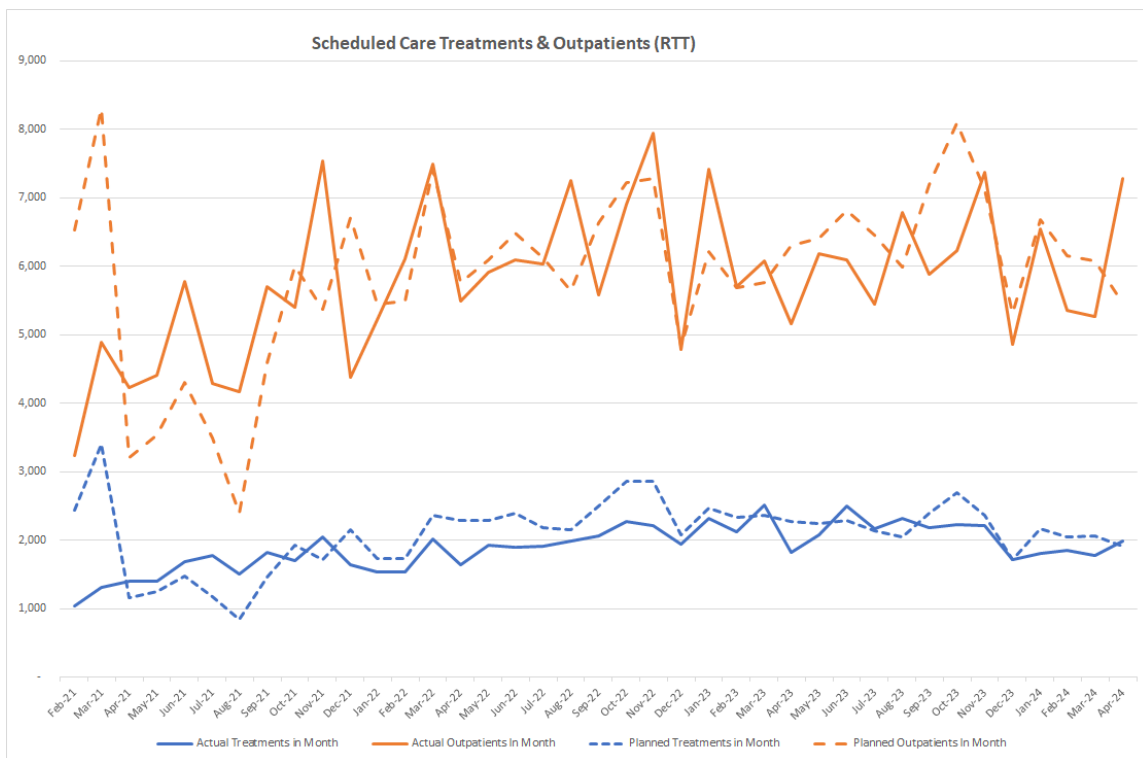
Outpatient activity for April '24 is 7,288 (March '24 was 5,265).

Outpatient activity has increased in comparison with the level achieved in March and is considerably above planned levels, part of this is in relation WLI/backfill activity (increase of 2,023 attendances above March and 1,822 above plan).

There were WLIs in-month for cancer treatments and elective work to improve the 156 week position for ENT (298 outpatients).

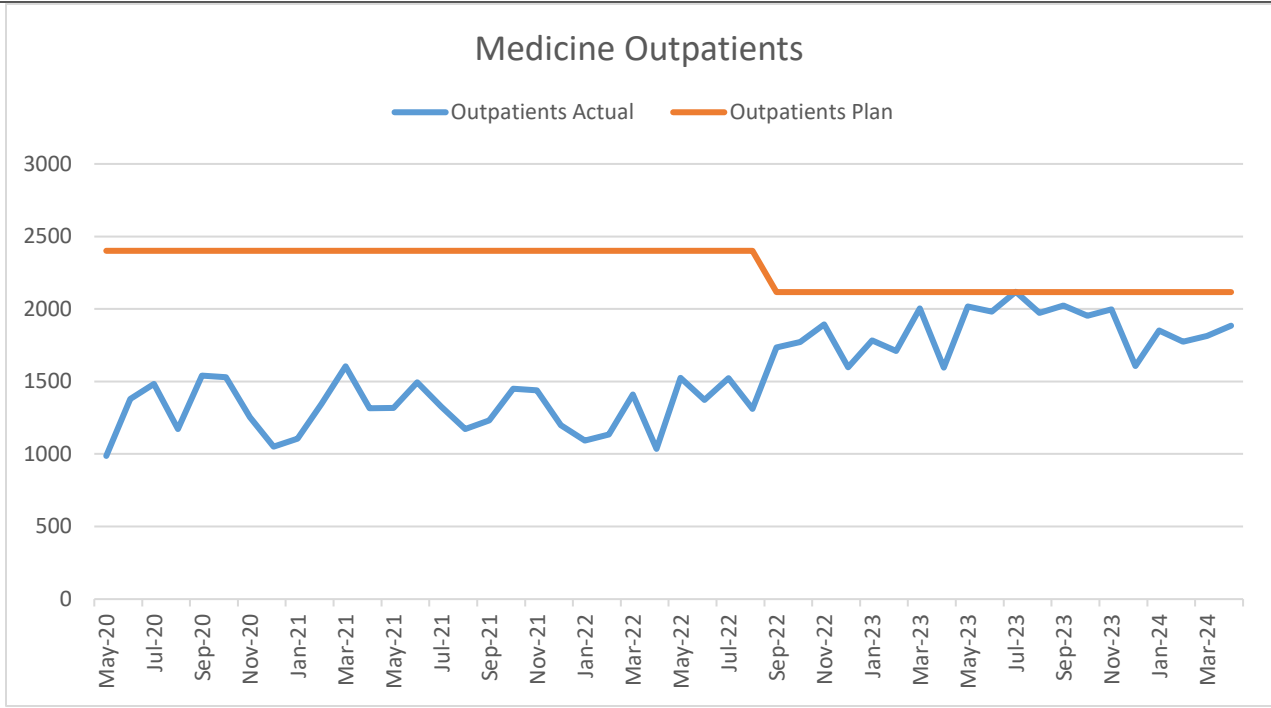
There are instances where WLI rates are being paid for backfill sessions outside of the agreed rate card.

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 the current plan.



Medicine Outpatient Activity

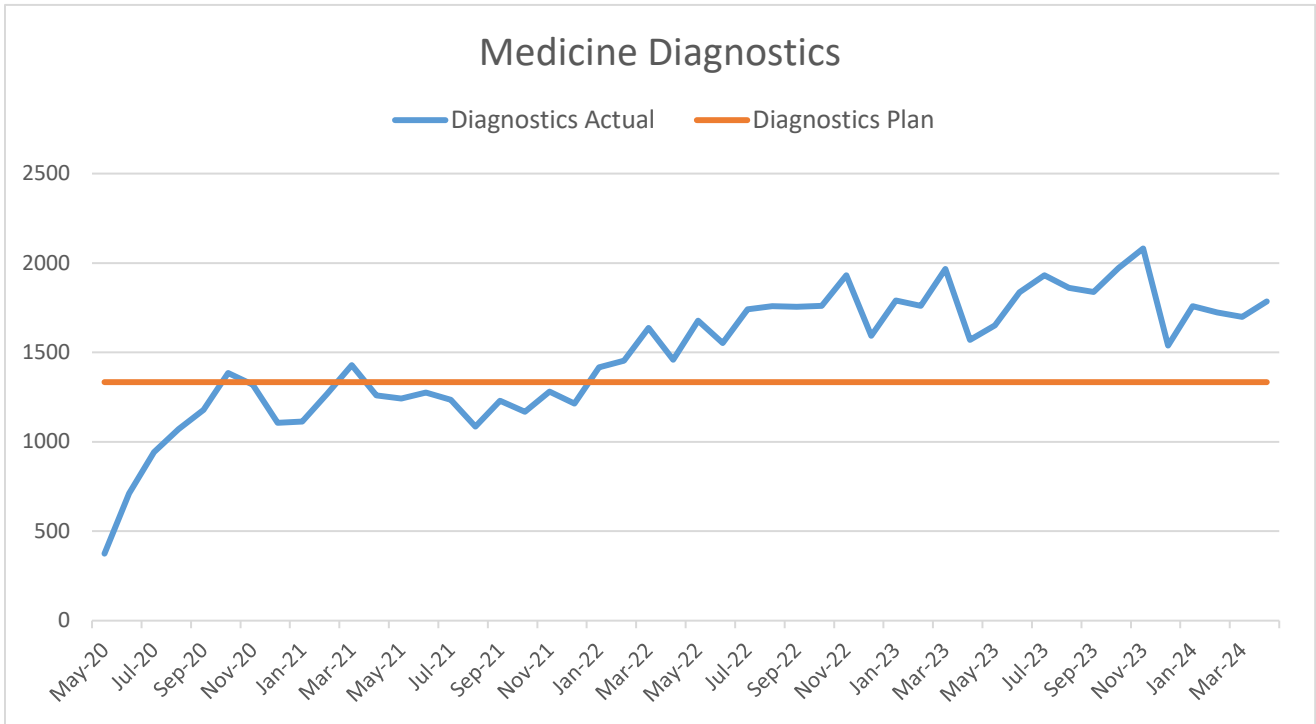
Medicine Outpatient activity for April '24 was 1,884 attendances, which was 232 below plan (March '24 was 1,815 attendances), the activity is presented below:



Medicine Diagnostics (Endoscopy) Activity

Medicine endoscopy activity for April '24 was 1,785 procedures which is 451 cases more than plan (March '24 activity was 1,699).

The activity undertaken since May '20 is shown below.



Divisional analysis

Summaries of the Divisional financial positions are included in the appendices. These include expenditure and budget profiles along with a list of savings schemes and their current progress.

The table below identifies operational divisional forecasts which continue to be reported in line with the annual plan for month 1, these will be reviewed in month 2 and revised following stage 2 budget delegation and savings review.

Summary Reported position - April 2024 (M01)	Annual Year Budget £000s	Full-year forecast at M1 £000s
Operational Divisions:-		
Primary Care and Community	288,290	4,362
Prescribing	114,518	1,042
Community CHC & FNC	72,004	(169)
Mental Health	124,481	17,455
Surgery	133,253	6,592
Clinical Support Services	123,176	1,240
Medicine	148,795	9,184
Urgent Care	34,514	5,097
Family & Therapies	129,264	5,297
Estates and Facilities	86,897	11,260

Covid-19 – 2024/25 Revenue Financial Assessment

Covid-19 funding of £12.4m has been received as part of the 2024/25 allocation letter and is broken down as follows:

- PPE - £1.120m
- Health Protection, Immunisation and Mass Vaccination - £10.080m made up of:-
 - Public Health – Health Protection costs – £8m
 - Covid Anti-Viral costs - £1.4m
 - All other related costs - £0.7m
- Adferiad (Long Covid) - £1.216m

The Health Board is forecasting costs in line with the funding received.

The Health Board continues to incur additional costs that were originally related to Covid-19 responses, these include enhanced cleaning standards, security and rental costs. These costs are expected to be incurred into the future and form part of the Health Board's underlying deficit.

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 approved by the Board in March 2024 as part of budget setting have been actioned. Some allocations are held in reserves, where their use is directed by Welsh Government or funding is allocated for a specific purpose or they remain subject of further delegation approval as part of the 2024/25 two stage process.

A summary of all Health Board reserves on 30th of April, along with details of amounts approved for delegation by the CEO in Month 1 can be found in the appendices.

As agreed by the Board, the Finance Director on behalf of the Chief Executive Officer will present the stage two budget setting recommendation to the Board under separate cover to finalise the 2024/25 delegated budget plan.

Long Term Agreements (LTA's)

ABUHB is currently agreeing LTA documentation with organisations, there are discussions regarding the application of the directed uplift of 3.67%.

During 2023/24 ABUHB went through the WG arbitration process with CTMUHB to settle the LTA dispute, this secured ABUHB a significant financial saving related to underperformance in commissioned activity. Meetings have continued with CTMUHB to establish an appropriate revised future activity and cost plan for the LTA for 2024/25, currently there remain continued differences between the positions of each Health Board and discussions has been escalated to the Directors of Finance.

The deadline for signed agreements is 30th of June 2024.

Underlying Financial Position (ULP)

The Underlying (U/L) forecast position is a brought forward opening deficit of £81.4m. The closing underlying position assumes recurrent savings planned are fully delivered and is reported in line with the 2024/25 forecast of a £51.9m deficit.

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

- Forecast 2024/25 deficit - £48.9m
- Non-recurrent savings – £3m
- Total £51.9m

Financial sustainability is an on-going priority and focus for the Health Board and a 3 year recovery plan is being developed.

The cost drivers underpinning the b/f underlying position are summarised as follows;

Underlying deficit 2024/25	2024/25 Deficit / (surplus) (£'m)
WG 2023/24 non-recurrent funding utilised to support workforce cost growth including variable pay	14
Medical staffing cost increases due to operational acuity including ED safer staffing and demand	13
Nursing pressures - due to nurse staffing act, additional capacity resulting from DTOCs, Acuity and urgent care	12
CHC	10
Medicines management (prescribing and acute drug costs)	19
Covid legacy (estates & facilities)	7
WHSSC / EASC (service growth in excess of funded levels)	6
Total underlying deficit b/f into 2024/25	81

It should be noted that although the 2023/24 £64.5m mid-year support allocation is recurrent in the Health Board's 2024/25 allocation letter, it is **conditional** on making progress towards achievement of the WG target control total currently a £13m deficit for ABUHB.

Savings delivery

As part of the annual plan submitted by the Board to Welsh Government, the financial plan for 2024/25 identified £9.7m of full year effect savings brought forward from 2023/24 and an ambitious new savings target of £40.5m in 2024/25 (total savings 2024/25 of £50.2m). The £40.5m is made up of £29.1m of savings plans plus a further £11.4m of pipeline opportunities.

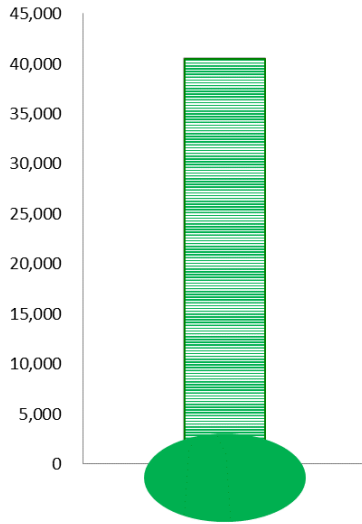
Actual savings delivered to date for 2024/25 is £1.22m.

The table below presents the updated savings profile:

RAG Rating	£m	
	MDS	Month 1 forecast
Divisional plans - Green	1.6	16.9
Divisional plans - Amber	26.9	12.2
Divisional plans - Red	0.6	-
Pipeline Opportunities	11.4	11.4
Total	40.5	40.5

**Savings Progress as at Year to Date
Month 01**

- ABUHB Savings required to be Identified Per IMTP Submission
- ▨ IMTP Savings Identified to WG
- Savings Plans Forecast Delivering
- Savings Achieved to M01



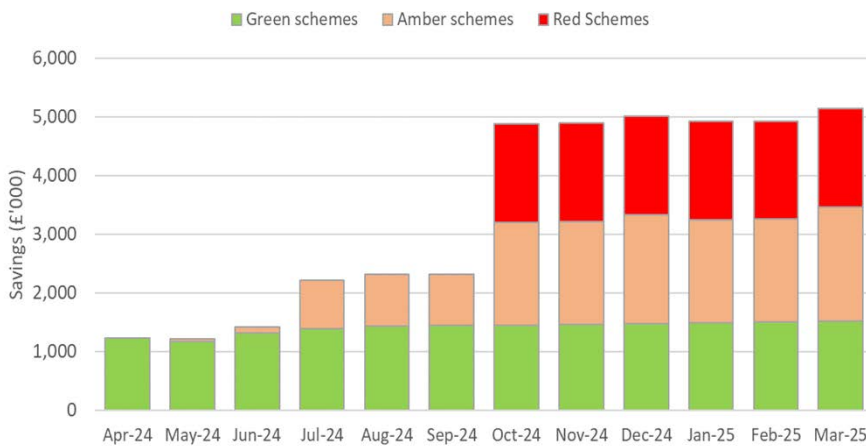
Month 1 Savings Plans

WG Category	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	5,543	1,440	4,103	4,103
Commissioned Services	2,805	0	2,805	2,805
Medicines Management (Primary and Secondary Care)	2,188	1	2,187	2,187
Pay	16,848	575	16,273	16,274
Non Pay	13,124	813	12,311	12,312
Total	40,508	2,828	37,680	37,681

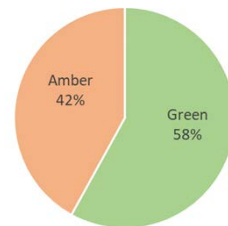
Month 1 Savings Plans – Green

Green Savings schemes	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	3,357	0	3,357	3,357
Commissioned Services	0	0	0	0
Medicines Management (Primary and Secondary Care)	2,188	1	2,187	2,187
Pay	6,219	575	5,644	5,644
Non Pay	5,110	517	4,593	4,593
Total	16,874	1,092	15,782	15,782

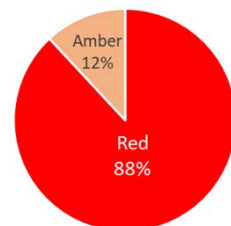
Savings profile £40.5m - RAG rating



Plan savings (£29.1m)



Pipeline opportunities (£11.4m)



Risks & Opportunities (2024/25)

There are significant challenges to achieving the financial forecast for 2024/25, which include:-

- Ensuring full delivery of the savings plans identified in the annual plan including the pipeline opportunity values,
- Identifying savings to mitigate any further financial pressures identified outside of the annual plan,
- Receipt of all anticipated allocations,
- Workforce absence / vacancies, availability of staff for priority areas,
- Delayed transfers of care due to LA service challenges (estimated pressure £0.6m for year to date using £150 per bed day),
- Funding for any wage award or change in terms and conditions,
- Prescribing growth in items and average cost per item,
- Further CHC growth and fee uplifts above forecast levels,
- Impact of any further strike action,
- Long Term agreements sign off, possible arbitration on financial quantum and how the 3.67% pass through should be used
- Establishment increases relating to patient safety issues,
- Inflationary impacts including provisions and supplies,
- Additional revenue costs due to IFRS 16,
- Specific economic factors such as supply chain issues and non-pay inflation including travel expense costs, and
- VAT rebate opportunities,
- Re-review of previously 'discounted' and other 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 1 totalled £53.551m. A forecast over-spend of £1.340m against All-Wales Capital Programme (AWCP) schemes (detailed further below) is being offset by a corresponding under spend against the Discretionary Capital Programme (DCP). The forecast outturn at Month 1 is breakeven.

The VAT reclaim for the Grange University Hospital scheme continues to be progressed with HMRC and should be finalised during 2024/25.

Phase 2 of Bevan Health and Well-being Centre (demolition of the existing Health Centre and car-parking) is continuing and is anticipated to complete in October 2024. The scheme is forecasting an overspend of £0.822m in 2024/25 which is being offset by the DCP. Discussions continue with the contractor in relation to the resolution of a number of disputed compensation events. An additional funding bid

to WG is also 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.

Works at NHH Satellite Radiotherapy Centre are progressing well with planned completion currently forecast to be 30th January 2025. The overall scheme is currently forecast to be £0.523m under budget largely as a result of additional VAT recovery savings. The impact on the 2024/25 allocation will be worked through in May and reported at Month 2.

Works on Newport East H&WBC continue with scheme completion expected to be April 2025. The overall project budget remains under pressure due to additional asbestos and utility costs. There is a forecast overspend of £0.406m on the project overall which is being funded via the DCP.

A forecast over-spend of £0.110m is being reported against the RGH Blocks 1 & 2 Demolitions and Car Park scheme as a result of additional asbestos and delays due to nesting birds. Plans for the new car park are expected in the next month. The programme will be confirmed once these plans have been received and agreed.

Works are on-going on the CAMHS Sanctuary Hub scheme with scheme completion currently anticipated to be August 2025.

The GUH Emergency Department extension scheme is underway with completion of the extension currently estimated to be February 2025. The scheme is forecast to be in line with budget.

The Health Board Discretionary Capital Programme (DCP) funding available for 2024/25 is £8.770m made up of:

- 2024/25 DCP Funding - £10.814m
- Less 30% EFAB contribution - (£0.725m)
- Less 2023/24 AWCP scheme brokerage - (£1.669m)
- Plus 2023/24 DCP scheme brokerage - £0.350m

The opening DCP for 2023/24 was approved at the January 2024 Board meeting. The current forecast spend for approved DCP schemes is £7.430m. This equates to an under spend of £1.340m that is required to offset the overspends on AWCP schemes. The DCP contingency remaining as at Month 1 is £0.735m.

Cash

The cash balance on the 30th of April is £2.780m, which is within the advisory figure set by Welsh Government of £6m.

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 April (96.0%). ABUHB is continuing to work with those departments where invoices are being processed outside of the 30-day payment terms and where the NHS payment rate is below target.

The Health Board performance for the number of NHS creditors within 30 days of delivery of goods in April is 96.4%, which is encouraging. NHS Invoices in breach of the 30-day payment terms continue to be followed up accordingly with Divisional Managers as necessary.

Argymhelliad / Recommendation

The Committee is asked to note for assurance:

- The financial performance at the end April 2024 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2024/25,
- The revenue reserve position on the 30th of April 2024,
- The Health Board's underlying financial position,
- The cash position,
- Public sector payment policy performance, and
- The capital position.

Note Appendices:

- Additional financial detail,
- The April 2024 Monthly Monitoring Return is included for reference, and
- Update to savings and resubmitted Annual plan of the 31st May.

Appendices:



Board%20Finance% Appendix%202%20- ABUHB%20MMR%20Report%20appen.%20WG%20MMR%20Commentary-Mont

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

Cyfeirnod Cofrestr Risg Datix a
Sgôr Cyfredol:
Datix Risk Register Reference
and Score:

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	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 Termau: Glossary of Terms:	A&C – Administration & Clerical A&E – Accident & Emergency A4C - Agenda for Change AME – (WG) Annually Managed Expenditure AQF – Annual Quality Framework AWCP – All Wales Capital Programme AP – Accounts Payable AOF – Annual Operating Framework ATMP – Advanced Therapeutic Medicinal Products B/F – Brought Forward BH – Bank Holiday C&V – Cardiff and Vale CAMHS – Child & Adolescent Mental Health Services C/F – Carried Forward CHC – Continuing Health Care Commissioned Services – Services purchased external to ABUHB both within and outside Wales COTE – Care of the Elderly CRL – Capital Resource Limit Category M – category of drugs

CEO – Chief Executive Officer
 CEAU – Children’s Emergency Assessment Unit
 CTM – Cwm Taf Morgannwg
 D&C – Demand & Capacity
 DCP – Discretionary Capital Programme
 DHR – Digital Health Record
 DNA – Did Not Attend
 DOSA – Day of Surgery Admission
 D2A – Discharge to Assess
 DoLS - Deprivation of Liberty Safeguards
 DoF – Director(s) of Finance
 DTOC – Delayed Transfer of Care
 EASC – Emergency Ambulance Services Committee
 ED – Emergency Department
 EDCIMS – Emergency Department Clinical Information Management System
 eLGH – Enhanced Local general Hospital
 EFAB – Estates Funding Advisory Board
 ENT – Ear, Nose and Throat specialty
 EoY – End of Year
 ETTF – Enabling Through Technology Fund
 F&T – Family & Therapies (Division)
 FBC – Full Business Case
 FNC – Funded Nursing Care
 GDS – General Dental Services
 GMS – General Medical Services
 GP – General Practitioner
 GWICES – Gwent Wide Integrated Community Equipment Service
 GUH – Grange University Hospital
 GIRFT – Getting it Right First Time
 HCHS – Health Care & Hospital Services
 HCSW – Health Care Support Worker
 HIV – Human Immunodeficiency Virus
 HSDU – Hospital Sterilisation and Disinfection Unit
 H&WBC – Health and Well-Being Centre
 IMTP – Integrated Medium Term Plan
 INNU – Interventions not normally undertaken
 IPTR – Individual Patient Treatment Referral
 I&E – Income & Expenditure
 ICF – Integrated Care Fund
 LoS – Length of Stay
 LTA – Long Term Agreement
 LD – Learning Disabilities
 MH – Mental Health
 MSK - Musculoskeletal
 Med – Medicine (Division)

MCA – Mental Capacity Act
 MDT – Multi-disciplinary Team
 MMR – Welsh Government Monthly Monitoring Return
 NCA – Non-contractual agreements
 NCN – Neighbourhood Care Network
 NCSO – No Cheaper Stock Obtainable
 NI – National Insurance
 NICE – National Institute for Clinical Excellence
 NHH – Neville Hall Hospital
 NWSSP – NHS Wales Shared Services Partnership
 ODTC – Optometric Diagnostic and Treatment Centre
 OD – Organisation Development
 PAR – Prescribing Audit Report
 PCN – Primary Care Networks (Primary Care Division)
 PER – Prescribing Incentive Scheme
 PICU – Psychiatric Intensive Care Unit
 PrEP – Pre-exposure prophylaxis
 PSNC – Pharmaceutical Services Negotiating Committee
 PSPP – Public Sector Payment Policy
 PCR – Patient Charges Revenue
 PPE – Personal Protective Equipment
 PFI – Private Finance Initiative
 RGH – Royal Gwent Hospital
 RN – Registered Nursing
 RRL – Revenue Resource Limit
 RTT – Referral to Treatment
 RPB – Regional Partnership Board
 RIF – Regional Integration Fund
 SCCC – Specialist Critical Care Centre
 SCH – Scheduled Care Division
 SCP – Service Change Plan (reference IMTP)
 SLF – Straight Line Forecast
 SpR – Specialist Registrar
 STW – St.Woolos Hospital
 TCS – Transforming Cancer Services (Velindre programme)
 T&O – Trauma & Orthopaedics
 TAG – Technical Accounting Group
 UHB / HB – University Health Board / Health Board
 USC – Unscheduled Care (Division)
 UC – Urgent Care (Division)
 ULP – Underlying Financial Position
 VCCC – Velindre Cancer Care Centre

	<p>VERS – Voluntary Early Release Scheme WET AMD – Wet age-related macular degeneration WG – Welsh Government WHC – Welsh Health Circular WHSSC – Welsh Health Specialised Services Committee WLI – Waiting List Initiative WLIMS – Welsh Laboratory Information Management System WRP – Welsh Risk Pool YAB – Ysbyty Aneurin Bevan YTD – Year to date YYF – Ysbyty Ystrad Fawr</p>
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance & Performance Committee

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

F&PC Appendix – Month 1 Update

Annual Plan 2024/25 updated revised submission – Finance

The Health Board’s Annual Plan 2024/25 was approved by the Board at its meeting on the 27 March 2024. The Plan outlined an end of year outturn of a £48.9m deficit, notwithstanding a significant savings programme and a high-level line of sight towards a balanced position within three years.

Welsh Government responded with a request to ABUHB to revise the plan and outline the improvement potential in particular with regards the financial position. As a result the Health Board re-submitted the plan on the 31st May.

From a finance perspective the request was clarified that ‘organisations are expected to reduce the risk in existing plans, improve the financial deficit projected, and outline quantified options and choices to make further improvement from the plan position submitted’.

As part of the continuous work on savings opportunities and delivery achievement and profile of savings delivery, the Health Board has made significant progress in de-risking the savings opportunities identified in the original submission of the financial element of the plan, which was approved by the Board in March 2024, which included £9.7m of full year effect of 2023/24 savings plus new 2024/25 opportunities of £40.5m presented as;

- £29.1m savings, and
- £11.4m opportunities.

Original Annual Plan Savings

Theme (V&S Category)	Initial annual plan (£'000)	2024/25 pipeline opportunities	2024/25 Deficit / (surplus) (£'000)
		Amber opportunities (Out of Hospital)	4,806
		Amber opportunities (Acute)	2,111
		Amber opportunities	6,917
Workforce	8,570	Red opportunities (Out of Hospital)	600
Non-pay and commissioning	7,938	Red opportunities (Acute)	6,165
Medicines Management	2,367	20% delivery risk	(2,253)
Continuing Health Care (CHC)	5,481		
Service Re-design	4,728		
Total (£'000)	29,084	Total 2024/25 RED pipeline opportunities	4,512

Revised Annual Plan Savings

The forecast for 2024/25 remains as previously submitted at £48.9m deficit but the position has moved positively with a revised savings assessment consisting of:

- £29.1m original plan
- **£5.4m opportunities converted to saving plans**
- £6m work progressing on opportunities.

Some elements have been re-categorised in the course of revising the Annual Plan, the £29.1m total original plan remains the same. It should be noted that within the March submission the £29m was

risk categorisation as 5% green, however, good progress in de-risking the savings have led to an increase to 58% categorised as green.

Theme (Updated V&SB Category)	Forecast
Workforce	8,574
Procurement & Non-pay	8,940
Pathway	3,854
CHC/FNC	5,528
Medicines Management	2,188
Total	29,084

The £5.4m de-risked opportunities are listed below and have an associated plan for delivery, these are now being included as savings plan in the Health Boards reporting.

- FNC growth below forecast (£0.7m)
- CHC Care at home team vacancies (£0.6m)
- Covid Anti-viral 'GP stock' adjustment (£1.3m)
- Optometry contract reduction (£0.5m)
- Litigation costs below plan (£0.4m)
- MH&LD CHC reduction (£0.6m) MH&LD variable pay (£0.2m)
- Other funding assumed/agreed (£0.3m)
- Cardiology insourcing below plan (£0.1m)
- Recovery of Agency fees (£0.7m)

While good progress has been made in de-risking the savings ambition, there remains £6m of opportunities that need to be converted into savings plans.

The Health Board recognises the need to improve the financial forecast further and will continue to do so as part of continuous savings pipeline work through its Value and Sustainability Board but has made good progress in the first month of the financial year to de-risk aspects of the plan and will continue to do this whilst reviewing all viable options for making the Health Board sustainable in the long term.



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 June 2024
CYFARFOD O: MEETING OF:	Finance & Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Value & Sustainability Board Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe, Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	Chris Commins – AFD 'Out of Hospital' Greg Bowen – AFD 'Hospital and Corporates'

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Aneurin Bevan University Health Board (ABUHB) has established a Value & Sustainability Board (V&SB) in order to improve the financial and operational sustainability for Aneurin Bevan University Health Board.

The original 2024/25 Annual plan identified £29m of savings and £11m of opportunities to be progressed, the £29m was allocated to V&SB categories as below and are expected to be delivered:

Theme (Updated V&SB Category)	Forecast
Workforce	8,574
Procurement & Non-pay	8,940
Pathway	3,854
CHC/FNC	5,528
Medicines Management	2,188
Total	29,084

The opportunities are being progressed through the V&SB and divisional routes, with positive progress being made.

Actual achievement is reported as part of the monthly Board Financial Performance report.

Cefndir / Background

ABUHB established a V&SB during 2023/24 as part of its governance arrangements to improve the financial and operational sustainability of the Board.

Welsh Government has established a similar format of governance and ABUHB has aligned with this approach.

The Board has established several workstreams under this programme, all with an identified executive lead, as follows:

Medicines management – Director of Public Health
Workforce/Variable Pay – Director of Workforce & OD
Service Re-Design – Director of Planning
Continuing Health Care – Chief Operating Officer
Non-Pay – Director of Finance
Prevention - Director of Public Health
Digital – Director of Digital

These workstreams consider and progress both national and local opportunities.

This report provides an update on progress of the programme workstreams for the committee.

Asesiad / Assessment

Medicines Management V&S update June 2024

ABUHB V&SB Group Executive lead - Director of Public Health

National Priorities

- Letter issued 06.10.23 detailing 8 National Priorities
- Additional letter issued 19.03.24 detailing a further 5 National Priorities

National Value & Sustainability Board

An update was provided to the May National Value & Sustainability Board detailing and monitoring 16 National Priorities (updated from original 13).

Medicines Management Programme Board V&S Update – May 24



V&S%20National%20Priorities%20May%

The Clinical Director of Pharmacy provided an update on 13 National Priorities. This highlight report includes an update on the respective priorities of work and information where schemes aren't progressing as planned.

Schemes to switch to lowest acquisition cost biosimilars and generic products in Secondary Care have produced savings c. £100k per month. The remaining opportunity is c. £50k per month (use of generic Teriflunomide and Fingolimod, both Neurology is c. £35k of this figure).

Information is collated by the Finance Team on a monthly basis from the "Optimising Medicines Value Toolkit" and the "Server for Prescribing Information Reporting and Analysis", with particular focus on any lost opportunities and actions to be taken around the biosimilars and generics detailed above.

Medicines Management Programme Board Divisional Updates

A trawl has been undertaken by the Finance Team of all the presentations from the previous twelve months Medicines Management Divisional updates and cross referenced to what has been reported as achieved savings in the Monthly Financial Management Information Packs. This will be circulated to Pharmacy colleagues for validation and explanations in any areas where opportunities have not been fully realised (8 schemes).

Medicines Management Programme Board Month 1 Finance Review

Attached is the Month 1 Medicines Management Finance Paper covering the latest financial position, expenditure trends, Primary Care prescribing PAR information, Savings Performance, Further Opportunities and Optimising Medicines Value. Savings delivered in 2023/24 were £ 6.0m. Further savings of £2.6m across 21 schemes are forecasted for 2024/25. Divisions have not identified any further potential opportunities in their April MI packs.



01%20Month%2001
%20Medicines%20M

Value & Sustainability Board – Workforce Update June 24

ABUHB V&SB Executive lead – Director of Workforce & OD

ABUHB Variable Pay Programme Board

Continuous focus on Variable Pay reduction across the Health Board. Variable Pay Reduction Board established which meets on a monthly basis to inform V&SB progress.

Key Focus Areas:

- Review of Specialist Bank Rates – £3m annual opportunity
- Review of Medical Agency Spend – circa £1m a month spend
- Facilities conversion of Bank and Agency to Substantive
- Admin Review - £2.4m annual opportunity bringing HB in line with All Wales average
- Medical E-Systems inc. introduction of locum rate card and job plan guidance
- Roster Deep Dives
- International Recruitment Initiative - £1.4m 24-25 additional opportunity
- Stopping HCSW agency and RN off contract agency - £500k annual opportunity

- Retention, Sickness and Wellbeing, Establishment Control and Vacancy Management, Job Descriptions, Optional Models of Care / Team Design

Challenges:

- National and International skill shortage
- Demographic profile of workforce
- Sickness absence remains high at 6.2%
- Industrial Action
- Request for re-evaluation on standard job descriptions

National Work

4 key areas identified to drive reduction in off framework agency and firm up international recruitment plans:

- Insights – strengthening base line intelligence, and monthly reporting to WG on agency spend
- Recruitment – focus on international
- Nursing headroom review to include education of ward managers on roster management
- Corporate benchmarking – VSM and Nursing roles

Priority areas:

- Monitoring reduction in agency costs through a clear control framework
- Development of a clear, approved international recruitment plan for hard to recruit areas
- Nurse Staffing Levels (Wales) Act 2016 Clarity, training and education of ward managers, roster management
- Undertake a corporate benchmarking exercise across NHS Wales

Local ABUHB work aligned to national priorities but continuously reviewed and updated.

Appendices



V&SB Variable Pay
Update 30.05.24.ppt

Value & Sustainability Board – Service Re-Design Update June 24

ABUHB V&SB Executive lead – Director of Planning

ABUHB Service Re-Design

Working group consisting of Planning, Clinical Futures and Finance colleagues meeting fortnightly with Exec Director of Planning to update on progress and inform the V & SB meeting. The group feeds in information from relevant established programmes on any Service Re-Design related topics.

Current key areas of current focus:

- Inpatient Re-configuration (Bed reductions) - £1.5m opportunity for 24-25
- SWH bed re-configuration additional benefit - £0.4m additional skill mix saving identified for 2024/25

- Medical Model
- Interventions Not Normally Undertaken (INNU)
- Service Efficiencies (Theatres, O/P's, Diagnostic)
- Ambulatory Care Optimisation / St Woolos Hospital Rationalisation

National Work

- Aligned to WG Value and Sustainability Board, continue to identify and deliver on opportunities on a system wide basis, to maximise our utilisation of resources, improve outcomes for patients and move towards a financially sustainable system.
- Aligned to WG Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists across Wales, substantial opportunity related to theatre productivity across NHS Wales, noting the potential for both increased productivity and cash releasing opportunities.
- Aligned to Six Goals for Urgent and Emergency Care, providing the right care, in the right place, first time, substantial opportunity to improve SDEC / Ambulatory care, delivering benefits for patients and the Healthcare system by reducing waiting times and hospital admissions.
- All Wales INNU focus

Appendices



ABUHB Value
Sustainability Board

Continuing Healthcare V&S update June 2024

ABUHB V&SB Executive lead – Chief Operating Officer

NATIONAL VALUE & SUSTAINABILITY BOARD

An update was provided to the May National Value & Sustainability Board. This comprised of two main elements:

- National Collaborative Commissioning Unit Review Progress (see detail below)
- Proposals For Next Steps

NATIONAL COLLABORATIVE COMMISSIONING UNIT REVIEW

A national group was established in December 2023 and commenced a time limited piece of work to review high cost Patient Placements to identify Opportunities to reduce costs whilst ensuring quality and outcomes are protected.

- The Unit reviewed 522 of the highest cost cases in Wales
- 190 patients whom opportunities were identified (£3.3m Opportunity in 23/24)

Aneurin Bevan Element

- Aneurin Bevan had 72 patients under review
- 13 of which were identified as having potential Opportunities (7% of All Wales Opportunities)
- There remain 7 patients which are included on this years MH&LD Review Plan
 - Work around these 7 patients include:

- Reviews of right sizing
- Repatriation potentials and dates
- Reviewing hourly rates

ABUHB V&SB

Four updates were provided to the Health Boards May Value & Sustainability Board:

Finance Team Update

The Finance Team have undertaken a detailed review across the Health Board covering Average weekly placement costs, Externally Commissioned Services, Residential Homes, Enhanced Care and Domiciliary Care.

The information provided highlights the difference in Average Weekly Placement Costs per type of package, and explores whether the Health Board are maximising the various pathways that are available. Work is being taken forward reviewing if all relevant staff are aware of the various pathways that are available to provide assurance that all pathways are being accessed appropriately.

Divisional Updates

Complex Care

- Initial Savings Plan of £2.13m
 - This has been increased to £3.633m as at Month 2
 - Additional Opportunities have been highlighted around
 - Enhanced Care
 - Optimising use of the Peripatetic Run (Care At Home Team)

Mental Health & Learning Disabilities

- Initial Savings Plan of £3.25m
 - This has been increased to £3.85m as at Month 2
 - Additional Opportunities have been highlighted around
 - Pursuit of costs from external provider for 1 patient (circa £1m)
 - Expansion of Patient Pathway Panel to review more cases
 - Potential Ward moves to release beds for repatriation

Family & Therapies

- No Initial Savings have been identified
- An additional Opportunity has arisen around a new post being created to reduce the commissioning of private therapists by providing the offer in house.

Value & Sustainability Board – Non-Pay Update June 24

ABUHB V&SB Executive lead – Director of Finance & Procurement

ABUHB Service Re-Design

Established Non-Pay Programme Board chaired by the DOF which meets monthly with representation from all Divisions across the Health Board. This Board supports identification and delivery of procurement opportunities, and the output of this group informs the pack to be presented at the monthly V & SB meeting. The attendees at

the Board feeds in information and updates the Board on progress at Divisional level and any updates in terms of National work.

Key updates:

- £0.5m previously identified opportunities achieved and included in 24-25 forecast – further opportunities progressing.

- Theatre Improvement – Sub-group set up to provide a dedicated focus in this area. Procurement pushing national priorities and local opportunities.

- Key future Savings Plans include:
 - Trauma & Orthopaedic Rationalisation - £143,000
 - Advanced Energy Devices Rationalisation - £170,000
 - Surgeons Gloves - £60,000
 - Surgical Stapling Devices - £60,000
 - Clip Applicators & Retrieval Bags - £40,000

- Contract Management – new process now live in ABUHB which covers any new contracts > £100k in value. Examples of any new future contracts to be presented at future Boards to illustrate compliance and how these are operating within the new process, and to share best practice.

- Digital redesign of patient communication has been launched and is in the implementation stage.

- Taxi Procedure – new process agreed with high level report on usage to be issued to Divisions on a monthly basis to ensure compliance and appropriate spend.

National Work

Non-Pay theme at the All Wales V & SB Board covers the following priorities:

- Price & volume
- Contract negotiations and management
- Maintenance of service contracts
- Specific opportunity areas

£3m opportunity identified for ABUHB. Head of Procurement provides a monthly reconciliation of Health Board progress against the opportunity identified. This is further reconciled to Divisional monthly reporting packs to ensure accuracy of latest submitted financial forecasts.



Non-pay slide
April 24 v2.pptx...

Value & Sustainability Board – Prevention Update June 24

ABUHB V&SB Executive lead – Director of Public Health

A detailed analysis of the 8 Diabetes Care Process has been received which focusses on the key elements for providing diabetes care and will be used to monitor future

care delivery performance, including structured education work to drive improved patient outcomes and future sustainability.

Value & Sustainability Board – Digital Update June 24

ABUHB V&SB Executive lead – Director of Digital

This work is currently captured within the Non-Pay Group reporting but will be separated out for future reports as a new workstream has been established.

Argymhelliad / Recommendation

The Finance & Performance Committee is requested to note the report for assurance.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. Financial Balance
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. 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:	National V&SB Board
Rhestr Termau:	V&SB – Value & Sustainability Board

Glossary of Terms:	WG – Welsh Government SDEC – Same Day Emergency Care O/P – Out patient INNU – intervention not normally undertaken MH – mental health LD – learning disabilities 'k' – thousand Tbc – to be confirmed
Partion / 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)	
Resource Assessment:	
• Workforce	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Yes, outlined within the 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/	Not Applicable Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

MMPB
Financial Overview and Focused Opportunities
Month 01 - 2024/25

ABUHB Medicines Management - Index

- Slide 3 Financial Position
- Slides 4 & 5 2023/24 & 2024/25 Expenditure Trends
- Slides 6 to 8 Primary Care Prescribing PAR information
- Slide 9 & 10 Savings Performance
- Slide 11 Further Opportunities Log
- Slide 12 & 13 Optimising Medicines Value

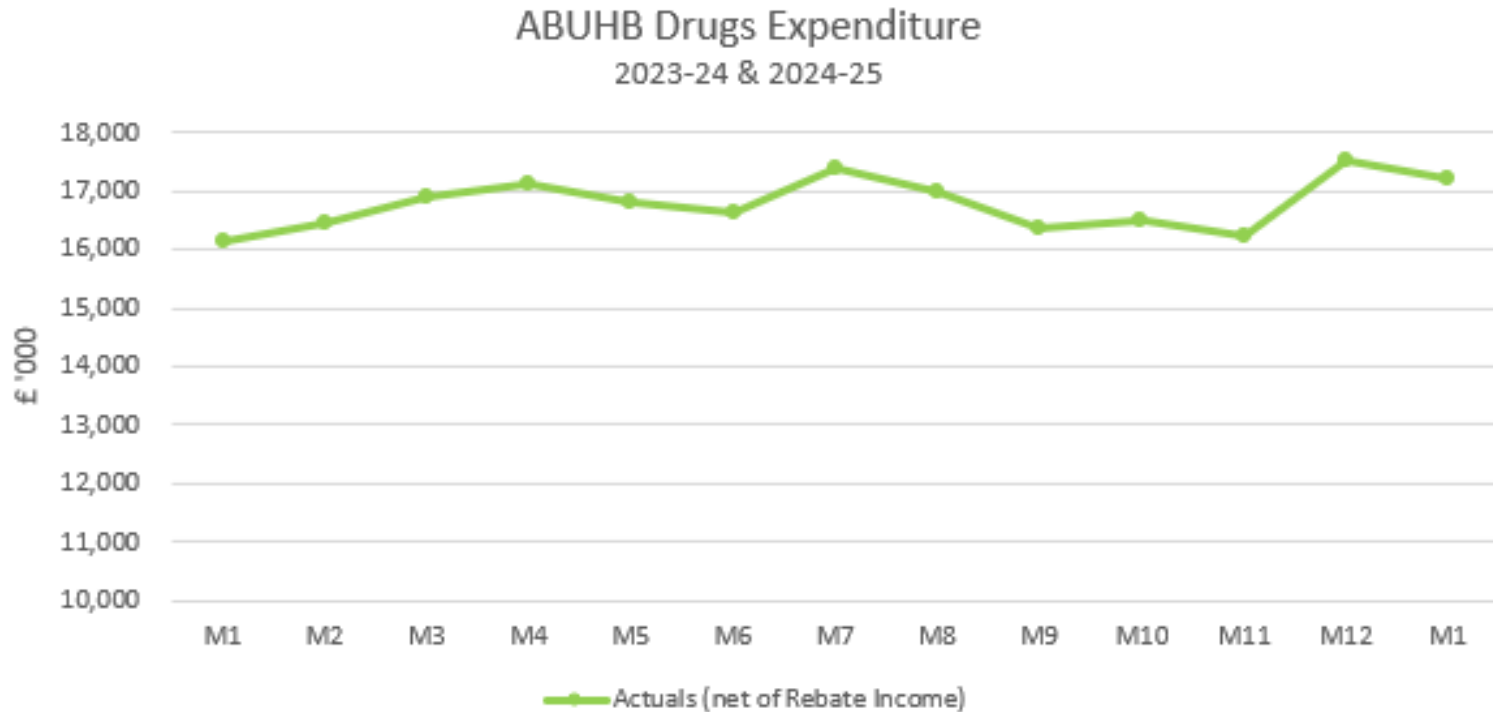
ABUHB Medicines Management - Financial Position @ Month 01

Division	2024-25 Budget £'000	Year to date Budget £'000	Year to date Expenditure £'000	Year to date Variance £'000
Primary Care	114,518	9,543	9,898	354
Family & Therapies	6,151	454	434	(19)
Mental Health	1,439	120	165	45
Surgery	24,152	2,013	2,550	536
Clinical Support Services	2,881	241	358	117
Medicine	19,648	1,637	1,815	178
Urgent Care	468	39	62	23
All other Divisions	25	2	(24)	(26)
<i>sub-total</i>	54,765	4,507	5,361	854
Velindre	15,988	1,332	1,484	152
Other Welsh Health Boards	5,517	460	477	17
Total ABUHB	190,788	15,842	17,219	1,377

NOTES:

- 2024-25 budget is £190.788m
- Month 01 expenditure (£17.219m) was 2.75% higher (£0.460m) than the 2023-24 monthly average expenditure (£16.759m)
- Month 01 overspend in Surgery Division due to a budget realignment for the 2024-25 financial year

ABUHB Expenditure Trend (2023/24 & 2024/25)

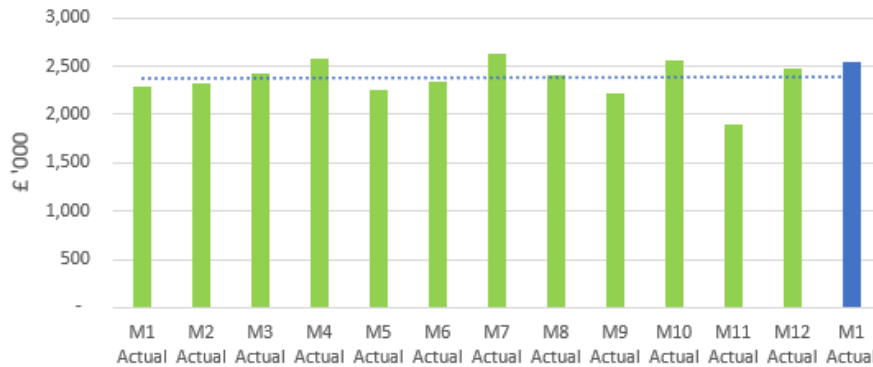


NOTES:

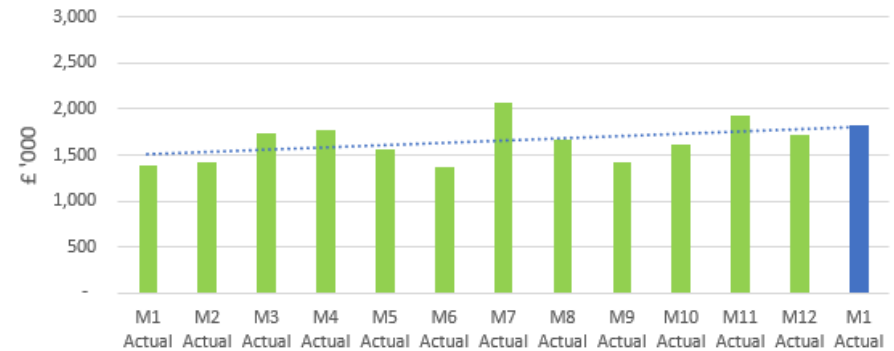
- Expenditure in April '24 was £17.219m which was a 1.67% reduction (£293k) on the March '24 expenditure of £17.512m
- 2023-24 monthly average expenditure was £16.759m

Scheduled Care / Surgery & Medicine Expenditure Trends 2023/24 & 2024/25

Scheduled Care / Surgery Division Drugs Expenditure
(net of Rebate Income)
2023-24 & 2024-25



Medicine Division Drugs Expenditure
(net of Rebate Income)
2023-24 & 2024-25



NOTES:

- Further analysis of the Scheduled Care / Surgery Division Care spend is required due to change in division structure
- The April Medicine expenditure was higher than March due to some Neurology stock being purchased in February for use in March

Primary Care Prescribing – Annual Costs (February PAR)

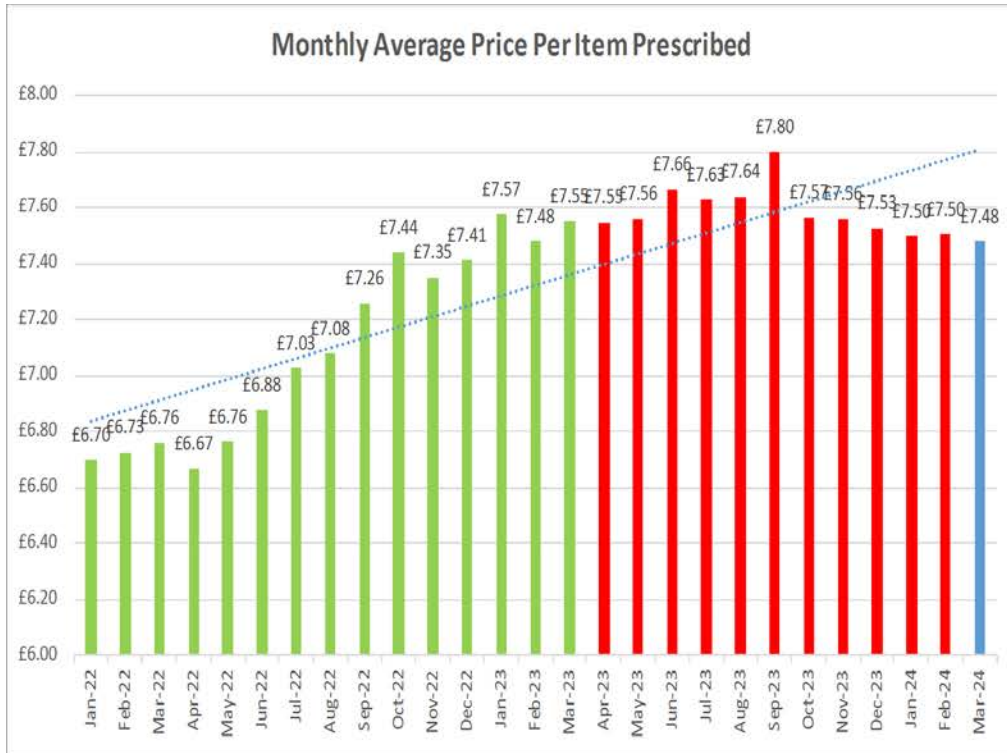


Financial Year	Total PAR Cost	Annual Change	Annual Change (%)
2017/18	£99,443,483		
2018/19	£97,025,733	-\$2,417,750	-2.43%
2019/20	£103,280,219	£6,254,486	6.45%
2020/21	£108,973,804	£5,693,585	5.51%
2021/22	£111,536,094	£2,562,290	2.35%
2022/23	£120,312,544	£8,776,450	7.87%
2023/24 Forecast	£127,503,301	£7,190,757	5.98%

Analysis Of Movement From 22/23

Price	£6,178,825
Volume	£1,011,932
TOTAL	£7,190,757

Primary Care Prescribing – Average Price Per Item (February PAR)



Notes:

Current Average Price Per Item (February PAR) - £7.50 (no change)

Forecast Average Price Per Item (March) - £7.48

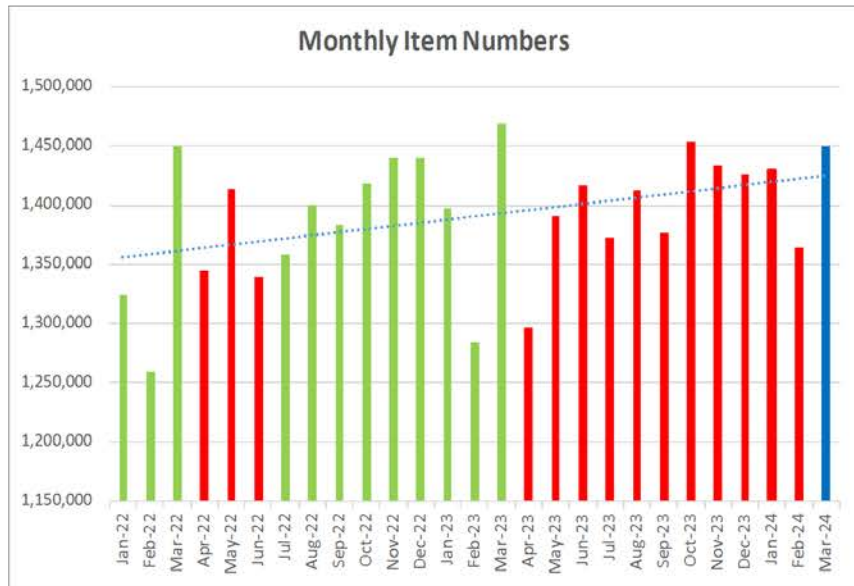
Forecast Average Price Per Item (April 23 to March 24) - £7.58

Full year impact of 1p price rise is approximately £168k

Financial Year	Average Price Per Item	Annual Change (£)	Annual Change (%)
2017/18	£6.33		
2018/19	£6.16	-\$0.17	-2.69%
2019/20	£6.36	£0.20	3.27%
2020/21	£6.80	£0.43	6.83%
2021/22	£6.81	£0.01	0.15%
2022/23	£7.21	£0.40	5.87%
2023/24 Current Price	£7.50	£0.29	4.08%
2023/24 Forecast Forward	£7.48		
2023/24 Average	£7.58	£0.37	5.14%



Primary Care Prescribing - Item Growth (February PAR)



Financial Year	Unadjusted Item Numbers	Annual Change	Annual Change (%)
2017/18	15,700,240		
2018/19	15,742,521	42,281	0.27%
2019/20	16,227,365	484,844	3.08%
2020/21	16,026,833	-200,532	-1.24%
2021/22	16,378,768	351,935	2.20%
2022/23	16,687,733	308,965	1.89%
2023/24 Forecast	16,821,235	133,502	0.80%

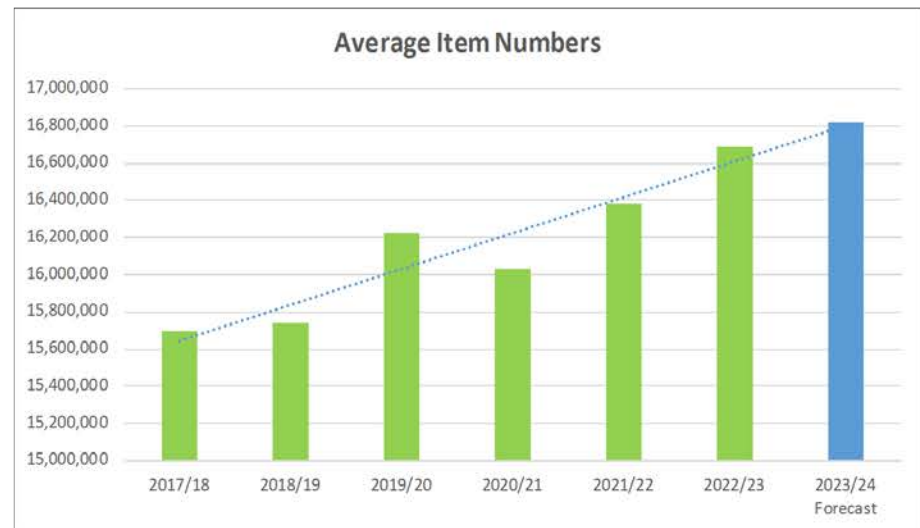
Growth Rate Summary	Percentage	Impact Item Nos	Impact £s
Growth Rate Used In MI Pack	0.80%		
Unadjusted Growth Rate (12 mths)	1.03%	38,306	£287,454
Adjusted Growth Rate (12 mths)	0.45%	-59,148	-£443,846
Unadjusted Growth Rate (YTD 11 mths)	1.00%	33,848	£253,994
Adjusted Growth Rate (YTD 11 mths)	0.36%	-73,056	-£548,213

Notes:

Current Item Growth Rate Used In Forecast 0.80%

Growth Rate Range:

- Unadjusted for Prescribing Days (12m) 1.03%
- Adjusted for Prescribing Days (11m) 0.36%
- Range between Highest & Lowest 0.67%



ABUHB Medicines Management - Savings Performance @ Month 01

Division	2024-25	2024-25	2023-24 Savings Delivered £ '000
	IMTP Plan £'000	Savings Forecast @ M1 £'000	
Primary Care	2,018	2,018	4,227
Family & Therapies	200	200	43
Mental Health	0	0	269
Surgery	0	255	1,294
Clinical Support Services	0	0	0
Medicine	0	88	190
Urgent Care	0	0	9
<i>sub-total</i>	0	543	1,804
Total	2,218	2,561	6,031

NOTES:

- Full Year Savings forecast for 2024-25 is £2.561m
- 2023-24 Savings delivered totalled £6.031m

ABUHB Medicines Management - Savings Performance @ Month 01

Division	Scheme	2024-25 Savings Forecast @ M1 £ '000
Primary Care	Dietitians	75
Primary Care	Waste Reduction Scheme	205
Primary Care	Pharmacy Led Savings	50
Primary Care	Scriptswitch Acute	242
Primary Care	Scriptswitch Repeat	848
Primary Care	GP Dressings Costs	260
Primary Care	Dermol SOP	26
Primary Care	Metformin 1g to 2x 500g switch	26
Primary Care	Brand to Generics	60
Primary Care	DOAC (Edoxaban) switch to Apixaban	125
Primary Care	Bath & Shower Emollient Review	70
Primary Care	Stock reduction (Omniceil)	30
Total Primary Care		2,018
Surgery	National priorities/Best value biosimilars - Adalimumab	109
Surgery	National priorities/Best value biosimilars - Infliximab	28
Surgery	Haematology - Zanabrutinib	34
Surgery	Haematology - Asciminib	50
Surgery	Haematology - Avatrombopag	34
Total Surgery		255
Mental Health		
Total Mental Health		0
Family & Therapies	HIV - Dovato Switches	0
Family & Therapies	HIV - Out of area recharge	200
Total Family & Therapies		200
Medicine	National priorities/ Best value Biosimilars - Adalimumab	88
Medicine	National priorities - Endocrine - Lanreotide switch	0
Total Medicine		88
Urgent Care		0
Total Urgent Care		0
Clinical Support Services	Theatres - Sevoflurane	0
Total Clinical Support Services		0
OVERALL TOTAL		2,561

ABUHB Medicines Management - Savings Performance – Further Opportunities

Further Opportunity	£ '000
Stoma Review – presented at April MMPB	tbc
Rivaroxiban off patent	tbc
Edoxaban switch to Apixaban	tbc
Ustekinumab biosimilar	tbc
Outlier Practices	c. £200k ?

Optimising Medicines Value (1) – April '24 Summary

Figures from FDU dashboard

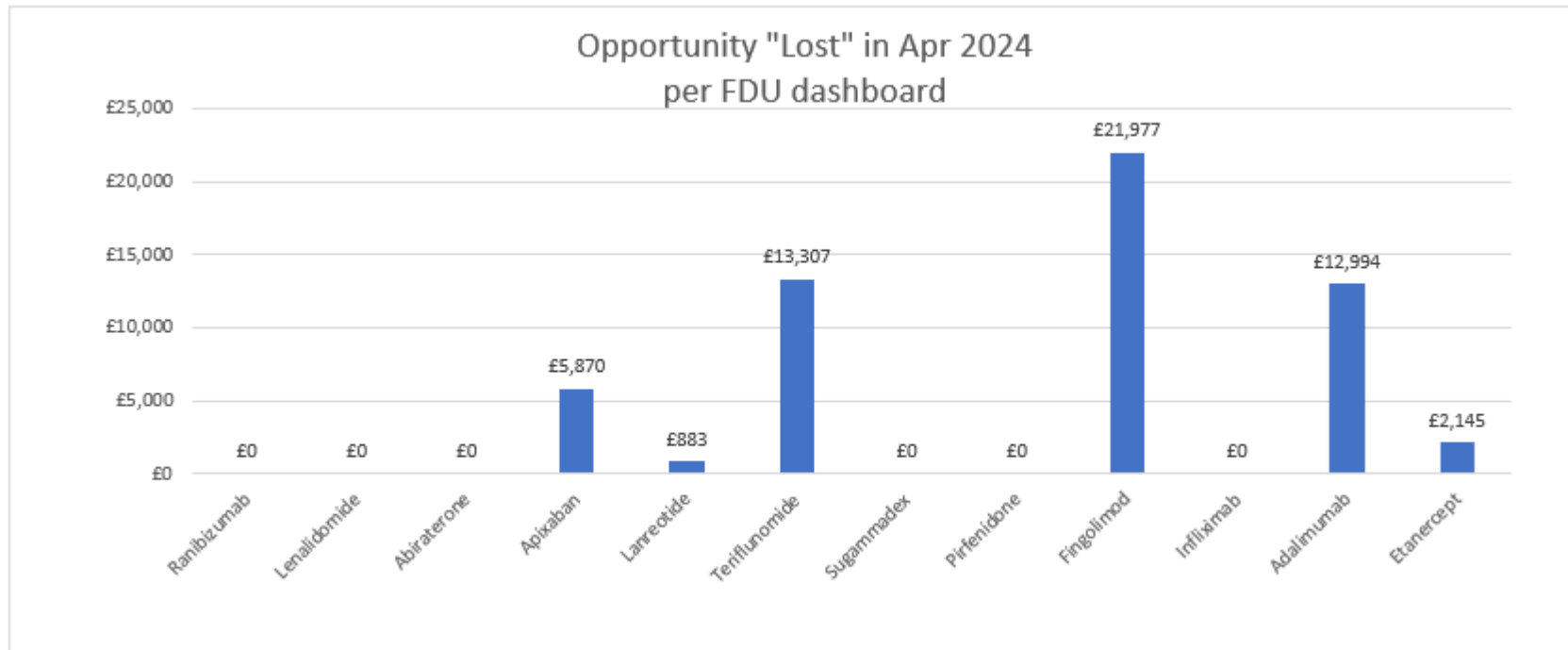


- Reducing the Opportunity "Lost" has delivered a saving of c. £90k per month

Drug Name	Opportunity "Lost" in Oct '23	Opportunity "Lost" in Nov '23	Opportunity "Lost" in Dec '23	Opportunity "Lost" in Jan '24	Opportunity "Lost" in Feb '24	Opportunity "Lost" in Mar '24	Opportunity "Lost" in Apr '24
Ranibizumab	£0	£0	£0	£0	£0	£0	£0
Lenalidomide	£2,012	£0	£0	£0	£0	£0	£0
Abiraterone	£0	£0	£0	£0	£0	£0	£0
Apixaban	£18,362	£12,483	£6,895	£8,084	£5,529	£2,850	£5,870
Lanreotide	£2,723	£1,271	£5,269	£456	£0	£1,638	£883
Teriflunomide	£13,048	£8,351	£9,916	£10,960	£10,438	£9,395	£13,307
Sugammadex	£41,769	£20,858	£21,848	£3,179	£0	£0	£0
Pirfenidone	£13,513	£2,588	£1,502	£0	£3,433	£60	£0
Fingolimod	£31,138	£26,558	£17,400	£24,727	£21,064	£23,811	£21,977
Infliximab	£2,888	£1,243	£5,374	£0	£0	£0	£0
Adalimumab	£15,382	£13,019	£9,373	£10,936	£9,894	£9,894	£12,994
Etanercept	£4,252	£3,071	£2,662	£3,135	£3,307	£1,890	£2,145
TOTAL	£145,087	£89,442	£80,239	£61,477	£53,665	£49,538	£57,176

Optimising Medicines Value (1) – March '24 Summary

Figures from FDU dashboard



NOTES:

- Changing two Neurology drugs (Teriflunomide and Fingolimod) has been delayed by the internal business case. They account for 62% of the Opportunity “Lost” in April '24



Medicines Management Value and Sustainability Updates

May 2024



Background



- The NHS Value and Sustainability Board have issued letters in October 23 and March 24 identifying efficiency opportunities which from national priority areas.



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Document



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- Health boards have been asked to consider these and progress where appropriate.
- NHS Chief Executives have been asked to assure themselves these new opportunities are realised as quickly as possible, and ensure progress continues to be made against the earlier recommendations.
- Dashboards have been developed to support monitoring
 - [Optimising Medicines Value Toolkit - Power BI](#)
 - [Server for Prescribing Information Reporting and Analysis \(SPIRA\) - All Wales Therapeutics and Toxicology Centre \(nhs.wales\)](#)
- AWTTTC are developing a briefing report for CEOs to advise on progress of these opportunities.
- This slide deck provides further information to accompany the ABUHB V&S Board update. It includes progress, barriers to implementation, justification why areas are not being implemented and issues for escalation.



NP01 Biological medicines where indicated are only initiated with the lowest acquisition cost biosimilar



- Clinicians from all Divisions have been made aware of the first line biosimilar to use (the lowest acquisition cost biosimilar when there is more than one biosimilar available).
- Directorate pharmacists are aware which biosimilars should be initiated as first line for new patients and will question prescribing that is not in line with this.



NP02 All patients currently treated with a reference product or higher cost biosimilar medicines are prescribed the lowest acquisition cost biosimilar medicine.



- **Ranibizumab:**
 - Ophthalmology - all patients switched to Ongavia (most cost effective biosimilar).
- **Adalimumab:**
 - Gastroenterology – 34% of patients have received prescriptions for Yuflyma (most cost effective available biosimilar available).
 - Rheumatology – 25% of patients have received prescriptions for Yuflyma.
 - Dermatology – 25 patients prescribed Hyrimoz are in the process of switching to Yuflyma as Hyrimoz will no longer be the most cost effective biosimilar as of June 2024.
- **Infliximab:**
 - Dermatology - using up residual stock of originator (Remicade), then all patients will switch to Flixabi (most cost effective biosimilar).
 - Gastroenterology & Rheumatology have already switched all patients to Flixabi.
- **Etanercept:**
 - Rheumatology / Dermatology - 75% of patients still on the originator (Enbrel) have now been switched Benepali (most cost effective biosimilar). Erelzi (second cheapest biosimilar) has recently been deemed unavailable until July 24, switching is on hold.
- **Tocilizumab:**
 - Rheumatology - using up residual stock of originator (RoActemra), then all patients receiving IV will switch to most cost effective biosimilar. Awaiting decision on Homecare supplier for S/C.



NP03 Complete switch to generic use for abiraterone, apixaban, lanreotide, lenalidomide, teriflunomide, and sugammadex in secondary care.



- Apixaban:
 - switched from Eliquis brand to generic.
 - ongoing 'opportunity lost' as still using residual stock of Sandoz generic brand for some strengths / pack sizes before switching to cheapest generic brand available (Teva).
 - Lanreotide: ongoing intermittent supply issues.
- Teriflunomide and fingolimod: awaiting final decision on MS business case (expected May 2024).
- Sugammadex:
 - only generic being ordered in.
 - off contract reclaim received for the time generic was unavailable.

NP04 GPs stop prescribing medicines by brand where significantly lower cost generics are available.



Good progress with Glucophage, Dovobet and high-cost brands (\geq £20 savings per item)

- Apr 23 – Feb 24: NIC change -£6,754
- Dec 23 – Feb 24: NIC change -£2,224

NIC change negated by increases in Nasonex and Difflam items

NIC Change from April 2023 to February 2024

BNF Name	Ref Date	Max Date	Change
Dovobet_Gel 0.005%/0.0..	10,331	5,534	-4,798
Glucophage SR_Tab 1000..	4,618	3,875	-743
Glucophage SR_Tab 500m..	2,333	1,678	-655
Cerazette_Tab 75mcg	1,925	1,358	-567
Cialis_Tab 5mg	1,155	605	-550
Lumigan_Eye Dps 100mcg..	2,436	1,967	-468
Dovobet_Oint 0.005%/0.0..	7,820	7,399	-421
DuoTrav_Eye Dps	2,096	1,814	-282
Efexor_XL_Cap 225mg	224	47	-177
Lyrica_Cap 150mg	547	386	-161

NIC Change from April 2023 to February 2024

BNF Name	Ref Date	Max Date	Change
Nasonex_Aq N/spy 50mcg..	975	2,097	1,121
Difflam_P/spy 0.15% 30ml	1,692	2,375	683
Efexor_XL_Cap 150mg	552	879	327
Eliquis_Tab 2.5mg	53	323	270
Difflam_Sore Throat Rins..	102	262	159



NP05 Stop outsourcing of the preparation of nivolumab, atezolizumab and rituximab to the commercial sector and should purchase all future supplies from the NHS Wales SSP



Nivolumab and Atezolizumab are Velindre medicines and out of scope as an opportunity for ABUHB.

ABUHB currently procures vials of Rixathon from NHSWSSP. However, following a change in the pack sizes available, procurement will revert to direct from Wholesalers from approximately June 2024.



NP06 Review all off-contract procurement, stop all unjustified purchasing and put systems in place to recover any excess costs

NP07 identify an individual from their procurement and finance teams to work with NHS Wales Procurement to ensure all recoverable costs associated with off-contract purchasing are recovered



- Scoping exercise completed reclaiming the additional cost incurred when a medication has to be purchased off-contract in lieu of available contracted medication lines. No confirmed national process. This means that a process must be set up at local HB level to:
 - Proactively identify the off-contract purchase
 - Track the timeline the contracted medication is unavailable (only purchases of off-contract medication lines past 14 days from initial supply issue are eligible for reclaim).
 - Track purchase of off-contract medication lines
 - Collate invoices and evidence of off-contract medication purchases
 - Identify the individual manufacturer reclaims process and contact details (whilst there are agreed overarching principles from the British Generic Manufacturer Association each manufacturer has their own process for reclaims that needs to be mapped and followed)
 - Submit a reclaim of the incurred additional costs within 90 days of purchase
 - Track payment through assigned financial code to ensure payment received.
- Local one-off exercise was completed to process map the required tasks for generic Sugammadex in December 2023.
 - Successful in reclaiming approximately £18,000 of additional expenditure (incurred over a 3 month period)
 - Identified a significant amount of work for pharmacy procurement and invoicing teams to proactively track and map purchases, balance risk of withholding a purchase order against the risk of disrupted medication supply to ward areas, collate invoices and information to allow reclaims process and timelines to be followed etc.
 - The Medicines Value Unit has started to identify the potential lost opportunity to each HB of not completing off-contract reclaims. This information is currently relatively incomplete and unreliable, therefore the ABUHB potential lost opportunity is difficult to fully evaluate.
- Pharmacy Procurement Team are unable to continue evaluating the potential options until RGH Robot Installation is completed.
 - Will require discussions to identify the investment required within the Pharmacy Procurement and Invoicing Team to implement a robust process to reclaim associated expenditure



NP08 Revisit the areas previously identified as low priority for prescribing in Wales



Lidocaine

- new guidance issued via chronic Pain Group/MTC
- review high Rx practice

Chloral Hydrate- now TLS RED

SBGM -SPIRA current position 12.5% reduction = £164k

Category	Aneurin Bevan
BGTS Greater Than £10	68,762
BGTS Less Than £10	219,654
TOTAL	288,417
%>£10	24%

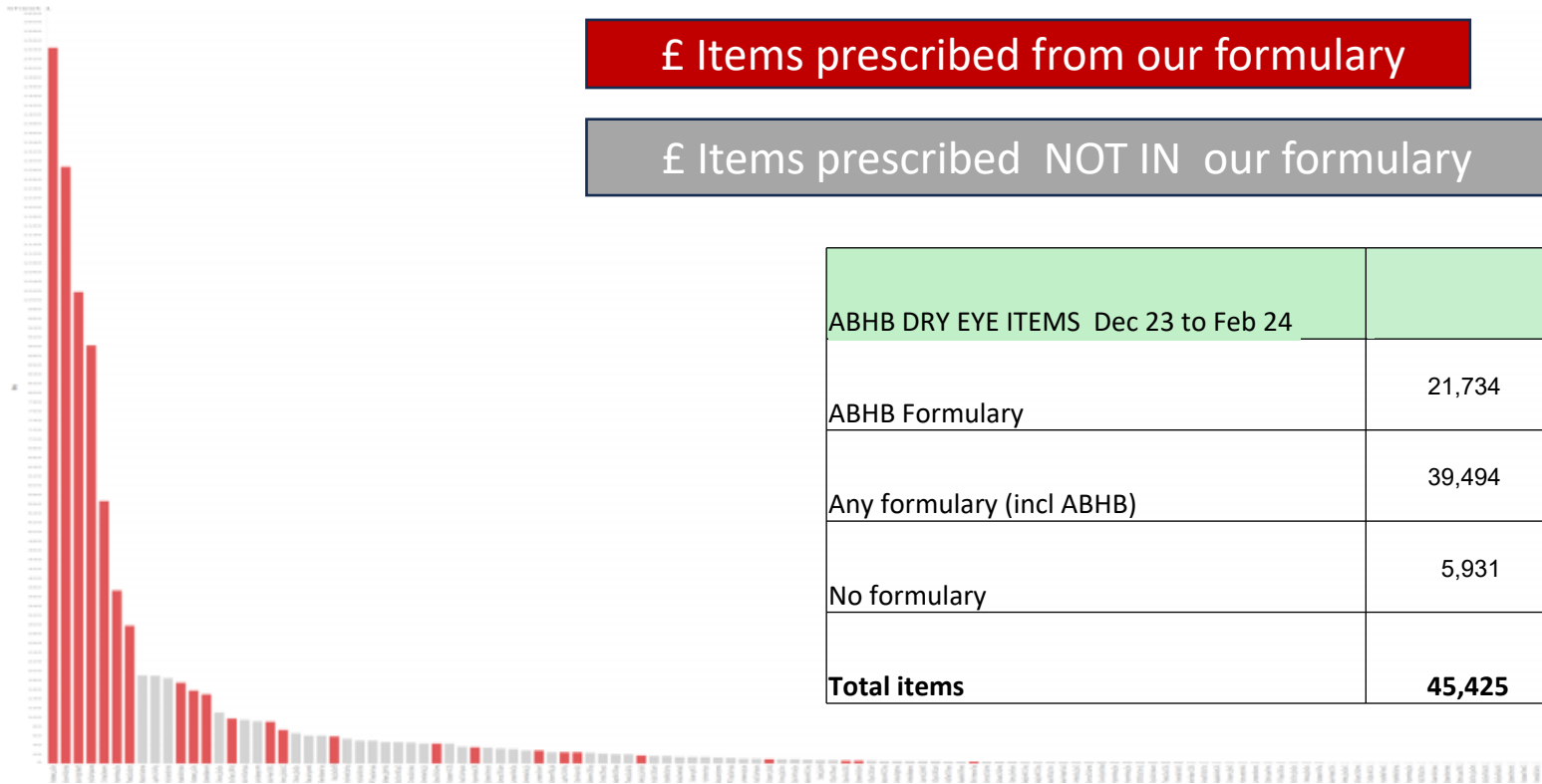
ABUHB		Difference in Spend from the Previous Year		% Difference in Spend from the Previous along Year	
Preceding Financial Year	Current Financial Year	Preceding Financial Year	Current Financial Year	Preceding Financial Year	Current Financial Year
22-23	23-24	22-23	23-24	22-23	23-24
2022 - 2023	2023 - 2024	2022 - 2023	2023 - 2024	2022 - 2023	2023 - 2024
£ 1,305,501	£ 1,141,775		-£ 163,727		-12.5%

NP09 Undertake an analysis of direct oral anticoagulant (DOAC) prescribing in primary care and ensure patients prescribed DOACs for non-valvular atrial fibrillation are reviewed and where clinically appropriate switched to apixaban



- Increasing Apixaban items
- ABUHB letter circulated to promote apixaban as 1st line DOAC in non-complicated NVAF
- Apixaban-focused primary care newsletter in progress
- Anticoagulant Working Group to identify appropriate AF patients that can be switched from warfarin to apixaban/DOAC as appropriate
- All Wales SOP to switch DOACs to Apixaban: consider implementation
- Upcoming opportunity of Rivaroxaban patent expiry

NP10 Ensure all patients prescribed a treatment for dry eye are only prescribed a dry eye preparation included on the health board's preferred list, or where the health board does not have its own preferred list, the preferred list of another health board.



£ Items prescribed from our formulary

£ Items prescribed NOT IN our formulary

ABHB DRY EYE ITEMS Dec 23 to Feb 24		
ABHB Formulary	21,734	48%
Any formulary (incl ABHB)	39,494	39%
No formulary	5,931	13%
Total items	45,425	100%

Ophthalmology engagement needed for

- formulary update- propose price threshold akin to emollients
- Brand to generic switches (V&S)

NP11 Review patients prescribed liothyronine with the intention of switching them to thyroxine or where it is considered clinically appropriate ensuring the best value liothyronine preparation is prescribed.

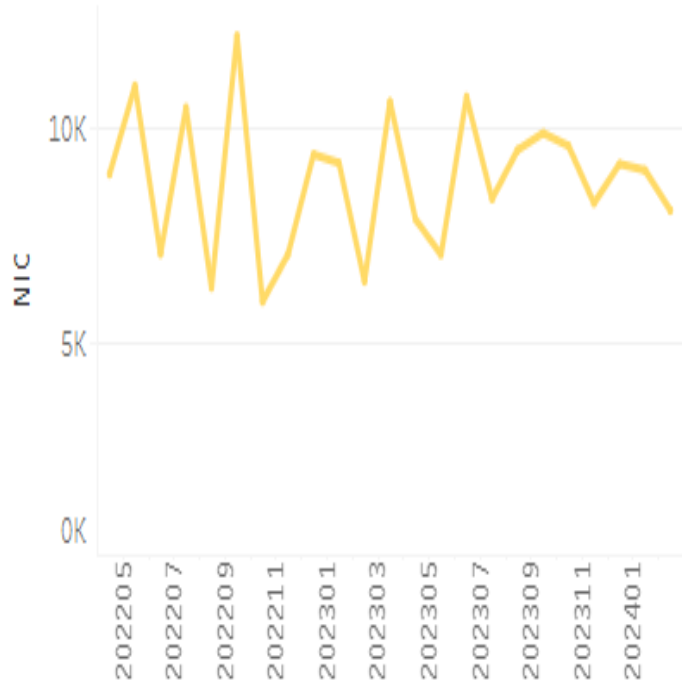


- Liothyronine- endocrinologists need to arrange secondary care follow up.
 - 18 month wait, 208 items in 3 months, est 60-70 patients
 - Need permission from GP practices to search for, identify and refer all patients currently being prescribed liothyronine
 - Communication to patients as to why referred?
 - Scriptswitch messages in place- also to promote lower cost capsules.

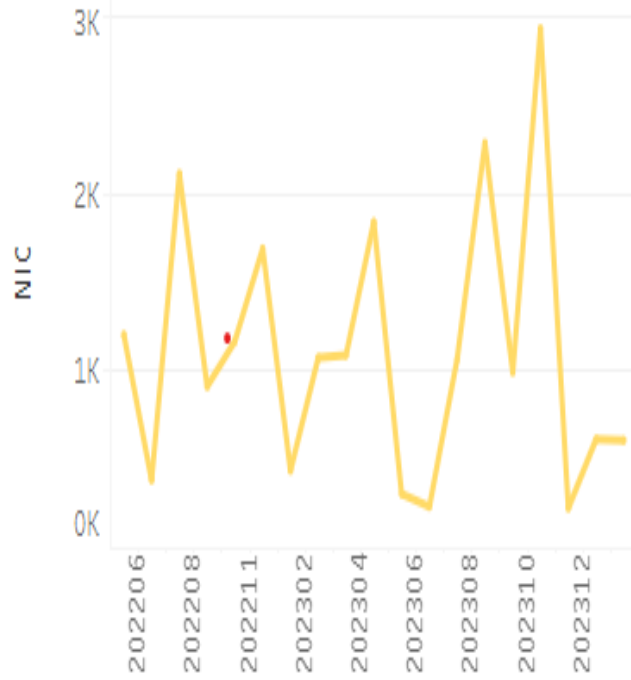
Liothyronine

—

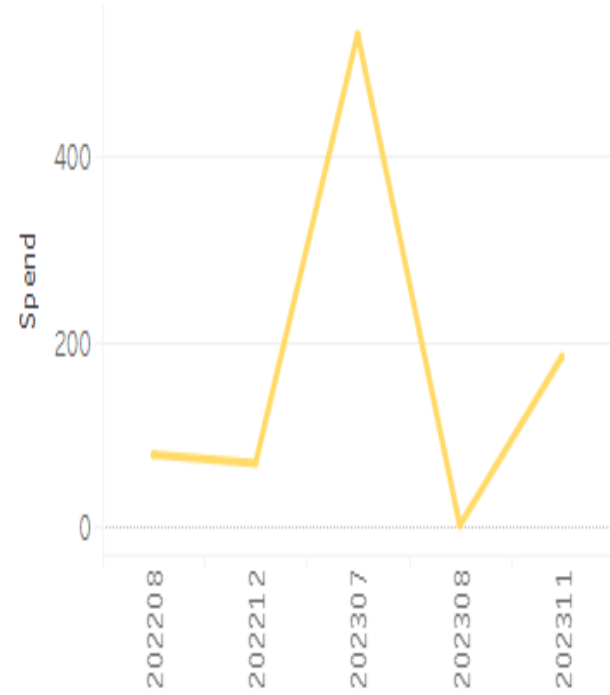
WP10



WP10HP



Medusa



NIC

4 5 6 7 8 9 0 1 2 1 1



SOP approved at MTC -aim to stop prescribing as per NICE guidance

Priority practices identified- work to commence imminently

Developing comms for PTR to communicate to patients calling with concerns

£70k estimated annual savings

NP13 Health boards should ensure GPs stop prescribing medicines from a list of restricted medicines including those available to purchase over the counter which are of limited clinical value.



- Doxazosin MR is key focus

NIC and Items for select filters

BNF Name	☰	NIC	Items
Doxazosin Mesil_Tab 4mg M/r		3,392	440
Doxazosin Mesil_Tab 8mg M/r		4,362	326
Cardura XI_Tab 8mg		309	22
Cardura XI_Tab 4mg		90	12
Cod Liver Oil_Cap 400mg		10	11

6m data Sept 23 to Feb 24

- Priority practices identified for focussed MM switches

- ScriptSwitch message

Switch actual cost benefit where accepted

	Actual cost benefit	Switches accepted	Acceptance rate
Doxazosin 4mg modified-release tablets -> Doxazosin 4mg tablets	£1,597.64	32	30.77%
Doxazosin 8mg modified-release tablets -> Doxazosin 8mg tablets	£80.88	8	36.36%

ABUHB V&S Service Redesign

Update as at :- 28 May 2024

Aims and Objectives -

Oversee reporting of x 3 work areas:

- Service Reconfiguration
- Service Efficiencies
- Clinical Effectiveness

Exec Lead – Hannah Evans

PM Support – KF, HC, SR, A-M Matthews

Clinical Leads – Andrew Bagwell/Paul Mizen/James Calvert

Finance Lead – Greg Bowen

Positive Progress During Period:

- Launch of 'Ready to Go Unit' at RGH, Nurse led model of care, delivery of financial efficiencies aligned to revised workforce model
- NHH Clinical Service Model – Family and Therapies workshop held on 15th May, preparation underway for Elective Model workshop on 3rd June, PID drafted
- Refresh of Patient Safety Team intervention ahead of service reconfiguration
- Medical Model – scoping of workstreams and next steps
- Theatre PID drafted to be signed off by Division, aligned to Planned Care Recovery Programme, three top HVLC opportunities identified, work ongoing refinement of Qlik dashboard for monitoring against key performance metrics
- Delivery of inter-site transport proposal, new roster in place, delivery of financial efficiencies

Challenges:

- Pace of change vs engagements requirements
- Transformational change, takes time to deliver
- Capacity across all service reconfigurations
- Linkage with national work, strategic direction
- Multiple reporting for a number of themes with different templates
- Key risk re Planned Care what if scenarios – not done with services and not in line with CAF recommendations so clarity on wider testing
- Interdependencies with other work streams limits progress

Next Steps:

- Evaluation of 'Ready to Go Unit' map benefits and opportunities to roll out at other sites
- Undertake Patient Safety Team interventions aligned to bed reduction work programme
- GIRFT theatres follow up, three top HVLC opportunities identified data to be shared with specialities, feedback action plans in response to improvement opportunities, further refine Qlik dashboard and launch KPI 1-3
- Refresh of NHH Planning Group, revised ToR, circulation of PIP and comms, confirm 'products' and critical path, delivery of Elective Model workshop
- SWH rationalisation, project structure in place, sign off PID
- Delivery of SDEC/Ambulatory Care workshop, identify opportunities and next steps

Mitigations:

- Prioritisation of service reconfigurations e.g. Medical model proposal due to Executive Committee September 2024
- Interdependencies other workstreams, pace of change
- Alignment of reporting requirements
- Use of existing structures to test and drive work programme
- Lessons learnt re engagement – proportionate and focused
- Lessons learned from previous change projects – St Woolos Reconfiguration

ABUHB Variable Pay Programme Board

Exec Lead – Workforce & OD Director - SS
SRO – Assistant Workforce Director - JC
Clinical Leads – Deputy Nurse Director - LA
Finance Lead – Assistant Finance Director GB

Positive Progress During Period:

- HCSW Agency and RN Off Contract Agency with exception areas in place
- Revised process for booking Specialist Rates. Reduction of 35wte compared to March 24 – average for May 24 (90wte).
- Patchwork agency system purchased and implemented
- Roll out of job planning system/training/guidance
- Roster Efficiency Divisional Action Plans run and sent to Divisions on a monthly basis
- Application of All Wales Control Framework for Flexible Workforce Capacity (WHC 2023 046)
- Assessment of the Non Pay Elements of the 22/24 Collective Agreement
- Assessment of draft Workforce Reduction 24/25
- Admin & Clerical programme outline developed and stratified data into divisions for assessment

Challenges:

Unknown position on any future medical industrial action
Breach of medical rate card in some specialities

The ability to recruit and retain staff continues to be challenging due to

- national and international skill shortages,
- competitive recruitment markets
- demographic profile of our workforce/population
- Sickness absence- 6.2%

Update as at (date):- 30/5/2024

Scope – Reduce variable pay

Aims and Objectives - To identify opportunities to reduce variable usage and costs.

Next Steps:

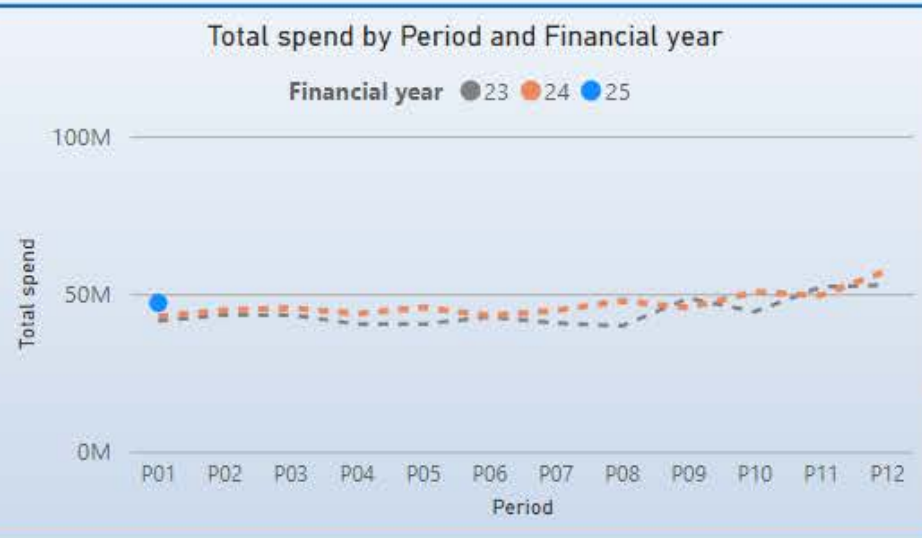
Review action plan and programme structure with update of opportunities log to follow
Review of HCSW vacancies between Health Roster, Bank Staff and Divisions
Patchwork agency system invoicing process to be tested with Finance and central band 6 post to be recruited to
Continue rostering deep dives and share themes/core actions
Implementation of Electronic job planning and rostering for medical staff
Admin & clerical assessment by Divisions

Mitigations:

Discharge and Enhanced Care programmes to support ward closures / enhanced care staff usage
Workforce forecasting and planning
Roster reviews and booking controls
Ongoing Recruitment
Ongoing monitoring of data and engagement with Divisional Nurses
Continued focus on data and rostering practices
Ongoing Retention programme

Non pay spend summary 2024/25

01/04/2022 30/04/2024



Average 23/24	46.7M	Average 24/25	47.1M
YTD spend 23/24 (same period)	42.8M	YTD spend 24/25	47.1M
Extrapolated 24/25 to full year less prior year total spend		4.4M	



Non pay savings summary 2024/25

Green and Amber savings by Division (£'000)

Division	Green	Amber	Total
Clinical Support Services	£343		£343
Contracting and Commissioning		£706	£706
Corporate	£1,054	£288	£1,342
Estates and Facilities	£411		£411
Families and Therapies	£113	£267	£380
Medicine	£42		£42
Mental Health and Learning Disabilities		£103	£103
Primary Care and Community	£2,913	£367	£3,280
Surgery	£234		£234
WHSSC		£2,099	£2,099
Total	£5,110	£3,830	£8,940

IMTP target savings (£'K)

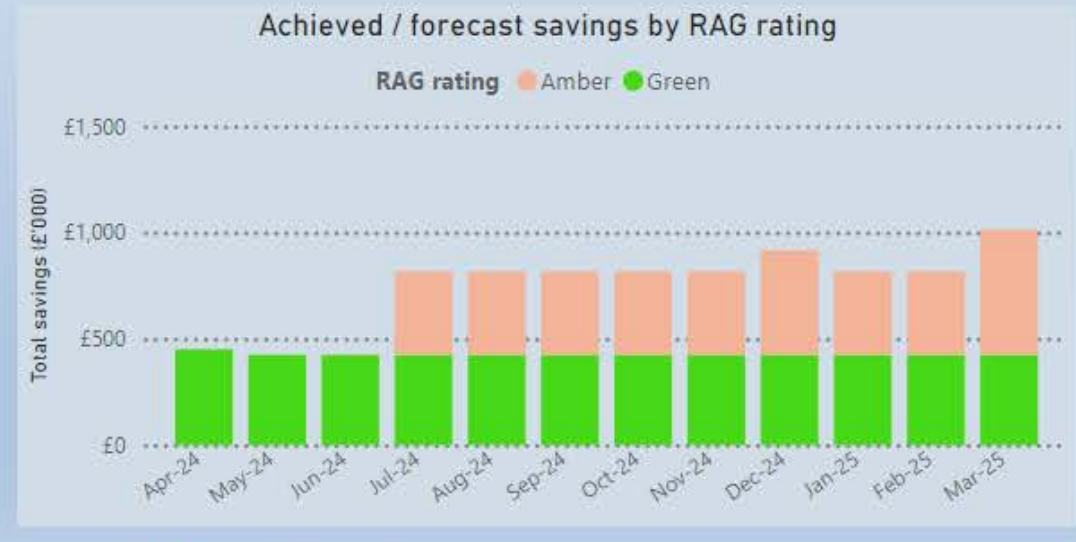
£8,940

YTD achieved (£'K)

£451

Total Forecast savings (£'K)

£8,940



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 June 2024
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	NHS Benchmarking Network – Emergency Care Benchmarking Exercise
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe – Executive Director Finance, Value Based Healthcare and Procurement
SWYDDOG ADRODD: REPORTING OFFICER:	Greg Bowen – AFD Hospital Divisions

**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 update the Committee on the recently undertaken Emergency Care Benchmarking Exercise for the 2022-23 financial year. The report draws out key messages from this recently completed project. The Committee are asked to note these findings and provide views.

Cefndir / Background

NHS Benchmarking Network (NHSBN) is a member led organisation of which the Health Board subscribes. The network consists of over 230 organisations across the United Kingdom, including, Wales, England, Scotland, and Northern Ireland. All Health Boards in Wales are members.

Following network meetings which discuss key health sector issues, an annual work plan (see below) is available to the Health Board as part of our membership which

comprises a wide range of benchmarking projects on topics of interest to members, together with projects aimed at the more specific interests in four sectors: Commissioning, Community, Acute and Mental Health. As a foundation member the Health Board can participate in any of the benchmarking projects for which it is eligible. Projects are not compulsory for all members who are eligible.

NHS Benchmarking Network 2024/25 Member Work Programme

Project	Support Team Contact	Registration Opens	Data Collection Opens	Data Collection Closes	Validation	Reports Released	Event
Acute sector							
Acute Indicators	nhsbn_cst@nhs.net	Data from national sources.					
Acute Pharmacy and Medicines Optimisation	nhsbn_cst@nhs.net	w/c 18 th March 2024	w/c 8 th April 2024	17 th May 2024	June-July 2024	September 2024	16 th October 2024
Emergency Care	nhsbn_cst@nhs.net	w/c 18 th March 2024	w/c 8 th April 2024	17 th May 2024	June-July 2024	September 2024	10 th October 2024
Managing Frailty in the Acute Setting	nhsbn_cst@nhs.net	w/c 3 rd April 2024	w/c 6 th May 2024	21 st June 2024	June-July 2024	October 2024	13 th November 2024
Outpatients	nhsbn_cst@nhs.net	w/c 6 th May 2024	w/c 27 th May 2024	5 th July 2024	August-September 2024	November 2024	10 th December 2024
Acute and community sector							
Adult Therapies	nhsbn_cst@nhs.net	w/c 15 th April 2024	w/c 6 th May 2024	14 th June 2024	July-August 2024	October 2024	20 th November 2024
Virtual Wards	nhsbn_cst@nhs.net	w/c 8 th January 2024	w/c 5 th February 2024	26 th April 2024	May 2024	June 2024	27 th June 2024
Community sector							
Community Indicators (monthly)	nhsbn_cst@nhs.net	Monthly. Please contact the Support Team for details.					
Children's Community Therapies	nhsbn_cst@nhs.net	w/c 15 th April 2024	w/c 6 th May 2024	14 th June 2024	July-August 2024	October 2024	20 th November 2024
District Nursing	nhsbn_cst@nhs.net	w/c 25 th March 2024	w/c 15 th April 2024	24 th May 2024	June-July 2024	September 2024	23 rd October 2024
Healthy Child Programme & Children's Community Nursing	nhsbn_cst@nhs.net	w/c 29 th April 2024	w/c 20 th May 2024	28 th June 2024	July-September 2024	November 2024	29 th November 2024
Intermediate Care	nhsbn_cst@nhs.net	w/c 20 th May 2024	w/c 17 th June 2024	2 nd August 2024	August-September 2024	November 2024	12 th December 2024
Mental health, learning disabilities and autism services sector							
Adult and Older People's Mental Health	nhsbn_mhadult@nhs.net	Offline registration	w/c 15 th April 2024	31 st May 2024	June-August 2024	October 2024	30 th October 2024
Children and Young People's Mental Health	nhsbn_cyphmh@nhs.net	Offline registration	w/c 22 nd April 2024	14 th June 2024	July-August 2024	November 2024	14 th November 2024
Learning Disabilities (Providers)	nhsbn_mhlida@nhs.net	w/c 1 st July 2024	w/c 22 nd July 2024	6 th September 2024	September-November 2024	January 2025	TBA February 2025
MHLDA Indicators (quarterly)	nhsbn_mhindicators@nhs.net	Quarterly. Please contact the Support Team for details.					
ICS sector							
Integrated Care Benchmark	nhsbn_ics@nhs.net	Data from national sources.					
Additional outputs							
Improvement Opportunity Report (Insight members)	enquiries@nhsbenchmarking.nhs.uk	Data from NHSBN projects.				March 2025	-
National Cost Collection Analysis Report	enquiries@nhsbenchmarking.nhs.uk	Data from national sources.				-	-

Each project consists of a Data Collection, Validation and Reporting Phase, and are ran over a period of up to six months, dependant on complexity. A specification document is made available by the network and the Business Intelligence Team within Finance Children's liaise with relevant services and collate each return before submitting to the network. During Validation, an opportunity exists for health boards to review current position against peers and investigate any outlying areas. As part of reporting NHSBN produce a range of outputs including an Interactive toolkit, Bespoke report, High-level report, Good Practice compendium, and Feedback events which includes good practice case studies.

The network grants access to a portal where interactive toolkits can be accessed along with registration for upcoming events and recording of past events ([Link - HS Benchmarking Network](#)). Access to the portal can be given by the Business Intelligence Team in Finance and there is an unlimited number of users allowed as part of the subscription.

Locally, the Business Intelligence team produce summary reports and efficiency reports, where possible, with the assistance of key stakeholders across services. These reports provide insight into projects ensuring that correct key messages are being delivered. These messages include showcasing areas where services are performing well and areas of opportunity for improvement. These reports when published will be made available to stakeholders and via the financial challenge tile on the intranet.

Engagement across the Health Board varies for each project. Some services can be resistant where they cannot foresee the benefits, whereas proactive services who

engage early utilise and develop reports with the assistance of the Business Intelligence team so that further insight can be gained.

The insight derived from some previous benchmarking returns has provoked wider work completed by the team which has been presented previously i.e. Theatre Utilisation, and Cataracts etc. The primary output of the benchmarking returns is comparison and potential opportunity of non-financial metrics, however where possible the Finance team will convert these into a financial worth to include within our organisation wide benchmarking compendium, which in turn also inform financial savings and efficiency opportunities on an on-going basis.

For Emergency Care, this is the 8th iteration that the Health Board has participated in, where all Health Boards in Wales participated in this year.

Asesiad / Assessment

The Grange University Hospital (GUH) is the only Type 1&2 Emergency Department within Aneurin Bevan University Health board and is supported by 4 (Type 3) Minor Injuries units covering the five localities. The project captures data from April 2022 to March 2023. This is the second full year of benchmarking ED at GUH.

This report provides a summary of the key findings from the exercise, along with potential opportunities and recommendations, where possible. Full details can be found in the [Online Toolkit](#) and ABUHB Bespoke Report provided by the NHS Benchmarking Network.

Emergency Care Summary 2022/23 - Type 1 (ED) - GUH		
■ Welsh HB's — Mean — Welsh Peer ■ ABUHB		
<p>Total Attendances</p> <p>94,917</p> <p>Mean – 93,551 Welsh Peers – 57,526</p>	<p>Total ED Attendances 2022/23 (no benchmark)</p>	<p>Attendance Increase on 2021/22</p> <p>2%</p>
<p>Ambulance handover time</p> <p>121</p> <p>Minutes</p> <p>Mean – 52 Welsh Peers – 124</p>	<p>Welsh: Average ambulance handover time (mins)</p>	<p>Ambulance Handovers</p> <p>60 Mins</p> <p>42%</p> <p>Mean – 18% Welsh Peers – 51%</p>
<p>Mean Length of Stay</p> <p>9</p> <p>Hours</p> <p>Mean – 6 Welsh Peers – 7</p>	<p>Wait Times (Hours)</p>	<p>Patients Waiting over 12 hours</p> <p>21%</p> <p>Mean – 10% Welsh Peers – 15%</p>
<p>ED Nursing Staff (WTE) per 100k ED Attendances</p> <p>146</p> <p>Mean – 149 Welsh Peers – 155</p>	<p>Total ED staffing (WTE in post) per 100k ED attendance</p>	<p>ED Medical Staff (WTE) per 100k ED attendance</p> <p>73</p> <p>Mean – 54 Welsh Peers – 55</p>
<p>Pay Spend per 100k ED Attendances</p> <p>£28.2m</p> <p>Mean – £18.4m Welsh Peers – £21.2m</p>	<p>Welsh: Total ED Cost per 100k ED attendance</p>	<p>Nursing pay spent on Bank/ Agency</p> <p>34%</p> <p>Mean – 25% Welsh Peers – 26%</p>

Key Project findings

ED activity:

- There has been a 2% increase in attendances at GUH compared to 2021/22. Total attendances for the period are 94,917. GUH is the busiest type 1 ED in Wales (Welsh peers - 57,526) and is near the mean (93,551) for the project.
- Ambulance handover times have increased to 121mins (90mins 2021/22), with 42% taking longer than 60 mins (Welsh Peer 51%, Mean 18%).
- The overall time patients spend in the ED has increased from 8 (2021-22) to 9 hours. Patients are waiting 14% longer in the ED.
- In 2022/23, 62% of patients waited longer than the nationally set 4-hour target. This is an increase of 17% versus 2021/22 (Welsh Peer 40%) and is also highest reported percentage in Wales.
- 21% of patients remain in the department for over 12 hours compared to the national average of 10%. GUH is within the top 5 of all participants and is second highest within Wales.
- 26% (2% decrease on 2021/22) of patients attending the ED go onto being admitted for treatment and this is comparable to the national mean. Discharges without further secondary care intervention remains at 51% and is in line with last year's return, nationally the mean has increased to 60% (56% 2021/22).
- The number of Frequent ED attendances (per 100k attendances) has increased from 532 to 781 this year however it is lower than the national mean of 1462.
- The above increases in length of stay and attendances has meant that the hours of care delivered in the ED during 2022/23 has risen by 16% to 847,000 hours. GUH ED Unit delivers more hours of care per annum than any other health board in Wales and is 113% of the Median value (397,000 hours)

Workforce:

- GUH ED is above the national average for staffing at 277 Whole Time Equivalent (WTE) in post per 100,000 attendances (Mean 236) an increase from 261 the previous year. GUH has the highest reported total staffing WTE in Wales per 100k attendance.
- Medical grade staffing has the highest reported total medical grade staff per 100k attendances for Wales (GUH 73 Welsh Mean 55), this is an increase against last year's report of 69.
- Consultants per 100k attendances remains highest for Wales at 22 (Mean 14, Welsh Mean 14)
- The consultant presence in the ED has increased to 112 hours (108 2021-22) per week over a 7-day working week.
- GUH has the highest senior ED trainees per 100k attendances of all submissions at 37 (Mean 7).
- Other registered nurses per 100k attendances have risen from 132 (2021/22) to 146 (Mean 149, Welsh Mean 155)
- Total ED non-clinical staffing per 100k attendances has remained at 54 WTE. This is a decrease from 55 and more than double the national mean (25 Welsh mean 31).

Finance:

- Total Pay spend per 100k ED attendance has increased this year to 28.2m (26.2m 2021/22)
- GUH ED has the 4th highest total pay spend (per 100k attendances)
- Percentage of Nursing pay spend on agency has decreased from 40% (4.4m 2021/22) to 33% (4.0m 2022/23).
- Total spend on bank and agency has risen from 7.3m (2021/22) to 8.9m (2022/23).

- Average pay cost per ED attendance is £282 an increase on last years cost of £262.

RGH

Emergency Care Summary 2022/23 - Type 4 (MIU) - RGH			
Total Attendances 36,580 Mean – 22,391 Welsh Peers – 11,468	Attendance Increase on 2021/22 8% Mean – 14% Welsh Peers – 10%	Patients waiting over 4 hours. 6% Mean – 3% Welsh Peers – 4%	Average Length of Stay 2.0 Hours Mean – 1.5 Welsh Peers – 1.5
WTE in Post per 100k Attendances 92 Mean – 85 Welsh Peers – 105	Total Unit Pay per 100k Attendances £5.5m Mean – £5.4m Welsh Peers – £6.1m	Total Unit Cost per 100k Attendances £6.2m Mean – £6.8m Welsh Peers – £7.7m	Pay Spend on Bank Staff 25% Mean – 9% Welsh Peers – 10%

MIU Activity:

- RGH has the highest number of attendances (36,580) to an MIU unit when benchmarked against Welsh Peer (11,468).
- RGH has seen an 8% increase in total attendance to the unit compared to 2021/22. The percentage increase is below the Welsh peer mean of 10% for the same benchmarking measure.
- Percentage of patients waiting over 4 hours in RGH has dropped from 7% (2021/22) to 6% (2022/23). RGH is the only AB MIU unit to have a reduction in the percentage of patients waiting over 4 hours.
- Patients referred to a type 1 ED (GUH) once attended RGH MIU has reduced from 14% (2021/22) to 11% (2022/23). RGH still remains above the National and Welsh peer mean (National mean 7% Welsh peer 7%). RGH does have the lowest percentage of all the health boards MIU's.

MIU Finance:

- RGH's total cost per 100k attendance is £6.2m which is below the Welsh Peer mean of £7.7m and National mean of £6.8m
- RGH pay cost per 100k attendance is £5.5m (2021/22 £5.1m) and is below the Welsh peer mean of £6.1m. During 2022/23 Welsh Government issued each WTE a one-off payment of £1400 and 4.5% pay increase which will have all contributed to the increase in pay costs
- Bank and agency costs made up 25% of the total pay costs for RGH, this is an increase on the previous year where on 4% of pay costs were for bank and agency costs. RGH has the highest actual spend (£488k) on bank when benchmarked against Welsh Peers (Mean £81k). All AB MIU units are above the Welsh Peer.

NHH

Emergency Care Summary 2022/23 - Type 4 (MIU) - NHH			
Total Attendances 18,681 Mean – 22,391 Welsh Peers – 11,468	Attendance Increase on 2021/22 6% Mean – 14% Welsh Peers – 10%	Patients waiting over 4 hours 7% Mean – 3% Welsh Peers – 4%	Average Length of Stay 2.0 Hours Mean – 1.5 Welsh Peers – 1.5
WTE in Post per 100k Attendances 117 Mean – 85 Welsh Peers – 105	Total Unit pay per 100k Attendances £7.6m Mean – £5.4m Welsh Peers – £6.1m	Total Unit Cost per 100k Attendances £8.2m Mean – £6.8m Welsh Peers – £7.7m	Pay spend on Bank Staff 29% Mean – 9% Welsh Peers – 10%

MIU Activity:

- NHH total attendances for the year is 18,681 below the national mean (22,391). When benchmarked against Welsh Peers NHH is above the Welsh mean (11,468).
- NHH has seen a 6% increase in total attendance to the unit compared to 2021/22. The percentage increase is below the Welsh peer mean of 10% for the same benchmarking measure.
- The percentage of patients waiting over 4 hours in NHH has increased from 5% (2021/22) to 7% (2022/23) (Welsh Peers 4%). NHH has the highest percentage of patients waiting over 4 hours when benchmarked against the other ABUHB MIU's.
- Patients referred to a type 1 ED (GUH) once attended NHH MIU has reduced from 18% (2021/22) to 14% (2022/23). NHH still remains above the National and Welsh peer mean (National mean 7% Welsh peer 7%). NHH does have the highest percentage of referral to a type 1 ED of all the health boards MIU's.

MIU Finance:

- NHH's total cost per 100k attendance is £8.2m which is above the Welsh Peer mean of £7.7m and National mean of £6.8m.
- NHH pay cost per 100k attendance is £7.6m (2021/22 £7.9m) and is above the Welsh peer mean of £6.1m.
- Bank and agency costs made up 29% of the total pay costs for NHH, this is an increase on the previous year where on 13% of pay costs were on bank and agency costs. NHH has the second highest actual spend (£407k) on bank when benchmarked against Welsh Peers (Mean £81k). All AB MIU units are above the Welsh Peer.

YYF

Emergency Care Summary 2022/23 - Type 4 (MIU) - YYF			
Total Attendances 26,446 Mean – 22,391 Welsh Peers – 11,468	Attendance Increase on 2021/22 10% Mean – 14% Welsh Peers – 10%	Patients waiting over 4 hours 7% Mean – 3% Welsh Peers – 4%	Average Length of Stay 1.9 hours Mean – 1.5 Welsh Peers – 1.5
WTE in Post per 100k Attendances 56 Mean – 85 Welsh Peers – 105	Total Unit pay per 100k Attendances £3.5m Mean – £5.4m Welsh Peers – £6.1m	Total Unit Cost per 100k Attendances £3.7m Mean – £6.8m Welsh Peers – £7.7m	Pay spend on Bank Staff 20% Mean – 9% Welsh Peers – 10%

MIU Activity:

- YYF total attendances for the year is 26,446 above the national mean (22,391). When benchmarked against Welsh Peers YYF is above the Welsh mean (11,468) and third highest number of attendances overall.
- YYF has seen a 10% increase in total attendance to the unit compared to 2021/22. The percentage increase is in line with the Welsh peer mean of 10%.
- The percentage of patients waiting over 4 hours in NHH has increased from 5% (2021/22) to 6% (2022/23) (Welsh Peers 4%). YYF has the second highest percentage of patients waiting over 4 hours when benchmarked against the other ABUHB MIU's.
- Patients referred to a type 1 ED (GUH) once attended YYF MIU has reduced from 18% (2021/22) to 12% (2022/23). YYF still remains above the National and Welsh peer mean (National mean 7% Welsh peer 7%).

MIU Finance:

- YYF's total cost per 100k attendance is £3.7m which is below the Welsh Peer mean of £7.7m and National mean of £6.8m.
- YYF pay cost per 100k attendance is £3.6m (2021/22 £7.9m) and is above the Welsh peer mean of £6.1m.
- Bank and agency costs made up 20% of the total pay costs for NHH, this is an increase on the previous year where on 12% of pay costs were on bank and agency costs.
- YYF has the third highest actual spend (£187k) on bank when benchmarked against Welsh Peers (Mean £81k). All AB MIU units are above the Welsh Peer.

YAB

Emergency Care Summary 2022/23 - Type 4 (MIU) - YAB			
Total Attendances 9,197 Mean – 22,391 Welsh Peers – 11,468	Attendance Increase on 2021/22 3% Mean – 14% Welsh Peers – 10%	Patients waiting over 4 hours 4% Mean – 3% Welsh Peers – 4%	Average Length of Stay 2.0 Hours Mean – 1.5 Welsh Peers – 1.5
WTE in Post per 100k Attendances 58 Mean – 85 Welsh Peers – 105	Total Unit Pay per 100k Attendances £3.8m Mean – £5.4m Welsh Peers – £6.1m	Total Unit Cost per 100k Attendances £4.4m Mean – £6.8m Welsh Peers – £7.7m	Pay Spend on Bank Staff 26% Mean – 9% Welsh Peers – 10%

MIU Activity:

- YAB total attendances for the year is 9,197 below the national mean (22,391), and below the Welsh Peers mean (11,468) and has the lowest attendances of all 4 MIU's within the health board.
- YAB has seen a 3% increase in total attendances to the unit compared to 2021/22.
- The percentage of patients waiting over 4 hours in YAB has doubled from 2% (2021/22) to 4% (2022/23) which is in line with the Welsh Peer mean of 4%.
- Patients referred to a type 1 ED (GUH) once attended YAB MIU has reduced from 18% (2021/22) to 12% (2022/23). YAB is still above the National and Welsh peer mean (National mean 7% Welsh peer 7%).

MIU Finance:

- YAB's total cost per 100k attendance is £4.4m which is below the Welsh Peer mean of £7.7m and National mean of £6.8m.
- YAB's pay cost per 100k attendance is £3.8m (2021/22 £7.9m) and is above the Welsh peer mean of £6.1m.
- Bank and agency costs made up 26% of the total pay costs for YAB in 2022/23. This has increased by double the previous year's response of 13%.

Key Messages:

- The Finance Team have worked extensively and in close collaboration with the Urgent Care Division on this data throughout the process to ensure accuracy of data presented and the messages within.
- The ABUHB Emergency Department configuration is unique to Wales and perhaps even from a UK perspective which makes direct benchmarking comparisons challenging.

- When we look at GUH in isolation, we appear to be an outlier on cost per attendance (£28.2m per 100,000 attendances Vs Mean £18.4m and Welsh Peers £21.2m). However, due to our configuration it is important to assess the system as a whole and when we do this we compare relatively favourably to our Welsh peers, as is demonstrated below:

Pay cost: Emergency Care per healthboard (ED and MIU)

Healthboard	Total Costs	Total Attendances	Cost per 100k attendance	Cost per Attendance
Aneurin Bevan	£ 31,501,016	185,821	£ 16,952,344	£ 170
Betsi Cadwaladr	£ 37,556,663	227,236	£ 16,527,603	£ 165
Cwm Taff	£ 23,880,749	118,126	£ 20,216,336	£ 202
Hywel Dda	£ 27,274,975	148,625	£ 18,351,539	£ 184
Powys	£ 1,619,322	18,972	£ 8,535,326	£ 85
Grand Total	£ 121,832,725	698,780		

* Powys is MIU only

- It is estimated that up to 50% of attendances at a Type 1 ED (i.e. GUH) are made up of patients with minor injuries but are less 'resource heavy' in terms of numbers of staff required to manage their attendance.
- Demand has increased across all sites during this reporting period and MIU's continue to perform well and treat 48.9% of all patients seeking emergency care in our region.
- Total attendances across ED departments have increased by 5% in 22-23 vs prior year (185,821 attendances Vs 177,650). Total hours of care provided have increased in greater proportion to this and is likely due to a lack of flow through the system.

Argymhelliad / Recommendation

The committee is asked to;

- Note the work completed ED benchmarking work for the 22-23 financial year and provide views.

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):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.

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

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	NHS Benchmarking Network
Rhestr Termau: Glossary of Terms:	MIU – Minor Injuries Unit ED – Emergency Department GUH – Grange University Hospital YAB – Ysbyty Aneurin Bevan YYF – Ysbyty Ystrad Fawr NHH – Nevill Hall Hospital RGH – Royal Gwent Hospital WTE – whole time equivalent
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Urgent Care Division

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	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Yes, outlined within the paper
Asesiad Effaith Cydraddoldeb	No does not meet requirements

<p>Equality Impact Assessment (EIA) completed</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>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Choose an item. Choose an item.</p>

The finance report being presented to the Finance and Performance Committee gives the financial position for the major projects.

Asesiad / Assessment

Capital Projects

The attached **Appendix 1** provides an overview for each capital project including:

- Purpose of project
- Capital cost
- Programme / Timescale for implementation
- Current position and next steps

In the context of the extant Estates Strategy's strategic priorities and the recent capital prioritisation as set out in the Annual Plan, key progress and delivery includes:

- Three strategic capital projects were delivered during 2023/24 including the **Unified Breast Unit** at Ysbyty Ystrad Fawr which opened in February 2024, the **Endoscopy Unit** at RGH which opened in November 2023 and the **Bevan Health and Well Being Centre** Phase 1 which completed in January 2024 with two GP practices, a pharmacy and dental practice already moving in. Phase 2 involves demolition of the existing Health Centre and is currently under way.
- Following Board approval of the Business Justification Case (BJC) in March 24, the Welsh Government has now approved funding to acquire the Head Lease for **Chepstow Community Hospital**. Work is now underway to finalise the purchase details in order for the Health Board to take ownership of the building at the expiry of the lease in February 2025.
- Board and Welsh Government approval was also granted for the extension to the **GUH Emergency Department Wait** and this scheme is currently in construction phase with Phase 1 (the extension and new waiting area), due for completion in February 2025 and Phase 2 (internal reconfiguration to create a 'fit to sit' area) being completed in May 2025.
- In 2023/24, the opportunity arose for ABUHB to establish a 10 year lease for a property in Cwmbran called '**Ty Gwent**'. Offering a competitive rate in relation to cost per square meter, the Health Board is able to relinquish a number of leases which it currently occupies. Following approval for the Capital elements from WG, works will be concluded by the end of October in order for staff to move in by the end of the calendar year. This is in line with the estates strategy's strategic objective of rationalisation of leases.
- Proposals for the **RGH Decontamination Unit** were approved in the March 24 Board meeting and are currently with Welsh Government for consideration.



- Key cases being progressed are the in development of **Strategic Outline Cases (SOC) for Nevill Hall Hospital (NHH)** and for the partial rationalisation of the **St Woolos Hospital** site.

Key Project Risks and Issues

- Whilst Phase 1 of the **Bevan Health and Wellbeing Centre (Tredegar)** in now nearing completion previously advised issues with the foundation design and supply of bricks are still not resolved. Both are the subject a contractual Dispute Resolution Procedure. Aside from these the project is projecting an overspend of circa £700k primarily due to inflation. Discussions are ongoing with Wesh Government regarding the funding of this cost pressure. If Wesh Government do not support the additional funding, this financial risk to the Health Board will be managed through the Discretionary Programme, thus limiting opportunities to fund other operational and strategic risks and developments.
- The proposed **Mental Health and Learning Disabilities Specialist Inpatient Services Unit** project is currently being reviewed in relation to scope of service model and in the context of wider concerns regarding the old Victorian SCH estate. Dependent on the outcome of the service model review, it is likely that a new SOC and / or a Programme Business Case will be required. There will consequently be a significant delay, abortive capital costs, an abortive approved planning application and a significant increase in capital costs.

Argymhelliad / Recommendation

The Committee are asked to:
 - Note the content of the report

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Each project has or will have a developed capital and service risk register. The former being a contractual requirement.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply 5.1 Timely Access 7.1 Workforce 7. Staff and Resources
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	Enabling Estate
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 Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Each capital project has to go through a rigorous business case process which includes reference to appropriate legislation, health services policy and clinical guidelines.
Rhestr Termiau: Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Each capital project has a process for the appropriate engagement with key stakeholders during the course of their development from inception through to operational commissioning.

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
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs





Project	Stage	Capital Cost and Timescale	Current Position
<p>This replaces Ringland Health Centre, Park Surgery, Alway Clinic and Community Dental Services provided at Clytha. The new facility will also provide additional accommodation that can be utilised by GMS service providers, the Health Board, the Local Authority and the 3rd sector.</p> <p><i>SRO – Tracey Daszkiewicz</i></p>		<ul style="list-style-type: none"> • Five-week delay reported taking anticipated completion Phase 1 is now February 2025 • Anticipated completion Phase 2 April 2025 	<ul style="list-style-type: none"> • Request has been made for additional ICRF funding; request noted for now subject to ongoing monitoring. • Construction is progressing well, the building will be made watertight in the coming weeks. • Build is progressing well – National Grid has completed its install and meter install dates have been confirmed.
<p>NHH Satellite Radiotherapy Unit: This will provide two additional Linear Accelerators. The project has been developed jointly with Velindre NHS Trust as they will operate the Radiotherapy service. ABUHB are responsible for the building construction.</p> <p><i>SRO – Hannah Evans</i></p>	Construction	<ul style="list-style-type: none"> • £45 million • Anticipated completion February 2025 	<ul style="list-style-type: none"> • Project progressing satisfactorily • RAAC present in an area of the existing hospital which will link into the new unit is due to be removed from early March. The adjacent MAU has been relocated. • Hollow beams have been identified with the existing structure, the HB have requested Kier to provide a solution. • Carl James now confirmed at the Velindre SRO. Joint Chairmanship of the Project Board to commence between ABUHB and VCT. • Work actively underway to confirm service model and interdependencies between AB and VCT • RACC survey in Link Corridor has come back with positive news. • “Stocktake” session with both organisations scheduled for 24 June
<p>GUH – ED Wait Extension: This scheme is an extension to the ED waiting areas in GUH and is aimed at improving patient experience and address over-crowding in the current ED waiting area. The scheme proposes more than doubling the waiting room area</p>	Construction	<ul style="list-style-type: none"> • Circa £15 million • BJC approved by WG in December 2023 	<ul style="list-style-type: none"> • Work has commenced on site • Groundworks progressing well, however inclement weather has brought a delay. • Anticipated completion Phase 1 Feb 25, Phase 2 May 25 • Work now ongoing to look at ways programme can be accelerated to achieve earlier opening timescales



Project	Stage	Capital Cost and Timescale	Current Position
<i>SRO – Richard Morgan Evans</i>			
Ty Gwent Provision of admin accommodation, achieving consolidation of a number of leases within the HB estate <i>SRO – Rob Holcombe</i>	Delivery	<ul style="list-style-type: none"> • Circa £1.15m • 6 month completion programme 	<ul style="list-style-type: none"> • Plans currently being finalised • Meetings have taken place with all services to determine space requirements • Anticipated completion October 2024 with staff moves taking place from November
RGH Central Decontamination Unit: This scheme will provide a purpose designed unit within RGH for the decontamination of scopes. Current provision is non-compliant and lacks the capacity to support the increase in clinical activity. <i>SRO – tbc (interim Hannah Evans)</i>	Business Justification Case (BJC)	<ul style="list-style-type: none"> • Circa £4.5 million • Business Justification Case (BJC) submission has been delayed pending agreement on revenue costs.. • Best case programme is a start of construction in August 2024 if the BJC is submitted to the March Board 	<ul style="list-style-type: none"> • Links with the Endoscopy Unit Project and will be located in existing Endoscopy unit • Interim decontamination services are being provided via a mobile unit, the lease for which has been extended due to the BJC delay. • Case submitted to Pre-Investment Panel • BJC submitted to Board in May 2024 • BJC has been submitted to WG for scrutiny
Mental Health and Learning Disabilities Specialist Inpatient Services Unit: This scheme will provide a new 72 bed unit on the Llanfrechfa Grange site. It will replace an existing Learning Disabilities Unit on the site, PICU and female locked rehab services at SCH and adult acute services at County hospital. It will also provide new Low Secure services currently delivered via the private sector. <i>SRO – Leanne Watkins</i>	Outline Business Case	<ul style="list-style-type: none"> • Circa £100 million • The OBC was approved by the Board in March 2023 and a scrutiny gird has been returned for review by the Health Board 	<ul style="list-style-type: none"> • The scope of the OBC has been questioned in the context of the strategic objective of vacating the old Victorian hospital at SCH. The current scope does not achieve that. • The requirements to vacate the whole of the old Victorian hospital have been assessed. • Clarity required on the how this project will be progressed.



Project	Stage	Capital Cost and Timescale	Current Position
<p>Abervalley Health and Well Being Centre</p> <p>It is proposed to construct a new facility to replace the existing Aber Medical Practice, Senghenydd Health Centre which accommodates Health Board services and the Branch Surgery of the Nantgarw Practice. The proposed new facility will also provide additional accommodation that can be utilised by GMS service providers, the Health Board, the Local Authority and the 3rd sector.</p> <p><i>SRO – Lloyd Hambridge</i></p>	<p>Outline Business Case</p>	<ul style="list-style-type: none"> • Circa £10 million • The project has been approved via the IRCF fund to support the preparation of a OBC and the associated appointment of a design team. 	<ul style="list-style-type: none"> • SCP and PM now appointed for Project • £750k approved to complete OBC. • Initial set up meeting has taken place • Currently working through planning and key deliverables to achieve OBC completion
<p>Monmouth Health and Well Being Centre</p> <p>It is proposed to construct a new facility to replace the existing Dixton Surgery and to provide additional clinical accommodation that can be utilised by Castle gate Medical Practice, the Wye Valley Practice, the Health Board, Local Authority and the 3rd sector.</p> <p><i>SRO – Lloyd Hambridge</i></p>	<p>Outline Business Case</p>	<ul style="list-style-type: none"> • Circa £12 million • The project has been approved via the IRCF fund to support the preparation of a OBC and the associated appointment of a design team. 	<ul style="list-style-type: none"> • SCP and PM now appointed for Project • £750k approved to complete OBC. • Initial set up meeting has taken place • Currently working through planning and key deliverables to achieve OBC completion



Project	Stage	Capital Cost and Timescale	Current Position
<p>NHH development Project In the context of RAAC having to be removed from a significant proportion of NHH the opportunity has to be taken to review services models and the associated future functional requirements of the site. This will inform the development of a SOC for capital investment.</p> <p><i>SRO – Hannah Evans</i></p>	Scoping / SOC	<ul style="list-style-type: none"> • Circa £100 million (very high level, based on replacing circa 11,000 sq. m of space) • SOC planned to be completed by Q3 	<ul style="list-style-type: none"> • Service model workshops in train (x 4 undertaken) • Assessment of functional content required post service review • Assessment of spatial needs required post assessment of functional content • Feasibility study / cost advice required to scope potential infrastructure needs, massing, location and costs.
<p>St Woolos / RGH Boiler Plant: It is proposed to replace the existing outdated and inefficient plant and associated infrastructure on the SWH site with new infrastructure on the RGH site.</p> <p><i>SRO – Jamie Marchant</i></p>	Strategic Outline Case	<ul style="list-style-type: none"> • Circa £22 million • WG had given approval to commence the OBC process and the associated appointment of a design team but have now requested a SOC be produced.. 	<ul style="list-style-type: none"> • Estates Annex and SOC cost forms have been completed by appointed feasibility team to inform preparation of SOC • Target submission of SOC to September 24
<p>St Woolos Rationalisation: This scheme is proposed to relocate services from the old estate.</p> <p><i>SRO – Jamie Marchant</i></p>	Scoping / SOC	<ul style="list-style-type: none"> • Circa £12 / £15 million 	<ul style="list-style-type: none"> • Discussion required with WG re way forward so that the project can be formally recognised. • Project Team, Project Board and SRO required • Links with the planned move of wards to RGH which will free up space in the Casnewydd unit

